Smiles for Life: A National Oral Health Curriculum

The Society of Teachers of Family Medicine (STFM)
Group on Oral Health—Third Edition

Examination Items

Note: Answers to items appear on page 20.

Module 1: The Relationship of Oral to Systemic Health

1. What is the most common chronic disease of childhood?
   A. Asthma
   B. Seasonal allergies
   C. Dental caries
   D. Otitis media

2. The Patient Centered Medical Home is the ideal place for all of the following EXCEPT:
   A. Application of fluoride varnish
   B. Extraction of loose or abscessed teeth
   C. Triage of oral emergencies
   D. Managing diabetes mellitus to improve periodontal health

3. Which condition is associated with periodontal disease?
   A. Asthma
   B. Preterm labor
   C. Sinusitis
   D. Hypothyroidism

4. Which of the following medications is linked to gingival hyperplasia?
   A. Phenytoin
   B. Amoxicillin
   C. Digoxin
   D. Coumadin

5. What can a primary care clinician do to promote oral health?
   A. Collaborate with dental and other health professionals
   B. Apply dental sealants
   C. Prescribe oral fluoride supplements to every patient
   D. Apply fluoride varnish to the teeth of all adults
6. Which class of medications is NOT generally associated with decreased salivary flow?
   A. Antihistamines
   B. Antibiotics
   C. Corticosteroids
   D. Anticholinergics
   E. Diuretics

7. A patient undergoing chemotherapy for cancer is at risk for which of these oral complications due to the effects of chemotherapy?
   A. Osteonecrosis of alveolar bone
   B. Gingival hyperplasia
   C. Oral mucositis
   D. Tooth fractures

8. Which of the following infections is NOT potentially caused by direct extension from a dental source?
   A. Otitis media
   B. Sinusitis
   C. Brain abscess
   D. Facial cellulitis

9. What is the suggested common pathway linking chronic periodontitis and conditions such as diabetes, coronary artery disease and adverse pregnancy outcomes?
   A. Direct bacterial extension
   B. Poor nutrition
   C. Circulating antibodies
   D. Inflammation

10. Which of the following is NOT a mechanism for inter-relationships between oral and systemic disease?
    A. Behavioral
    B. Iatrogenic
    C. Neurologic
    D. Inflammatory
Module 2: Child Oral Health

1. What is Early Childhood Caries?
   A. Dental decay in children from 2 – 10 years of age
   B. An infectious chronic disease
   C. Deformities in a child’s teeth caused by excessive fluoride ingestion
   D. Dental decay caused by a lack of fluoride in a child’s diet

2. Oral bacteria and dietary sugars are two of the three parts of the “Etiology Triad” of Early Childhood Caries. What is the third part of the triad?
   A. The enamel and dentine of teeth which is vulnerable to demineralization
   B. Bacterial toxins which attach the teeth’s calcium matrix
   C. Saliva which provides a moist environment for the cariogenic oral bacteria
   D. Genetic predisposition to colonization by cariogenic oral bacteria

3. What is a risk factor for developing Early Childhood Caries?
   A. High fat diet
   B. A patient’s age
   C. Excessive levels of fluoride
   D. Caries in siblings or caretakers

4. How can primary care clinicians prevent Early Childhood Caries?
   A. Counsel a child’s caregivers about the child’s diet
   B. Apply dental sealants to the teeth of young patients
   C. Prescribe fluoride to every young patient
   D. Refer children to a dentist at age 5

5. The mother of your 10 month-old patient asks for a prescription for supplemental fluoride. She reports that the family obtains their water from a well. What is your best course of action?
   A. Prescribe a dietary fluoride supplement as well water does not contain fluoride
   B. Test the well’s fluoride level prior to prescribing a dietary fluoride supplement
   C. Do not prescribe a dietary fluoride supplement as the child has neither white spots nor caries
   D. Obtain the fluoride level in wells near the family’s home from the local health department before prescribing a dietary fluoride supplement
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Module 2: Child Oral Health (continued)

6. What does this photograph of a child’s mouth depict?

   ![Photograph of a child’s mouth]

   A. Fluorosis  
   B. White spots  
   C. Moderate Early Childhood Caries  
   D. Iron staining

7. To what is the arrow on this photograph of a child’s mouth pointing?

   ![Arrow pointing to a tooth]

   A. A normal tooth  
   B. Fluorosis  
   C. White spot lesions  
   D. Severe Early Childhood Caries
Module 2: Child Oral Health (continued)

