

INBDE

Practice Questions

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The following items are offered to help candidates understand the types of questions that will be asked on the Integrated National Board Dental Examination (INBDE). It should be noted that practice test questions are not subjected to the same intense scrutiny, and do not undergo the same level of review, as items appearing on the actual examination. When developing examination content, the best questions are always reserved for placement on the actual examination (as opposed to placement on distributed lists of practice questions). The Joint Commission on National Dental Examinations (JCNDE) recommends that you use textbooks and lecture notes as primary sources for study. The current questions are provided to familiarize you with INBDE item formats. The box in the lower right corner of each question indicates the primary Foundation Knowledge (FK) area(s) and Clinical Content (CC) area(s) associated with that question (see final slides for a detailed list of FK's and CC's). The answer key appears as the last slide. These items may not be used for commercial purposes.

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Patient
Female, 10 years old
Chief Complaint
"My daughter is here for her regular check up."
Background and/or Patient History
Current Findings

Which permanent tooth is least likely to spontaneously erupt?



- A. 2
- B. 5
- C. 6
- D. 29

CC04, CC05, CC07
FK1

Patient
Male, 60 years old
Chief Complaint
“My gums are bleeding for no apparent cause.”
Background and/or Patient History
Prosthetic heart valve Medications: lithium (Lithobid®) metformin (Glucophage®) atorvastatin (Lipitor®) warfarin (Coumadin®)
Current Findings
Vital signs stable No acute distress Spontaneous gingival bleeding INR: 5

Which mechanism of action most likely explains the current complaint?

- A. Vitamin K inhibition
- B. Direct thrombin inhibition
- C. Antithrombin III activation
- D. Platelet aggregation inhibition

CC08, CC25
FK8

Patient
Male, 32 years old
Chief Complaint
"My gums hurt over my front tooth."
Background and/or Patient History
Recurrent gingival lesion - outbreaks last 7-10 days
Current Findings
Vesicular lesion between teeth 9 and 10

Which is the best treatment for the labial buccal mucosal lesions?



- A. Dexamethasone elixir
- B. Nystatin suspension
- C. Tetracycline oral rinse
- D. Valacyclovir (Valtrex[®]) tablets

CC24
FK8

Patient
Male, 48 years old
Chief Complaint
“I’ve been in pain for two days and now my face is swollen.”
Background and/or Patient History
Hypertension Type 2 diabetes Penicillin allergy
Current Findings
Facial edema Lymphadenopathy Extensive apical radiolucency associated with tooth 6 Temp: 100.3 BP: 150/93 Blood glucose: 240 mg/dL

Where is the infection most likely located?

- A. Buccal vestibule
- B. Canine space
- C. Nasal cavity
- D. Pterygomaxillary space

**CC03, CC18
FK1, FK4**

Patient
Male, 48 years old
Chief Complaint
<p>"I've been in pain for two days and now my face is swollen."</p> <p>Five days after starting the antibiotic, the patient called and said, "I have bad watery diarrhea, a high temp, and stomach cramps."</p>
Background and/or Patient History
<p>Hypertension</p> <p>Type 2 diabetes</p> <p>Penicillin allergy</p>
Current Findings
<p>Facial edema</p> <p>Lymphadenopathy</p> <p>Extensive apical radiolucency associated with tooth 6</p> <p>Temp: 100.3</p> <p>BP: 150/93</p> <p>Blood glucose: 240 mg/dL</p>

The most appropriate next step would be to:

(Progressive paired with Sample Question 4)

- A. discontinue current antibiotic and refer to physician.
- B. discontinue current antibiotic and substitute with azithromycin (Z-Pak[®]).
- C. recommend loperamide (Imodium[®]).
- D. recommend probiotics.

CC42, CC50
FK7, FK8

Patient
Male, 5 years old
Chief Complaint
Background and/or Patient History
<p>First dental examination two weeks ago Cooperation assessment: good Restorable caries on one or more primary molars in every quadrant</p>
Current Findings

After demonstration during the first restorative appointment, the next management technique would be:

- A. distraction.
- B. explanation.
- C. rationalization.
- D. sedation.

**CC38, CC52
FK9**

Patient
Female, 12 years old
Chief Complaint
“My mouth hurts.”
Background and/or Patient History
Four first premolars extracted 24 hours ago.
Current Findings
No swelling

Post-treatment discomfort is best managed with:

- A. acetaminophen (Tylenol®).
- B. codeine.
- C. ibuprofen (Advil®).
- D. tramadol (Ultram®).

