

Dental

DANB-TMP

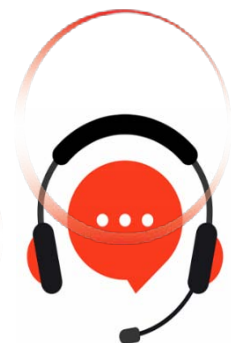
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Question: 1

Which of the following best describes another name for a rotary instrument utilized in many aspects of the dental restoration process?

- A. Bur
- B. Condenser
- C. Amalgam Knife
- D. Howe pliers

Answer: A

Explanation:

The correct answer to the question "Which of the following best describes another name for a rotary instrument utilized in many aspects of the dental restoration process?" is "Bur."

A bur is a small, rotary instrument commonly used in various dental procedures, including restoration. It is designed to be attached to a dental drill, which is part of a larger system commonly referred to as a dental handpiece. The dental handpiece is connected to a dental unit that provides the power needed for the bur to rotate at high speeds.

The primary function of the bur is to cut hard tissues such as tooth enamel and bone. It is crucial in procedures such as cavity preparation, reshaping teeth, removing old fillings, and in some cases, cutting through metal crowns or other dental materials. Burs come in different shapes and sizes, each tailored for specific tasks within the dental profession. Common types include round burs for removing decay, flat-end burs for smoothing, and pointed burs for fine detailing.

Other options listed, such as Condenser, Amalgam Knife, and Howe Pliers, serve different purposes in dentistry. A condenser is used to pack filling material into a cavity, an amalgam knife is used to trim excess filling material, and Howe pliers are typically used for holding and manipulating wires or other small objects within the mouth. None of these tools serve the same primary purpose as a bur, nor are they rotary instruments.

Therefore, when discussing rotary instruments used in dental restoration, "Bur" is the appropriate term, distinguishing it from other non-rotary tools that have different specific uses in dental treatments.

Question: 2

Partial dentures are fabricated. With the use of acrylic material, which of the following stage is the acrylic material easier to handle?

- A. The stage where the mixture transforms into a dough
- B. The stage where the polishing of the material is performed
- C. The stage where the occlusal pits are sealed
- D. The stage where the cementum of the tooth's root is calcified

Answer: A

Explanation:

In the process of fabricating partial dentures using acrylic material, one of the critical phases is when the material is easiest to manipulate. This occurs during the dough stage of the acrylic mixture. At this point, the acrylic material, which typically consists of a powder (polymer) and a liquid (monomer), has been mixed to form a dough-like consistency.

Why is this stage crucial for ease of handling? Initially, when the powder and liquid are first combined, the mixture is too fluid and lacks the viscosity needed for molding and shaping. As the chemical reaction between the polymer and monomer progresses, the mixture thickens and reaches a doughy state. This dough stage is neither too wet nor too hard, providing an ideal texture for manipulation. The material is pliable and can be easily adapted into the desired shapes and contours of a dental prosthesis without sticking to instruments or becoming unmanageable.

During the dough stage, the practitioner can precisely position the acrylic in the dental molds before it hardens completely. This stage is critical for ensuring that the partial dentures will fit comfortably and accurately in the patient's mouth. Once the desired form is achieved, the material is then allowed to cure, typically in a controlled heating process. This curing solidifies the acrylic, transitioning it from its dough-like form to a hard, durable final product.

Handling the acrylic material post-dough stage, such as during the final set or after complete curing, can be more challenging. At these points, the material is much harder and requires significant effort and tools to modify or adjust. Thus, the dough stage is uniquely advantageous for manipulation because it is the phase where the balance between flexibility and stability is optimal. This ease of handling during the dough stage is crucial for dental technicians to craft functional and well-fitted dental appliances efficiently.

Question: 3

Which of the following is a type of dental material made with a composite?

- A. One solid material
- B. A combination of liquids
- C. A mixture of two or more types of materials
- D. A dental copper alloy with one amalgam creep

Answer: C

Explanation:

The correct answer to the question "Which of the following is a type of dental material made with a composite?" is "A mixture of two or more types of materials." This choice accurately describes the fundamental nature of composite materials, which are utilized extensively in dental applications.

To understand why this is the correct answer, it's important to know what a composite material is.

