

NAME: _____

PRECLINICAL SEAT NUMBER _____

EXAMINATION NUMBER: 19 B

$(19 \times 3) + 38$

1. Please read all directions before starting the examination.
2. Your examination booklet should contain 3 pages. The exam contains 20 multiple choice questions and 16 short answer questions. Please check to verify you have all of the examination.
3. Write your name and preclinical seat number on the cover of the examination booklet and the short answer page.
4. Write your name, your Temple ID number and the exam number and letter on the computerized answer sheet in the appropriate boxes. Blacken the corresponding letters and digits below the boxes.
5. On the reverse side of the computerized answer sheet sign your name and write the number and letter (A or B) of your test booklet in the box labeled identification information.
6. Darken all circles on the answer sheet before the end of the examination. Extra time will not be given at the end of the examination for this purpose.
7. No questions will be answered during the examination. Answer each question as best you can using the information available.
8. Return the computerized answer form AND the entire examination booklet to the proctor.

- =====
- A 1. When viewing a Class II amalgam cavity preparation from the proximal, which line angle is longest
☒ a. axiokingival b. axiopulpal c. both line angles are equal
- C 2. Wedge - wedging is best used in which of the following conditions?
a. In patients with recession of interproximal tissue.
b. With faciolingually wide proximal boxes to provide maximum closure of the band along the gingival margin.
☒ c. On the mesial aspect of maxillary first premolars to adapt the matrix to the fluted (concave) area of the gingival margin.
- D 3. The best method for accurate diagnosis of interproximal caries (Class II and Class III) is
a. reviewing the patient's history of caries activity
b. examining the corresponding tooth in the occluding quadrant
c. examining for color changes or loss of translucency beneath marginal ridges
☒ d. radiographic examination
e. probing with an explorer
- B 4. With respect to design of bur blades, the rake angle is defined as
a. angle the back of the blade makes with the tooth
☒ b. the angle the face of the blade makes with the radial line
c. the angle the clearance face makes with the radial line.
- B 5. Fracture of a complete cusp in posterior teeth is a common occurrence. In general, in all posterior teeth, the most frequently fractured cusps are the _____
a. supporting ☒ b. nonsupporting c. all cusps fracture with equal frequency
- B 6. When the second number in the formula for a gingival margin trimmer is 90 - 100 the pair is used on the _____ gingival margin.
a. mesial ☒ b. distal
75-85
- A 7. Gingival margin trimmers have different angles for amalgam and cast gold preparations. The _____ are for amalgam preparations with gingival enamel bevels that decline gingivally only slightly.
☒ a. 90 - 85 b. 75 - 85
- B 8. Base materials are needed under composite resin restorations to provide thermal insulation
a. true ☒ b. false

9. Cusp reduction (cusp capping) significantly decreases retention form of an amalgam preparation because of loss of height of the vertical walls. When additional retention is indicated, slots and grooves can be placed slightly pulpally from the dentinoenamel junction providing secondary retention

- (a) Both statements are true
- b. Both statements are false
- c. Statement one is true; statement two is false
- d. Statement one is false; statement two is true

10. Which one of the following materials is described as being "sedative" to a painful tooth?

- a. calcium hydroxide
- (b) d. zinc oxide and eugenol
- c. glass ionomer cement
- d. zinc phosphate cement

11. Dentin bonding agents are being recognized as beneficial for dentinal sealing under any type of restorative material.

- (a) true
- b. false

12. What is the width of the blade of a chisel with a formula of 10 - 6 - 8?

- a. 1/10 mm
- b. 6/10 mm
- c. 8/10 mm
- (d) 10/10 mm

13. A patient presents with an amalgam restoration fractured at the isthmus six months after placement. The most likely cause is

- a. recurrent caries.
- (b) inadequate depth of the preparation.
- c. excessive width of the preparation.
- d. occlusally divergent lateral walls.

14. When operating in the mandibular arch, the mandibular occlusal surfaces should be oriented approximately perpendicular to the operatory floor.

- a. True
- (b) False

15. When advancing caries reaches the DEJ it spreads along the DEJ. When the spread of caries along the DEJ exceeds the caries in the contiguous enamel, caries extends into this enamel from the junction and is termed

- a. forward caries
- (b) backward caries
- c. recurrent caries
- d. root caries

16. Regarding a carbide bur, the number of cutting blades determines its cutting efficiency. Burs with a fewer number of cutting blades results in

- a. less efficient cutting and a smoother surface
- b. less efficient cutting and a rougher surface
- c. more efficient cutting and a smoother surface
- (d) more efficient cutting and a rougher surface.

