

Periodontology M1 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

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- 1. What critical role does cementum play in periodontal health?**
 - A. It protects tooth enamel during chewing**
 - B. It allows ligaments to anchor to the tooth**
 - C. It forms the outer layer of the tooth root**
 - D. It replaces lost enamel due to wear**

- 2. How does age typically influence periodontal disease progression?**
 - A. Decreased prevalence**
 - B. Increased prevalence and severity**
 - C. No influence on severity**
 - D. Improved resistance to disease**

- 3. What is the primary role of periodontics in dental health?**
 - A. To prevent, diagnose, and treat periodontal diseases**
 - B. To whiten teeth and enhance aesthetics**
 - C. To perform orthodontic corrections**
 - D. To extract non-restorable teeth**

- 4. What does physiologic pigmentation reflect in individuals?**
 - A. Age-related changes**
 - B. Racial or ethnic differences**
 - C. Dietary habits**
 - D. Oral hygiene practices**

- 5. What is the name of the epithelium that connects the gingiva to the tooth surface at the sulcus base?**
 - A. Oral epithelium**
 - B. Buccal epithelium**
 - C. Junctional epithelium**
 - D. Keratinized epithelium**

- 6. What is the maximum depth of a clinically normal gingival sulcus?**
- A. 5 mm**
 - B. 2 mm**
 - C. 4 mm**
 - D. 3 mm**
- 7. Which of the following is a subcategory of dental biofilm-induced gingivitis in the 2017 classification?**
- A. Drug-influenced gingival enlargement**
 - B. Plaque-induced gingival disease**
 - C. Hormonal gingivitis**
 - D. Viral-induced gingivitis**
- 8. What can we conclude about the relationship between healthy teeth and alveolar bone?**
- A. Healthy teeth prevent alveolar bone resorption**
 - B. Teeth have no effect on alveolar bone structure**
 - C. Alveolar bone can grow independently of teeth**
 - D. Alveolar bone increases in thickness without teeth**
- 9. Why is probing depth significant in periodontal assessments?**
- A. It reflects the number of bacteria present**
 - B. It measures the distance from the gingival margin to the bottom of the pocket**
 - C. It indicates enamel thickness**
 - D. It assesses the mobility of teeth**
- 10. At what probing depth is periodontal disease typically indicated?**
- A. Less than 1 mm**
 - B. 1-3 mm**
 - C. Greater than 3 mm**
 - D. 4 mm**

Answers

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

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Explanations

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1. What critical role does cementum play in periodontal health?

- A. It protects tooth enamel during chewing
- B. It allows ligaments to anchor to the tooth**
- C. It forms the outer layer of the tooth root
- D. It replaces lost enamel due to wear

Cementum plays a crucial role in periodontal health primarily because it provides an attachment point for the periodontal ligaments, which anchor the tooth in its socket. This anchoring is vital for maintaining the stability of the tooth within the alveolar bone, contributing to overall periodontal support and health. The periodontal ligaments contain fibers that attach to the cementum on the roots of the teeth and to the surrounding bone, effectively helping to absorb the forces exerted during chewing and preventing tooth mobility. In contrast, other options do not accurately reflect the primary functions of cementum. Cementum does not protect tooth enamel; rather, enamel is the outer protective layer of the tooth crown, while cementum covers the tooth root. Cementum also does not replace lost enamel, as enamel is a unique substance found only on the crown of the tooth, and cannot regenerate once lost. Lastly, while cementum forms part of the tooth structure, it does not serve as the outer layer of the tooth root in the way that enamel covers the crown; rather, it is a thin layer that enhances the root and aids in the attachment of periodontal structures.

2. How does age typically influence periodontal disease progression?

- A. Decreased prevalence
- B. Increased prevalence and severity**
- C. No influence on severity
- D. Improved resistance to disease

As individuals age, there is typically an increased prevalence and severity of periodontal disease. This trend can be attributed to various factors that accumulate over time, such as the progression of medical conditions, accumulation of dental plaque, reduced immune response, and changes in oral hygiene practices. Older adults may experience increased gingival recession, loss of attachment, and tooth mobility, which contribute to the overall severity of periodontal diseases. Additionally, the biological processes associated with aging can lead to alterations in the composition of the periodontal microbiome, making older adults more susceptible to pathogenic bacteria that exacerbate periodontal tissue destruction. Moreover, chronic systemic conditions that are more common in aging populations, like diabetes and cardiovascular diseases, are linked to more severe periodontal disease. This interrelationship highlights the critical need for regular dental care and monitoring in older adults to prevent and manage periodontal issues effectively.

