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Question: 1

All of the following will remove debris from the surface of the tooth EXCEPT for:

- A. Acid etchant.
- B. Dry brushing.
- C. Air abrasion.
- D. Bonding material.

Answer: D

Explanation:

The question provided involves identifying the dental procedure that does not help in removing debris from the surface of a tooth. To clarify, debris removal is a crucial step in dental treatments that ensures the tooth surface is clean and ready for further procedures like fillings, bonding, or coatings.

Acid etchant is typically used to clean and micro-roughen the tooth surface, which helps in better adhesion of dental materials like composite resins. The etchant, usually comprising phosphoric acid, removes the smear layer and exposes enamel rods, thereby cleaning the surface by eliminating any debris and contaminants.

Dry brushing, another method mentioned, involves using a toothbrush without toothpaste, usually in a dental office setting, to physically scrub the tooth surfaces. This action effectively removes debris, plaque, and minor stains, preparing the tooth for further dental procedures.

Air abrasion is a technique that uses a fine abrasive powder directed at the tooth under high pressure. This method is often used for removing decayed areas and surface stains, as well as for cleaning the tooth surface before various dental treatments. It is a conservative approach to removing dental debris without using traditional dental drills.

Bonding material, however, does not serve the purpose of debris removal. Instead, it is used after the cleaning process; its primary role is to adhere dental restorative materials to the tooth. It is usually a resin-based composite that chemically bonds to the tooth structure but does not possess any properties to clean or remove debris by itself.

Therefore, among the options listed—acid etchant, dry brushing, air abrasion, and bonding material—it is the bonding material that does not contribute to debris removal on the tooth surface. This understanding is essential for ensuring proper dental treatment planning and execution.

Question: 2

How should the mouth be opened for fluoride varnish application?

- A. Ask the patient to open the mouth, then prop with a mouth prop.
- B. Apply gentle finger pressure to open the mouth.
- C. Pull the cheek gently aside.
- D. Apply firm finger pressure to the mandibular joint.

Answer: B

Explanation:

During the application of fluoride varnish, it is important to ensure that the patient's mouth is opened comfortably and effectively to allow for precise and efficient application. Here's a detailed explanation: The ideal approach to opening the mouth for fluoride varnish application involves using gentle finger pressure. This method is both simple and patient-friendly, ensuring that the patient remains at ease throughout the procedure. To do this, the clinician should gently place a finger on one side of the patient's jaw and lightly press to encourage the mouth to open. This pressure should be mild and should not cause discomfort to the patient.

It is not necessary to use mouth props or gags in this process. Mouth props are typically used to keep the mouth open for extended periods or during procedures where the patient cannot comfortably maintain mouth opening on their own. Fluoride varnish application, however, is a quick process and does not require the mouth to be held open for long. Hence, the use of props or gags could be unnecessarily uncomfortable for the patient and could potentially complicate a straightforward procedure.

Additionally, while applying the varnish, it might be helpful to pull the cheek gently aside to ensure that all areas of the teeth are reachable and properly covered with the varnish. This action should be done carefully to avoid pinching or pulling too hard, which might cause the patient discomfort.

It is also important to avoid applying firm pressure on any part of the jaw, especially the mandibular joint, as this can cause pain or discomfort and may lead to joint problems if done incorrectly. Gentle manipulation should suffice to allow adequate access for the fluoride varnish application.

Overall, the key to a successful fluoride varnish application lies in the delicate balance of patient comfort and effective access to all surfaces of the teeth. By using gentle finger pressure and avoiding unnecessary force or tools, the process not only becomes smoother but also ensures that the patient has a positive experience.

Question: 3

Incorrect angulation in air powder polishing can produce which of the following?

- A. Subcutaneous emphysema.
- B. Trauma to the gingiva.
- C. Excess heat.
- D. Excess aerosol.

Answer: D

Explanation:

Air powder polishing, a dental cleaning technique that uses a mixture of air, water, and abrasive powder, is an effective method for removing plaque, stains, and soft deposits from the teeth. However, the technique requires careful handling to prevent adverse effects, one of which includes the production of excess aerosol when the angulation of the spray is incorrect.

The angle at which the air powder polishing device is held plays a crucial role in controlling where and how the mixture impacts the teeth and surrounding oral tissues. When the device is angled correctly, it

targets the intended areas effectively, minimizing the dispersion of particles. Conversely, incorrect angulation can lead to the spray missing the targeted area, thereby causing the abrasive particles to disperse widely as aerosol.

