Periodontology 15 PDHT Phase I Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. What material can become impregnated with calculus and contaminating bacteria that root planning aims to remove?

A. Cementum

B. Dentin

C. Enamel

D. Gingiva

2. Are scalers used for subgingival procedures?

A. Yes

B. No

C. Only in specific cases

D. Only for initial exams

3. What is referred to as the lateral surface on the scaler blade?

A. Part 7

B. Part 8

C. Part 3

D. Part 4

4. During which phase of therapy is re-evaluation typically conducted 6-8 weeks after treatment initiation?

A. Phase I therapy

B. Phase II therapy

C. Phase III therapy

D. Phase IV therapy

5. What phase of dental therapy involves corrective surgical therapy?

A. Phase I therapy

B. Phase II therapy

C. Phase III therapy

D. Phase IV therapy

6. What is the angle between the blade and tooth when a Gracey curette is parallel to the surface being treated?

A. 90°

B. 80°

C. 70°

D. 60°

7. What part of the sickle scaler should be maintained for effective cleaning?

A. Blade

B. Lateral edge

C. Back

D. Tip

8. What is the typical healing time for soft tissue after periodontal surgery?

A. 1 to 2 days

B. 1 to 2 weeks

C. 3 to 4 weeks

D. 5 to 6 weeks

9. What is the correct sequence of the following treatments starting with the most urgent?

A. Restorative Therapy, Dental Consultations, Disease Control Therapy

B. Emergency Therapy, Medical Consultations, Dental Consultations

C. Disease Control Therapy, Periodontal Re-evaluation, Restorative Therapy

D. Dental Consultations, Emergency Therapy, Periodontal Re-evaluation

10. What is the initial response of periodontal tissues to plaque accumulation?

A. Formation of calculus

B. Inflammation leading to gingivitis

C. Bone resorption

D. Complete tissue healing

Answers

1. A
2. B
3. B
4. A
5. B
6. C
7. A
8. B
9. B
10. B

Explanations

1. What material can become impregnated with calculus and contaminating bacteria that root planning aims to remove?

A. Cementum

B. Dentin

C. Enamel

D. Gingiva

Cementum is the correct answer because it is a specialized calcified tissue that covers the roots of teeth. During periodontal disease, the cementum can become rough and porous, providing a surface where calculus (tartar) and bacteria can easily adhere and accumulate. Root planing is a therapeutic procedure aimed at smoothing the root surfaces by removing this calculus along with any associated plaque and bacteria. This helps to facilitate healing and improve the gum tissue's health. Both dentin and enamel are also components of the tooth but do not typically serve as primary sites for calculus accumulation in the same way that cementum does. Dentin, which is under the enamel and cementum, is not exposed to the same external factors that promote bacterial attachment. Enamel, the outer layer of the tooth, is much more resistant to demineralization and bacterial adherence due to its smooth, hard surface. Gingiva, while it can be inflamed and influenced by periodontal disease, does not become impregnated with calculus itself, but rather reacts to the presence of calculus on the surfaces of the roots and other hard tissues.

2. Are scalers used for subgingival procedures?

A. Yes

B. No

C. Only in specific cases

D. Only for initial exams

Scalers are instruments designed primarily for the removal of supragingival plaque and calculus from the tooth surfaces above the gum line. Their design typically includes a sharp edge that allows for effective scaling in areas that are readily accessible. While some types of scalers might be used in the initial stages of periodontal treatment, they are generally not suited for subgingival procedures due to their limitations in reach and the potential for tissue trauma. In contrast, for subgingival scaling, instruments such as curettes are preferred. These instruments have a rounded toe and a more delicate design that allows them to access the deeper periodontal pockets safely and effectively while minimizing damage to the surrounding soft tissues. This distinction is crucial in periodontal therapy as the health of the periodontal tissues is paramount. Therefore, the statement that scalers are not used for subgingival procedures is accurate, highlighting the specialized tools needed for such treatments.