CC16, CC24
FK8

Patient
Male, 65 years old
Chief Complaint
“My tooth has turned dark grey.”
Background and/or Patient History
Prosthetic heart valve Medications: warfarin (Coumadin®)
Current Findings
Necrotic tooth 24 Not responding to cold No swelling present INR: 3

Before extracting tooth 24, which one of the following is the best option?

- A. No antibiotic administration is required.
- B. Amoxicillin 2 grams should be taken 30 minutes to 60 minutes before procedure.
- C. Warfarin (Coumadin®) should be discontinued the morning before procedure.
- D. Clarithromycin (Biaxin®) 500 milligrams should be taken 30 minutes to 60 minutes before procedure.

CC24, CC25
FK12, FK3

Patient
Male, 35 years old
Chief Complaint
"I've had a metallic taste in my mouth for the past few days."
Background and/or Patient History
<p>Good oral hygiene Several implants Several restorations recently completed:</p> <ul style="list-style-type: none"> • Gold crown on tooth 2 • MOD amalgam on tooth 3 • Zirconia crown on tooth 4 • Metal-ceramic restoration on teeth 29 to 31 • Good overall health
Current Findings

What is most likely causing the chief complaint?

- A. Gold interfacing with amalgam
- B. Metal-ceramic restoration
- C. Titanium implants
- D. Zirconia interfacing with amalgam

CC02, CC06
FK3, FK10

Patient
Male, 9 years old
Chief Complaint
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
Background and/or Patient History
Type 1 diabetes
Current Findings

Which is most important to ask the parent first?

- A. "Did the child lose consciousness?"
- B. "Do you have the teeth?"
- C. "When did the child last eat?"
- D. "When did the injury occur?"

CC16, CC17
FK3

Patient
Male, 14 years old
Chief Complaint
"I can't seem to get rid of the sores at the corners of my mouth."
Background and/or Patient History
Painful lesion - recurrent, never go away entirely
Current Findings

The most appropriate treatment is:



- A. acyclovir (Zovirax[®]) cream.
- B. amantadine (Symmetrel[®]).
- C. mupirocin (Bactroban[®]).
- D. nystatin and triamcinolone (Mycolog[®]-II) cream.

CC24, CC25
FK8

Patient
Male, 65 years old
Chief Complaint
“My mouth has been dry for over a month.”
Background and/or Patient History
Previous endocarditis Medications: warfarin (Coumadin®)
Current Findings
Tooth 24 is missing incisal 1/3, INR: 3

Before performing a crown lengthening surgery, which one of the following is the best option?

- A. No antibiotic administration is required.
- B. Amoxicillin 2 grams should be taken 30 minutes to 60 minutes before procedure.
- C. Warfarin (Coumadin®) should be discontinued the morning before procedure.
- D. Clarithromycin (Biaxin®) 500 milligrams should be taken 30 minutes to 60 minutes before procedure.

CC20
FK8

Patient

Female, 75 years old

Chief Complaint

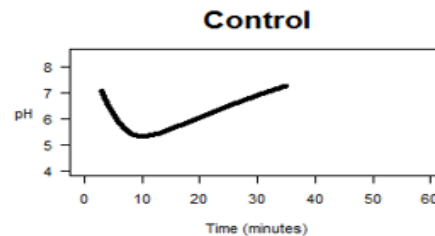
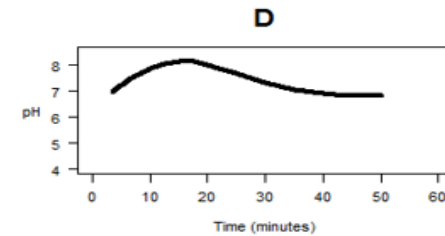
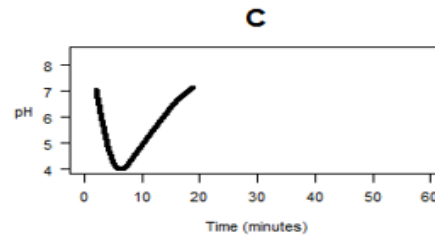
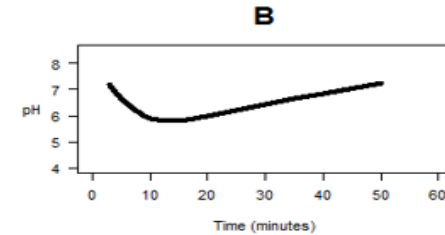
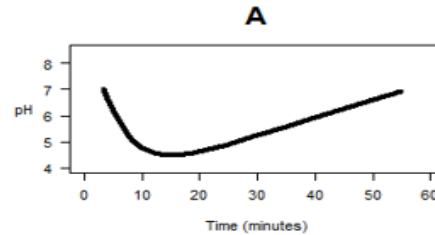
“My gums hurt over my front tooth.”

