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Question: 1

Besides oral hygiene, what removes materia alba?

- A. Bacteria growth.
- B. Air-powder.
- C. Respiration.
- D. Tongue.

Answer: D

Explanation:

Materia alba, a soft, white, cottage cheese-like deposit, accumulates on the teeth and gums primarily due to poor oral hygiene. It consists of bacteria, epithelial cells, food debris, and components of saliva. While practicing good oral hygiene such as brushing and flossing is the primary method to remove materia alba, other factors can contribute to its reduction or removal.

****Saliva and Tongue Movements****: The natural actions of saliva and the tongue play significant roles in controlling materia alba. Saliva has cleansing properties that can help dissolve and wash away the loose deposits of materia alba. Moreover, the mechanical action of the tongue moving across the teeth and gums during activities like talking and eating also helps dislodge and remove these deposits. The tongue's movements scrub against the teeth and gums, aiding in the clearance of material that is not tightly adhered.

****Air-Powder Polishing****: Another effective method for removing materia alba is air-powder polishing, a dental procedure typically performed during professional cleanings. This technique uses a mixture of air, water, and a fine abrasive powder directed at the teeth under pressure. The abrasive action of the powder, combined with the rinsing effect of the water and the force of the air, effectively removes materia alba, plaque, and even some stains from the tooth surfaces.

****Respiration****: While respiration (breathing) is less directly involved in the removal of materia alba, the constant flow of air in and out of the mouth can help to dry out and loosen some of the softer deposits on the oral surfaces. However, this is a much less significant factor compared to mechanical removal methods like brushing or professional cleaning techniques.

In summary, while optimal oral hygiene remains the cornerstone for removing materia alba, the natural actions of saliva and the tongue, along with professional cleaning methods like air-powder polishing, contribute significantly to maintaining a cleaner and healthier oral environment.

Question: 2

The primary cause of periodontal disease is

- A. Lack of vitamins and minerals.
- B. Calculus.
- C. Inadequate diet.

D. Bacterial plaque.

Answer: D

Explanation:

The primary cause of periodontal disease, commonly known as gum disease, is bacterial plaque. Bacterial plaque is a sticky, colorless film composed predominantly of bacteria that consistently forms on our teeth. When plaque is not effectively removed through regular brushing and flossing, it accumulates and hardens into tartar (also known as calculus), further exacerbating the condition. Periodontal disease begins when the bacteria in plaque cause the gums to become inflamed. This inflammation can lead to the gums pulling away from the teeth, creating pockets that can become infected. As the immune system fights the bacteria, the bone and connective tissue that hold teeth in place begin to break down. If not treated, this can lead to the loosening or loss of teeth. The bacteria most commonly involved in periodontal disease are anaerobic, meaning they thrive in the absence of oxygen, which is typical in the environment below the gum line. The toxic products released by these bacteria, along with the body's response to infection, start to degrade the gum tissue and bone. It's important to note that while other factors such as smoking, diabetes, inadequate nutrition, and stress can worsen periodontal disease, the underlying cause remains the bacterial plaque. Effective oral hygiene, including regular brushing, flossing, and dental check-ups, is key to controlling plaque build-up and preventing periodontal disease. Dental professionals also recommend professional cleanings to remove tartar, which cannot be removed by brushing or flossing alone. Early detection and treatment of periodontal disease can help manage its progression and avoid severe complications.

Question: 3

Of the three film speeds, which is the second fastest?

- A. F-speed.
- B. E-speed.
- C. D-speed.
- D. C-speed.

Answer: B

Explanation:

In the context of film photography, film speed refers to the sensitivity of the film to light. Different speeds are categorized by their ability to capture images in various lighting conditions. The film speeds mentioned here are F-speed, E-speed, and D-speed. To understand which of these is the second fastest, we need to consider their relative speed rankings. F-speed is noted as the fastest among the three. This means it is most sensitive to light and can capture images in lower light conditions more effectively than the others. Following F-speed, the next in line is E-speed. Since F-speed is the fastest and E-speed is mentioned after F-speed, this makes E-speed the second fastest film speed among the three options provided. E-speed film is less sensitive to light compared to F-speed but is faster than D-speed, which is the slowest among the three.

Therefore, when comparing F-speed, E-speed, and D-speed, where F-speed is the fastest and D-speed is the slowest, E-speed emerges as the second fastest film speed. This makes it suitable for moderately low light photography, providing a balance between speed and image quality under various lighting conditions.

