MUSCLES, MOVEMENTS, AND OCCLUSION IN DENTISTRY PRACTICE TEST (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. Which factor most directly influences the posterior disclusion pattern during chewing?

A. The condylar position at rest

B. The mandibular midline alignment

C. The incisal guidance and posterior cusp height relationship

D. The position of the articular disc within the joint

2. Which muscle depresses the hyoid bone?

A. Omohyoid

B. Sternohyoid

C. Sternothyroid

D. Mylohyoid

3. Which term describes the dynamic interaction of the mandibular anterior teeth with the maxillary anterior teeth?

A. Anterior guidance

B. Neutral zone

C. Centric occlusion

D. Maximal intercuspal position

4. Which device is a caliper-like instrument used to record the spatial relationship of the maxillary arch?

A. Facebow

B. Articulator

C. Caliper

D. Goniometer

5. The imaginary line through all the lingual cusp tips on the maxillary posterior teeth is known as which line?

A. Plane of occlusion

B. BO line

C. LO line

D. CF line

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6. Distinguish occlusal contacts from functional contacts.

A. Occlusal contacts are tooth-to-tooth contacts in nonfunctional positions or during clenching; functional contacts occur during mastication and normal function.

B. Occlusal contacts occur only during sleep.

C. Functional contacts are contacts in nonfunctional positions; occlusal contacts occur during mastication.

D. There is no difference between the two concepts.

7. What is the clinical aim of balanced occlusion in denture wearers?

A. To provide stable, even contacts on both sides during all functional movements, minimizing tipping.

B. To maximize contacts on the working side.

C. To eliminate all posterior contacts.

D. To maintain the same contacts regardless of movement.

8. Which cusps contact the opposing teeth during functional occlusion to help maintain vertical dimension in the posterior region?

A. Functional Cusps

B. Non-functional Cusps

C. Centric Contacts

D. Curve of Spee

9. Which statement best describes the concept of occlusal prematurities?

A. They are high contacts that cause interference and abnormal muscle activity.

B. They are contacts that only occur during sleep.

C. They always occur on the anterior teeth.

D. They have no clinical significance.

10. Which structures separate the TMJ into superior and inferior compartments?

A. The articular disc

B. The joint capsule

C. The articular eminence

D. The coronoid process

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Answers

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

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Explanations

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1. Which factor most directly influences the posterior disclusion pattern during chewing?

A. The condylar position at rest

B. The mandibular midline alignment

C. The incisal guidance and posterior cusp height relationship

D. The position of the articular disc within the joint

Posterior disclusion during chewing is driven by the path the mandible takes as the jaw moves, which is directed by the articular disc within the TMJ. The disc sits between the condyle and the fossa and acts as a cushion and guide for smooth translation of the condyle during functional movements. When the disc is properly positioned, the condyle follows a normal path that causes the posterior teeth to separate (disclude) during excursions. If the disc is displaced, the condyle's path alters, changing the timing and sequence of posterior tooth contacts and often reducing or delaying posterior disclusion. So, the position of the articular disc within the joint most directly shapes how the posterior teeth disengage during chewing, whereas the other factors influence occlusion in less direct ways.

2. Which muscle depresses the hyoid bone?

A. Omohyoid

B. Sternohyoid

C. Sternothyroid

D. Mylohyoid

Depressing the hyoid bone is performed by the infrahyoid muscles that pull the hyoid downward after it has been elevated during swallowing or mouth movements. The omohyoid fits this role because its action pulls the hyoid downward (and slightly backward) as it contracts, helping return the hyoid to its resting position and stabilize it during swallowing and jaw movement. The mylohyoid, in contrast, is a floor-of-mouth muscle that mainly elevates the hyoid and the floor of the mouth, not depresses it. The other infrahyoid muscles also contribute to lowering the hyoid, but among the given options, omohyoid is the representative depressor of the hyoid bone.

3. Which term describes the dynamic interaction of the mandibular anterior teeth with the maxillary anterior teeth?

A. Anterior guidance

B. Neutral zone

C. Centric occlusion

D. Maximal intercuspal position

Anterior guidance describes the dynamic interaction between the mandibular and maxillary anterior teeth during jaw movements. It's about how the front teeth contact and guide the mandible, especially during protrusion and side-to-side movements, so the posterior teeth disclude rather than collide. The steepness and shape of the incisal edges and the positions of the canines influence how the mandible moves, helping to protect the back teeth from wear and excessive forces during eccentric movements. By contrast, neutral zone refers to the space where teeth, tongue, and lips are in harmony at rest; centric occlusion and maximal intercuspal position describe a static, maximum-contact position of the teeth, not the dynamic guiding action of the front teeth.

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4. Which device is a caliper-like instrument used to record the spatial relationship of the maxillary arch?

A. Facebow

B. Articulator

C. Caliper

D. Goniometer

The main idea is capturing how the upper jaw sits in relation to the skull so you can mount the models accurately on an articulator. A facebow is used because it records the spatial relationship between the maxillary dentition and the temporomandibular joints (condyles) or their reference hinge axis, then transfers that orientation to the articulator. This allows the dental team to reproduce the patient's true jaw relationships when evaluating occlusion or planning restorations. The other devices don't serve this purpose: an articulator reproduces jaw movement once the casts are mounted but doesn't capture the skull-to-arch relationship by itself; a caliper is just a general measuring tool without cranial reference; a goniometer measures angles between body parts and isn't used to transfer skull–arch positioning for mounting.