3. What is referred to as the lateral surface on the scaler blade?

A. Part 7

B. Part 8

C. Part 3

D. Part 4

The lateral surface on the scaler blade is the area that is important for effective scaling. It is this surface that comes into contact with the tooth surface during periodontal treatment and is key for removing calculus and plaque effectively. The designation of this surface as 'the lateral surface' indicates its position relative to the other parts of the scaler, which may have different functions, such as the cutting edge or back of the blade. By identifying the correct part as the lateral surface, you can ensure the tool is used correctly, optimizing its function for periodontal care. Understanding the anatomy of periodontal instruments is essential for any clinical practice aimed at effective patient care.

4. During which phase of therapy is re-evaluation typically conducted 6-8 weeks after treatment initiation?

A. Phase I therapy

B. Phase II therapy

C. Phase III therapy

D. Phase IV therapy

Re-evaluation typically occurs during Phase I therapy, approximately 6-8 weeks after the initiation of the treatment. This phase involves initial therapy aimed at controlling disease activity, which may include the removal of plaque and calculus, patient education, and possibly the use of antimicrobial agents. The purpose of the re-evaluation at this point is to assess the effectiveness of the treatment provided, ensuring that the periodontal condition has improved and that the goals of therapy are being met. By analyzing the patient's response to the initial therapy during this follow-up period, practitioners can determine whether further interventions are necessary, such as scaling and root planning or adjustments in home care techniques. This timely re-evaluation is crucial as it allows for the adjustment of the treatment plan based on the current status of the periodontal health and the individual patient's needs. Hence, re-evaluation being a key component of Phase I therapy emphasizes its role in periodontics to monitor patient progress and outcomes effectively.

5. What phase of dental therapy involves corrective surgical therapy?

A. Phase I therapy

B. Phase II therapy

C. Phase III therapy

D. Phase IV therapy

Phase II therapy specifically refers to corrective surgical therapy in the context of periodontal treatment. This phase typically follows a comprehensive evaluation and initial therapy (Phase I) and is focused on addressing more advanced periodontal conditions that may require surgical intervention. During Phase II, dentists or periodontists perform procedures aimed at correcting anatomical issues, such as pocket reduction surgeries, gum grafts, and other surgical techniques designed to restore periodontal health and structure. This phase is critical for patients who have not responded adequately to non-surgical measures in the initial phase and requires careful planning and execution to ensure the best outcomes for periodontal stability and health. In contrast, the other phases—Phase I, Phase III, and Phase IV—entail different aspects of periodontal therapy, such as non-surgical treatment, maintenance, and advanced restorative care, each serving specific roles prior to and after the surgical interventions involved in Phase II.

6. What is the angle between the blade and tooth when a Gracey curette is parallel to the surface being treated?

A. 90°

B. 80°

C. 70°

D. 60°

When a Gracey curette is positioned parallel to the surface being treated, the angle between the blade and the tooth is typically about 70 degrees. This specific angle is designed for optimal instrumentation, allowing for efficient scaling and root planing while minimizing tissue trauma. The design of the Gracey curette, with its angled blade, facilitates access to specific surfaces of the teeth. By positioning the curette at a 70-degree angle, the clinician can effectively engage the tooth surface and remove plaque and calculus deposits. This angle is crucial for achieving proper adaptation of the curette to the tooth anatomy, ensuring thorough cleaning and maintaining the integrity of surrounding periodontal tissues. Other angles, such as 90 degrees, would indicate a perpendicular approach, which is not suitable for the curved surfaces of the root and may result in ineffective debridement. Lower angles, like 60 degrees or 80 degrees, may not provide adequate engagement and could potentially lead to inadequate removal of deposits or damage to the soft tissues surrounding the tooth. Thus, maintaining approximately a 70-degree angle enhances clinical performance and patient outcomes in periodontal therapy.