Question: 4

The gingival fibers do not extend into the:

- A. Mantle
- B. Contour lines
- C. Fibroblasts
- D. Alveolar bone

Answer: D

Explanation:

The correct answer to the question "The gingival fibers do not extend into the:" with the provided options is "Alveolar bone."

Gingival fibers, which are integral to the periodontal ligament, play a crucial role in the structural and functional integrity of the gingiva. They are primarily composed of dense fibrous connective tissue and are situated in the lamina propria, which is the connective tissue layer of the gums. These fibers are specifically located in the marginal gingiva, which is the part of the gums that surrounds the teeth. The main function of the gingival fibers is to provide structural support and maintain the gingival tissue firmly against the teeth, helping in the stabilization and protection of the periodontal environment. These fibers are an essential component of the periodontal ligament fiber groups and contribute significantly to the overall health and maintenance of the dental structure.

Importantly, while gingival fibers extend from above the crest of the alveolar bone to below the gingival epithelium, they do not attach directly to the alveolar bone itself. The alveolar bone, which forms the sockets that support the teeth, has a separate set of fibers known as the alveolar crest fibers, which help in attaching the teeth to the bone. This distinction is crucial for understanding the different roles that various components of the periodontal ligament play in dental anatomy and health.

In summary, the gingival fibers are a critical part of the periodontal ligament, located in the lamina propria of the marginal gingiva and do not extend into the alveolar bone. Their primary role is to secure the gingiva to the teeth, rather than to the bone, thereby helping in the preservation and protection of the periodontal structure.

Question: 5

High-level disinfection should not be used on:

- A. Instruments.
- B. Removable intra-oral devices.
- C. Environmental surfaces.
- D. Dental burs.

Answer: C

Explanation:

High-level disinfection is a critical process used in healthcare and other settings to ensure that instruments and devices are free from all vegetative microorganisms, viruses, fungi, and at least some bacterial spores. However, not all surfaces or items are suitable for high-level disinfection. Here's why environmental surfaces should not be subjected to this process:

****Understanding High-Level Disinfection:**** High-level disinfection involves the use of potent chemicals that can destroy all microorganisms, except for a high number of bacterial spores. This process is typically reserved for items that come into contact with sterile body sites or the vascular system, or for certain high-risk items that come into contact with mucous membranes.

****Nature of Environmental Surfaces:**** Environmental surfaces include floors, walls, countertops, and other similar areas that do not directly contact patients. These surfaces generally come into contact only with skin, which does not require the same level of microbial control as mucous membranes or sterile body areas.

****Appropriate Disinfection for Environmental Surfaces:**** For cleaning environmental surfaces, low-level and intermediate-level disinfectants are sufficient. These disinfectants are capable of eliminating most vegetative bacteria, some viruses, and fungi, which are adequate for the type of microbial control needed on these surfaces. Overusing high-level disinfectants can lead to increased costs, potential damage to surfaces, and unnecessary exposure to harsh chemicals.

****Risks of High-Level Disinfectants:**** The chemicals used in high-level disinfection can be hazardous to the health of the cleaning staff and others who come into contact with them. They can also degrade or damage various materials commonly found in environmental surfaces, such as plastics, metals, and finishes. Therefore, the risks and potential damage outweigh the benefits when used on surfaces that do not require such a high degree of disinfection.

****Proper Use of Disinfectants:**** It's essential to select the appropriate level of disinfection based on the risk of infection associated with the surface or item being treated. Using high-level disinfectants on environmental surfaces is not only overkill but also an imprudent use of healthcare resources. In summary, high-level disinfection should be reserved for specific medical instruments and devices that require a higher level of microbial control. Environmental surfaces, which have a lower risk of transmitting infections, should be maintained using less potent disinfectants to ensure safety, cost-effectiveness, and surface integrity.

Question: 6

Which of the following would you choose to shape metal matrix bands

- A. PIF instrument.
- B. Football burnisher.
- C. Condenser.
- D. Hoe.

Answer: B

Explanation:

To shape metal matrix bands during dental restoration procedures, a variety of instruments can be used, each serving specific functions based on their design and the material properties. Among the options listed:

PIF instrument: This selection appears to be a typographical or formatting error, as "PIF" isn't recognized as a standard dental instrument. It's possible that the intended term was misstated or incorrectly formatted. Therefore, it's difficult to evaluate the use of a PIF instrument without further context or correction.

