

PERIODONTOLOGY M1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 does periodontal regeneration aim to restore?**
 - A. Only the connective tissues of the gums
 - B. The formation of bone and periodontal ligament
 - C. The aesthetics of the smile
 - D. The function of salivary glands
- 2. What effect does keratinization have on epithelial cells?**
 - A. Makes them weaker
 - B. Makes them more elastic
 - C. Makes them stronger and waterproof
 - D. Makes them more permeable
- 3. 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
- 4. What is a common symptom of gingivitis?**
 - A. Bone loss
 - B. Gum swelling and bleeding
 - C. Loose teeth
 - D. Pus formation
- 5. What does a periodontal prognosis estimate?**
 - A. The risk of dental caries
 - B. The expected outcome of periodontal treatment
 - C. The cost of periodontal procedures
 - D. The oral hygiene status of the patient

- 6. What can contribute to the failure of restorative treatments like crowns and bridges?**
- A. Low saliva production
 - B. Periodontal diseases
 - C. Incorrect tooth alignment
 - D. Allergies to dental materials
- 7. Which condition is linked to an increased susceptibility to periodontal disease?**
- A. A. Increased water intake
 - B. B. Hormonal changes
 - C. C. Regular exercise
 - D. D. Low calcium diet
- 8. What is the significance of identifying Class I furcation involvement early?**
- A. Reduced need for any dental intervention
 - B. Prevention of further attachment loss
 - C. Guarantee of excellent oral health
 - D. Requirement for immediate extraction
- 9. What role does calcium play in periodontal health?**
- A. It reduces plaque formation
 - B. It supports the remineralization of enamel and bone
 - C. It prevents sensitivity in teeth
 - D. It has no effect on periodontal tissues
- 10. What characterizes localized aggressive periodontitis?**
- A. Generalized bone loss in all teeth
 - B. Bone loss around permanent incisors and molars in adolescents
 - C. Increased mobility of all teeth
 - D. Only affects patients over 40 years old

Answers

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

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Explanations

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1. What does periodontal regeneration aim to restore?

- A. Only the connective tissues of the gums
- B. The formation of bone and periodontal ligament**
- C. The aesthetics of the smile
- D. The function of salivary glands

Periodontal regeneration primarily aims to restore the structures that support the teeth, specifically the formation of bone and periodontal ligament. This regeneration is crucial because periodontal disease can lead to the loss of these essential tissues. When there is a loss of periodontal attachment, the goal of treatment is to regenerate the periodontal complex, which includes the alveolar bone, cementum, and periodontal ligament. By focusing on restoring these structures, periodontal regeneration not only helps in re-establishing the anatomical support for teeth but also plays a significant role in improving the overall health and function of the periodontal system. Achieving this can lead to enhanced stability and retention of teeth, thereby contributing to the long-term success of periodontal treatments. While restoring connective tissues of the gums is important, it is not the complete picture of what periodontal regeneration encompasses, as it specifically addresses the bone and periodontal ligament as key components of the periodontal architecture. The other options, such as aesthetics and salivary gland function, are not primary objectives of periodontal regeneration. While overall oral health may improve post-regeneration, the main focus remains on the structural components that directly impact the teeth's stability and health.

2. What effect does keratinization have on epithelial cells?

- A. Makes them weaker
- B. Makes them more elastic
- C. Makes them stronger and waterproof**
- D. Makes them more permeable

Keratinization refers to the process by which epithelial cells accumulate keratin, a tough, protective protein. This process plays a crucial role in the integrity and function of the skin and mucosal surfaces. When epithelial cells undergo keratinization, they become stronger and more resistant to physical and chemical insults. The accumulation of keratin adds an additional layer of protection that helps to prevent water loss from the body, thereby making these cells waterproof. In areas such as the gingiva in the oral cavity, keratinized tissue is vital for maintaining health and protecting against mechanical stresses, such as those from mastication. Keratinization also contributes to the barrier function of epithelial cells, enhancing their role in protecting against pathogens and substances that could lead to inflammation or infection. Because of these protective features, keratinized cells are indeed more robust compared to their non-keratinized counterparts, making this response a critical aspect of tissue resilience and overall oral health.

