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Question: 1

Mistakes are MORE prone to happen in the dental/orthodontic setting when:

- A. Adequate time is taken to perform tasks.
- B. The patient is in good health.
- C. Procedures are invasive.
- D. Staff works within their expertise and skill level.

Answer: C

Explanation:

Mistakes in dental or orthodontic settings are more likely to occur during invasive procedures. This is primarily due to the complexity and risks associated with such procedures. Invasive procedures often involve significant manipulation of tissues, which increases the potential for error. Moreover, these procedures typically require precise technique and careful handling of instruments, which adds to the complexity.

In contrast, mistakes are less likely to happen when adequate time is allocated for each task. When dental professionals are not rushed, they can pay closer attention to detail, adhere more strictly to protocols, and maintain a higher level of precision in their work. This careful, methodical approach significantly reduces the likelihood of errors.

Additionally, the health status of the patient plays a crucial role. Patients in good health are generally less susceptible to complications arising from dental treatments, including invasive procedures. Their better overall health status can lead to more predictable outcomes and fewer unexpected complications that could lead to errors.

Furthermore, it is crucial that dental staff work within their level of expertise and skill. When professionals undertake tasks that align with their training and experience, the risk of mistakes diminishes. Each team member's adherence to their scope of practice ensures that procedures are conducted safely and competently, further reducing the likelihood of errors.

In summary, while invasive procedures inherently carry a higher risk of mistakes due to their complex nature, these risks can be mitigated by ensuring that enough time is allocated for tasks, that patients are in good health, and that all dental professionals operate within their areas of expertise. These factors collectively contribute to minimizing the occurrence of errors in the dental or orthodontic setting.

Question: 2

Acrylic bases are built:

- A. By using one sheet of material.
- B. By using two sheet of material.
- C. In layers by applying liquid first then powder.
- D. In layers by applying powder first then liquid.

Answer: D

Explanation:

Acrylic bases, commonly used in dental prosthetics, are constructed through a meticulous layering process, primarily by applying a powder and then a liquid. This method is integral to ensuring the durability and functionality of the final product.

The construction starts with the careful application of a polymer powder onto a model or a mold that represents the shape of the final dental base or appliance. After the powder is applied, a liquid monomer is then added to the powder. The liquid monomer acts as a solvent and, when mixed with the polymer powder, initiates a chemical reaction leading to the polymerization of the material.

This process is typically done in layers to build the desired thickness and shape of the acrylic base. Each layer must be carefully applied to ensure uniformity and avoid any weak spots that could compromise the integrity of the base. Once the layering process is complete, the acrylic material hardens to form a solid, durable base.

The technique of applying powder first and then liquid is crucial because it allows for better control over the consistency and the curing time of the acrylic, ensuring that the base has adequate strength and fits precisely. This method also helps in minimizing the potential formation of air bubbles, which can weaken the structure.

In summary, the construction of acrylic bases involves a detailed and methodical process of layering polymer powder and liquid monomer. This technique not only provides the necessary structural integrity but also allows for customization in the dental prosthetics field.

Question: 3

Which of the following is a fast-acting anesthetic that may be used on the skin just prior to an injection?

- A. Stannous fluoride.
- B. Chlorhexidine.
- C. Diazepam.
- D. Tetracaine.

Answer: D

Explanation:

The question asks which substance among the listed options is a fast-acting anesthetic suitable for topical use on the skin prior to an injection. The correct answer is Tetracaine. Let's explore why Tetracaine is the appropriate choice and why the other options are not suitable for this purpose. Tetracaine is a local anesthetic known for its fast-acting properties. It belongs to the ester group of anesthetics and works by blocking the sodium channels required for the initiation and conduction of nerve impulses. When applied topically in gel form, Tetracaine numbs the targeted area quickly, making it an ideal choice for minimizing discomfort before procedures such as injections or minor surgical interventions.

In contrast, the other options presented do not serve the same purpose as Tetracaine: 1. ****Stannous Fluoride**** - This is primarily used as an anti-cariogenic agent in dental products and helps in strengthening tooth enamel and preventing dental cavities. It is not an anesthetic. 2. ****Chlorhexidine****

- This is an antiseptic and disinfectant used for skin cleansing and to prevent infections. It does not have anesthetic properties. 3. **Diazepam** - While Diazepam is a benzodiazepine with sedative and anti-anxiety effects, it is used systemically (such as orally or intravenously) and is not suitable as a topical anesthetic for skin application prior to injections.