3. What is the primary role of periodontics in dental health?

- A. To prevent, diagnose, and treat periodontal diseases**
- B. To whiten teeth and enhance aesthetics**
- C. To perform orthodontic corrections**
- D. To extract non-restorable teeth**

The primary role of periodontics is indeed focused on the prevention, diagnosis, and treatment of periodontal diseases. This specialty emphasizes maintaining and restoring the health of the supporting structures around teeth, which include the gums, bone, and connective tissues. Periodontal diseases, such as gingivitis and periodontitis, can lead to tooth loss if not properly managed. By preventing these diseases through regular cleanings and educating patients on good oral hygiene practices, periodontics plays a crucial role in preserving overall dental health. While whitening teeth and enhancing aesthetics, performing orthodontic corrections, and extracting non-restorable teeth are all important aspects of dentistry, they fall under different specialties. Aesthetic improvements are typically managed by cosmetic dentistry, orthodontics focuses on teeth alignment, and surgical extractions are part of oral and maxillofacial surgery or general dentistry. Hence, these roles do not encompass the core mission of periodontics, which is specifically dedicated to the health of the periodontium.

4. What does physiologic pigmentation reflect in individuals?

- A. Age-related changes**
- B. Racial or ethnic differences**
- C. Dietary habits**
- D. Oral hygiene practices**

Physiologic pigmentation in individuals is primarily associated with racial or ethnic differences. This type of pigmentation represents a normal variation in the coloration of the oral mucosa and can be influenced by genetic factors which vary across different ethnic groups. As a result, individuals from certain backgrounds may naturally exhibit more pigmented mucosal tissues than others. This pigmentation is considered a normal physiological characteristic, as opposed to pathological conditions that might also cause discoloration in the oral cavity. Age-related changes, dietary habits, and oral hygiene practices do not typically explain the variation seen in physiologic pigmentation. While these factors can influence oral health and tissue appearance, they are not the primary determinants of pigmentation related to racial or ethnic backgrounds.

5. What is the name of the epithelium that connects the gingiva to the tooth surface at the sulcus base?

- A. Oral epithelium**
- B. Buccal epithelium**
- C. Junctional epithelium**
- D. Keratinized epithelium**

The name of the epithelium that connects the gingiva to the tooth surface at the sulcus base is the junctional epithelium. This specialized type of epithelium plays a critical role in periodontal health as it provides an attachment point that helps maintain the integrity of the connection between the gingiva and the tooth. The junctional epithelium is unique as it is a non-keratinized stratified squamous epithelium that allows for the permeability necessary for the exchange of substances. This property is essential for the innate immune response to dental biofilm and contributes to the overall defense mechanisms in the periodontium. Other types of epithelium mentioned, such as oral epithelium and keratinized epithelium, serve different purposes in the oral cavity and do not have the specific role of attaching the gingiva to the tooth at the sulcus base. Buccal epithelium refers to the lining of the inner cheeks and is not involved in the attachment to the tooth. Therefore, the junctional epithelium is specifically designed for the attachment and sealing at the gingival margin, making it the correct answer in this context.

6. What is the maximum depth of a clinically normal gingival sulcus?

- A. 5 mm**
- B. 2 mm**
- C. 4 mm**
- D. 3 mm**

The maximum depth of a clinically normal gingival sulcus is typically around 3 mm. This measurement reflects a healthy state where the attachment of the epithelium at the base of the sulcus remains intact, and there is no evidence of periodontal disease or inflammation. In a healthy person, the gingival sulcus is a natural space between the tooth and the surrounding gingival tissue, and its depth can vary slightly among individuals. However, a depth of 3 mm or less is generally accepted as a standard for periodontal health. Depths greater than this may indicate the presence of inflammation or the potential for periodontal disease, which would necessitate further evaluation and management. Understanding that a clinically normal sulcus typically does not exceed this depth is crucial for dental practitioners, as it serves as a baseline for identifying periodontal status and guiding treatment decisions in their patients.

