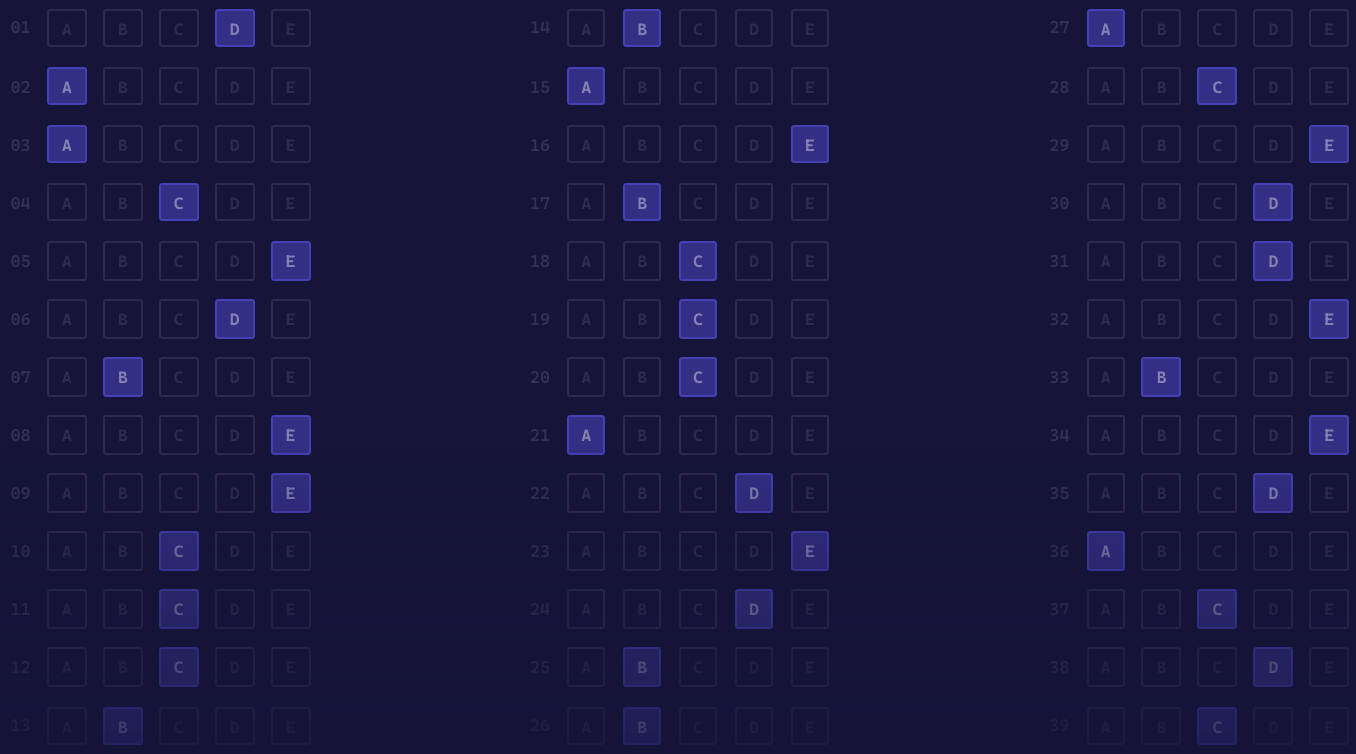
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

NDEB/BNED - The National Dental Examining Board of Canada / Le Bureau National D'examen Dentaire Du Canada

PEDOE

Pediatric Dentistry

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for NDEB/BNED - The National Dental Examining Board of Canada / Le Bureau National D'examen Dentaire Du Canada `PEDOE`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `PEDOE`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

mometrix.net

QUESTION 1 SINGLE CHOICE

A 7-year-old child presents for routine dental care. According to Erikson's stages of psychosocial development, which psychosocial conflict is the child most likely to be negotiating?

A Trust versus mistrust

B Autonomy versus shame and doubt

C Initiative versus guilt

D Industry versus inferiority

ANSWER D

WHY Erikson's stage of industry versus inferiority corresponds to roughly ages 6 to 12, where the child is developing competence in academic and social skills. The 7-year-old in this scenario fits squarely within that stage. Trust versus mistrust is infancy (0–1 year), autonomy versus shame and doubt is the toddler period (1–3 years), and initiative versus guilt is the preschool/early-school period (3–6 years).

mometrix.net

QUESTION 2 SINGLE CHOICE

During a restorative appointment, a 4-year-old child becomes uncooperative and refuses to open the mouth. Which behavior guidance technique is most appropriate as a first-line, non-pharmacologic approach before considering advanced techniques such as protective stabilization or general anesthesia?

A Voice control with hand-over-mouth

B Protective stabilization with a papoose board

C Tell-show-do

D General anesthesia

ANSWER C

WHY Tell-show-do is a foundational, universally accepted behavior guidance technique in pediatric dentistry that should be attempted first for most cooperative and mildly uncooperative children. Voice control with hand-over-mouth is considered an advanced, controversial technique and is contraindicated by many professional bodies today. Protective stabilization and general anesthesia are reserved for specific indications when basic techniques fail or when immediate treatment needs and cooperative ability warrant them.

mometrix

QUESTION 3 SINGLE CHOICE

A 4-year-old has a primary mandibular second molar with a large carious lesion involving the distolingual cusp and approaching the pulp on bitewing radiograph. The tooth is restorable and the child is cooperative. Which is the most appropriate definitive restorative treatment?