Thus, among the options provided, Tetracaine is the only appropriate choice for a fast-acting topical anesthetic used to numb the skin before an injection. Its efficacy in quickly reducing sensation in a localized area helps in delivering a more comfortable experience for patients undergoing procedures involving needles or minor cuts.

Question: 4

How deep under the surface of skin do topical anesthetics work?

- A. <5 mm.
- B. 5 - 10 mm.
- C. 10 - 15 mm.
- D. 15 - 20 mm.

Answer: A

Explanation:

Topical anesthetics are medications used to numb the surface of the skin or mucous membranes. They are commonly applied as creams, gels, sprays, or ointments and are used to reduce pain sensation in specific areas. The primary use of topical anesthetics includes procedures such as tattoo application, minor skin surgeries, needle insertions, and the treatment of minor skin irritations.

The effectiveness of topical anesthetics depends significantly on their ability to penetrate the skin to reach the underlying nerves that transmit pain signals. Generally, these anesthetics infiltrate the skin to a depth of about 2 to 3 millimeters. This depth is sufficient to reach the nerve endings in the epidermis and the upper part of the dermis, which are primarily responsible for sensing pain.

Although the penetration depth might seem shallow, it is usually adequate for the purposes for which topical anesthetics are intended. The anesthetic acts by blocking the sodium channels in the nerve endings, which are crucial for conducting pain signals to the brain. By inhibiting these signals, the anesthetic achieves its numbing effect, providing relief from pain or discomfort in the treated area. It is noteworthy that while the penetration depth is limited, the effectiveness of topical anesthetics can be enhanced by covering the treated area with an occlusive dressing. This method increases the skin temperature and hydration, which in turn can enhance the absorption of the anesthetic into the skin, leading to a more profound and prolonged numbing effect.

In conclusion, while topical anesthetics penetrate only 2 to 3 mm into the skin, they are still highly effective for surface-level procedures and treatments. Their ability to block pain at nerve endings in the superficial layers of the skin makes them invaluable in a variety of medical and cosmetic applications.

Question: 5

At what point should a dental assistant wear gloves, a mask, protective eyewear and clothing to clean surface areas such as a countertop?

- A. During patient treatment when having to leave chairside
- B. Before seating the patient
- C. After seating the patient and discussing treatment with the patient
- D. After instructing the patient to check out at the front desk

Answer: B

Explanation:

In a dental clinic, maintaining a strict protocol for hygiene and safety is crucial to prevent the spread of infections and ensure the well-being of both the patients and the dental staff. One of the key components of this protocol involves the use of personal protective equipment (PPE), which includes gloves, masks, protective eyewear, and clothing. This equipment is essential not only during patient interactions but also during the cleaning and disinfection of the treatment area.

Before seating a patient, a dental assistant should don gloves, a mask, protective eyewear, and clothing. This practice is particularly important when preparing the environment that the patient will be exposed to, which involves cleaning and disinfecting surface areas that are prone to contamination but cannot be covered with disposable covers. These areas include countertops, the tops and edges of drawers, and the handles on sink faucets. By wearing the appropriate PPE, the dental assistant ensures that these surfaces are sanitized effectively without risking personal exposure to harmful pathogens or contaminating the cleaned surfaces.

The rationale behind wearing full protective gear even before the patient enters the treatment area is to prevent the transfer of microorganisms that can occur from the dental staff to the surfaces, and vice versa. Since these areas are frequently touched during dental procedures, keeping them meticulously clean and free from contaminants is vital to prevent cross-contamination.

Once the cleaning task is completed, it is important for the dental assistant to properly dispose of or disinfect the used PPE according to the clinic's protocol. This typically happens before the assistant exits the clinical area to avoid any potential spread of contaminants to other parts of the clinic. Ensuring that protective gear is only worn within the designated clinical areas helps to maintain a clear boundary between clean and potentially contaminated zones, which is a key step in infection control within dental practices.

In summary, the appropriate time for a dental assistant to wear gloves, a mask, protective eyewear, and protective clothing while cleaning surfaces like countertops is before seating the patient. This practice not only protects the dental staff from exposure to harmful microorganisms but also ensures a safe and hygienic environment for the patient. Properly managing the use and disposal of PPE plays a critical role in maintaining high standards of cleanliness and infection control in the dental setting.

