Oral Health Care: A Whole New Language

Course Author(s): Patricia A. Frese, RDH, MEd
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Disclaimer: Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

Conflict of Interest Disclosure Statement
• Patricia Frese reports no conflicts of interest associated with this course. She has no relevant financial relationships to disclose.

Introduction - Oral Health Care
This course is intended for anyone new to the field of oral health care: dental assisting, dental therapy, dental hygiene, dentistry, dental laboratory technology, or anyone already in the field who would like a dental vocabulary refresher. The most commonly used terms in oral health care will be defined. The professionals associated with oral health care will be discussed. Useful prefixes and suffixes often used to create dental/medical words are presented, as are some common abbreviations.
Course Contents
• Overview
• Learning Objectives
• Introduction
• Oral Health Care
• Oral Health Care Professions and Personnel
  ▶ Dentistry/Dentist
  ▶ Dental Therapy/Dental Therapist
  ▶ Dental Hygiene/Dental Hygienist
  ▶ Dental Assisting/Dental Assistant
  ▶ Dental Laboratory Technology/Dental Laboratory Technician
  ▶ Office Support Staff
• Common Dental Terminology
  ▶ Terms A-C
  ▶ Terms D-L
  ▶ Terms M-Z
• Root Words, Prefixes and Suffixes Used in Dental Terminology
• Colors
• Abbreviations, Acronyms and Initialisms
• A Final Word about Words
• Course Test
• References
• About the Authors

Overview
Although there are many medical terminology textbooks and programs available, they are somewhat daunting in their scope since they cover wide ranges of information. The intent of this course is not to provide a dictionary or even a comprehensive medical terminology course, but a short course that will limit itself to the words, phrases, prefixes, suffixes and abbreviations that a beginning oral health care provider needs to know. Websites that will provide additional information and links are also included.

Learning Objectives
Upon completion of this course, the dental professional should be able to:
• Describe elements of oral health care.
• Delineate roles and responsibilities of the individuals who provide oral health care.
• Identify roles and responsibilities of oral health care support personnel.
• Define the specialty areas of dentistry and dental hygiene.
• Define terms that describe oral anatomic structures.
• Define terms that describe locations.
• Define dental terminology commonly used in dentistry.
• Utilize root words, prefixes and suffixes of words commonly used in dentistry.
• Interpret abbreviations commonly used in dental patient treatment records.
• Discuss the power of words.

Introduction
Imagine for a moment that you have been invited to live for a while in a totally new and unfamiliar land where the natives speak a language you do not know. Oh, sure, you have heard of a few words spoken by natives, but never quite knew what they were saying. While the prospect of living in that new land is exciting and something you are eager to begin, you realize you will have to quickly learn the language in order to survive. This is the position in which most newcomers to the oral health care professions find themselves when they enter the new land of dentistry.

When we need to learn a language we will be using soon, the first words we want to learn are the very practical ones, like how to ask where the restroom is! For oral health care providers, the words needed most are also practical terms that will be used almost every day in practice. Knowing how medical and dental words are constructed also helps to understand what new and unfamiliar words mean. Additional helpful information having to do with vocabulary is to learn the shorthand ways that dental personnel communicate via abbreviations, acronyms and initialisms.

Oral Health Care
In 2002, United States Surgeon General David Sacher released the first ever Oral Health in America: A Report of the Surgeon General. The World Health Organization (WHO) defines oral health as a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Oral health refers to much more than teeth.

Oral disease can range from mild gingivitis to life-threatening oral cancer with many diseases in between. Oral disease research is...
showing a relationship between oral disease and conditions such as diabetes, cardiovascular disease, and pre-term, low birth weight infants.

The most common forms of oral diseases are gum diseases (gingivitis or periodontitis) and dental caries (cavities). Other oral conditions include infections caused by bacteria, viruses and fungi; congenital defects such as cleft lip and palate; and manifestations of systemic diseases.

