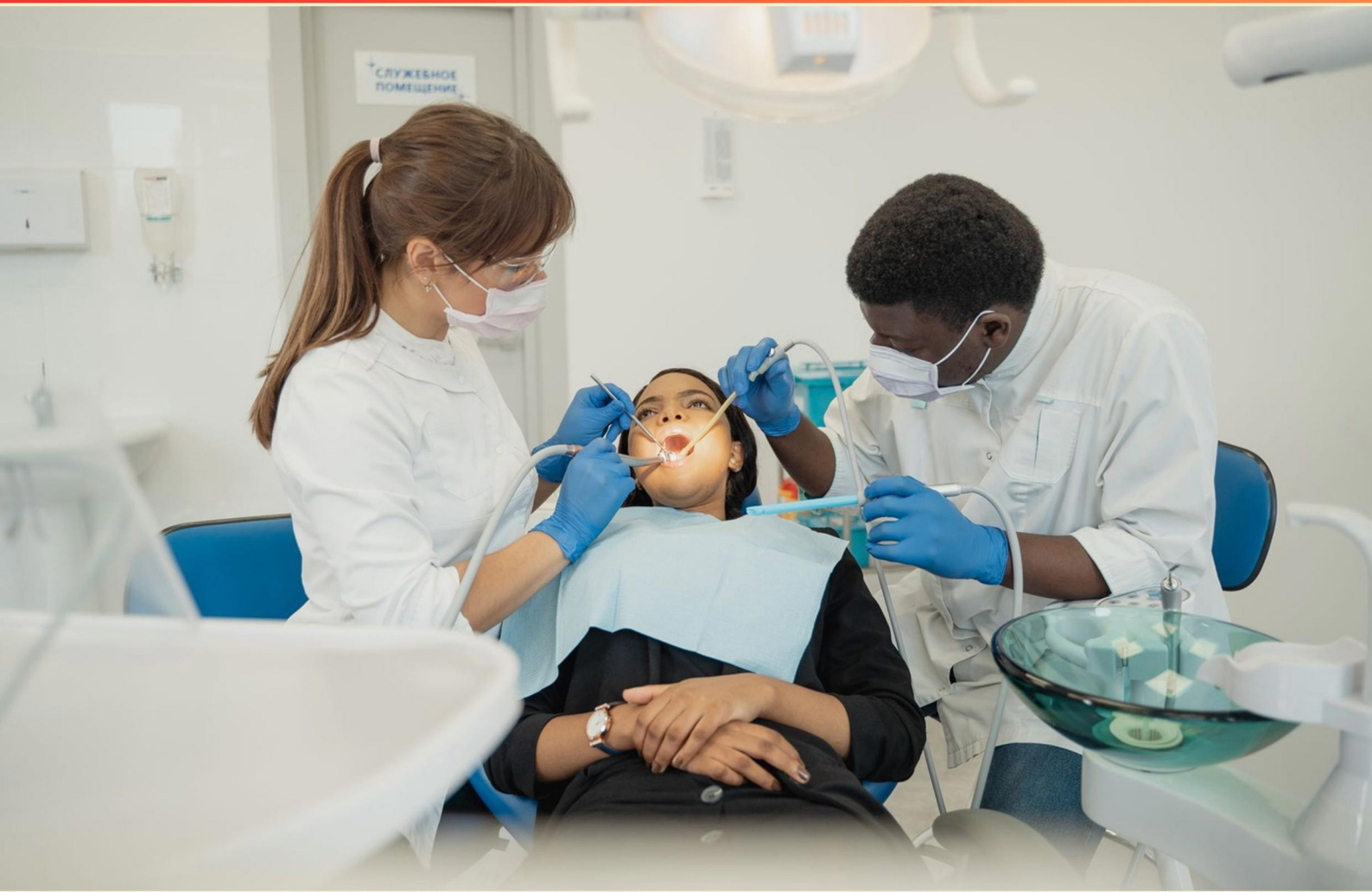


ORAL AND CRANIOFACIAL HEALTH AND DISEASE (OCHD) PRACTICE TEST (SAMPLE) STUDY GUIDE



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.

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!