7. Which of the following is a subcategory of dental biofilm-induced gingivitis in the 2017 classification?

- A. Drug-influenced gingival enlargement**
- B. Plaque-induced gingival disease**
- C. Hormonal gingivitis**
- D. Viral-induced gingivitis**

The correct answer is drug-influenced gingival enlargement, which is recognized as a distinct subcategory in the classification of gingival diseases. The 2017 classification system highlights this condition as it specifically occurs due to an adverse reaction to certain medications, such as anticonvulsants, calcium channel blockers, and immunosuppressants. This condition can lead to an increase in gingival tissue volume, which is important for clinicians to differentiate from other forms of gingival disease. In contrast, plaque-induced gingival disease is a broader category that encompasses various forms of gingivitis primarily triggered by the accumulation of dental biofilm, without the specific association with medications. Hormonal gingivitis refers to gingival changes related to hormonal fluctuations, often seen during puberty or pregnancy, but it does not fall under the subcategory of drug-induced conditions. Viral-induced gingivitis is not a recognized subcategory in the current classification, as most classifications focus on plaque-induced processes and their modifications rather than viral infections. Thus, the acknowledgment of drug-influenced gingival enlargement in the classification emphasizes the importance of recognizing and managing medication-related gingival conditions effectively.

8. What can we conclude about the relationship between healthy teeth and alveolar bone?

- A. Healthy teeth prevent alveolar bone resorption**
- B. Teeth have no effect on alveolar bone structure**
- C. Alveolar bone can grow independently of teeth**
- D. Alveolar bone increases in thickness without teeth**

Healthy teeth play a crucial role in the maintenance and health of the alveolar bone. The primary reason for the connection between healthy teeth and alveolar bone health lies in the mechanical loading and stimulation that teeth provide to the surrounding bone. When teeth are properly positioned and functioning, they exert forces during activities like chewing, which promote bone density and help prevent resorption. When teeth are absent or unhealthy, the lack of these stimulation forces can lead to bone loss, as the alveolar bone is highly responsive to the presence and activity of teeth. This relationship emphasizes how critical it is to maintain both tooth and bone health as they are interdependent; one cannot remain healthy without the other. In summary, the presence of healthy teeth is essential in preventing alveolar bone resorption and maintaining the overall structural integrity of the jaw.

9. Why is probing depth significant in periodontal assessments?

- A. It reflects the number of bacteria present**
- B. It measures the distance from the gingival margin to the bottom of the pocket**
- C. It indicates enamel thickness**
- D. It assesses the mobility of teeth**

Probing depth is significant in periodontal assessments because it provides crucial information about the health of the periodontium. Specifically, probing depth measures the distance from the gingival margin to the bottom of the periodontal pocket. This measurement helps clinicians evaluate the extent of periodontal disease present. A deeper probing depth often indicates a greater degree of periodontal attachment loss and potential periodontal pathology, which can guide treatment decisions. Understanding probing depth is essential for monitoring disease progression and the effectiveness of treatments over time. By periodically measuring probing depth, dentists can track changes in the periodontal condition and assess the responsiveness of the tissues to therapy, making it an invaluable aspect of periodontal diagnostics and management.

10. At what probing depth is periodontal disease typically indicated?

- A. Less than 1 mm**
- B. 1-3 mm**
- C. Greater than 3 mm**
- D. 4 mm**

Periodontal disease is typically indicated at probing depths greater than 3 mm because this depth signifies a loss of attachment, which is a key indicator of periodontal disease progression. The probing depth reflects the health of the periodontal tissues; deeper measurements suggest the presence of periodontal pockets, which develop as periodontal tissues are affected by inflammation and destruction. Specifically, when probing depths exceed 3 mm, it is often associated with both clinical attachment loss and the presence of disease, indicating that there may be a significant alteration in the supporting structures of the tooth. In contrast, probing depths less than 3 mm are generally considered to be within the normal range for healthy periodontal tissues, suggesting a lack of disease. Probing depths of 1-3 mm typically indicate a healthy attachment level, while a depth of 4 mm or greater reinforces the need for further diagnosis and intervention, but the critical threshold for establishing a diagnosis of periodontal disease is above 3 mm.

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://periodontologym1.examzify.com>

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

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