Question: 6

Which of the following is an indication for provisional coverage?

- A. Eliminate teeth shifting
- B. Serves as a filling
- C. Allows the matching of different colors
- D. Reinforces cementation

Answer: A

Explanation:

Provisional coverage, often referred to as temporary crowns or bridges, is an essential component in dental restoration procedures. Its primary role is to serve as an interim solution while the permanent restoration, such as a crown or bridge, is being fabricated. Provisional coverage plays multiple crucial roles during the period it is worn.

One of the key reasons for using provisional coverage is to prevent the shifting of teeth. When a tooth is prepared for a restoration, there is a risk that adjacent teeth or opposing teeth might move into the space created. This movement can occur because teeth naturally tend to shift towards gaps to maintain contact points between them, which are essential for proper chewing and jaw alignment. If teeth shift significantly, it can lead to occlusion problems, or misalignment of the teeth when the jaws are closed, which are complex and costly to correct later.

By placing provisional coverage, such as a temporary crown or bridge, the space is maintained, effectively preventing other teeth from moving into it. This ensures that the final restoration will fit correctly without the need for extensive adjustments or re-preparation of teeth.

In addition to preventing teeth shifting, provisional coverage offers other benefits: 1. **Protects the Prepared Tooth:** It covers the exposed areas of the tooth that have been shaped for fitting the final restoration, protecting it from physical damage and thermal sensitivity. 2. **Maintains Function and Aesthetics:** Temporary crowns or bridges restore a degree of normalcy in function and appearance, allowing patients to chew and speak comfortably and maintaining the aesthetic appearance of their smile during the interim period. 3. **Ensures Marginal Integrity:** It helps in maintaining the health of the gum around the prepared tooth, preventing recession or damage that could complicate the seating of the final restoration.

Thus, provisional coverage is not merely a temporary fix but a crucial part of ensuring the success of the final dental restoration, with the prevention of teeth shifting being one of its primary roles.

Question: 7

Out of the types of zinc oxide eugenol cements, which of the following is less irritating to the tissues in the oral cavity?

- A. Type II zinc oxide-eugenol
- B. Type III zinc oxide-eugenol
- C. Type I zinc oxide-eugenol
- D. Ortho-ethoxybenzoic acid

Answer: A

Explanation:

Type II zinc oxide-eugenol cement is known for its less irritating properties compared to other dental cements. This makes it a preferred choice in dental procedures that involve direct contact with the sensitive tissues within the oral cavity. The properties that contribute to its reduced irritability include its chemical composition and the pH level it maintains.

Zinc oxide-eugenol cements are composed of zinc oxide powder and eugenol, which is a phenolic compound derived from oil of cloves. The eugenol component has been noted for its soothing properties and ability to reduce pain and irritation. Type II zinc oxide-eugenol specifically, has a balanced

formulation that not only provides mechanical strength suitable for supporting dental appliances and cast restorations but also maintains a neutral pH level close to 7.0 when set.

The pH level of a dental cement is crucial because materials with lower pH levels (more acidic) can lead to irritation and damage to the oral tissues. Since Type II zinc oxide-eugenol maintains a neutral pH, it is less likely to cause irritation compared to more acidic alternatives. This neutral pH helps preserve the health of the pulp and surrounding tissues, making Type II zinc oxide-eugenol an ideal choice for applications near sensitive areas.

Additionally, Type II zinc oxide-eugenol is designed to have a slower setting time and lower exothermic reaction during the setting process, which further reduces the risk of thermal irritation to the tissues. This property is particularly important when working close to the pulp or in regions of the mouth where the mucosa is thin and sensitive.

In conclusion, Type II zinc oxide-eugenol is favored in dentistry for its properties that minimize irritation, including a neutral pH level, inherent soothing effects of eugenol, appropriate mechanical strength, and controlled setting characteristics. This makes it a safe and effective choice for use in various dental restorative procedures, particularly when patient comfort and tissue health are primary concerns.

Question: 8

A reverse headgear is also called:

- A. Headgear.
- B. A space maintainer;.
- C. A retainer.
- D. A facemask.