8. What is the first step in performing a knee-to-knee oral examination of a child’s mouth?
   A. Have the caregiver hold the child on their lap facing the examiner
   B. Have the caregiver hold the child facing them in a straddle position
   C. The examiner looks in the child’s mouth
   D. Have the caregiver separate the child’s jaws

9. What guidance about teething should a primary care clinician provide to a toddler’s caregiver?
   A. Teething can cause ear infections and diarrhea
   B. The caregiver should bring the toddler to the office if the child starts to drool
   C. Teething sometimes causes upper respiratory infections
   D. A child who is teething may be fussy

10. The arrow is pointing to a darkened feature in a child’s mouth. What is this finding called?
    A. Fluorosis
    B. An avulsed tooth
    C. An eruption hematoma
    D. Early childhood caries in an unerupted tooth
Module 3: Adult Oral Health

1. Which dental procedure does NOT require prophylaxis for individuals at high risk of bacterial endocarditis?
   A. Dental extractions
   B. Periodontal procedures
   C. Post-operative suture removal
   D. Prophylactic cleaning of teeth if bleeding is anticipated
   E. Re-implantation of avulsed teeth

2. Periodontal disease can be clinically distinguished from gingivitis in which of the following ways?
   A. Inflammation of the gums
   B. White discoloration of the permanent teeth
   C. Enlarged pockets at the gum base
   D. Gingival hypertrophy

3. Which of the following is NOT a common site for oral cancers?
   A. The tongue
   B. Floor of mouth
   C. Hard palate
   D. Lower lip

4. Which of the following is most likely to lead to poorer oral health in the elderly?
   A. Alzheimer’s dementia
   B. Coronary artery disease
   C. Hypothyroidism
   D. All of the above

5. Risk factors for adult caries may include all the following EXCEPT:
   A. Low socioeconomic status
   B. Existing tooth restoration
   C. Decreased salivary flow
   D. A vegetarian diet
   E. Physical disabilities
6. Which of the following patients require bacterial endocarditis antibiotic prophylaxis?
   A. A 26 year old woman with mitral valve prolapse undergoing routine teeth cleaning with no anticipated bleeding.
   B. A 64 year old man with a prosthetic mitral valve who is undergoing a tooth extraction.
   C. A 16 year old boy with a ventricular septal defect completely repaired in infancy who requires extraction of an impacted wisdom tooth.
   D. A 32 year old man who had bacterial endocarditis 5 years ago who is undergoing orthodontic appliance adjustment.

7. Which of the following is NOT a normal age-related tooth change?
   A. Gingival recession
   B. Root caries
   C. Yellowing of teeth
   D. Wearing away of teeth with exposed dentin

8. Which of the following statements concerning xerostomia, or dry mouth, is NOT true?
   A. Xerostomia is caused by a decrease in the production of saliva.
   B. Xerostomia can cause a burning sensation, change in taste, and difficulty swallowing.
   C. Medications can contribute to xerostomia.
   D. Xerostomia can increase the development of caries.
   E. Xerostomia is rarely a problem for patients wearing complete dentures.

9. Which of the following has been implicated in the development of recurrent aphthous ulcers?
   A. Trauma
   B. Vitamin C deficiency
   C. Sickle Cell Anemia
   D. Herpes simplex virus infection

10. Which of the following factors is NOT involved in the development of “Meth Mouth”? 
    A. Poor oral hygiene
    B. Increased carbohydrate consumption
    C. Night time mouth breathing
    D. Teeth grinding
    E. Xerostomia
Module 4: Dental Emergencies

1. Which antibiotic is the drug of choice for intra-oral infections?
   A. Ciprofloxacin
   B. Doxycycline
   C. Penicillin
   D. Cefuroxime

2. When should an avulsed tooth in a 35 year old patient be optimally re-implanted?
   A. It should not be re-implanted
   B. Within 5 minutes
   C. Within 1 hour
   D. Within 12 hours
   E. Within 24 hours

3. Tongue piercings put patients at risk for all of the following conditions EXCEPT:
   A. Mucositis
   B. Periodontal disease
   C. Abscessed teeth
   D. Tooth fractures

4. When should an avulsed tooth in a 3 year old be optimally re-implanted?
   A. It should not be implanted
   B. Within 5 minutes
   C. Within 1 hour
   D. Within 12 hours
   E. Within 24 hours

5. Which of the following is an indication for hospitalization of a child with facial cellulitis?
   A. Localized facial swelling
   B. Fever
   C. Tracking of swelling into the neck
   D. Difficulty chewing
Module 4: Dental Emergencies (continued)