Background and/or Patient History

Oropharyngeal cancer treated by radiation.

Current Findings

Which graph best shows the likely plaque pH response after drinking a sugary beverage?



CC02
FK1

Patient
Male, 60 years old
Chief Complaint
“My gums bleed easily.”
Background and/or Patient History
Paroxysmal supraventricular tachycardia Pulmonary embolism Type 2 diabetes Hypertension Hyperlipidemia Medications: metformin (Glucophage®) atorvastatin (Lipitor®) warfarin (Coumadin®) aspirin 81 mg daily
Current Findings
BP: 145/90 Diffuse gingival bleeding

Which mechanism of action most likely explains the chief complaint?

- A. Antithrombin III inactivation
- B. Coagulation activation
- C. Thrombin inhibition
- D. Vitamin K antagonism

CC02, CC07
FK8

Patient
Male, 60 years old
Chief Complaint
"My gums bleed easily."
Background and/or Patient History
Paroxysmal supraventricular tachycardia Pulmonary embolism Type 2 diabetes Hypertension Hyperlipidemia Medications: metformin (Glucophage®) atorvastatin (Lipitor®) warfarin (Coumadin®) aspirin 81 mg daily
Current Findings
BP: 145/90 Diffuse gingival bleeding

Which test would provide a definitive diagnosis of the complaint?

- A. Bleeding time
- B. International normalization ratio
- C. Partial thromboplastin time
- D. Platelet count
- E. Serum vitamin K

CC04, CC06
FK1

Patient
Male, 48 years old
Chief Complaint
"I've been in pain for two days and now my face is swollen."
Background and/or Patient History
Hypertension Type 2 diabetes Penicillin allergy
Current Findings
Facial edema Lymphadenopathy Extensive apical radiolucency associated with tooth 6 Temp: 100.3 F BP: 150/93 Blood glucose 240 mg/dL

The most appropriate antimicrobial agent is:

- A. amoxicillin and clavulanate (Augmentin[®]).
- B. cephalexin (Keflex[®]).
- C. clindamycin (Cleocin[®]).
- D. metronidazole (Flagyl[®]).

CC12
FK8

Patient
Male, 9 years old
Chief Complaint
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
Background and/or Patient History
Type 1 diabetes
Current Findings

Which screening radiograph would be most helpful in diagnosing a mandibular fracture?

- A. Bitewing
- B. Lateral cephalogram
- C. Panoramic
- D. Periapical

CC30, CC31
FK1, FK2

Patient
Male, 9 years old
Chief Complaint
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
Background and/or Patient History
Type 1 diabetes
Current Findings

Reimplantation is desired. What is the best way to protect permanent teeth after avulsion?

- A. Place back into the sockets
- B. Place under the tongue
- C. Put in a cup of milk
- D. Wrap in a wet napkin

**CC01, CC34
FK1, FK2**

Patient
Male, 9 years old
Chief Complaint
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
Background and/or Patient History
Type 1 diabetes
Current Findings

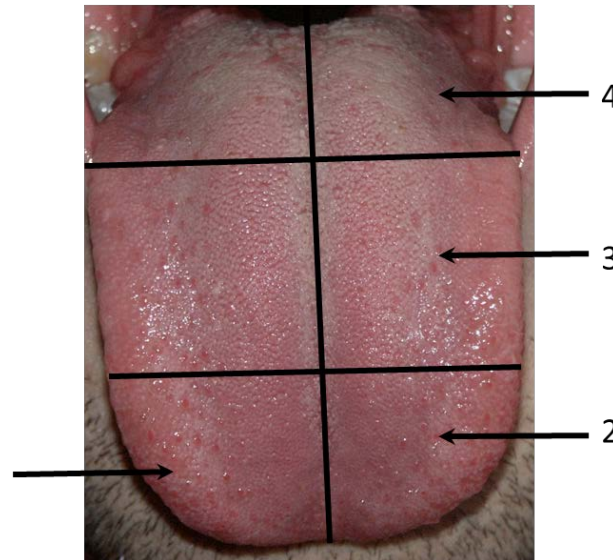
The fractured fragment of tooth 7 has not been found. What is the first step?