3. 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.

4. What is a common symptom of gingivitis?

- A. Bone loss
- B. Gum swelling and bleeding**
- C. Loose teeth
- D. Pus formation

Gingivitis is primarily characterized by inflammation of the gums, which often manifests as gum swelling and bleeding. This condition arises due to the buildup of plaque at the gum line, leading to increased blood flow to the gums, making them appear swollen and more sensitive. When brushing or flossing, the inflamed gums can bleed easily. Observing these symptoms is essential for early detection and management of gingivitis, as it represents a reversible stage of periodontal disease if addressed promptly with improved oral hygiene and professional care. Other symptoms mentioned, such as bone loss, loose teeth, and pus formation, are typically associated with more advanced forms of periodontal disease, such as periodontitis, rather than gingivitis itself. In gingivitis, the tissue is still healthy enough that bone loss has not occurred, making it crucial to distinguish between these stages for appropriate treatment interventions.

5. What does a periodontal prognosis estimate?

- A. The risk of dental caries
- B. The expected outcome of periodontal treatment**
- C. The cost of periodontal procedures
- D. The oral hygiene status of the patient

A periodontal prognosis specifically estimates the expected outcome of periodontal treatment. It assesses factors that may influence the success of treatment, including the severity of periodontal disease, the presence of risk factors (such as smoking or diabetes), and the patient's overall commitment to oral hygiene. This evaluation helps both the clinician and the patient understand what can realistically be achieved with treatment and helps to inform decisions about the most appropriate management strategies. Factors considered in the prognosis include clinical attachment levels, pocket depths, tooth mobility, and radiographic bone loss. By determining the prognosis, dental professionals can better tailor their treatment plans to optimize outcomes. The other options do not pertain directly to the purpose of a periodontal prognosis. Estimating the risk of dental caries relates to a different aspect of oral health that focuses on carious lesions rather than periodontal disease. The cost of periodontal procedures pertains to financial considerations rather than clinical outcomes. Lastly, while a patient's oral hygiene status is important for prognosis, it does not itself directly encompass the expected outcome of treatment.

6. What can contribute to the failure of restorative treatments like crowns and bridges?

- A. Low saliva production
- B. Periodontal diseases**
- C. Incorrect tooth alignment
- D. Allergies to dental materials

The failure of restorative treatments such as crowns and bridges can be significantly influenced by periodontal diseases. These conditions involve inflammation and infection of the supporting structures of the teeth, including the gums and bone, which can lead to tissue destruction. When periodontal disease is present, it compromises the stability and health of the teeth that are supporting the crowns or bridges. As a result, these restorations may not have a solid foundation, ultimately leading to their failure. In contrast to periodontal diseases, factors such as low saliva production, incorrect tooth alignment, and allergies to dental materials, while they can certainly affect oral health and potentially the longevity of dental work, do not directly engage the structural integrity of the surrounding tissue in the way that periodontal disease does. Salivary production influences caries and oral health but does not inherently undermine the support needed for a crown or bridge. Incorrect tooth alignment may affect the occlusion but does not directly align with periodontal support failures. Allergies can lead to discomfort or adverse reactions to materials, yet they don't typically result in structural failures of the restorative work itself based on the surrounding periodontal health.