6. Which type of mouth guard provides the most protection against oral injury in sports?
   A. Stock
   B. Self-adapted (boil and bite)
   C. Custom made

7. Which of the following requires treatment with antibiotics?
   A. Peri-apical abscess
   B. Cellulitis
   C. Caries
   D. Pulpitis

8. What is the appropriate treatment for a chipped tooth?
   A. Routine referral to a dentist to smooth or restore the chip
   B. Emergent referral to a dentist
   C. Go to the emergency department immediately
   D. Application of iodine to prevent a root infection

9. What would you do first in evaluating a patient with facial trauma?
   A. Find any missing teeth
   B. Determine if any teeth have been fractured
   C. Evaluate the gum line for bleeding
   D. Assess the patient’s airway, breathing, and circulation

10. The treatment of choice for an abscessed tooth is:
    A. Oil of Clove
    B. Oral antibiotics
    C. Pain medication
    D. Dental referral for extraction or root canal treatment
Module 5: Oral Health in Pregnancy

1. Which of the following is a FALSE statement?
   A. Gingivitis is very common in pregnancy
   B. Periodontitis is associated with preterm birth
   C. Treatment of periodontitis in pregnancy decreases the risk of preterm birth
   D. Deep root scaling to improve periodontitis is safe during pregnancy

2. Which of the following is a TRUE statement?
   A. Mothers with caries pass their genetic predisposition for caries on to their babies
   B. Mother with caries pass caries-causing bacteria to their babies in utero
   C. Mother with caries pass caries-causing bacteria to their infants early in life via saliva transmission
   D. All of the above

3. A pregnancy granuloma:
   A. Has malignant potential and should be biopsied
   B. Should be excised during pregnancy even if asymptomatic to avoid complications
   C. Can be observed
   D. Is not likely to recur if excised

4. A pregnant patient asks you for guidance about having dental treatment during her pregnancy. What would you say?
   A. Dental treatment should only be performed during the second and third trimesters.
   B. Dental treatment should only be performed during the third trimester because organogenesis is complete.
   C. Dental treatment should only be performed during the second trimester for comfort and safety reasons.
   D. Dental treatment can be performed during any trimester.

5. What guidance should you give a pregnant patient about having dental X-rays during her pregnancy?
   A. Dental x-rays should be avoided during pregnancy.
   B. Dental x-ray should be limited to only one film per pregnancy.
   C. Dental x-rays should be taken as necessary to reach a full diagnosis.
   D. Dental x-rays are rarely needed during pregnancy.
6. What oral health guidance should you give a pregnant patient?
   A. Brush twice daily with fluoridated toothpaste.
   B. Use chlorhexidine mouthwash three times per day.
   C. Avoid sugary drinks and snacks between meals.
   D. Take fluoride dietary supplements.
   E. A and C only.

7. All of the following conditions can cause worsening gingivitis EXCEPT:
   A. Onset of puberty
   B. Monthly menses
   C. Menopause
   D. Use of oral contraceptives
   E. Pregnancy

8. If a pregnant woman has an oral abscess in the first trimester, what should she do regarding treatment?
   A. Take antibiotics and pain medication only and wait until her second trimester to see the dentist.
   B. Avoid x-rays for further diagnosis.
   C. Have the tooth treated or extracted under local anesthesia immediately.
   D. Delay definitive treatment until after delivering her baby.

9. Amalgam restorations placed during pregnancy can lead to which negative outcome in the fetus?
   A. Birth defects
   B. Neurologic sequelae
   C. Spontaneous abortions
   D. None of the above

10. What can pregnant women do after vomiting to reduce the risk of enamel erosion?
    A. Swish with baking soda and water
    B. Vigorously brush her teeth
    C. Immediately take a dose of a proton pump inhibitor
    D. Immediately take 3-4 antacid tablets
Module 6: Caries Risk Assessment, Fluoride Varnish and Counseling

1. The mother of a 9 month old patient asks what causes early childhood caries (ECC). Which of the following is the most accurate reply?
   A. The majority of ECC results from thin or “weak” tooth enamel inherited from the parents.
   B. Bacteria in the child's mouth break down dietary sugars into acids which wear away the tooth enamel.
   C. A lack of protective saliva is the most common cause of ECC.
   D. A calcium deficiency during the time teeth are formed produces teeth that lack a sufficiently thick covering of enamel.

2. Which of the following factors places a child at the most risk for developing early childhood caries?
   A. Having a diagnosis of severe asthma.
   B. Living with family members who smoke tobacco or drink excessive amounts of alcohol.
   C. Breast feeding for longer than six months.
   D. Having plaque on the teeth.

