AMERICAN BOARD OF ORTHODONTICS (ABO) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://abo-orthodontics.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

SAMPLE

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

SAMPLE

Questions

SAMPLE

1. **Carriere correction of Class II relationships primarily involves which of the following?**

   A. Mesial tipping of maxillary molars

   B. Distal tip and rotation of canines and molars

   C. Direct proclination of incisors

   D. Extraction of first premolars

2. **What is the first appearance of rounding at the lateral margins in SMI stages?**

   A. Capping

   B. Fusion

   C. Growth Phase

   D. Development Stage

3. **In what condition is early coronal suture fusion typically seen?**

   A. Down syndrome

   B. Apert's syndrome

   C. Cleft lip and palate

   D. Turner's syndrome

4. **Which term describes the condition of having snoring or apnea in pediatric populations?**

   A. Obstructive Sleep Apnea (OSA)

   B. Bruxism

   C. Snooze Syndrome

   D. Chronic Sleep Intervention

5. **What metals are commonly found in stainless steel alloys used in orthodontics?**

   A. 17-25% chromium, 8-25% nickel, iron as the remainder

   B. 15-20% chromium, 15-30% nickel, copper and iron

   C. 20-30% chromium, 5-15% nickel, cobalt and iron

   D. 25-30% chromium, 10-20% nickel, manganese and iron

SAMPLE

6. What vitamin D metabolite increases plasma phosphate levels?

A. 1,25(OH)2D

B. 25(OH)D

C. Vitamin D3

D. Calcitriol

7. Where does apposition of bone primarily occur?

A. Tension side

B. Compression side

C. Balanced side

D. Neutral zone

8. What does Moss attribute to growth changes within the skeletal system?

A. Genetic factors

B. Functional matrix requirements

C. Mechanical forces

D. Environmental factors

9. What aspect of bone structure does Wilcko SFOT cut through?

A. Deep medullary bone

B. Cortex to superficial medullary bone

C. Only the cortex

D. External lamina only

10. What is the most common contact on the balancing side in a dental occlusion?

A. Distal of first molars

B. Distal of second molars

C. Mesial of second molars

D. Mesial of first molars

SAMPLE

Answers

SAMPLE

1. B
2. A
3. B
4. A
5. A
6. A
7. A
8. B
9. B
10. B

SAMPLE

Explanations

SAMPLE

1. Carriere correction of Class II relationships primarily involves which of the following?

A. Mesial tipping of maxillary molars

B. Distal tip and rotation of canines and molars

C. Direct proclination of incisors

D. Extraction of first premolars

The Carriere correction of Class II relationships primarily involves the distal tipping and rotation of canines and molars. This method is specifically designed to address the dental and skeletal discrepancies that characterize Class II malocclusions. By facilitating the distal movement of the molars and canines, this technique helps to achieve a more favorable occlusal relationship and aligns the dental arches more effectively. In Carriere correction, the focus is on achieving a reciprocal relationship between the upper and lower teeth that helps to correct the overall occlusion. Distal tipping allows the maxillary molars to move back, thereby reducing the overjet often seen in Class II relationships. This movement can be achieved with the use of various orthodontic appliances, such as a Carriere appliance or similar functional appliances. The other options do relate to orthodontic considerations but are not central to the Carriere approach. Mesial tipping of the maxillary molars, direct proclination of incisors, and extraction of first premolars each pertain to distinct orthodontic strategies that may be used in different contexts or for different types of malocclusions. However, they do not encapsulate the unique mechanics of the Carriere philosophy, which emphasizes the specific manipulation of the posterior teeth.

2. What is the first appearance of rounding at the lateral margins in SMI stages?

A. Capping

B. Fusion

C. Growth Phase

D. Development Stage

The first appearance of rounding at the lateral margins in SMI (Stage of Mineralization for the Incisor) stages corresponds to the capping stage. During the capping phase of dental development, the shape of the developing tooth structure begins to manifest as the enamel organ differentiates and starts to acquire rounded contours. In the context of tooth development, each stage signifies different morphogenetic changes. The capping stage is critical because it marks the transition from a flat dental structure to one that begins to take on a more defined and rounded configuration. This rounding is then essential for the proper formation of the tooth's anatomy, impacting its aesthetic and functional aspects. The other stages described in the question occur later in the overall development process. The fusion stage happens when the dental tissues begin to merge, which is observable after the capping phase. The growth phase encompasses further development and maturation of the tooth, and the development stage refers to the entire process from initial differentiation to final tooth eruption. Therefore, the rounding at the lateral margins is specifically identified during the capping stage, making it the correct answer.

