FPC 2 EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. How many total PAs are there in standard FMS?

A. 12
B. 14
C. 18
D. 16

2. What is another name for the transverse plane?

A. Frontal plane
B. Sagittal plane
C. Coronal plane
D. Transverse plane

3. Generalized bone loss is defined as bone loss affecting:

A. More than 30% of sites
B. Less than 10% of sites
C. All sites
D. Only anterior teeth

4. Inferior border of the mandible is?

A. A cancellous bone area
B. Dense cortical bone; appears radiopaque.
C. A thin radiolucent line
D. A suture line in mandible

5. Which clinical features are typical for a periapical granuloma or cyst?

A. Mild to no pain, minimal sensitivity to thermal stimuli and pressure
B. Profuse bleeding on percussion
C. Severe spontaneous pain and warmth on palpation
D. Ulceration of overlying mucosa

6. Advantage of bisecting-angle technique?

A. Reduced patient radiation
B. Accurate tooth length
C. Easier technique for all teeth
D. Clear image of buccal surfaces

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7. Which of the following is a reason to prescribe radiographs?

A. Past caries incidence

B. Oral hygiene

C. Age

D. Suspicion of caries

8. Which configuration yields higher quality CBCT images?

A. 180 degrees

B. 90 degrees

C. 360 degrees

D. 120 degrees

9. Idiopathic osteosclerosis is typically found in which location?

A. Maxilla

B. Mandible

C. Zygomatic arch

D. Condyle

10. Root caries are typically described as which shape and commonly occur in which area?

A. Linear on occlusal surfaces of molars

B. Conical on anterior teeth

C. Saucer-shaped, common in elderly, usually buccal premolars

D. Radiopaque on radiographs

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Answers

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

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Explanations

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1. How many total PAs are there in standard FMS?

A. 12

B. 14

C. 18

D. 16

In dental radiography, a standard Full Mouth Series is planned to give a complete view of all tooth roots and surrounding bone using a fixed set of periapical radiographs. The typical arrangement yields 16 periapical images, covering both arches and both anterior and posterior regions. Bitewing images, which assess interproximal surfaces and crest bone levels, are separate and not counted among the periapical total. So the standard FMS uses 16 PAs to balance full diagnostic coverage with efficiency and patient dose. The other numbers would either miss regions or not align with the common, widely taught protocol.

2. What is another name for the transverse plane?

A. Frontal plane

B. Sagittal plane

C. Coronal plane

D. Transverse plane

Understanding planes of the body helps you see how different slices relate to orientation. The transverse plane cuts horizontally, dividing the body into upper (superior) and lower (inferior) parts. It's also known as the horizontal plane (and in imaging contexts, the axial plane). In these options, the other terms describe different directions: the frontal (coronal) plane separates front from back, and the sagittal plane splits left from right. Since the question asks for another name for the transverse plane, the best choice is the one that uses the same naming as the plane itself, because it represents the same slice orientation. The other terms point to different planes, so they aren't alternate names for the transverse plane.

3. Generalized bone loss is defined as bone loss affecting:

A. More than 30% of sites

B. Less than 10% of sites

C. All sites

D. Only anterior teeth

Generalized bone loss means the bone loss is spread across a substantial portion of the dentition. In periodontal scoring, you assess the number of tooth sites with bone loss beyond normal and express it as a percentage. If more than 30% of sites show bone loss, the pattern is considered generalized. This threshold helps distinguish widespread disease from localized involvement and influences prognosis and treatment planning. If 30% or fewer sites are affected, the pattern would be localized. The other options describe either minimal involvement, involvement of every site, or a regional pattern (such as only the front teeth), none of which define generalized bone loss.

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4. Inferior border of the mandible is?

A. A cancellous bone area

B. Dense cortical bone; appears radiopaque.

C. A thin radiolucent line

D. A suture line in mandible

The lower edge of the mandible is formed by dense cortical bone, which shows up as a bright, radiopaque line on radiographs. Cortical bone is highly mineralized and attenuates X-rays more than the interior cancellous bone, so the inferior border appears as a solid, white border along the jaw. Inside the mandible, the cancellous (trabecular) bone is less dense and appears comparatively darker. So the best description is a dense cortical bone line that is radiopaque. The other ideas don't fit because cancellous bone would not create that bright border, a thin radiolucent line would suggest something like a canal or a fracture, and a suture line would not describe the continuous radiopaque border along the mandible's bottom edge.

