

PERIODONTOLOGY 716 SURGERY (GENERAL PRINCIPLES) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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

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- 1. The presence of what indicates a stable periodontium?**
 - A. Deep pockets
 - B. Absence of deep pockets
 - C. Calcium deposits
 - D. Bone loss
- 2. Which type of allograft is frequently used in periodontal bone grafting?**
 - A. Dehydrated bone matrix
 - B. Fresh frozen bone tissue
 - C. Autogenous bone chips
 - D. Bone morphogenetic proteins
- 3. What is typically completed during the first post-operative visit a week after surgery?**
 - A. Assessing bone healing
 - B. Removal of the pack and rinsing the area
 - C. Taking x-rays
 - D. Scheduling the next appointment
- 4. Which factors should be considered when selecting anti-anxiety medications for patients?**
 - A. Patient age and weight
 - B. Medical history and physical/emotional status
 - C. Type of surgery being performed
 - D. Cost of medications
- 5. What is the distinctive feature of Goldman-Fox scissors?**
 - A. They have a straight blade for cutting.
 - B. They have a curved, beveled blade with serrations.
 - C. They are angled to reach the back of the mouth.
 - D. They are specifically used for suturing.

- 6. What is the role of the periodontist in managing periodontal disease?**
- A. To perform all types of dental procedures
 - B. To specifically focus on the diagnosis and treatment of gum diseases
 - C. To primarily provide cosmetic dentistry
 - D. To address orthodontic issues
- 7. What is the primary purpose of a ball scaler in periodontal procedures?**
- A. Trimming tissue margins
 - B. Scaling supragingival calculus
 - C. Holding flaps during surgery
 - D. Removing muscle attachments
- 8. Which of the following events is NOT associated with Phase I of periodontal therapy?**
- A. Oral hygiene instructions
 - B. Prophylaxis
 - C. SRP (Scaling and Root Planing)
 - D. Antimicrobial therapy
- 9. What is the 'Sulcus Bleeding Index' used for in periodontal care?**
- A. A measure of dental plaque levels
 - B. A clinical measure of tooth mobility
 - C. A clinical measure of bleeding on probing
 - D. A method to calculate periodontal pocket depth
- 10. In what situation would a gingivectomy be performed?**
- A. To treat chronic bone loss
 - B. To remove excess gingival tissue
 - C. To place a dental implant
 - D. To conduct a root canal treatment

Answers

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

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Explanations

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1. The presence of what indicates a stable periodontium?

- A. Deep pockets
- B. Absence of deep pockets**
- C. Calcium deposits
- D. Bone loss

The presence of an absence of deep pockets is indicative of a stable periodontium because it suggests that the periodontium, which includes the gums, periodontal ligament, and alveolar bone, is healthy and not significantly affected by periodontal disease. Deep pockets typically result from the loss of attachment between the tooth and surrounding tissues due to inflammation and infection, which can lead to further tissue and bone loss. When a patient exhibits no deep pockets, it generally reflects effective periodontal maintenance and control of bacterial plaque accumulation, contributing to the stability of periodontal tissues. A stable periodontium is characterized by healthy gingiva, minimal probing depths, and no ongoing destructive processes, allowing for the preservation of supportive structures around the teeth. This is essential for long-term dental health and serves as a benchmark for successful periodontal therapy and maintenance. In contrast, the presence of deep pockets, calcium deposits, or bone loss are all indicators of periodontal disease and instability, leading to active disease processes that can jeopardize the integrity of the periodontium.

2. Which type of allograft is frequently used in periodontal bone grafting?

- A. Dehydrated bone matrix
- B. Fresh frozen bone tissue**
- C. Autogenous bone chips
- D. Bone morphogenetic proteins

Fresh frozen bone tissue is frequently used in periodontal bone grafting because it retains the structural integrity and biological activity of the donor bone. This type of allograft is processed and stored at low temperatures, which helps maintain its properties and prevents degradation. The use of fresh frozen bone supports the healing process by providing a scaffold for new bone formation and allowing for the integration of osteogenic cells and signals. Dehydrated bone matrix, while also used in some grafting procedures, lacks the live cellular components found in fresh frozen tissue, which may limit its effectiveness in certain healing situations. Autogenous bone chips, derived from the patient's own bone, are highly effective but are not classified as allografts since they come from the same individual. Bone morphogenetic proteins, although useful for promoting bone growth, are not grafts themselves but rather signaling molecules that can stimulate bone formation. Therefore, the unique advantages of fresh frozen bone tissue make it a preferred choice for periodontal bone grafting procedures.