This aerosol formation is significant because it can carry microbial particles, which might include bacteria, viruses, and other pathogens present in the oral cavity. These aerosols can remain suspended in the air for a period, posing potential inhalation risks to both the dental practitioner and the patient. The risk is increased in enclosed spaces like dental offices, where inadequate ventilation may allow aerosols to accumulate.

Moreover, excessive aerosol production increases the risk of cross-contamination between patients and dental staff, especially if the subsequent cleaning and air filtration are not adequately managed. During procedures like air powder polishing, it is essential to use high-volume evacuators and to ensure that both the dental professionals and patients are wearing appropriate personal protective equipment (PPE).

In summary, while air powder polishing is a beneficial dental cleaning method, incorrect angulation of the spray can lead to excessive aerosol production. This not only reduces the efficacy of the cleaning procedure but also elevates the risk of airborne transmission of pathogens, emphasizing the need for correct technique and adequate safety measures in dental settings.

Question: 4

Which of the following does NOT slow the absorption of fluoride in the stomach?

- A. Drinking a glass of milk with a fluoride tablet.
- B. Eating a meal rich in calcium with a fluoride tablet.
- C. Taking a fluoride tablet on an empty stomach.
- D. Using antacids when taking fluoride tablets.

Answer: C

Explanation:

The question is about identifying which factor does not slow down the absorption of fluoride in the stomach. The options provided include various scenarios involving the intake of a fluoride tablet. Drinking a glass of milk with a fluoride tablet is one method that can slow the absorption of fluoride. This is because milk contains calcium, which can bind with fluoride. Calcium has the ability to decrease the acidity in the stomach. A lower acidity level reduces the rate at which fluoride is absorbed into the bloodstream.

Taking a fluoride tablet on an empty stomach, on the other hand, does not slow the absorption of fluoride; rather, it facilitates a quicker absorption. This faster absorption is due to the higher acidity typically present in an empty stomach. Acids in the stomach can help dissolve fluoride more rapidly, allowing it to pass into the bloodstream more quickly than if the stomach were less acidic.

Eating a meal rich in calcium along with a fluoride tablet also results in a slower absorption of fluoride. Similar to drinking milk, the presence of calcium in the meal can reduce stomach acidity and bind with fluoride, both of which contribute to slower absorption rates.

Using antacids when taking fluoride tablets is another scenario that slows the absorption of fluoride. Antacids are used to neutralize stomach acids. By decreasing the acidity of the stomach, antacids hinder the rapid dissolution and absorption of fluoride.

Therefore, the correct answer to the question is that taking a fluoride tablet on an empty stomach does NOT slow the absorption of fluoride. In fact, it increases the rate of absorption due to the high acidity levels in an empty stomach.

Question: 5

When polishing the buccal aspect of the maxillary right posterior quadrant, you should instruct the patient to do which of the following?

- A. Tilt her head up and slightly towards you.
- B. Tilt her head up and slightly away from you.
- C. Tilt her head down and slightly away from you.
- D. Tilt her head down and slightly towards you.

Answer: B

Explanation:

When conducting dental procedures such as polishing, the positioning of the patient's head is crucial for ensuring that the dentist or dental hygienist has optimal access and visibility of the area being worked on. This is particularly important in areas that are naturally more difficult to reach, such as the buccal aspect of the maxillary right posterior quadrant. The buccal aspect refers to the cheek side of the teeth, and the maxillary right posterior quadrant includes the upper right back teeth.

For the dental professional to effectively and safely polish this area, the patient should tilt her head upward and slightly away from the dentist. This specific positioning serves multiple purposes: 1.

****Enhanced Visibility****: By tilting the head up, the upper quadrant becomes more exposed and accessible. This elevation allows the dentist to have a direct line of sight into the quadrant, reducing the risk of missing any spots during the polishing process. 2. ****Improved Access****: Angling the head slightly away from the dentist shifts the mouth's opening in a way that the buccal surfaces of the maxillary right posterior teeth face more directly towards the dentist. This orientation makes it easier for the dentist to maneuver the polishing tool around each tooth effectively. 3. ****Patient Comfort****: This position can also be more comfortable for the patient, as it prevents the necessity for the dentist to apply excessive force or awkward angles that might cause discomfort or strain to the patient's neck and jaw.

It is important to communicate clearly with the patient about how to position their head and to make adjustments as needed throughout the procedure to maintain comfort and optimize the effectiveness of the polishing. In addition to positioning, the dentist may also use mirrors and other dental instruments to further improve access and visibility, ensuring a thorough cleaning and polishing process.