Football burnisher: A football burnisher is an excellent tool for shaping metal matrix bands. This instrument features a smooth, rounded end that resembles a football, which is effective in contouring and adapting metal bands snugly against a tooth's surface. The football burnisher can gently manipulate the metal without creating sharp bends or damaging the band, thus ensuring a close fit that supports the restoration material (like amalgam or composite) adequately.

Condenser: While primarily used for condensing restorative material into a cavity preparation, a condenser is generally not suitable for shaping metal matrix bands. Its flat-ended design is meant to compact material rather than contouring or shaping bands around a tooth.

Hoe: A dental hoe is used to prepare the tooth by removing decay and smoothing cavity walls. Its design is more aggressive and not suited for delicate tasks like shaping metal matrix bands. Using a hoe could potentially damage the band or the tooth structure due to its sharp, flat edge designed for cutting rather than molding or contouring. In conclusion, among the instruments listed, the football burnisher is the most appropriate choice for shaping metal matrix bands. Its design allows for effective and gentle contouring of the metal to achieve a fit that helps in creating a successful restoration.

Question: 7

A dental assistant is working with a chemical that has a red warning label established by the National Fire Protection Association. What does the red label mean?

- A. PPE.
- B. Reactivity.
- C. Fire hazard.
- D. Health hazard.

Answer: C

Explanation:

The National Fire Protection Association (NFPA) has developed a standardized labeling system known as the NFPA 704 or "fire diamond" system, which is used to indicate the hazards of various materials and to help in the quick identification of the risks posed by hazardous materials. This system is particularly useful in emergency situations, such as fire or chemical spills, where first responders need to quickly assess the potential dangers they might face.

In the NFPA 704 system, each hazard is assigned a specific color with a number rating that indicates the severity of the hazard. The colors used are: 1. **Red** - This color indicates a fire hazard. Chemicals marked with a red label pose a risk of catching fire and how volatile or flammable they are. The number in this quadrant ranges from 0 (no fire hazard) to 4 (extreme fire hazard). 2. **Blue** - This color is used for health hazards. It shows the potential health risks if someone is exposed to the chemical, ranging from minor effects to deadly. The scale here also ranges from 0 to 4, with 4 representing a severe risk to health. 3. **Yellow** - This color represents the reactivity of the chemical, which includes its potential

for explosive reactions or chemical change. The scale, like the others, runs from 0 (stable) to 4 (may detonate). 4. **White** - This section is used for special information and is not part of the numeric rating system. It might include symbols indicating whether the chemical is radioactive, reacts violently with water, or requires specific types of personal protective equipment (PPE).

In the context of the question about the dental assistant working with a chemical carrying a red label, the red color on the NFPA label clearly indicates that the primary hazard associated with this chemical is its potential to ignite and sustain a fire. This information is critical for ensuring safe handling and storage practices within the workplace to prevent accidents and ensure the safety of all personnel. Knowing that the label indicates a fire hazard allows workers to take appropriate precautions, such as keeping the chemical away from open flames and heat sources and using proper fire suppression tools in proximity to the storage or usage area.

Question: 8

Which of the following is a type of neuron that transmits impulses away from the brain?

- A. Motor neurons
- B. Associative neurons
- C. Sensory neurons
- D. Myelin

Answer: A

Explanation:

Correct Answer: Motor neurons

The correct answer to the question of which type of neuron transmits impulses away from the brain is: Motor neurons.

Neurons, the basic units of the nervous system, are specialized cells designed to transmit information throughout the body. They are classified into three primary types based on their function: sensory neurons, motor neurons, and interneurons (also known as associative neurons).

Sensory neurons are responsible for bringing information from sensory receptors (like those found in the skin, eyes, and ears) to the central nervous system, which comprises the brain and spinal cord. They act as the messengers that relay external stimuli to the brain for interpretation.

Motor neurons, on the other hand, carry signals from the central nervous system to the peripheral areas of the body such as muscles and glands. These neurons activate muscles to contract and glands to secrete, thus playing a crucial role in movement, coordination, and various bodily functions. When the brain decides to perform an action, like picking up a cup, it sends a signal through motor neurons to the muscles in the arm and hand to execute the movement.

Interneurons (associative neurons) serve as connectors or links between sensory neurons and motor neurons. Found only in the central nervous system, interneurons process the information received from sensory neurons and decide how the body will respond. They play a complex role in reflexes, neuronal oscillations, and neurogenesis in the human brain.