Sadly, even when there is good oral health care available, most people do not always consider oral disease an important problem. Many people are unaware that a “simple” problem in the mouth can lead to advanced, life-threatening infections that in rare instances can cause death. The article For Want of a Dentist describes the death, from complications of a tooth abscess, of Deamonte Driver.11

Some of the terms that a person new to oral health care needs to know include:

• **Licensure** is the process by which a government agency, through statutes promulgated (made into law) by the legislature of the state, grants the individual the right to practice in its jurisdiction based on meeting predetermined standards and minimal qualifications.

• **Certification**, on the other hand, is the process by which an agency or organization grants formal recognition to an individual for accomplishments such as completion of a specified amount of training or coursework, acceptable performance on an examination, or graduation from a formal program.

• Have you ever wondered why dentists, physicians, dental hygienists, nurses and other health care providers “practice”? **Practice** means the performance of the duties and responsibilities of a health care profession; one is engaged in performing a professional discipline.

• **Accreditation** is the process whereby an educational program is evaluated to determine compliance with national established standards. An **accredited** program has been voluntarily examined by a non-governmental agency and it has been determined that the program or institution has met standards and is continuing to maintain those standards. Accreditation assures that graduates have received a quality education and they are competent for entry into a profession or career. The accrediting body for dental and dental-related education programs is the Commission on Dental Accreditation of the American Dental Association.2

**Oral Health Care Professions and Personnel**

In a new land, it is good to know the people and how they relate to one another. The following are the natives, so to speak, of the new land of oral health care. The Oral Health Care Team is generally composed of the dentist, dental therapist, dental hygienist, dental assistant, dental laboratory technician and office support staff who work together to meet the many varied dental needs of the patient.

A team of professionals provides oral health care. Typically, general dentists and dental hygienists provide primary oral care. Dental assistants and dental laboratory technicians provide support for care. Expanded duty (function) dental auxiliaries (EDDA or EFDA) may also provide direct oral health care under the supervision of a dentist. Dental hygienists and others may be qualified to sit for EDDA or EFDA certification examinations. In select areas, new mid-level providers, such as advanced dental hygiene practitioners and dental therapists, are being used to help expand access to care.

Outside of the dental profession, medical providers are also a critical component of the team of providers for oral health. Otolaryngologists, or Ear, Nose, and Throat (ENT) specialists, treat conditions of the head and neck including cancers of the mouth and throat. Primary medical care providers, such as physicians, nurses, nurse practitioners and physician assistants, are also assuming a greater role in identifying oral disease and helping the patient obtain the oral health care he or she needs.

**Dentistry/Dentist**

Dentistry is a branch of medicine that deals with detection of disease; diagnosis and treatment of disease; restoration to repair, restore and maintain the teeth, gums and other oral tissues lost or damaged by disease; esthetic (appearance)
improvement and education on how to achieve oral health and prevent diseases or injury. Also, the dentist may be responsible for replacement of missing oral structures such as teeth with an artificial replacement, i.e., complete and partial dentures (false teeth). Dentistry is a changing and expanding profession that involves treating the whole person, not just a set of teeth and oral structures. In a broad sense, all those who have any responsibility for oral health care could be considered to be a part of the larger definition of dentistry.

The American Dental Association (ADA), the professional association of dentistry, in its 1997 House of Delegates defined dentistry as follows: the evaluation, diagnosis, prevention and/or treatment (non-surgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.¹

The dentist is a graduate of an accredited dental college who has been issued a license from a state board of dentistry to practice dentistry. The dentist is educated in a university dental program after having completed specific educational requirements. The dental program typically lasts four years after admission into the program, and the graduate receives either a DDS (Doctor of Dental Surgery) or DMD (Doctor of Dental Medicine). DDS and DMD have the same educational requirements and are the same degree. The college or university program chooses what to call the dental degree. For more information on dentistry visit www.ada.org.