3. What is typically completed during the first post-operative visit a week after surgery?

- A. Assessing bone healing
- B. Removal of the pack and rinsing the area**
- C. Taking x-rays
- D. Scheduling the next appointment

During the first post-operative visit one week after surgery, one of the key activities is the removal of any surgical packs or dressings that may have been applied at the time of the surgical procedure. This step is essential to ensure that the surgical site is healing properly and to assess the condition of the wound. Rinsing the area afterward helps to keep the surgical site clean, which is crucial for preventing infection and promoting optimal healing. Assessing bone healing, while important, typically occurs at a later follow-up appointment when it can be evaluated more effectively. Taking x-rays might also be done at a later stage to visualize the healing process or to assess underlying structures not immediately visible. Scheduling the next appointment is certainly part of patient management, but it is not a primary focus of the first post-operative visit, which centers more on assessing healing and maintaining the cleanliness of the surgical site.

4. Which factors should be considered when selecting anti-anxiety medications for patients?

- A. Patient age and weight
- B. Medical history and physical/emotional status**
- C. Type of surgery being performed
- D. Cost of medications

When selecting anti-anxiety medications for patients, it is crucial to consider the medical history and physical/emotional status of the individual. This approach ensures that the prescribed medication is appropriate for the specific needs and health conditions of the patient. Medical history can include previous reactions to medications, current health issues, and any chronic conditions that could influence the choice of medication. For example, certain medications may be contraindicated in patients with respiratory disorders, cardiovascular issues, or those taking other medications that could interact adversely. The emotional status of the patient is equally important; understanding their anxiety levels, previous trauma, or psychological conditions can help tailor the treatment plan. This individualized approach is essential for optimizing medication effectiveness and minimizing potential side effects or complications. In contrast, while patient age and weight, the type of surgery being performed, and the cost of medications are important considerations, they do not holistically address the reason behind a patient's anxiety or their overall health profile, which is vital for safe and effective anxiety management.

5. What is the distinctive feature of Goldman-Fox scissors?

- A. They have a straight blade for cutting.
- B. They have a curved, beveled blade with serrations.**
- C. They are angled to reach the back of the mouth.
- D. They are specifically used for suturing.

The distinctive feature of Goldman-Fox scissors is their curved, beveled blade with serrations. This unique design allows for more controlled cutting and manipulation of soft tissues during periodontal surgery and oral procedures. The serrated edges enhance grip on the tissue, preventing slippage and ensuring a more precise cut. The curvature of the blades also provides better access to areas that are difficult to reach, particularly in the complex anatomy of the oral cavity. This makes Goldman-Fox scissors particularly valuable instruments for periodontal surgeons, as they facilitate effective incisions while minimizing trauma to surrounding tissues.

6. What is the role of the periodontist in managing periodontal disease?

- A. To perform all types of dental procedures
- B. To specifically focus on the diagnosis and treatment of gum diseases**
- C. To primarily provide cosmetic dentistry
- D. To address orthodontic issues

The periodontist plays a crucial role in managing periodontal disease by specifically focusing on the diagnosis, treatment, and prevention of diseases affecting the supporting structures of the teeth, including the gums, periodontal ligament, and bone. This specialization allows periodontists to handle complex cases of gum disease that may involve deep cleaning procedures, surgical interventions, and regenerative techniques to restore periodontal health. Their training equips them with the knowledge to understand the nuances of gum diseases, their progression, and the most effective treatment protocols tailored to individual patient needs. The emphasis on the diagnosis and treatment of gum diseases is essential, as periodontal diseases can have significant implications for overall health and can be linked to systemic conditions such as diabetes and cardiovascular diseases. Through their expertise, periodontists aim not only to treat existing conditions but also to implement preventive measures that help maintain periodontal health over time. In contrast, other specialties like general dentistry more broadly cover different dental procedures, cosmetic dentistry focuses on improving the appearance of teeth, and orthodontics deals primarily with the alignment of teeth and jaws, all of which do not address the specific challenges presented by periodontal conditions.