7. What part of the sickle scaler should be maintained for effective cleaning?

A. Blade

B. Lateral edge

C. Back

D. Tip

For effective cleaning when using a sickle scaler, it is crucial to maintain the blade. The blade is the part of the scaler that contains the cutting edge designed specifically for removing calculus and debris from the tooth surface. Its design allows for effective scaling in a variety of areas, especially interproximally and supragingivally. A well-maintained blade ensures optimal performance and maximizes the efficiency of scaling procedures. A clean and sharp blade enables the clinician to effectively remove deposits without excessive pressure or trauma to the tooth or surrounding tissues, which is essential in periodontal therapy to maintain patient comfort and minimize potential damage. In contrast, while other parts such as the lateral edge, back, and tip have specific roles, they do not encompass the overall function of cleaning effectively as the blade does. The lateral edges can assist in certain scaling techniques, but it is the blade that plays the most significant role in the removal of calculus and debris. Hence, focusing on maintaining the blade is vital for effective cleaning during periodontal treatment.

8. What is the typical healing time for soft tissue after periodontal surgery?

A. 1 to 2 days

B. 1 to 2 weeks

C. 3 to 4 weeks

D. 5 to 6 weeks

The typical healing time for soft tissue after periodontal surgery is generally around 1 to 2 weeks. This timeframe is influenced by several factors, including the type of procedure performed, the extent of the tissue involved, and the individual's overall health and ability to heal. During the first week, the initial inflammatory response occurs, which includes bleeding and swelling, setting the stage for healing. The second week typically sees the formation of granulation tissue and further closure of the surgical site. Although some degree of healing may continue beyond this period, most patients can expect significant soft tissue recovery in about 1 to 2 weeks. In contrast, healing times such as 1 to 2 days may be too short, as it doesn't account for the body's natural inflammatory process. Options extending beyond 2 weeks, such as 3 to 4 weeks or longer, might apply to more extensive procedures or complications, but they are not representative of the typical soft tissue healing time after standard periodontal surgeries.

9. What is the correct sequence of the following treatments starting with the most urgent?

A. Restorative Therapy, Dental Consultations, Disease Control Therapy

B. Emergency Therapy, Medical Consultations, Dental Consultations

C. Disease Control Therapy, Periodontal Re-evaluation, Restorative Therapy

D. Dental Consultations, Emergency Therapy, Periodontal Re-evaluation

The most urgent treatment sequence begins with Emergency Therapy, followed by Medical Consultations, and then Dental Consultations. Emergency Therapy is prioritized because it addresses immediate health concerns that could potentially be life-threatening or cause significant discomfort, such as acute pain, infections, or trauma. Medical Consultations may be necessary to assess a patient's overall health status, particularly if there are underlying medical conditions that require consideration before dental treatment can proceed. Following these urgent needs, Dental Consultations can occur to establish a comprehensive understanding and plan for further dental procedures, including elective treatments. This progression ensures that patient safety is prioritized and that any immediate health issues are resolved before moving on to preventative or restorative dental care.

10. What is the initial response of periodontal tissues to plaque accumulation?

A. Formation of calculus

B. Inflammation leading to gingivitis

C. Bone resorption

D. Complete tissue healing

The initial response of periodontal tissues to plaque accumulation is characterized by inflammation, which leads to gingivitis. When plaque—a sticky film composed of bacteria—accumulates on the tooth surface, the body's immune system responds to the bacterial invasion. This immune response triggers inflammation in the gingival tissues, characterized by increased blood flow, swelling, redness, and tenderness. Gingivitis is often the first stage of periodontal disease and occurs when the plaque is not effectively removed through proper oral hygiene practices. If left untreated, this inflammation can progress, potentially leading to more serious forms of periodontal disease, such as periodontitis, which involves attachment loss and other detrimental effects on the surrounding tissues. The other options represent different stages or outcomes related to periodontal disease. For instance, calculus formation comes after plaque accumulation if it is not managed through daily oral hygiene, whereas bone resorption typically occurs at later stages of periodontal disease as it progresses beyond gingivitis. Complete tissue healing would typically not occur in the presence of untreated plaque and inflammation. Therefore, the essence of the response to plaque accumulation is indeed inflammation leading to gingivitis.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://periodontology15pdhtphase1.examzify.com

We wish you the very best on your exam journey. You've got this!