5. Which clinical features are typical for a periapical granuloma or cyst?

A. Mild to no pain, minimal sensitivity to thermal stimuli and pressure

B. Profuse bleeding on percussion

C. Severe spontaneous pain and warmth on palpation

D. Ulceration of overlying mucosa

Periapical granuloma and periapical cyst come from a chronic, low-grade inflammatory process at the tooth apex after the pulp dies. Because it progresses slowly, most patients experience little or no pain, and the tooth often remains nonvital. Clinically, there is minimal sensitivity to thermal stimuli and little tenderness to percussion or palpation; the lesion may be discovered on routine radiographs rather than through acute symptoms. This is in contrast to conditions that cause a lot of pain: severe spontaneous pain with warmth on palpation points to an acute infection or abscess, not a chronic granuloma or cyst. Profuse bleeding on percussion would be unusual for these lesions, and ulceration of the overlying mucosa isn't a typical feature of a simple periapical granuloma or cyst.

6. Advantage of bisecting-angle technique?

A. Reduced patient radiation

B. Accurate tooth length

C. Easier technique for all teeth

D. Clear image of buccal surfaces

Distortion in a radiograph comes from not aligning the X-ray beam properly with the tooth and from how far the tooth is from the receptor. In the bisecting-angle technique, you place the receptor as close to the tooth as possible and aim the beam so it bisects the angle between the tooth's long axis and the receptor. This setup reduces angular and magnification distortions, so the image height (and thus tooth length) on the film more accurately reflects the real tooth length. That makes accurate tooth length the main advantage of this method. It doesn't inherently reduce the patient's radiation exposure, and it isn't easier for all teeth since getting the correct angle can be tricky in some areas. It also doesn't guarantee a clearer image of buccal surfaces, since distortion can still affect buccal–lingual dimensions depending on how the beam is angled.

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7. Which of the following is a reason to prescribe radiographs?

A. Past caries incidence

B. Oral hygiene

C. Age

D. Suspicion of caries

Radiographs are prescribed when there is suspicion of caries because decay can hide between teeth or under restorations and may not be visible in a clinical exam alone. Imaging provides a direct view of lesions that are otherwise hidden, helping to confirm their presence, determine their extent, and guide appropriate treatment. Past caries history, oral hygiene, or age describe risk or population characteristics but do not by themselves prove there is an active lesion needing imaging. That direct diagnostic need is why suspicion of caries is the most appropriate reason to order radiographs.

8. Which configuration yields higher quality CBCT images?

A. 180 degrees

B. 90 degrees

C. 360 degrees

D. 120 degrees

Completing a full 360-degree rotation around the patient yields higher quality CBCT images because it collects projection data from every direction, giving the reconstruction algorithm a well-sampled, complete dataset. This full angular sampling reduces artifacts and improves spatial resolution and contrast uniformity. In contrast, partial-angle scans leave gaps in data, leading to reconstruction artifacts such as streaks and shading and overall poorer image quality. So the configuration with a complete 360-degree acquisition provides the best image quality.

9. Idiopathic osteosclerosis is typically found in which location?

A. Maxilla

B. Mandible

C. Zygomatic arch

D. Condyle

Idiopathic osteosclerosis is a localized, non-inflammatory radiopacity in the jaw bone, often referred to as a dense bone island. It has a pronounced tendency to occur in the mandible, especially in the posterior region near the molars, making the mandible the most typical location. This pattern helps distinguish it from lesions that might appear in the maxilla or at the zygomatic arch or condyle, which are not common sites for this finding. The lesion is usually asymptomatic, with well-defined, homogeneous radiopacity and no signs of infection or bone destruction, so no treatment is needed beyond observation.

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10. Root caries are typically described as which shape and commonly occur in which area?

A. Linear on occlusal surfaces of molars

B. Conical on anterior teeth

C. Saucer-shaped, common in elderly, usually buccal premolars

D. Radiopaque on radiographs

Root caries involve exposed root surfaces and typically appear as saucer-shaped, cupped-out lesions in dentin and cementum. They're most common in older adults with gingival recession, and you'll usually find them on the buccal surfaces of premolars. This shallow, hollowed-out pattern reflects how demineralization progresses into the softer root dentin. The other descriptions don't fit: caries on root surfaces aren't linear on occlusal surfaces, a conical shape isn't typical for root caries, and caries are radiolucent on radiographs rather than radiopaque.

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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://fpc2exam1.examzify.com

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

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