Therefore, the correct instruction for a patient when polishing the buccal aspect of the maxillary right posterior quadrant is to tilt her head up and slightly away from the dentist. This position is essential for a successful dental procedure, focusing on achieving clinical precision while maintaining a high standard of patient care.

Question: 6

The need for an oral prophylaxis procedure to be performed is determined by

- A. Dental assistant.

- B. Patient.
- C. Dentist.
- D. Patient's primary care physician

Answer: C

Explanation:

The need for an oral prophylaxis procedure, commonly known as a professional dental cleaning, is primarily determined by a dentist. An oral prophylaxis involves the thorough cleaning of the teeth and gums to prevent the development of dental issues such as cavities, gingivitis, and periodontal disease. This preventive measure is crucial for maintaining oral health and hygiene.

During a typical dental visit, the dentist conducts a comprehensive examination of the patient's teeth, gums, and mouth. This assessment helps in identifying any signs of oral health problems that might require intervention. Based on the evaluation, the dentist decides whether an oral prophylaxis is necessary. The decision is influenced by factors such as the presence of plaque and tartar buildup, the condition of the gums, and the patient's history of dental issues.

It is important to note that while dental assistants play a significant role in supporting dental care by helping with various tasks and procedures, the responsibility of diagnosing conditions and determining the need for specific dental treatments like oral prophylaxis rests solely with the dentist. Dental assistants may assist during the cleaning process and in patient education, but they do not make the decision on whether the procedure is needed.

Recently, there has been a trend toward expanding the scope of practice for dental assistants, including licensing and training enhancements that might allow them to perform more tasks independently, such as preliminary assessments. However, the final judgment regarding the necessity for treatments like oral prophylaxis remains the duty of the dentist, ensuring that patients receive care based on a professional medical evaluation.

Question: 7

Sealants are contraindicated at what age:

- A. Between the ages of 2 and 4.
- B. Between the ages of 12 - 16.
- C. Between the ages of 8 and 14.
- D. Between the ages of 4 and 8.

Answer: A

Explanation:

Dental sealants are a preventive treatment used to protect teeth from cavities and decay. They are typically applied to the chewing surfaces of the back teeth (molars and premolars) where decay occurs most often. Sealants are made of a plastic material that is applied to the teeth's surfaces, filling in the crevices and pits where bacteria and food particles can accumulate.

The timing for applying sealants is crucial. They are generally recommended for children and teenagers because the likelihood of developing pit and fissure decay begins early in life. However, sealants are not recommended for all age groups.

Specifically, sealants are contraindicated for children between the ages of 2 and 4. This age group typically does not have their permanent molars yet, which are the primary candidates for sealants. The first permanent molars usually erupt around the age of 6. Applying sealants to the milk teeth, or primary teeth, which are still present in children aged 2 to 4, is generally not advisable unless there are specific circumstances that a dentist might consider, such as high caries risk and deep pits and fissures in these teeth. However, the general practice is to wait until the permanent teeth have erupted to ensure the sealants are applied to teeth that will benefit most from the treatment.

Sealants are most beneficial when applied to teeth that are fully erupted and free of decay or fillings. This typically occurs from the age of 6 onward, as children get their first permanent molars and later their second permanent molars around age 12. Therefore, applying sealants before the age of 6 is typically not recommended. Instead, oral hygiene practices such as regular brushing with fluoride toothpaste and flossing are emphasized for younger children.

In summary, while sealants are a valuable tool in preventing dental decay and maintaining oral health in children and adolescents, they are not suitable for children between the ages of 2 and 4, as their permanent teeth have not yet erupted. Proper oral hygiene and regular dental check-ups during these early years remain the best approach to dental care.

Question: 8

Which one of the following levels of grit is MOST abrasive?

- A. Extra fine.
- B. Coarse.
- C. Extra coarse.
- D. Medium.

Answer: C

Explanation:

Grit refers to the size of the particles embedded in sandpaper and other abrasive materials. These particles act like tiny cutting tools that remove material from surfaces. The size of the grit particles is categorized into grades, such as extra fine, fine, medium, coarse, and extra coarse. Each grade corresponds to the size of the particles, which directly affects how much material it can remove from a surface during sanding or grinding.

Extra fine grit has very small particles. This type of grit is used for finishing surfaces, giving them a polished look. It is not suitable for removing large amounts of material but is excellent for final touches after the surface has been processed with coarser grits.

Medium grit serves as a mid-range abrasive, balancing between removing material and finishing surfaces. It is used for smoother sanding that requires moderate removal of material. Medium grit is less aggressive than coarse or extra coarse grits but more so than fine or extra fine grits.