Composites are engineered or naturally occurring materials made from two or more constituent materials with significantly different physical or chemical properties. When combined, these materials produce a material with characteristics different from the individual components. The properties of the composite are superior to those of the individual materials alone in at least one aspect, such as strength, durability, or resistance to wear.

In the context of dentistry, composite materials are commonly used for fillings, crowns, and bridges. These dental composites typically consist of a resin-based matrix, such as a bisphenol A-glycidyl methacrylate (Bis-GMA), and a filler material like silica. These two components are profoundly different in their physical properties; the resin provides the composite with a durable bonding capability and ease of molding, while the silica filler enhances the strength and wear resistance of the final product. When these materials are mixed, they create a composite that is not only aesthetically pleasing but also highly effective in restoring the functionality of teeth. The composite material can be closely matched to the color of natural teeth, providing a more desirable appearance than metals or other traditional dental materials.

The choice of a composite material in dentistry is crucial due to its advantages over traditional materials like amalgams or metals, which include better wear resistance, more natural aesthetics, and the capacity to bond directly to the tooth structure, preserving more of the natural tooth. Thus, the answer "A mixture of two or more types of materials" correctly identifies the nature of dental composites used in restorative dentistry, emphasizing the beneficial properties derived from the synergy of combining different materials.

Question: 4

Which of the following describes a common feature of a rubber dam and dental forceps?

- A. They are handheld instruments with a hinge.
- B. They are handheld instruments with a blade.
- C. They are handheld instruments with a cutting edge.
- D. They are handheld instruments with a hand piece.

Answer: A

Explanation:

The correct answer to the question is: "They are handheld instruments with a hinge." This response captures the shared feature of a rubber dam and dental forceps. Both these tools are indeed handheld and incorporate a hinge mechanism in their design.

Hinged dental instruments are designed to function through an opening and closing action facilitated by their hinge. This feature is crucial as it allows the instruments to perform their intended tasks effectively. For instance, dental forceps, which are used to grasp and extract teeth, require a hinged design to apply the necessary leverage and grip. Similarly, a rubber dam clamp, which is used to hold a rubber dam in place around the tooth, also employs a hinge to open and adjust to different tooth sizes for a secure fit.

It is important to note that while both instruments share the hinged characteristic, their overall purposes and applications in dental procedures are distinct. Dental forceps are primarily involved in the physical handling and removal of teeth, whereas rubber dam clamps are used in procedures requiring isolation of a tooth from the rest of the mouth, typically during root canals or restorative treatments. Other common hinged dental instruments include scissors and pliers, which further illustrates the versatility and utility of hinges in dental tool design. These instruments utilize hinges to provide precision and control, which are essential for the varied and delicate tasks performed in dental treatments.

Question: 5

With self-curing composite materials, polymerization happens due to which of the following?

- A. Excessive creeping
- B. Accumulated cross linking
- C. Gravitational force
- D. The initiator organic peroxide

Answer: D

Explanation:

The polymerization process in self-curing composite materials is significantly influenced by the chemical components that constitute the curing system. Among the options provided, the correct initiator that leads to polymerization is "The initiator organic peroxide."

In self-curing composites, the polymerization process is chemically activated. This is primarily facilitated by two key components: an initiator and an accelerator. The initiator often used is organic peroxide. Organic peroxides are a group of compounds that decompose easily to produce free radicals. These radicals are highly reactive and initiate the polymerization process by reacting with the monomer molecules present in the composite.

The role of the accelerator in this system cannot be understated. Typically, an organic amine serves as the accelerator. It reacts with the organic peroxide, speeding up its decomposition, thus producing more free radicals at a faster rate. This interaction significantly enhances the polymerization process, making it quicker and more efficient.

This polymerization mechanism is crucial for the curing of the composite material. Polymerization involves linking monomer molecules together into long polymer chains, a process that converts the initially soft composite material into a hardened, durable structure. This transformation is fundamental for the material's application in various industries, including dental, construction, and automotive sectors.

The other options listed, such as excessive creeping, accumulated cross-linking, and gravitational force, do not initiate the polymerization of self-curing composites. Creeping is a phenomenon that relates more to the physical deformation of a material under stress, while cross-linking is a result of the polymerization process but not a cause of initiation. Gravitational force generally has no direct role in the chemical initiation of polymerization in these materials.

Therefore, the correct and straightforward answer is "The initiator organic peroxide," which is responsible for initiating the polymerization process in self-curing composite materials through a reaction mechanism enhanced by the presence of an accelerator.