7. Which condition is linked to an increased susceptibility to periodontal disease?

- A. A. Increased water intake
- B. B. Hormonal changes**
- C. C. Regular exercise
- D. D. Low calcium diet

Hormonal changes are indeed linked to an increased susceptibility to periodontal disease. This is primarily because hormones can affect the response of the body to bacteria in the mouth, leading to inflammation of the gums and other periodontal tissues. For example, conditions such as puberty, menstruation, pregnancy, and menopause can all lead to fluctuations in hormone levels, which may increase the risk of gingival inflammation and periodontal disease. Increased estrogen levels during pregnancy can result in a condition known as pregnancy gingivitis, highlighting how hormonal changes can exacerbate periodontal issues. In contrast, factors like increased water intake, regular exercise, and a low calcium diet do not have the same direct association with susceptibility to periodontal disease. Increased water intake generally promotes better oral health by aiding hydration and cleansing the mouth. Regular exercise is linked to improved overall health and may support the immune system, potentially reducing the risk of various diseases, including periodontal conditions. A low calcium diet, while not ideal for overall health, has not been directly established as a factor that increases susceptibility to periodontal disease in the same way hormonal changes do.

8. What is the significance of identifying Class I furcation involvement early?

- A. Reduced need for any dental intervention
- B. Prevention of further attachment loss**
- C. Guarantee of excellent oral health
- D. Requirement for immediate extraction

Identifying Class I furcation involvement early is significant because it allows for timely intervention to prevent further attachment loss. Class I furcation involvement indicates that there is a loss of periodontal support in the furcation area of a multi-rooted tooth, but the bone loss is still minimal. Recognizing this stage promptly enables the dentist or periodontist to implement appropriate treatment measures, such as scaling and root planing, improved oral hygiene instruction, and possibly the use of adjunctive therapies. By addressing the issue early, it is possible to stabilize the periodontal status and minimize further degradation of the supporting structures, thereby preserving tooth function and health. The other options do not accurately reflect the implications of early detection. Reduced need for any dental intervention would not be true since intervention is necessary to manage the condition. An early identification does not guarantee excellent oral health; rather, it is a step towards maintaining oral health. Immediate extraction is not a requirement for Class I involvement, as many cases can be managed successfully without resorting to tooth removal.

9. What role does calcium play in periodontal health?

- A. It reduces plaque formation
- B. It supports the remineralization of enamel and bone**
- C. It prevents sensitivity in teeth
- D. It has no effect on periodontal tissues

Calcium plays a crucial role in periodontal health primarily by supporting the remineralization of enamel and bone. This mineral is essential for maintaining the structural integrity of teeth and supporting the alveolar bone that surrounds and anchors teeth in the mouth. When there is an imbalance or deficiency of calcium, the body may struggle to maintain strong tooth enamel and healthy bones, which can lead to conditions such as periodontal disease. In periodontal disease, the supporting structures of the teeth, including the bone, can be compromised. Adequate calcium intake helps in strengthening these structures, particularly through its role in bone metabolism where it aids in the formation and density of the bone. This contributes to the overall stability and health of the periodontal tissues. While calcium's influence on plaque formation and teeth sensitivity is a topic of interest, it is not the primary way in which calcium directly benefits periodontal health. Instead, its most significant impact lies in its contributions to remineralization processes essential for enamel and bone strength. Thus, the relationship between calcium and periodontal health is fundamentally linked to its role in maintaining the mineral balance required for firm teeth support and resistance against periodontal diseases.

10. What characterizes localized aggressive periodontitis?

- A. Generalized bone loss in all teeth
- B. Bone loss around permanent incisors and molars in adolescents**
- C. Increased mobility of all teeth
- D. Only affects patients over 40 years old

Localized aggressive periodontitis is primarily characterized by the specific pattern of bone loss that occurs around the permanent incisors and first molars, typically in adolescents or young adults. This condition is distinguished from generalized aggressive periodontitis, which affects a wider range of teeth and involves more extensive bone loss. The localized nature reflects that only specific areas of the dental arch are heavily impacted, making option B accurate. Other options do not align with the characteristics of localized aggressive periodontitis. Generalized bone loss is not a feature as it is localized, hence option A does not apply. The condition does not lead to increased mobility of all teeth, but rather the mobility could be observed primarily in the affected teeth depending on the severity and progression, which makes option C incorrect. Finally, localized aggressive periodontitis predominantly affects adolescents and young adults, not exclusively those over 40 years old, so option D is also not valid.

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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