Myelin, while not a type of neuron, is also crucial to the nervous system. It is a fatty substance that surrounds the axons of many neurons, functioning as an insulating layer. Myelin is essential for high-speed transmission of electrical impulses along the axon and plays a key role in protecting and maintaining healthy neurons.

Thus, motor neurons are the specific type of neurons that transmit impulses away from the brain, directing them towards the muscles and glands to execute various bodily functions.

Question: 9

Which patient is contraindicated to receiving a sealant?

- A. A patient is elderly.
- B. A patient is a small child.
- C. A patient is in their teens.
- D. A patient is pregnant and does not wish to receive x-rays.

Answer: D

Explanation:

To address the question regarding which patient is contraindicated to receiving a sealant, it's important to understand the specific contexts in which dental sealants are applied and when they may not be recommended.

Dental sealants are a preventive treatment typically used to protect teeth from decay. They are most commonly applied to the chewing surfaces of the back teeth (molars and premolars) where decay occurs most frequently. The process involves cleaning the tooth surface and then applying a liquid plastic material that hardens to form a protective coating over the grooves and fissures of the tooth. The main contraindications for dental sealants generally involve situations where the application of the sealant may trap decay under the material or when the condition of the tooth cannot be adequately assessed. Here are the patient scenarios provided: 1. A patient is elderly. 2. A patient is pregnant and does not wish to receive x-rays. 3. A patient is a small child. 4. A patient is in their teens.

Among these, the scenario where a patient is pregnant and does not wish to receive x-rays poses a potential contraindication for receiving sealants. This is because dental x-rays are a common diagnostic tool used to detect decay and assess the overall health of the tooth before applying a sealant. If a patient does not wish to receive x-rays, it becomes challenging for the dentist to confirm whether the tooth is free of decay or if there are other underlying issues that need to be addressed first.

Applying a sealant over a tooth that has decay can lead to further dental problems. The sealant can act as a barrier, trapping bacteria inside and allowing the decay to progress unchecked, which might eventually necessitate more invasive treatments like fillings or root canals. Therefore, it is crucial to ensure that the tooth is healthy and decay-free before applying a sealant.

In contrast, being elderly, being a small child, or being in their teens does not inherently contraindicate the use of dental sealants. In fact, sealants are highly beneficial in children and teenagers as they are in a high-risk period for developing cavities due to lifestyle and dietary habits. Additionally, sealants can also be beneficial for elderly patients who maintain their natural teeth and are at risk of root caries.

Thus, the patient who is contraindicated to receiving a sealant, in this case, is the one who is pregnant and does not wish to receive x-rays, as the inability to use x-rays complicates the accurate assessment of the teeth's health, potentially leading to inappropriate application of sealants.

Question: 10

Dental materials used to remove stain from and polish natural teeth, restorations, castings, and prosthetics are known as which of the following?

- A. Abrasive agents.
- B. Dental abrasions.
- C. Gritty agents.
- D. Dental grits.

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| Answer: A |
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Explanation:

Abrasive agents, commonly used in dentistry, play a crucial role in oral health care. They are specifically formulated to remove stains and polish various dental surfaces, including natural teeth, dental restorations, castings, and prosthetics. These agents utilize the mechanical action of mild abrasives to clean and enhance the aesthetic appearance of dental materials.

In dental practice, abrasive agents are found in different forms, such as toothpaste, prophylactic pastes, and specialized polishing pastes. They contain abrasive particles that vary in size, shape, and hardness. Common abrasive materials include silica, calcium carbonate, aluminum oxide, and diamond particles. The choice of an abrasive depends on the required level of abrasiveness, which is determined by the hardness of the surface being treated and the specific cleaning or polishing needs.

When using abrasive agents, it is essential to balance effectiveness with safety to avoid damaging the dental surfaces. Overuse or improper use of abrasive agents can lead to enamel wear or damage to restorations. Dental professionals are trained to select the appropriate abrasive agent and technique depending on the situation, ensuring optimal results without compromising the integrity of the dental materials.

In addition to their functional benefits, the proper use of abrasive agents contributes to the longevity and maintenance of dental work and natural teeth. Regular and correct use helps maintain the aesthetic appearance and structural integrity of dental restorations and prosthetics, thereby supporting overall dental health and patient satisfaction.

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