- A. Administer appropriate pulp therapy
- B. Ask the parent if there was a pre-existing fracture
- C. Evaluate pulpal status
- D. Radiographic image of lower lip

CC12, CC16
FK1, FK2

Patient
Male, 38 years old
Chief Complaint
"I haven't been able to taste on the left side of my tongue for the past three days."
Background and/or Patient History
Left inferior alveolar nerve block during a prior dental treatment
Current Findings

Where would a loss of taste be expected?



- A. 1 and 2
- B. 2 and 3
- C. 3 and 4
- D. 2, 3, and 4

CC05, CC07
FK1, FK2

Patient
Male, 75 years old
Chief Complaint
"I'm here to have my filling done
Background and/or Patient History
Atrial fibrillation Medications: dabigatran (Pradaxa®) metoprolol (Toprol®)
Current Findings

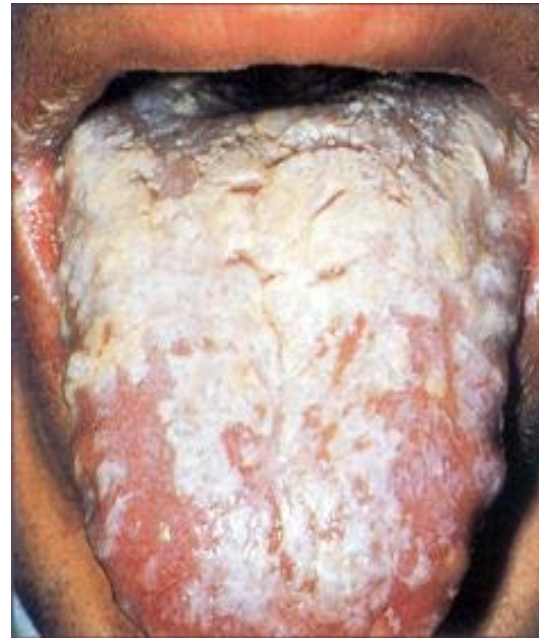
The procedure results in a carious exposure of the pulp. The patient chooses to have the tooth extracted. What is the next step at this appointment?

- A. Discontinue dabigatran (Pradaxa®) the morning of the appointment.
- B. Obtain an INR the morning of the procedure.
- C. Proceed without treatment modification.
- D. Use 2% lidocaine (Xylocaine®) with 1:50,000 epinephrine.

CC24, CC30
FK6, FK8

Patient
Male, 37years old
Chief Complaint
"I have white stuff on my tongue."
Background and/or Patient History
Recurrent low grade fever, fatigue, periodically feels cold and a little ill
Current Findings
White coating can be wiped off

What is the etiology of this condition?



- A. Bacterial infection
- B. Fungal infection
- C. Viral infection
- D. Vitamin B12 deficiency

CC024, CC04, CC12
FK4, FK7

A drug has a half-life of 4 hours. Upon discontinuing the drug:

- A. 87% will be eliminated in 8 hours.
- B. 90% will be eliminated in 24 hours.
- C. 94% will be eliminated in 12 hours.
- D. 94% will be eliminated in 16 hours.

CC24
FK8

Patient
Male, 65 years old
Chief Complaint
“A year ago I lost the filling in my back tooth.”
Background and/or Patient History
Smokes tobacco – 40 pack years Dental phobia Medications: hydrochlorothiazide (Microzide®) rosuvastatin (Crestor®) aspirin 81 mg
Current Findings
BP: 170/100 Height: 6' 1" Weight: 325 lbs

Physician referral is most urgent for the treatment of:

- A. anxiety.
- B. hypertension.
- C. obesity.
- D. smoking.

**CC08, CC42
FK6**

When making decisions about patient treatment, which type of study provides the strongest evidence?

- A. Case control
- B. Cohort
- C. Double-blind randomized
- D. Evidence summary
- E. Systematic review

**CC10, CC12
FK6, FK10**

Patient
Male, 60 years old
Chief Complaint
“My gums are bleeding with no apparent cause.”
Background and/or Patient History
Type 2 diabetes Medications: lithium (Lithobid®) metformin (Glucophage®) atorvastatin (Lipitor®) dabigatran (Pradaxa®)
Current Findings
Vital signs stable No acute distress Spontaneous gingival bleeding Blood glucose: 90 mg/dL

Which mechanism of action most likely explains the current complaint?