3. Which of the following is NOT a mechanism of action for topical fluoride?
   A. It inhibits demineralization of the teeth.
   B. It promotes remineralization of the teeth.
   C. It inhibits bacterial metabolism.
   D. It promotes the release of saliva.

4. Which of the following is a benefit of fluoride varnish?
   A. Fluoride varnish permanently seals the pits and fissures of teeth.
   B. Fluoride varnish decreases the need for routine dental care.
   C. Fluoride varnish can reverse early decay (i.e., the “white spots”) and slow enamel destruction.
   D. Fluoride varnish replaces the need to take systemic fluoride supplements.
5. While performing an exam on one of your young patients, you observe the following (see photograph). Describe what you see:

A. The teeth are normal and have no white spots or tooth decay.
B. The gingiva are pathologically pigmented.
C. The tooth’s enamel is thin, so fluoride varnish must be applied to strengthen the enamel.
D. The color of the tooth indicates that the child is at risk for developing fluorosis.

6. What guidance would you provide the mother of your 20 month old patient who expresses concern about her child developing fluorosis? The family lives in a town that adds fluoride to the water supply, and the child has already had 2 cavities.
A. Tell the mother to use only a small smear of fluoridated toothpaste when brushing the child’s teeth.
B. Tell the mother to use a non-fluoridated toothpaste.
C. Brush the child’s teeth every other day.
D. Only give bottled drinking water to the child.

7. Which children under the age of 5 should receive fluoride varnish in the medical office?
A. All children at high risk for caries
B. High risk children without a dental home
C. Low risk children
D. All children
8. While performing an exam on one of your young patients, you observe the teeth indicated by the yellow arrows (see photograph). Describe the tooth's condition.

A. The teeth are normal and have no visible decay.
B. The brown areas represent caries where loss of overlying enamel has exposed underlying dentin.
C. The brown areas indicate that the child has chipped his teeth.
D. The brown color indicates that the child has developed fluorosis.

9. When applying fluoride varnish to an infant, what is the gauze used for?
A. The gauze is the vehicle used to apply the flourish varnish to the teeth.
B. The gauze is used to hold the tongue out of the way.
C. The gauze is used to dry the child’s teeth and to remove gross plaque.
D. The gauze is shown to the child to stimulate her to open her mouth.

10. What guidance do you give the grandmother of a child who has just had fluoride varnish applied to his teeth?
A. The child’s teeth will be discolored for about a week.
B. Do not brush the child’s teeth for at least 48 hours.
C. Brush the child’s teeth in about one hour.
D. Avoid giving the child hot, sticky, or hard foods for at least 6 hours after varnish application.
Module 7: The Oral Examination

1. What constitutes a tooth’s outer layer?
   A. Enamel
   B. Dentin
   C. Pulp

2. What is a full complement of adult teeth?
   A. 26
   B. 28
   C. 30
   D. 32

3. A caregiver asks you how many teeth her 3 year old child should have. What would you respond?
   A. 20
   B. 22
   C. 24
   D. 28

4. At what age do teeth typically begin to erupt in children?
   A. 3-9 months
   B. 9-15 months
   C. 15-21 months
   D. 21-27 months

5. Oral cancer is most common in which area of the mouth?
   A. Hard palate
   B. Surface of tongue
   C. Inside of cheek
   D. Posterolateral tongue
6. When performing the “knee-to-knee” oral exam on a young child, in what position should the child start?  
   A. Facing the examiner  
   B. Standing up  
   C. Sitting on the exam table  
   D. Facing the caregiver

7. Which of the following is NOT needed by a primary care clinician to conduct a thorough oral exam?  
   A. An exam light to illuminate key features in the mouth  
   B. Tongue depressors to lift the lip and retract the cheek  
   C. A mouth mirror to view lingual surfaces of teeth  
   D. Dental explorer  
   E. Gauze pads to grasp the tongue

8. When examining a 9 month old child’s mouth, what is a reason for an early referral to a dentist?  
   A. The child has only 4 incisors  
   B. Developmental tooth defects are present  
   C. No molars have erupted  
   D. No canine teeth have erupted  
   E. Counting less than 20 teeth

9. You are performing an oral exam on your 21 year old patient who has been using smokeless tobacco for 4 years. What part of this patient’s oral cavity is especially important for you to examine?  
   A. The sun-exposed areas of the patient’s cheeks  
   B. The inner aspect of the patient’s lips and cheeks  
   C. Any discoloration or pitting of the patient’s teeth  
   D. Any plaque build-up along the patient’s gum line  
   E. The patient’s posterior pharynx