Question: 6

Temporary restoration material may be selected over permanent restoration material due to which of the following?

- A. Saturation
- B. Rheostat

- C. Scaling
- D. Uncertainty of the tooth

Answer: D

Explanation:

Temporary dental restoration materials are often used as an interim solution in dental treatments, primarily due to the uncertainty of the tooth's condition. Temporary materials provide a provisional remedy that allows the dentist and patient to evaluate the health and stability of the tooth before committing to a more permanent solution. This step is crucial when the future outcomes regarding the tooth's viability are unclear, for instance, in cases of significant decay, trauma, or after root canal therapy where the response of the tooth to treatment remains uncertain.

Another reason for choosing temporary over permanent restoration materials relates to broader health considerations of the patient. For example, if a patient's medical condition necessitates postponing extensive dental procedures, a temporary restoration can serve effectively in the interim. This approach ensures that the tooth is protected and functional, while avoiding the immediate need for more invasive procedures that might pose health risks or complications.

Cost factors also play a significant role in the selection of temporary restoration materials. These materials generally involve a lower immediate financial outlay compared to permanent solutions. This can be particularly advantageous for patients who may not be able to afford permanent restorations at the time of treatment or for those who require an immediate but temporary solution to a dental issue. Temporary restorations are not only a cost-effective choice but also provide the flexibility to plan for future financial expenditure for a permanent restoration. This staged approach in dental treatment allows for better financial planning and ensures that patients are not burdened with the full cost of dental work at once, making dental care more accessible and manageable.

Question: 7

Oral tissue responds well to glass ionomer cement and no irritation or significant symptoms emerges with the dental pulp. What type of physical property BEST describes this advantage of using glass ionomer cement?

- A. Surface interface
- B. Vitality
- C. Biocompatibility
- D. Flexural stress

Answer: C

Explanation:

The best physical property that describes the advantage of using glass ionomer cement in terms of its interaction with oral tissues, including dental pulp, is "Biocompatibility." Biocompatibility refers to the ability of a material to perform with an appropriate host response in a specific situation. In the context of dental materials, this means that the material should not cause adverse reactions when in contact with tissues of the mouth, such as gums, teeth, and the pulp.

Glass ionomer cements are highly biocompatible, which is crucial given their direct application on tooth structures and close proximity to sensitive dental pulp. This compatibility helps in minimizing any potential irritation or inflammatory responses that could lead to discomfort or dental health issues. The lack of irritation and significant symptoms from the dental pulp when using glass ionomer cement is a direct consequence of its biocompatibility.

Other physical properties of glass ionomer cement also contribute to its suitability for dental applications. These include its ability to chemically bond to tooth structure, which aids in the retention of the restoration without the need for extensive tooth preparation. The release of fluoride by glass ionomer cements is another beneficial property, providing a local anti-cariogenic effect to adjacent tooth structures. Additionally, its low solubility in oral fluids ensures durability and longevity of the dental restoration.

Further properties such as thermal expansion close to that of tooth enamel, and adequate radiopacity, which makes the material visible in X-rays, also play significant roles. Nonetheless, when considering the direct interaction with dental tissues and the importance of maintaining tissue health and integrity, biocompatibility stands out as the most critical physical property of glass ionomer cements. This property ensures that the material not only meets the mechanical demands of a dental restorative but also supports the biological health of the oral tissues involved.

Question: 8

A crown is cemented and placed on the prepared tooth. Which of the following would you expect to happen next?

- A. Wires are added to the cotton roll to help seat the crown
- B. The patient is instructed to bite a cotton roll to start the setting of the cement
- C. An impression is made of the crown
- D. The patient is asked to rinse with a liquid solution to remove debris

Answer: B

Explanation:

After a crown is cemented onto a prepared tooth, the next step typically involves ensuring that the crown is properly seated and that the dental cement sets correctly. To facilitate this, the patient is often instructed to bite down on a cotton roll. This step serves multiple purposes: first, it helps in exerting even pressure on the crown, which promotes better adhesion between the crown and the tooth surface; second, it aids in the initial setting or curing of the cement.