- A. Vitamin K inhibition
- B. Direct thrombin inhibition
- C. Antithrombin III activation
- D. Platelet aggregation

CC07, CC08
FK1, FK6

Which anatomical structure is indicated by the arrow?



- A. Tooth 1
- B. Tooth 2
- C. Tooth 16
- D. Tooth 17

CC03, CC10
FK10

Patient
Male, 57 years old
Chief Complaint
"I need a check up"
Background and/or Patient History
Current Findings
Non-cavitated demineralized lesion on the occlusal surface of tooth 13

The most appropriate management is:

- A. amalgam restoration.
- B. monitor lesion at subsequent visits.
- C. resin restoration.
- D. sealant.

CC04
FK1, FK6

Patient
Female, 61 years old
Chief Complaint
"I didn't want to miss my appointment but I don't feel good. I have a fever, cough, and I can't catch my breath."
Background and/or Patient History
Diagnosed with H3N2 strain influenza Osteoarthritis Dysplastic nevus syndrome Fractured right ankle repaired with bone plates and screws, 1 year ago Melanoma removed from left shoulder, 3 years ago Medications: acetaminophen (Tylenol®) meloxicam (Mobic®) tramadol (Ultram®)
Current Findings
Temp: 101.4 F

Which statement is correct regarding the prior skin tumor?

- A. The depth of invasion is not important in establishing prognosis.
- B. It is formed by malignant Langerhans cells.
- C. It is often associated with chronic actinic damage.
- D. It often has well demarcated borders.

CC05, CC07
FK4

A patient has a maximum opening of 25mm. Each of the following could be a contribution. Which is the EXCEPTION?

- A. Condylar ankylosis
- B. Fatigue of the masseter muscle
- C. Hypertrophy of the coronoid process
- D. Pericoronitis

CC03, CC05
FK1, FK4

Patient
Male, 45 years old
Chief Complaint
"My teeth look bad and are loose. I also have a sore throat and don't feel good."
Background and/or Patient History
Smoker (cigarettes), 12 pack-year history Factory worker
Current Findings
Temp: 101 F Malaise for 4-5 days Bilateral tender anterior cervical lymph nodes Bilateral enlargement of tonsils

The dentist refers the patient to his physician for the complaint of a sore throat. The patient is given a prescription for amoxicillin (Amoxil®), which is taken by the patient for the next three days. The patient returns two weeks later with complaints of pain in multiple joints and an epidermal rash on his trunk area. What is the most likely cause of these new signs and symptoms?

- A. An allergy to amoxicillin (Amoxil®)
- B. Bacterial endocarditis
- C. Erythema multiforme
- D. Rheumatic fever

CC07, CC25
FK4, FK8

A patient expresses the desire to quit smoking after a 40 pack-year history. Each of the following would be an appropriate action EXCEPT one. Which is the EXCEPTION?

- A. Prescribe a nicotine (NicoDerm-CQ[®]) patch
- B. Recommend hypnosis
- C. Recommend nicotine (Nicorette[®]) chewing gum
- D. Recommend use of a smokeless tobacco

CC05, CC07
FK1

Patient
Male, 48 years old
Chief Complaint
“My jaw hurts when I chew, and I cannot open wide.”
Background and/or Patient History
No history of medical problems or medications Previous dental history: routine prophylaxis only Recently assumed an executive position in a large company
Current Findings
Maximum opening is 20mm Sensitivity to palpation of masseter, temporalis, and pterygoid muscles

The initial treatment should include each of the following EXCEPT one. Which is the EXCEPTION?

- A. Bite plane splint therapy
- B. Diet modification
- C. Minor occlusal adjustment
- D. Muscle relaxant prescription

CC10, CC32
FK1, FK10

What is the greatest threat to pulp vitality during preparation of a tooth?

- A. Bacteria
- B. Desiccation
- C. Heat
- D. Pressure

CC01, CC18
FK1

Which base or liner may interfere with the polymerization of a resin composite restoration?

- A. Calcium hydroxide
- B. Copolymer
- C. Glass ionomer
- D. Zinc oxide eugenol

CC19
FK3

Each of the following is true of taurodontism EXCEPT one. Which is the EXCEPTION?