10. A complete oral examination includes each of the following EXCEPT:  
    A. Temporomandibular joint (TMJ) exam  
    B. Cervical node exam  
    C. Palpation of the floor of the mouth  
    D. Sinus exam  
    E. Exam of the skin around the mouth
Module 8: Geriatric Oral Health

1. What is the most common site for caries in the elderly?
   A. The site of a previous restoration (filling)
   B. On an root that is exposed due to gingival recession
   C. On the coronal surface of a tooth
   D. On the buccal surface of the molars

2. Which of the following is an absolute contraindication for placing dental implants?
   A. Diabetes mellitus that is controlled
   B. Root caries in the teeth that are to be replaced
   C. The use of IV bisphosphonates
   D. The use of medication known to cause xerostomia

3. What is the adverse intraoral effect with which calcium channel blockers are most associated?
   A. Stomatitis
   B. Thrush
   C. Gingival hyperplasia
   D. Osteonecrosis of the mandible

4. Which statement is true regarding dental prostheses?
   A. Implants are commonly placed in a jaw to replace teeth lost due to severe osteoporosis.
   B. Dentures should be removed and cleaned daily.
   C. Bridges should be removed daily to facilitate cleaning of teeth.
   D. A partial denture is permanently fixed to adjacent teeth and therefore does not need to be removed to perform a complete oral assessment.

5. HPV influenced oral cancers have which of the following characteristics?
   A. Account for the rise in oral cancers in younger individuals, ages 40-64.
   B. Are usually seen in the anterior portion of the mouth, especially the buccal mucosa or the lip.
   C. Epidemiologically related to exposure to HPV 18.
   D. Less likely to be associated with oral cancer than other sexually transmitted infections such as syphilis and gonorrhea
6. What is the most likely reason why complete tooth loss has declined in the US from 50% to 18% in the last 60 years?
   A. The increased use of dental insurance in the elderly.
   B. The increased use of bottled and filtered water products among adults.
   C. The addition of fluoride to most community water systems.
   D. The increased use of multiple prescription medications in the elderly.

7. While performing an oral exam on a 72 year old patient, you observe the finding in the photograph below. How should you manage this finding?
   A. Refer the patient to an oral surgeon for immediate biopsy of a probable oral cancer.
   B. Schedule the patient to return in 2 weeks to reassess the lesion. If the lesion is still present, you should then refer the patient for biopsy.
   C. Treat the patient with an antifungal solution and reassess in 2 weeks.
   D. Document this finding as sublingual varicosities that are normal in this age group and require no further evaluation.

8. Which of the following statements is true regarding the oral health of elderly patients with dementia?
   A. Aging alone is the major contributor to poor oral health of older individuals with dementia.
   B. Medications used to treat hypertension, depression, and behavioral disturbances seen in this population have little effect on their oral health.
   C. Since this population struggles with Activities of Daily Living (ADLs), they are at high risk for poor oral health unless caregivers assist with oral care.
   D. Reminding these individuals to brush their teeth each day is adequate to achieve and maintain good oral health.
Module 8: Geriatric Oral Health (continued)

9. After a hip fracture, a 76 year old woman is admitted to a long-term care facility for rehabilitation. While examining her mouth shortly thereafter, you see the condition in the photograph below. What is the most likely cause of what you see?
   A. The patient developed cellulitis of her palate during her recent hospital stay.
   B. The patient's palate was damaged during intubation for anesthesia.
   C. The patient's dentures were improperly cleaned while she was in the hospital.
   D. The patient probably has an oral cancer.

![Photograph of a mouth showing a red and inflamed palate.]

10. Elderly with poor oral hygiene, missing teeth, and dental pain are at risk for worsening oral health due to which of the following nutritional factors?
   A. Lack of foods rich in vitamins such as vitamin C and beta carotene.
   B. Compensating for taste alteration due to prescribed medication with soft, sugared foods such as ice cream, pudding and white bread which can lead to caries in remaining teeth.
   C. Use of mints or sweetened beverages to relieve dry mouth.
   D. All of the above.

11. Which of the following is an appropriate use of fluoride in older adults?
   A. Topical fluoride treatments for exposed roots.
   B. Oral fluoride supplementation for patients with multiple carious lesions.
   C. Topical fluoride for gingival hyperplasia caused by phenytoin therapy.
   D. Professionally applied topical fluoride as a routine preventive measure in patients with excellent oral care (no caries or periodontal disease).
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## Answers

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