SAMPLE

3. In what condition is early coronal suture fusion typically seen?

A. Down syndrome

B. Apert's syndrome

C. Cleft lip and palate

D. Turner's syndrome

Early coronal suture fusion, also known as coronal synostosis, is most commonly associated with Apert's syndrome. This condition is characterized by the premature fusion of certain skull sutures, leading to a variety of craniofacial deformities. In Apert's syndrome, the fusion of the coronal sutures can result in a distinctive shape of the head and can affect the positioning and development of facial features. The significance of recognizing early coronal suture fusion in Apert's syndrome lies in the implications for treatment and management. Children with this condition may require surgical intervention to correct the cranial and facial anomalies, allowing for normal growth and development. In contrast, other conditions listed, such as Down syndrome, cleft lip and palate, and Turner's syndrome, do not typically present with early coronal suture fusion. Down syndrome, for example, may involve various skeletal abnormalities but is not specifically associated with synostosis of the coronal suture. Cleft lip and palate involves the failure of tissues to fuse properly during development but does not directly involve the sutures of the skull. Turner's syndrome is a chromosomal condition that primarily affects females and is associated with a number of physical features but also does not relate to early suture

4. Which term describes the condition of having snoring or apnea in pediatric populations?

A. Obstructive Sleep Apnea (OSA)

B. Bruxism

C. Snooze Syndrome

D. Chronic Sleep Intervention

Obstructive Sleep Apnea (OSA) is a condition characterized by repeated interruptions in breathing during sleep due to obstruction of the upper airway. In pediatric populations, this condition is often associated with snoring, which may serve as an indicator of airway obstruction. When the airway is blocked during sleep, it can lead to apneic events where the child stops breathing for brief periods, resulting in disrupted sleep and potential long-term effects on growth, development, and overall health. Bruxism refers to the grinding of teeth, typically occurring during sleep or while awake, but it does not specifically relate to breathing patterns. Snooze Syndrome is not a recognized medical term and does not specifically pertain to sleep apnea. Chronic Sleep Intervention implies a treatment or approach to address sleep issues but does not define a condition or disorder itself.

SAMPLE

5. What metals are commonly found in stainless steel alloys used in orthodontics?

A. 17-25% chromium, 8-25% nickel, iron as the remainder

B. 15-20% chromium, 15-30% nickel, copper and iron

C. 20-30% chromium, 5-15% nickel, cobalt and iron

D. 25-30% chromium, 10-20% nickel, manganese and iron

Stainless steel alloys used in orthodontics are known for their corrosion resistance and mechanical properties, which are crucial for the long-term performance of orthodontic appliances. The correct composition typically includes 17-25% chromium, which provides significant resistance to oxidation and corrosion, essential in a wet environment like the oral cavity. In addition to chromium, the presence of 8-25% nickel enhances the alloy's ductility and strength, making it easier to work with during the fabrication of orthodontic devices. The remainder of the alloy is primarily iron, which serves as the base metal. This combination of chromium and nickel creates a balance of strength, flexibility, and resistance to wear, all of which are vital characteristics for orthodontic applications. Other combinations mentioned in the alternatives do not represent the standard stainless steel composition used in orthodontics. For instance, options with lower chromium percentages and higher nickel or additions of metals like copper and cobalt do not align with the typical standards prioritized in orthodontic materials. Such variations could compromise the integrity and longevity of orthodontic appliances.

6. What vitamin D metabolite increases plasma phosphate levels?

A. 1,25(OH)2D

B. 25(OH)D

C. Vitamin D3

D. Calcitriol

The regulating factor is the active hormone form of vitamin D, the 1,25-dihydroxy metabolite. This circulating hormone directly enhances intestinal absorption of phosphate by upregulating the transport mechanisms in enterocytes, so phosphate from the diet enters the bloodstream more efficiently and plasma phosphate rises. The other forms aren't doing this: 25-hydroxyvitamin D is mainly a storage reservoir with little direct effect on phosphate homeostasis; vitamin D3 is the precursor that must be hydroxylated to become the active form; calcitriol is simply another name for the same active metabolite, sharing the same effect on phosphate absorption.