- A. Larger pulp chamber due to occlusally displaced furcation
- B. Occurs in patients with amelogenesis imperfecta and Down syndrome
- C. Permanent and primary teeth may be affected
- D. Unusual root shape due to late invagination of Hertwig's root sheath

CC01, CC07
FK4

Patient
Male, 16 years old, accompanied by parent
Chief Complaint
"I am here for my cleaning."
Background and/or Patient History
Medications: albuterol (Proventil®)
Current Findings
White plaque covering the areas of the posterior hard and soft palatal mucosa

The best diagnosis is:

- A. candidosis.
- B. herpangina.
- C. mononucleosis.
- D. streptococcal pharyngitis.

**CC02, CC07
FK1, FK6**

Patient

Female, 59 years old

Chief Complaint

"I have many missing teeth and several more are loose. My mouth is also dry."

Background and/or Patient History

Hypertension

Medications:

aspirin 81 mg

hydrochlorothiazide/triamterene
(Dyazide®)

Works in the shoe section of a department store

Current Findings

Height: 5' 9"

Weight: 140 lbs

BP: 123/78

New patient presents for an initial examination

Missing many teeth

Several remaining teeth exhibit class 1-2 mobility

Wants to save as many teeth as possible

Willing to consider upper and lower partial dentures

Intraoral examination reveals profound mucosal dryness

Manipulation of major salivary gland ducts fails to produce saliva

Management of the most common opportunistic infection in this case includes which drug?

- A. Carbamazepine (Tegretol®).
- B. Cephalexin (Keflex®).
- C. Clonazepam (Klonopin®).
- D. Clotrimazole (Mycelex®).

CC24
FK8

Patient
Female, 25 years old
Chief Complaint
“My upper left back tooth has been sensitive to hot, cold and chewing. I woke up in pain last night.”
Background and/or Patient History
Has not seen a dentist for five years Expresses a strong desire to maintain her teeth
Current Findings
Apical radiolucency tooth 15, no swelling

What is the most appropriate emergency treatment?

- A. Antibiotics and NSAIDs
- B. Occlusal adjustment and NSAIDs
- C. Pulpectomy and antibiotics
- D. Pulpectomy and NSAIDs

CC26
FK6

Patient
Male, 75 years old
Chief Complaint
"I have a painful burning sensation on my tongue and on the roof of my mouth."
Background and/or Patient History
Hepatitis C, diagnosed 20 years ago Insomnia GERD Incontinence Gout Surgery for benign prostatic hyperplasia, 2 years ago Replacement of left proximal thumb joint due to osteoarthritis, 1.5 years ago Medications: allopurinol (Zyloprim®) esomeprazole (Nexium®) solifenacin (Vesicare®) trazodone (Desyre®) Allergies: penicillin - urticaria Smoker (cigarettes), 40 pack-year history Farmer for 55 years
Current Findings
Height: 6' 2" Weight: 190 lbs BP: 135/68 Burning sensation involved his dorsal tongue and palate for the past 5 years Symptoms are worse late in the day Past treatment with nystatin has not resulted in relief Dorsal glossal and palatal mucosae reveals no clinical abnormality

The patient's physician prescribed cephalexin (Keflex®) 2 gm, to be taken prior to the dental treatment. The patient presents to the dental office with a rash and itching on the chest, neck, and arms. Each of the following is an appropriate next step EXCEPT one. Which is the EXCEPTION?

- Administer diphenhydramine (Benadryl®) and monitor the patient
- Contact the patient's physician to discuss options for treating the patient
- Recommend clindamycin (Cleocin®) if an antibiotic is needed for future dental treatment
- Decrease the dose of cephalexin (Keflex®) to 1 gm prior to dental treatment

CC25
FK8

Patient
Female, 45 years old
Chief Complaint
"I want to get my teeth checked."
Background and/or Patient History
New patient Self-proclaimed dental phobia History of infrequent dental care Suffered traumatic dental treatment experience as a child
Current Findings
Oral and radiographic examination reveal multiple caries

What should be the first action for the dentist to take after the initial oral diagnosis and treatment plan discussion?

- A. Encourage the patient to discuss previous traumatic dental experiences.
- B. Refer the patient for behavioral therapy prior to initiating dental treatment.
- C. Schedule the patient for restorative procedures in one appointment.
- D. Schedule the patient for restorative procedures under conscious sedation.

CC01, CC03
FK10

Patient
Male, 1 year old, accompanied by mother
Chief Complaint
Mother: "My son fell and a baby tooth came out."
Background and/or Patient History
Has never seen a dentist before, but family members are patients of record
Current Findings
Tooth E has avulsed and is in a cup of milk

Which action should be performed by the dentist?