Questions

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- 1. Which nerve contributes to the pharyngeal plexus along with glossopharyngeal?**
 - A. Vagus nerve
 - B. Oculomotor nerve
 - C. Trochlear nerve
 - D. Abducens nerve

- 2. What does the posterior cerebral artery supply?**
 - A. Visual cortex
 - B. Frontal lobe
 - C. Medial temporal lobe
 - D. Cerebellum

- 3. For all intraoral photographs, what orientation and aperture are recommended?**
 - A. Landscape - Anterior = f22-32; Buccal = f22-32; Occlusal = f20
 - B. Portrait - Anterior = f11; Buccal = f11; Occlusal = f14
 - C. Landscape - Anterior = f20; Buccal = f20; Occlusal = f22-32
 - D. Landscape - Anterior = f22-32; Buccal = f18-26; Occlusal = f20

- 4. Which statement best describes margination?**
 - A. Adhesion of leukocytes to the endothelium
 - B. Migration of leukocytes through the endothelium
 - C. Leukocytes fall from middle of blood vessels to their periphery
 - D. Activation of platelets

- 5. Which zone has a porosity range of 1-2%?**
 - A. Surface zone
 - B. Body of the lesion
 - C. Dark zone
 - D. Translucent zone

6. What is the thickness of cementum at the cervix?

- A. 5-10 microns
- B. 16-60 microns
- C. 100-140 microns
- D. 300-400 microns

7. What is acute caries?

- A. Rapid progression affecting many teeth simultaneously
- B. Slow rate of progression
- C. Localized lesion with no progression
- D. Any caries with purulent discharge

8. What is Broca's area?

- A. Speech production
- B. Language development
- C. Visual processing
- D. Olfactory cortex

9. Palatopharyngeus origin and insertion pair?

- A. Origin Hard palate; Insertion Thyroid cartilage
- B. Origin Soft palate; Insertion Cricoid cartilage
- C. Origin Tongue; Insertion Epiglottis
- D. Origin Molar; Insertion Hyoid bone

10. The Dentogingival Periodontal Fibres attach to which structures?

- A. Bone to gingivae
- B. Cementum to gingivae
- C. Cementum to cementum
- D. Bone to bone

Answers

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

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Explanations

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1. Which nerve contributes to the pharyngeal plexus along with glossopharyngeal?

- A. Vagus nerve**
- B. Oculomotor nerve
- C. Trochlear nerve
- D. Abducens nerve

The pharyngeal plexus is formed by the pharyngeal branches of two cranial nerves: glossopharyngeal and vagus. The vagus nerve provides the majority of motor fibers to the pharyngeal muscles via its pharyngeal branches, so it pairs with glossopharyngeal to contribute to this plexus. The other nerves listed are primarily involved with eye movements and do not contribute to the pharyngeal plexus.

2. What does the posterior cerebral artery supply?

- A. Visual cortex**
- B. Frontal lobe
- C. Medial temporal lobe
- D. Cerebellum

The posterior cerebral artery is the main blood supply to the occipital lobe, where the primary visual cortex resides along the calcarine sulcus. Because vision is a hallmark function of this region, the visual cortex is the best fit for what the PCA supplies. The frontal lobe is predominantly supplied by the anterior and middle cerebral arteries, and the cerebellum by the vertebrobasilar system (PICA/SCA). While the PCA does reach parts of the medial temporal lobe, the most characteristic structure linked to the PCA in this context is the visual cortex, making it the correct choice.

3. For all intraoral photographs, what orientation and aperture are recommended?

- A. Landscape - Anterior = f22-32; Buccal = f22-32; Occlusal = f20**
- B. Portrait - Anterior = f11; Buccal = f11; Occlusal = f14
- C. Landscape - Anterior = f20; Buccal = f20; Occlusal = f22-32
- D. Landscape - Anterior = f22-32; Buccal = f18-26; Occlusal = f20

Landscape orientation is preferred because it provides a wider field of view that can capture the entire dental arch in a single, easy-to-review image, and it matches how clinicians typically compare and document photographs. To keep all tooth surfaces in focus across different views, you want a depth of field that covers incisal edges, crowns, and gingival margins. Anterior and buccal views usually use small apertures (around f22 to f32) to maximize depth of field, so those structures stay sharp from front to back in the frame. The occlusal view is generally shot a bit closer and with different lighting, so a slightly larger aperture (around f20) is used to ensure enough light while still maintaining adequate sharpness across the visible surfaces. In short, landscape orientation across all views helps with consistent documentation, and using narrower apertures for most views—with a slightly lighter touch for occlusal—optimizes sharpness and exposure for intraoral photos.

4. Which statement best describes margination?

- A. Adhesion of leukocytes to the endothelium
- B. Migration of leukocytes through the endothelium
- C. Leukocytes fall from middle of blood vessels to their periphery**
- D. Activation of platelets

Margination is the early step of leukocyte extravasation where leukocytes move from the center of the bloodstream toward the vessel wall and line up along the endothelium of small blood vessels. This peripheral margination places them in direct contact with endothelial adhesion molecules, setting the stage for rolling and eventual firm adhesion, then diapedesis into the tissue. The description that leukocytes shift from the middle of the vessel to the periphery best captures this movement toward the endothelium. After margination, the next steps involve rolling and adhesion, followed by diapedesis, while platelet activation is a separate process involved in hemostasis, not margination.