5. The imaginary line through all the lingual cusp tips on the maxillary posterior teeth is known as which line?

A. Plane of occlusion

B. BO line

C. LO line

D. CF line

The line through the lingual cusp tips of the maxillary posterior teeth is the lingual-occlusal line. This imaginary line runs along the tongue-facing cusps and provides a reference for how the posterior teeth align on the lingual side, helping to understand occlusal relationships and guidance for occlusal setups. It differs from the plane of occlusion, which is a three-dimensional reference plane rather than a single line, and from a buccal-occlusal line, which would pass along the buccal cusp tips. The CF line isn't a standard term in this context. So the lingual-occlusal line is the correct choice.

6. Distinguish occlusal contacts from functional contacts.

A. Occlusal contacts are tooth-to-tooth contacts in nonfunctional positions or during clenching; functional contacts occur during mastication and normal function.

B. Occlusal contacts occur only during sleep.

C. Functional contacts are contacts in nonfunctional positions; occlusal contacts occur during mastication.

D. There is no difference between the two concepts.

Occlusal contacts are the tooth-to-tooth contacts that happen when the jaw is in a nonfunctional position or during clenching/bruxing—static contacts that occur outside the normal chewing path. Functional contacts, on the other hand, are the contacts that occur during actual use of the teeth in chewing and other normal functions, so they are dynamic and guided by mandibular movements. Understanding this distinction helps explain why a patient can have contacts that feel "off" when the jaw is simply closed or held still (occlusal), versus contacts that occur as the teeth work together during chewing (functional). It's not limited to sleep, and the idea that there's no difference between the two misses the fact that they arise from different jaw positions and activities, with different implications for wear, soreness, and restorative planning.

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7. What is the clinical aim of balanced occlusion in denture wearers?

A. To provide stable, even contacts on both sides during all functional movements, minimizing tipping.

B. To maximize contacts on the working side.

C. To eliminate all posterior contacts.

D. To maintain the same contacts regardless of movement.

Balanced occlusion in dentures aims to create stable, bilateral contacts on both sides of the arch throughout all functional jaw movements. This bilateral stability helps resist dislodging forces and minimizes denture tipping during chewing, speaking, and other movements. If posterior contacts were eliminated or if only the working side were emphasized, the denture would become unstable and prone to tipping. Likewise, keeping the same contacts regardless of movement ignores the change in tooth contact that occurs with eccentric movements, reducing stability. So the best aim is to achieve stable, even bilateral contacts across centric and eccentric movements to maintain denture stability.

8. Which cusps contact the opposing teeth during functional occlusion to help maintain vertical dimension in the posterior region?

A. Functional Cusps

B. Non-functional Cusps

C. Centric Contacts

D. Curve of Spee

Functional cusps engage the opposing dentition during normal bite, bearing the primary occlusal load. In the back teeth, the buccal cusps of the upper row and the lingual cusps of the lower row are the ones that fit into the opposing teeth's grooves and fossae when the jaw closes in centric occlusion. Their contact provides stable interlocking support and helps preserve the vertical dimension of the posterior bite, preventing collapse of height when the teeth come together. Non-functional cusps don't contact in centric occlusion; they mainly participate during lateral or protrusive movements to guide the mandible and manage guidance rather than support vertical height. The Curve of Spee describes the sagittal curve of the occlusal plane and influences occlusion and mechanics, but it doesn't specify which cusps contact in functional occlusion.

9. Which statement best describes the concept of occlusal prematurities?

A. They are high contacts that cause interference and abnormal muscle activity.

B. They are contacts that only occur during sleep.

C. They always occur on the anterior teeth.

D. They have no clinical significance.

Occlusal prematurities are early bite contacts that engage before the rest of the teeth have seated, creating an interference with the normal path of closure. The description that fits this best is that they are high contacts that cause interference and abnormal muscle activity. When a premature contact is present, the jaw cannot settle smoothly into a stable intercuspal position, so the muscles must activate abnormally to accommodate or escape the interference. This muscle activity can manifest as clenching, shifts of the mandible, or tenderness with function. These prematurities are not limited to sleep or to the front teeth; they can occur during waking function and can involve posterior teeth as well. They also have clinical significance because untreated prematurities can contribute to muscle fatigue, headaches, tooth wear, or temporomandibular issues. The other statements don't fit because prematurities aren't confined to sleep, aren't restricted to anterior teeth, and do have clinical relevance.

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10. Which structures separate the TMJ into superior and inferior compartments?

A. The articular disc

B. The joint capsule

C. The articular eminence

D. The coronoid process

The structures that separate the TMJ into superior and inferior compartments are created by the articular disc. This fibrocartilaginous disc sits between the mandibular condyle and the temporal bone (fossa and articular eminence) and is attached to the joint capsule. Its presence divides the joint cavity into a superior space (between the disc and the temporal bone) and an inferior space (between the disc and the condyle). This arrangement allows two kinds of movement: translation or gliding in the superior compartment and rotation or hinge motion in the inferior compartment. The joint capsule surrounds the entire joint but does not itself create the two compartments; the articular eminence is a bony ridge that the condyle and disc move against, and the coronoid process is unrelated to the compartment separation.

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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:

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

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