- A. Curette the socket and suture the site.
- B. Inspect the socket and reassure the mother and infant.
- C. Reimplant the tooth and splint to adjacent teeth.
- D. Reimplant the tooth but do not splint.

CC07, CC15
FK1, FK10

Patient
Female, 30 years old
Chief Complaint
"I want my teeth fixed before getting pregnant."
Background and/or Patient History
Duodenal ulcer Medications: antacids oral contraceptives Extractions prior to orthodontic treatment 10 years since last dental visit
Current Findings
Missing and carious teeth Gingival swelling and erythema around tooth 17 Bilateral tenderness in muscles of mastication

There are four posterior teeth present in the mandibular left quadrant. One tooth has five cusps, two teeth have four cusps, and another tooth has three cusps. Which tooth is missing?

- A. 18
- B. 19
- C. 20
- D. 21

CC12
FK10

Patient
Male, 5 years old, accompanied by parents
Chief Complaint
Parents: "We are here for our son's initial exam."
Background and/or Patient History
Duchenne muscular dystrophy, an X-linked recessive disorder, diagnosed 3 years ago Difficulty swallowing Lives in area with fluoridated water Parents assist with brushing teeth, twice daily
Current Findings
Occlusal caries noted on tooth T Gingival swelling distal to tooth T

If the patient's father is unaffected and the mother is a carrier, what is the expected incidence of siblings NOT being phenotypically affected?

- A. 12.5%
- B. 25%
- C. 50%
- D. 75%
- E. 100%

CC09, CC11
FK4

OSHA's bloodborne pathogen standard requires healthcare employers to do each of the following EXCEPT one. Which is the EXCEPTION?

- A. Establish an exposure control plan.
- B. Implement the use of standard precautions.
- C. Make hepatitis C vaccinations available.
- D. Provide personal protective equipment.

CC51
FK6

Patient
Female, 59 years old
Chief Complaint
"I have many missing teeth and several more are loose. My mouth is also dry."
Background and/or Patient History
Hypertension Medications: aspirin 81 mg hydrochlorothiazide/triamterene (Dyazide®) Works in the shoe section of a department store
Current Findings
Height: 5' 9" Weight: 140 lbs BP: 123/78 New patient presents for an initial examination Missing many teeth Several remaining teeth exhibit class 1-2 mobility Wants to save as many teeth as possible Willing to consider upper and lower partial dentures Intraoral examination reveals profound mucosal dryness Manipulation of major salivary gland ducts fails to produce saliva

Each of the following is an appropriate patient management measure EXCEPT one. Which is the EXCEPTION?

- A. Antibiotic premedication prior to surgical procedures
- B. Respect for patient's autonomy
- C. Referral to a dental specialist
- D. Use of local anesthetic with epinephrine

CC54
FK6

Foundation Knowledge Areas (2018*)

The successful entry-level general practitioner is focused on the prevention, diagnosis, and management of oral disease, and the promotion and maintenance of general health. This requires application of knowledge in the following areas:

FK1	Molecular, biochemical, cellular, and systems-level development, structure and function
FK2	Physics and chemistry to explain normal biology and pathobiology
FK3	Physics and chemistry to explain the characteristics and use of technologies and materials
FK4	Principles of genetic, congenital and developmental diseases and conditions and their clinical features to understand patient risk
FK5	Cellular and molecular bases of immune and non-immune host defense mechanisms
FK6	General and disease-specific pathology to assess patient risk
FK7	Biology of microorganisms in physiology and pathology
FK8	Pharmacology
FK9	Sociology, psychology, ethics and other behavioral sciences
FK10	Research methodology and analysis, and informatics tools

* FK 9 and 10 contain minor edits that are currently pending JCNDE approval.

INBDE Clinical Content Areas (2016)

#	DIAGNOSIS AND TREATMENT PLANNING
1	Interpret patient information and medical data to assess and manage patients.
2	Identify the chief complaint and understand the contributing factors.
3	Perform head and neck and intraoral examinations, interpreting and evaluating the clinical findings.
4	Use clinical and epidemiological data to diagnose and establish a prognosis for dental abnormalities and pathology.
5	Recognize the normal range of clinical findings and distinguish significant deviations that require monitoring, treatment, or management.
6	Predict the most likely diagnostic result given available patient information.
7	Interpret diagnostic results to inform understanding of the patient's condition.
8	Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
9	Recognize the interrelationship between oral health and systemic disease, and implement strategies for improving overall health.
10	Select the diagnostic tools most likely to establish or confirm the diagnosis
11	Collect information from diverse sources (patient, guardian, patient records, allied staff, and other healthcare professionals) to make informed decisions.
12	Formulate a comprehensive diagnosis and treatment plan for patient management.
13	Discuss etiologies, treatment alternatives, and prognoses with patients so they are educated and can make informed decisions concerning the management of their care.