Biting on a cotton roll helps in stabilizing the crown during the crucial initial setting period of the cement. The pressure applied by biting ensures that the crown fits snugly onto the margins of the tooth preparation, minimizing any micro-movements that could disrupt the cement's bonding process. Furthermore, this action helps in expressing any excess cement that might have been squeezed out from under the crown during placement. Removing this excess is important to prevent any potential areas where bacteria could gather, which could lead to decay or gum disease.

The period during which the patient must continue to bite down can vary depending on the type of cement used. Some cements set quickly, while others might require a few minutes. During this time, it's crucial that the patient maintains steady pressure and avoids any lateral movements of the jaw that could displace the crown.

After the cement has started to set and the crown is securely attached, the dentist may proceed with additional steps such as cleaning up any residual cement from around the crown to ensure a clean finish. The dentist will also check the bite to make sure that the placement of the crown has not altered the patient's natural bite and make adjustments if necessary. This is vital to avoid any issues with chewing or jaw alignment.

In conclusion, after a crown is cemented, the immediate next step is typically having the patient bite down on a cotton roll. This action is crucial for the proper seating of the crown and the effective setting of the cement, ensuring a stable and durable restoration.

Question: 9

Which of the following substances does antimicrobial soap contain?

- A. Antiseptic
- B. Bio-load
- C. Humoral moisturizer
- D. Heterotrophic disinfectant

Answer: A

Explanation:

Antimicrobial soaps are specifically formulated to reduce the amount of microbial life on the skin. One key ingredient in these soaps is an antiseptic. An antiseptic is a substance that stops or slows down the growth of microorganisms. They are commonly used in healthcare settings and in products meant for safe and effective cleaning of the body to prevent the spread of diseases.

The role of an antiseptic in antimicrobial soap is crucial as it directly targets bacteria, viruses, and other pathogens, reducing the bio-load (the number of bacteria living on a surface before sterilization) on the skin. By doing so, these soaps help in preventing the transmission of infectious organisms that can be spread by touch.

The term "humoral moisturizer" does not relate directly to the antimicrobial properties of soap. Instead, it seems to be a confusion of terms. Humectants, which might be found in some soaps, are substances that promote the retention of moisture. These are included in skin care products to keep the skin moist and are not involved in killing or inhibiting microbes.

Similarly, "heterotrophic disinfectant" does not accurately describe an ingredient commonly found in antimicrobial soaps. Heterotrophic refers to organisms that cannot synthesize their own food and must derive their nutrition from complex organic substances. The term is not relevant in the context of soap ingredients, which are focused on eliminating microbes, not feeding them.

Therefore, among the given options, "antiseptic" is the correct substance found in antimicrobial soaps. This ingredient is essential for ensuring that the soap not only cleans but also sanitizes the skin by eliminating potentially harmful bacteria and viruses.

Question: 10

Which of the following is one of the main classifications of immunizations to prevent certain diseases?

- A. Complex phenols

- B. Iodophor
- C. Attenuated
- D. Biological inactivated

Answer: C

Explanation:

Among the options provided, "Attenuated" is one of the main classifications of immunizations used to prevent certain diseases. Immunizations are broadly classified into two main groups: attenuated (live) vaccines and inactivated (killed) vaccines. These categories can further be expanded into four types: product, component, inactivated, and attenuated vaccines.

Attenuated vaccines are also known as live vaccines. They are made using the live microorganism that causes the disease but are modified so that they are not harmful while still being capable of provoking a strong immune response. When a person is vaccinated with an attenuated vaccine, the vaccine stimulates the body's immune system to recognize and fight the live microorganism. As a result, the body develops immunity, which helps in preventing the disease in the future if the individual is exposed to the infectious agent again.

In contrast, inactivated vaccines are made by killing or deactivating the pathogen that causes the disease. These vaccines are sometimes called killed vaccines. Because the pathogen is dead, it cannot replicate or cause illness, but it can still provoke an immune response. The immune system learns to recognize the dead microorganisms, allowing the body to mount a defense if exposed to the live pathogen in the future.

The other options listed—Complex phenols, Iodophor, and Biological inactivated—are not classifications of vaccines. Complex phenols and Iodophors are typically associated with disinfection and antiseptics, not with immunizations. "Biological inactivated" seems to be a misnomer or confusion with inactivated biological products used in vaccines.

Therefore, "Attenuated" correctly identifies one of the primary classifications of vaccines used in immunization programs. These vaccines play a crucial role in preventing infectious diseases and are part of global health strategies to control and eliminate life-threatening infections.

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