Coarse grit has larger particles than medium and is used for more aggressive sanding. It can remove more material faster than medium or fine grits. This makes it suitable for initial stages of sanding, where large amounts of material need to be removed quickly.

Extra coarse grit, being the most abrasive among the options listed, contains the largest particles. It is designed for heavy-duty material removal, such as stripping old paint, smoothing rough surfaces, or shaping materials. Because of its highly abrasive nature, extra coarse grit can quickly remove significant amounts of material, making it the best choice for tasks requiring substantial surface modification.

In summary, the level of abrasiveness of grit is determined by the size of its particles. Among the options given — extra fine, coarse, medium, and extra coarse — extra coarse is the most abrasive. It is ideal for heavy-duty applications where rapid material removal is necessary, outperforming the other types of grits in terms of abrasiveness and efficiency for tough tasks.

Question: 9

Which of the following fluoride levels is NOT within the acceptable range for a municipal water supply?

- A. .7ppm
- B. 1.1ppm.
- C. .95ppm
- D. .3ppm

Answer: D

Explanation:

The question asks to identify the fluoride level that is not within the acceptable range for a municipal water supply. The choices given are .7ppm, .3ppm, 1.1ppm, .95ppm, and again .3ppm.

To address this question, it is important to understand the standard fluoride levels recommended for municipal water supplies. According to health guidelines, the ideal fluoride concentration in drinking water should be between .7 and 1.2 parts per million (ppm). This range is considered optimal for preventing tooth decay while minimizing the risk of dental fluorosis, which is a condition caused by excessive fluoride intake.

Analyzing the given options: - .7ppm falls exactly at the lower boundary of the acceptable range. - 1.1ppm and .95ppm are well within the acceptable limits, adhering to the recommended standards. - .3ppm, however, is significantly below the minimum recommended level of .7ppm. This lower concentration might not be sufficient to provide the dental health benefits that fluoride in drinking water is intended to offer.

Additionally, it is noted that the climate may influence the recommended levels of fluoride in water supplies. In hotter climates, where people might consume more water due to higher temperatures, slightly lower levels of fluoride might be suggested to avoid excessive intake. However, even in these circumstances, the fluoride level is generally kept within the standard range of .7 to 1.2 ppm to balance health benefits and risks.

Therefore, the correct answer to the question is .3ppm, as it is not within the acceptable fluoride concentration range for municipal water supplies. Ensuring fluoride levels are within the recommended limits is crucial for public health, particularly in preventing tooth decay while avoiding the adverse effects of overexposure.

Question: 10

The patient should be instructed to do all but which of the following after topical fluoride application?

- A. Refrain from eating for 30 minutes.
- B. Refrain from drinking for 30 minutes.
- C. Refrain from eating or drinking for 24 hours.

D. Refrain from brushing the teeth for 30 minutes.

Answer: C

Explanation:

After a topical fluoride application, patients are generally given specific instructions to maximize the effectiveness of the treatment and to prevent any potential side effects. These instructions are designed to ensure that the fluoride has sufficient time to act on the tooth enamel, helping to remineralize areas weakened by decay and to protect teeth against the formation of cavities.

One common instruction given to patients is to refrain from eating or drinking for 30 minutes following the fluoride application. This waiting period allows the fluoride to create a strong bond with the enamel without being immediately washed away or diluted by foods or liquids. Eating or drinking too soon after the application can reduce the efficacy of the fluoride treatment, thereby diminishing its protective benefits.

Patients are also advised to refrain from brushing their teeth for at least 30 minutes after fluoride application. This is important because brushing too soon can mechanically remove the fluoride coating before it has fully integrated with the tooth enamel. By waiting the recommended 30 minutes, patients ensure that the fluoride remains in contact with their teeth for a sufficient duration to be effective.

However, the instruction to refrain from eating or drinking for 24 hours is not typical and is generally considered excessive. Most dental professionals agree that a 30-minute waiting period is adequate for the fluoride to adhere properly to the tooth surfaces and begin its work of remineralization. Extending this period to 24 hours does not provide additional benefits and can be unnecessarily inconvenient for the patient.

Therefore, among the instructions listed, the one that the patient should not follow is to refrain from eating or drinking for 24 hours. This recommendation is overly cautious and not aligned with the standard dental guidelines for post-fluoride application care. Instead, adhering to a 30-minute waiting period for eating, drinking, and brushing is both effective and practical, balancing treatment efficacy with patient convenience.



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