INBDE Clinical Content Areas (2016)

#	ORAL HEALTH MANAGEMENT
14	Prevent, recognize and manage medical emergencies (e.g., cardiac arrest).
15	Prevent, recognize and manage dental emergencies.
16	Recognize and manage acute pain, hemorrhage, trauma, and infection of the orofacial complex.
17	Prevent, diagnose and manage pain during treatment.
18	Prevent, diagnose and manage pulpal and periradicular diseases.
19	Prevent, diagnose and manage caries.
20	Prevent, diagnose and manage periodontal diseases.
21	Prevent, diagnose and manage oral mucosal and osseous diseases.
22	Recognize, manage and report patient abuse and neglect.
23	Recognize and manage substance abuse.
24	Select and administer or prescribe pharmacological agents in the treatment of dental patients.
25	Anticipate, prevent, and manage complications arising from the use of therapeutic and pharmacological agents in patient care.
26	Diagnose endodontic conditions and perform endodontic procedures.
27	Diagnose and manage the restorative needs of the partially or completely edentulous patient.
28	Restore tooth function, structure, and esthetics by replacing missing and defective tooth structure, while promoting soft and hard tissue health.
29	Perform prosthetic restorations (fixed or removable) and implant procedures for the edentulous and partially edentulous patient.
30	Diagnose and manage oral surgical treatment needs.
31	Perform oral surgical procedures.
32	Prevent, diagnose and manage developmental or acquired occlusal problems.
33	Prevent, diagnose and manage temporomandibular disorders.
34	Diagnose and manage patients requiring modification of oral tissues to optimize form, function and esthetics.
35	Evaluate outcomes of comprehensive dental care.
36	Manage the oral esthetic needs of patients.

INBDE Clinical Content Areas (2016)

#	PRACTICE AND PROFESSION
37	Understand how patient attributes (e.g., gender, age, race, ethnicity, and special needs), social background and values influence the provision of oral health care at all stages of life.
38	Interact and communicate with patients using psychological, social, and behavioral principles.
39	Evaluate and integrate emerging trends in health care.
40	Evaluate social and economic trends and adapt to accommodate their impact on oral health care.
41	Evaluate scientific literature and integrate new knowledge and best research outcomes with patient values and other sources of information to make decisions about treatment.
42	Practice within the general dentist's scope of competence and consult with or refer to professional colleagues when indicated.
43	Evaluate and utilize available and emerging resources (e.g., laboratory and clinical resources, information technology) to facilitate patient care, practice management, and professional development.
44	Conduct practice activities in a manner that manages risk and is consistent with jurisprudence and ethical requirements in dentistry and healthcare.
45	Recognize and respond to situations involving ethical and jurisprudence considerations.
46	Maintain patient records in accordance with jurisprudence and ethical requirements.
47	Conduct practice related business activities and financial operations in accordance with sound business practices and jurisprudence (e.g., OSHA and HIPAA).
48	Develop a catastrophe preparedness plan for the dental practice.
49	Manage, coordinate and supervise the activity of allied dental health personnel.
50	Assess one's personal level of skills and knowledge relative to dental practice.
51	Adhere to standard precautions for infection control for all clinical procedures.
52	Use prevention, intervention, and patient education strategies to maximize oral health.
53	Collaborate with dental team members and other health care professionals to promote health and manage disease in communities.
54	Evaluate and implement systems of oral health care management and delivery that will address the needs of patient populations served.
55	Apply quality assurance, assessment and improvement concepts to improve outcomes.
56	Communicate case design to laboratory technicians and evaluate the resultant restoration or prosthesis.

Item #	Key
1	C
2	A
3	D
4	B
5	A
6	A
7	C
8	B
9	A
10	A
11	D
12	B
13	A
14	D
15	B
16	C
17	C
18	A
19	B
20	B
21	C
22	B
23	C
24	B

Item #	Key
25	E
26	B
27	D
28	D
29	C
30	B
31	D
32	D
33	C
34	C
35	D
36	A
37	A
38	D
39	D
40	D
41	A
42	B
43	D
44	D
45	D
46	C
47	A