17. The direction of retention pin holes should be

- a. parallel to the long axis of the tooth
- (b) parallel to the nearest external surface
- c. perpendicular to the occlusal or the gingival floor of the preparation
- d. at right angles to the dentinal tubules
- e. at a 14 degree angle to the long axis of the tooth.

18. When placing a base on the pulpal floor, it is important to cover the entire floor of the preparation with the base; because it is better to have the base rather than dentin bear the compressive load of mastication

- a. Both statements are true.
- (b) Both statements are false.
- c. Statement one is true and statement two is false.
- d. Statement one is false and statement two is true.

19. Which of the following clinical situations involving direct pulp capping would be the most likely to be successful?

- a. A pin-point exposure having sound dentin on the periphery of the exposure, with a mild degree of pulpal inflammation restricted to the exposure site. Poor isolation using cotton roles.
- b. A carious exposure having decayed or infected carious dentin at its periphery, inflammation in the pulpal tissues beyond the exposure site. Isolation using rubber dam.
- (c) A pin-point exposure having sound dentin on the periphery of the exposure, with no pulpal inflammation at the exposure site. Isolation using rubber dam.
- d. An exposure with profuse hemorrhage and great involvement (mechanical) of the pulpal and root tissues.

20. Purported advantages of amalgam bonding include which of the following:

- a. increased retention of amalgam restorations
- b. reduction/prevention of post-placement leakage
- c. reduction/prevention of post-placement sensitivity
- (d) all of the above
- e. none of the above

Name: Dawn Dreen

Seat #: C12

40 points total

-2

1. (2 points) Dentin which forms in response to moderate-level irritants, such as attrition, abrasion, erosion, trauma, moderate-rate dental caries, and some operative procedures is called reparative dentin
2. (4 points) Name two characteristics that help to distinguish dentin from enamel during cavity preparation.
color hardness tested with explorer
3. (2 points) Streptococcus mutans are probably the most important organism in the initiation of enamel caries.
4. (2 points) The term temporary restoration ~~carries to the control~~ refers to an operative procedure in which multiple teeth with acute threatening caries are treated quickly by (1) removing the infected tooth structure, (2) medicating the teeth, and (3) restoring the defects with a temporary material.
5. (2 points) Whenever dentin has been cut or abraded, a thin altered surface is created called the smear layer.
6. (6 points) If a small pulpal exposure occurs during cavity preparation and is not due to caries (mechanical pulp exposure), a layer of dycal can be placed over the exposure site to stimulate reparative dentin across the exposure site. This procedure is called pulp capping.
7. (4 points) After placing the Tofflemire matrix band for restoration of a Class 2 preparation, the operator should test with an explorer in a press-scrape motion along the gingival cavosurface margin. What is the purpose of this procedure? (Give two reasons)
remove rubber dam debris remove gingival tissue debris
8. (2 points) ZOE can be both toxic and therapeutic. Explain why ZOE placed directly on tissue has a toxic effect rather than a therapeutic effect.
The eugenol in ZOE is toxic at high levels to the pulp.
9. (2 points) Loss of tooth structure by chemico-mechanical action is called erosion.
10. (2 points) Caries that occurs at the borders of a restoration and then under it is called recurrent caries.
11. (2 points) Caries that remains in a completed cavity preparation is called residual caries.
12. (2 points) What does the letter "W" in the designation for a rubber dam clamp (e.g. W56, W2) mean? wingless.
13. (2 points) If the distal cusp of the mandibular first molar requires capping, what is the minimal thickness of amalgam necessary for capping this cusp? (The cusp is in occlusion prior to preparation.) 2 mm.
14. (2 points) What is the main reason "pilot holes" are used when preparing pin holes? to avoid drillbit crawling.
15. (2 points) Name the hand instrument which can most effectively round the axiopulpal line angle and remove unsupported enamel rods at the gingival cavosurface margin of a Class II cavity prepared for amalgam gingival margin trimmer.
16. (2 points) An internal wall is a prepared cavity surface that does not extend to the external tooth surface. An internal wall that is parallel with the long axis of the tooth is called the axial wall.