7. Where does apposition of bone primarily occur?

A. Tension side

B. Compression side

C. Balanced side

D. Neutral zone

Apposition of bone primarily occurs on the tension side of a bone or bony structure in response to mechanical forces. When a force is applied to bone, it creates tension on one side, leading to the formation of new bone to strengthen that area and adapt to the altered load. This process is crucial for maintaining bone health and integrity, as well as facilitating movement and supporting the alignment of teeth in orthodontics. In contrast, on the compression side, bone tends to undergo resorption rather than apposition. This is because the mechanical stress compresses the bone, signaling the need for maintaining or reducing the existing bone rather than adding more. The neutral zone refers to an area of minimal stress where forces are neither significantly compressive nor tensile, and generally does not promote apposition. The balanced side is not a recognized zone in the context of bone adaptation and remodeling. Thus, the primary site for apposition is indeed the tension side, where bone responds to the biomechanical loading with new bone formation.

EXAMPLE

8. What does Moss attribute to growth changes within the skeletal system?

A. Genetic factors

B. Functional matrix requirements

C. Mechanical forces

D. Environmental factors

Moss attributes growth changes within the skeletal system primarily to functional matrix requirements. This concept emphasizes that the growth and development of bones and other skeletal structures are influenced by the functional demands placed upon them by surrounding tissues and their interactions. For instance, the growth of the jaw and its shape can be directly related to muscle function, dental occlusion, and other biological functions that require space and support. The functional matrix theory indicates that as the functional needs of the body change, the skeletal system adapts accordingly to accommodate these requirements, suggesting that biological activity and mechanical needs are fundamental drivers of skeletal growth and remodeling. This understanding is crucial in orthodontics, as it helps orthodontists comprehend how their interventions may influence not just dental alignment but also the underlying bone structure.

9. What aspect of bone structure does Wilcko SFOT cut through?

A. Deep medullary bone

B. Cortex to superficial medullary bone

C. Only the cortex

D. External lamina only

The Wilcko Surgical Facilitated Orthodontics Treatment (SFOT) technique involves the surgical alteration of the alveolar bone to enhance the movement of teeth through orthodontic treatment. Specifically, this technique develops a controlled injury to the bone, which ultimately promotes faster tooth movement due to the subsequent biological processes involved in bone remodeling. The correct response indicates that Wilcko SFOT cuts through the cortex to superficial medullary bone. The cortex refers to the outer layer of the bone structure, which provides strength and support, while the superficial medullary bone is the inner region that has a less dense structure compared to the cortex. This approach allows for the creation of a pathway that facilitates orthodontic tooth movement more effectively than traditional methods, taking advantage of the biological responses elicited from both the cortical and medullary bones as they heal and remodel. The other options imply a focus on specific bone areas that either do not accurately describe the SFOT technique or do not encompass the complete range of bone that is impacted, which would limit the effectiveness of the procedure. By targeting both the cortex and the superficial medullary bone, the procedure achieves optimal conditions for enhanced orthodontic outcomes.

SAMPLE

10. What is the most common contact on the balancing side in a dental occlusion?

A. Distal of first molars

B. Distal of second molars

C. Mesial of second molars

D. Mesial of first molars

The most common contact on the balancing side in dental occlusion is typically the distal of the second molars. This is because, during dental function, the balancing side refers to the side of the dental arch that does not have the working articulation when the patient bites down. In a complete and harmonious occlusal relationship, the contact points on the balancing side are significant because they provide support and stability during lateral excursions. The second molar is positioned more towards the end of the dental arch, and its distal surface often makes contact with the opposing molar during occlusion. This contact helps in maintaining the overall occlusal balance and supports the integrity of the dental arch, facilitating efficient chewing and minimizing excessive forces on other teeth. Consequently, understanding this contact is crucial for orthodontic diagnosis and treatment planning, as it influences the alignment and overall health of the patient's occlusion.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://abo-orthodontics.examzify.com

We wish you the very best on your exam journey. You've got this!

SAMPLE