A Class II glass ionomer restoration

B **Preformed metal crown (stainless steel crown)**

C Direct pulp cap with calcium hydroxide and composite

D Pulpotomy with formocresol and temporary restoration

ANSWER **B**

WHY Preformed metal (stainless steel) crowns are the treatment of choice for primary molars with multi-surface caries involving cusps where the tooth is restorable and a more durable restoration is needed. Class II glass ionomer is appropriate for small to moderate two-surface lesions without cusp involvement. Direct pulp capping is contraindicated in primary teeth when caries is in close proximity to the pulp because of the risk of internal resorption. A pulpotomy is indicated only when the pulp is exposed and there is clinical/radiographic evidence of vital, uninflamed radicular pulp.

QUESTION 4 SINGLE CHOICE

For a 3-year-old child living in a non-fluoridated community, what is the recommended supplementary fluoride dose according to current Canadian guidance for children at high caries risk?

A 0.25 mg fluoride per day

B **0.50 mg fluoride per day**

C 1.00 mg fluoride per day

D No fluoride supplementation is recommended under age 6

ANSWER **B**

WHY Health Canada / Canadian Paediatric Society / Canadian Dental Association guidance for children aged 3 to 5 years living in areas with low fluoride in the water (<0.3 ppm) recommends 0.50 mg fluoride supplement daily for those at increased caries risk. Children under 3 years are generally not recommended fluoride supplements. 0.25 mg is the recommended dose for ages 6 months to 3 years in deficient areas, and 1.00 mg is for children 6 years and older.

QUESTION 5 SINGLE CHOICE

A 3-year-old falls and sustains an intrusive luxation of the primary maxillary central incisor, displacing the crown labially. Clinical and radiographic examination reveals the crown is displaced but the root apex is positioned toward the labial plate. What is the most appropriate management?

A Immediate surgical extraction

B Allow passive repositioning and monitor with clinical and radiographic follow-up

C Active orthodontic repositioning

D Pulpectomy and obturation with resorbable material

ANSWER B

WHY For intruded primary teeth with crowns displaced labially (and the root apex displaced palatally away from the developing permanent successor), the recommended management is to allow passive/active repositioning with monitoring over time. Surgical extraction is reserved for intrusion where the root apex is displaced labially into the developing permanent tooth follicle. Active orthodontic repositioning is not indicated in primary teeth. Pulpectomy is not indicated at the time of trauma when the pulp status is unknown and there is no periapical pathology.

QUESTION 6 SINGLE CHOICE

Calcification of the permanent mandibular first molar crown typically begins at approximately what age in utero?

A At birth

B 3 months in utero

C 6 months in utero

D 3 years of age

ANSWER B

WHY Calcification of the permanent first molar begins around the 3rd month of intrauterine life, which is why prenatal and perinatal factors (such as maternal illness, prematurity, or systemic disturbances in late pregnancy) can affect first molar development. The mandibular central incisor and maxillary central incisor begin calcification around 3–4 months in utero. The second molars begin calcification postnatally.

QUESTION 7 SINGLE CHOICE

Conscious sedation using a single oral agent is being planned for a healthy, ASA I, 4-year-old, 18 kg child. Which of the following single-agent regimens is most consistent with current safe pediatric sedation practice?

A Oral diazepam 10 mg

B Oral chloral hydrate 500 mg (≈28 mg/kg)

C Oral midazolam 0.5 mg/kg (≈9 mg) up to a maximum of 10 mg

D Oral promethazine 25 mg

ANSWER C

WHY Oral midazolam at 0.5 mg/kg, with a maximum single dose of 10 mg, is consistent with widely accepted pediatric conscious sedation dosing for healthy (ASA I or II) children. Diazepam has a long half-life in children and is not preferred for single-agent pediatric sedation. Chloral hydrate at 28 mg/kg may be used but dosing typically ranges up to 50–75 mg/kg, with a maximum of 1 g, and it carries higher risk of prolonged sedation and desaturation, making this dose inadequate. Promethazine is an antihistamine, not a primary pediatric sedation agent, and is generally avoided for this purpose due to side effects.

mometrix.net

QUESTION 8 SINGLE CHOICE

An 8-year-old sustains an uncomplicated crown fracture of the permanent maxillary central incisor with minimal dentin involvement and no pulp exposure. Clinical and radiographic findings are within normal limits. The most appropriate immediate management is:

A Direct pulp cap with calcium hydroxide and definitive composite restoration

B Root canal therapy before any restoration

C Restore the fractured enamel/dentin with a bonded composite or reattach the fragment if available

D Extract the tooth and place a space maintainer

ANSWER C

WHY For an uncomplicated crown fracture of a permanent incisor with no pulp exposure, the appropriate management is restorative — bonding a fragment (reattachment) when available and clinically feasible, or placing a bonded composite restoration. Direct pulp capping is unnecessary when the pulp is not exposed. Root canal therapy is not indicated in the absence of pulp pathology. Extraction of a permanent incisor is contraindicated unless there is unrestorable crown-root fracture or significant periodontal involvement.

mometrix

QUESTION 9 MULTIPLE CHOICE

Which of the following are recommended preventive strategies for Early Childhood Caries (ECC) in infants and toddlers under 3 years of age? (Choose two.)

A Ad libitum bottle feeding of fruit juice, formula, or milk throughout the night after tooth eruption

B **Brushing twice daily with a smear (grain-of-rice-sized) amount of fluoride toothpaste as soon as teeth erupt**

C **Establishing a dental home and first dental visit by 12 months of age**

D Delaying introduction of fluoridated toothpaste until age 6

ANSWER **B · C**

WHY Both brushing with a smear of fluoride toothpaste as soon as teeth erupt, and establishing a dental home with a first dental visit by 12 months, are evidence-based recommendations for ECC prevention consistent with CDA / AAPD / CAPD guidance. Ad libitum nighttime bottle feeding of sugary liquids is a recognized risk factor for ECC and must be discouraged. Fluoridated toothpaste should be introduced upon tooth eruption, not delayed until age 6.

mometrix.net