7. What is the primary purpose of a ball scaler in periodontal procedures?

- A. Trimming tissue margins
- B. Scaling supragingival calculus**
- C. Holding flaps during surgery
- D. Removing muscle attachments

The primary purpose of a ball scaler in periodontal procedures is to scale supragingival calculus. This type of instrument is designed with a rounded working end, which is effective for removing plaque and calculus that accumulate above the gum line. Its shape allows for efficient access to curved surfaces and interproximal areas, making it suitable for scaling applications. In periodontal therapy, the removal of supragingival calculus is essential to prevent the progression of periodontal disease and maintain oral health. By effectively cleaning these areas, the ball scaler helps in reducing bacterial load and inflammation, contributing to overall periodontal health. Other options present tools and techniques that are not the primary function of a ball scaler—trimming tissue margins typically involves other types of instruments, holding flaps during surgery pertains to surgical instruments designed for repositioning tissue, and removing muscle attachments involves techniques and instruments suited for soft tissue management rather than scaling.

8. Which of the following events is NOT associated with Phase I of periodontal therapy?

- A. Oral hygiene instructions
- B. Prophylaxis**
- C. SRP (Scaling and Root Planing)
- D. Antimicrobial therapy

Phase I of periodontal therapy, also known as nonsurgical therapy or initial therapy, focuses on the reduction of periodontal inflammation and infection. It primarily includes measures to improve oral hygiene and eliminate plaque, calculus, and other contributing factors to periodontal disease. Oral hygiene instructions are crucial in Phase I, as they empower patients to effectively manage their oral health and maintain good hygiene practices. This education is essential for successful long-term outcomes. Scaling and Root Planing (SRP) is a cornerstone of Phase I therapy. It involves the meticulous cleaning of the tooth surfaces and root areas to remove plaque and tartar, thereby promoting healing of the periodontal tissues. Antimicrobial therapy may also be used in this phase, particularly to address bacterial infections that contribute to periodontal disease. This can include the use of local or systemic antimicrobials to support the nonsurgical treatment efforts. However, prophylaxis typically refers to a preventive dental cleaning done primarily for patients with healthy gums or mild periodontal issues, and it is not a primary component of Phase I therapy for patients undergoing treatment for periodontal disease. Instead, Phase I therapy is more focused on therapeutic measures rather than preventive cleanings for maintaining oral health in non-periodontal patients. Thus, prophylaxis is not associated with this specific

9. What is the 'Sulcus Bleeding Index' used for in periodontal care?

- A. A measure of dental plaque levels
- B. A clinical measure of tooth mobility
- C. A clinical measure of bleeding on probing**
- D. A method to calculate periodontal pocket depth

The Sulcus Bleeding Index (SBI) is utilized in periodontal care specifically as a clinical measure of bleeding on probing. This index helps practitioners assess the health of the periodontal tissues by evaluating the presence or absence of bleeding when a probe is inserted into the sulcus around the teeth. The primary function of the SBI is to indicate inflammation, guiding clinicians in diagnosing the severity of periodontal disease. When probing around teeth, the occurrence of bleeding suggests that there is an inflammatory process occurring within the gingiva, often indicative of gingivitis or other periodontal conditions. The SBI provides valuable information over time, enabling the monitoring of treatment outcomes and the effectiveness of oral hygiene practices. While measures of dental plaque levels, tooth mobility, and periodontal pocket depth are important components of periodontal assessment, they do not specifically measure the inflammatory response as detected by bleeding on probing. The SBI focuses exclusively on this aspect, making it essential for evaluating the state of periodontal health and guiding treatment strategies.

10. In what situation would a gingivectomy be performed?

- A. To treat chronic bone loss
- B. To remove excess gingival tissue**
- C. To place a dental implant
- D. To conduct a root canal treatment

A gingivectomy is a surgical procedure specifically designed to remove excess gingival tissue. This intervention is often performed in cases where there is an overgrowth of gum tissue, which can occur due to conditions such as gingival hyperplasia or in response to certain medications. The main purpose of a gingivectomy is to restore normal gingival contours, improve aesthetics, and enhance oral hygiene by reducing periodontal pockets that can harbor plaque and bacteria. In situations where there is an overabundance of gum tissue, it can lead to difficulties in maintaining oral hygiene, necessitating the removal of that excess tissue. By doing so, it helps to facilitate better cleaning around the teeth and gums, thus preventing further periodontal issues. The other options mentioned do not align with the purpose of a gingivectomy. For instance, treating chronic bone loss usually involves periodontal surgery aimed at addressing the underlying bone structure rather than merely excising gum tissue. Placing a dental implant requires specific surgical techniques that involve both the bone and overlying tissues, not a gingivectomy. Similarly, a root canal treatment focuses on the internal structures of teeth and would not involve manipulating the gum tissue primarily for aesthetic or hygienic purposes. Therefore, the performance of a gingivectomy is correctly associated with

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:

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

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