5. Which zone has a porosity range of 1-2%?

- A. Surface zone
- B. Body of the lesion
- C. Dark zone
- D. Translucent zone**

In enamel caries, different zones show characteristic porosity as mineral loss progresses. The surface zone is only lightly porous, while the body of the lesion has the highest porosity. The translucent zone sits just beneath the surface and typically has a porosity around 1–2%, reflecting modest mineral loss with small, evenly distributed pore spaces. This level of porosity gives it a more translucent appearance compared to the darker, more porous zones that follow. The dark zone, by contrast, contains higher porosity due to larger or more numerous pores formed during demineralization and remineralization cycles. So the zone with a porosity range of 1–2% is the translucent zone.

6. What is the thickness of cementum at the cervix?

- A. 5-10 microns
- B. 16-60 microns**
- C. 100-140 microns
- D. 300-400 microns

Cementum thickness varies along the root, being thinnest at the cervical region where the periodontal ligament fibers attach. At the cervix, cementum is only in the tens of micrometers range, typically around 16–60 μm . That thin surface supports normal periodontal attachment and allows for remodeling kaysa thicker sections elsewhere (toward the apex) are much greater. Values like 5–10 μm are unusually small for the cervix, while 100–140 μm or 300–400 μm reflect thicker cementum found more apically or regionally, not at the cervical area. Hence, the cervix has about 16–60 μm of cementum.

7. What is acute caries?

- A. Rapid progression affecting many teeth simultaneously**
- B. Slow rate of progression
- C. Localized lesion with no progression
- D. Any caries with purulent discharge

Acute caries is defined by rapid loss of tooth structure over a short period, often affecting multiple teeth at once. This fast progression leaves dentin that is soft and light in color because there isn't time for reparative dentin or sclerosis to form. That quick spread and soft texture are the hallmark, which is why describing it as rapid progression affecting many teeth best matches the concept. In contrast, chronic caries progresses slowly and tends to show brown, leathery dentin with more dentin sclerosis; a localized lesion that doesn't progress points to arrested caries, and purulent discharge signals pulp infection rather than the rapid, broad spread of acute caries.

8. What is Broca's area?

- A. Speech production**
- B. Language development
- C. Visual processing
- D. Olfactory cortex

Broca's area is the brain region that organizes speech production. Located in the dominant frontal lobe (the inferior frontal gyrus, including the pars opercularis and pars triangularis), it coordinates the motor planning and sequencing needed to articulate words and construct grammatically appropriate speech. When this area is impaired, speech becomes nonfluent and effortful (expressive aphasia), with relatively preserved comprehension, highlighting its role in producing language rather than understanding it or sensing other modalities. The other options point to functions handled by different regions: language development involves broader networks, visual processing is in the occipital lobes, and the olfactory cortex is in the temporal region unrelated to speech production.

9. Palatopharyngeus origin and insertion pair?

- A. Origin Hard palate; Insertion Thyroid cartilage**
- B. Origin Soft palate; Insertion Cricoid cartilage
- C. Origin Tongue; Insertion Epiglottis
- D. Origin Molar; Insertion Hyoid bone

Palatopharyngeus is a pharyngeal muscle that travels from the palate to the pharynx, helping elevate the pharynx during swallowing. It originates from the palatine aponeurosis of the soft palate and the posterior edge of the hard palate, and its fibers descend to insert on the posterior border of the thyroid cartilage and blend with the pharyngeal constrictors. This origin-to-insertion path explains why the pairing of hard palate as the origin and the thyroid cartilage as the insertion is correct—the muscle pulls the pharyngeal wall and laryngeal inlet upward and forward during swallowing. The other options place the origin or insertion on structures not associated with this muscle (such as the tongue, cricoid cartilage, epiglottis, molars, or hyoid), which do not match its actual attachments.

10. The Dentogingival Periodontal Fibres attach to which structures?

- A. Bone to gingivae
- B. Cementum to gingivae**
- C. Cementum to cementum
- D. Bone to bone

The key idea is how the gingiva is attached to the tooth. Dentogingival fibers are part of the gingival fiber group that anchor the gingiva to the tooth by extending from the cementum of the tooth (near the cemento-enamel junction) into the gingival connective tissue. This cementum-to-gingiva connection helps maintain the position of the gingival margin and creates a seal around the tooth, resisting periodontal and masticatory forces. They do not connect bone to gingiva, nor do they connect cementum to cementum or bone to bone, which is why the correct pairing is cementum to gingiva.

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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://ochd.examzify.com>

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

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