Answer: D

Explanation:

The term "reverse headgear," commonly referred to as a facemask, is a type of orthodontic appliance. It is specifically designed to correct underbites, which occur when the lower jaw is positioned further forward than the upper jaw. This misalignment can affect both the function and aesthetics of a person's bite.

The facemask works by exerting external pressure to assist in the movement and proper alignment of the bones in the face and jaw. Typically, it involves straps or a framework that fits around the head or neck, with a bar positioned in front of the face. Attached to this bar are elastics that connect to braces or other dental appliances inside the mouth. These elastics pull the upper jaw forward, helping to align it with the lower jaw over time.

Facemasks are generally used during childhood or early adolescence, as this is when the bones are still growing and more malleable, making them easier to influence in terms of positioning. The duration for which a facemask needs to be worn can vary depending on the severity of the underbite and the specific needs of the patient, as determined by an orthodontist.

In orthodontic treatment, the usage of a facemask is considered a functional appliance because it serves a specific purpose in the development and correction of the facial structure. It is not only used for aesthetic improvements but also for functional corrections, which can include improving biting capabilities and overall oral health.

Question: 9

The BEST way to ensure topical local anesthetics are given safely is to:

- A. Make sure the directions for use are followed.
- B. Make sure the patient is aware of the desired effects.
- C. Combine topical agents with other drugs.
- D. Use topical agents in a large area.

Answer: A

Explanation:

The safest and most effective way to administer any medication, including topical local anesthetics, is to adhere strictly to the manufacturer's guidelines. These directions are crafted based on extensive research and testing to ensure optimal efficacy and safety when using the product. Following these instructions helps prevent complications such as overdosing, underdosing, or unintended side effects. Topical local anesthetics are used to numb specific areas of the body to prevent pain during procedures or to relieve surface-level pain. The directions for use typically include details such as the amount to apply, how often to apply it, and which areas of the body to avoid. For instance, some topical anesthetics may be harmful if applied near the eyes or on broken skin. Additionally, these guidelines provide information about what to do in case of an adverse reaction.

Moreover, adhering to the prescribed instructions ensures that the medication is used within its intended scope of application. This is particularly important as misuse can lead to systemic absorption of the drug, which might cause broader side effects or toxicities. For example, excessive use of topical anesthetics can lead to methemoglobinemia, a serious condition where the ability of the blood to carry oxygen is reduced.

It's also crucial that healthcare providers communicate these directions clearly to patients. Ensuring that patients are informed about the correct usage and potential side effects of topical anesthetics empowers them to use these medications safely and to seek help when something doesn't feel right. In summary, while topical local anesthetics are generally safe when used as directed, the best way to minimize risks and ensure their effectiveness is by rigorously following the usage instructions provided by the drug manufacturer. This adherence protects against possible adverse reactions and ensures the therapeutic benefits of the anesthetic are fully realized.

Question: 10

Allergens that may appear on a patient's health history, which are also found in the orthodontic setting include all of the following EXCEPT for:

- A. Elastic bands.
- B. Impression materials.
- C. Metal alloys.
- D. Pollen.

Answer: D

Explanation:

When considering allergens in an orthodontic setting, it's important to identify substances that could potentially cause allergic reactions in patients. Common allergenic materials in these environments include elastic bands, impression materials, and metal alloys. These items are directly involved in orthodontic treatments and can contain chemical components or metals that some patients might be sensitive to.

Elastic bands used in orthodontics are typically made from latex, which is a known allergen for some individuals. Impression materials, which are used to create molds of the teeth and gums, can also contain substances that provoke allergic reactions. Metal alloys, used in braces and other orthodontic appliances, often contain nickel and chromium—metals that are common triggers for allergic dermatitis. Pollen, however, stands out as an exception in this list. While pollen is indeed a widespread allergen affecting a significant portion of the population, it is generally associated with seasonal allergies and is not a substance typically found or used within an orthodontic practice. Pollen allergies are triggered by the airborne pollen from trees, grasses, and weeds, not by materials used in dental treatments.

Therefore, among the options given—elastic bands, impression materials, metal alloys, and pollen—the correct answer to the question of which allergen is not commonly found in the orthodontic setting is pollen. The other materials listed are relevant allergens in this specific medical context, directly related to the tools and substances used in orthodontic treatments.

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