There are 12 dental specialties recognized by the ADA.³ They include:

- **Dental Anesthesiology**: Dental anesthesiology is the specialty of dentistry and discipline of anesthesiology encompassing the art and science of managing pain, anxiety, and overall patient health during dental, oral, maxillofacial and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety as well as access to care for all dental patients, including the very young and patients with special health care needs.

- **Dental Public Health**: Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

- **Endodontics**: Endodontics is the dental specialty which is concerned with the morphology, biology, physiology, pathology and regeneration of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

- **Oral and Maxillofacial Pathology**: Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

- **Oral and Maxillofacial Radiology**: Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
• **Oral Medicine**: Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.

• **Orofacial Pain**: Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidence-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

• **Orthodontics and Dentofacial Orthopedics**: Orthodontics and dentofacial orthopedics is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

• **Pediatric Dentistry**: Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

• **Periodontics**: Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

• **Prosthodontics**: Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.

For more information about the dental specialties go to [www.ada.org](http://www.ada.org).

**Dental Therapy/Dental Therapist**
The dental therapist provides basic preventive and restorative dental services, usually for children and adolescents, in a variety of settings such as private practice, community-based clinics and rural areas. Dental therapists most often work with or in collaboration with dentists to provide community-based preventive health programs to meet identified community needs. The precise role varies with the therapist's education and the state's dental practice act.

In 2009 Minnesota became the first US state to enact legislation creating the dental therapist. The intent for creating the dental therapist is to help improve access to oral health care and consequently to reduce existing disparities in oral health by providing services previously delivered only by dentists. Although Minnesota is the first US state to allow dental therapy practice, the Alaska Native Tribal Health Consortium established the Dental Health Aide Therapist (DHAT) in 2003, the first non-dentist oral health care provider in the United States; however, the DHAT is allowed to provide basic dental care only to Alaska Natives. In October 2010 the Kellogg Foundation announced that an evaluation of the Alaska dental health aide therapists found they provide safe, effective and competent care.

Dental therapists are currently recognized in the following states and territories: Connecticut, Maine, Michigan, Minnesota, Nevada, New Mexico, Oregon, Vermont, American Samoa, the Northern Mariana Islands and Puerto Rico. Additionally, the following states allow dental therapists to practice on Tribal Lands: Alaska, Idaho, Montana and Washington. Worldwide, 54 countries and territories recognize dental therapists.

**Dental Hygiene/Dental Hygienist**
Dental hygiene is the science and practice of the recognition, treatment, and prevention of oral diseases. The registered dental hygienist is a primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education and is licensed in dental hygiene who provides educational, clinical, research, administrative, and therapeutic services supporting total health through the promotion of optimal oral health. In practice, dental hygienists integrate the roles of clinician, educator, advocate, manager, and researcher to prevent oral diseases and promote health. Each state has defined its own specific...
regulations for dental hygiene licensure. Dental hygienists work in partnership with dentists. Dentists and dental hygienists practice together as colleagues, each offering professional expertise for the goal of providing optimum oral health care to the people served. Dental hygienists are viewed as experts in their field; consulted about appropriate dental hygiene interventions; expected to make clinical dental hygiene decisions; and plan, implement, and evaluate the dental hygiene component of the overall care plan. The dental hygienist establishes the dental hygiene diagnosis, which is an integral component of the comprehensive dental diagnosis established by the dentist.

The dental hygienist typically practices in one of two major models, the professional model or the occupational model:

- **The professional model** views the dental hygienist to be knowledge-based wherein he or she uses a process of care or standard of care to assess needs, diagnose oral health problems, as well as to plan, implement, and evaluate care. The practitioner is responsible for making decisions about care and is accountable to the patient. This model requires higher levels of learning (education).

- **The occupational model** views the dental hygienist as more task-based than knowledge-based. Typically, this individual would be referred to as an “auxiliary” and the majority of his or her tasks or duties being delegated by the dentist often under direct supervision. Expertise, evaluation of results, self-assessment, and decision-making are not stressed and generally not considered an integral part of the individual’s responsibility. This model conveys the idea that the practitioner is accountable only to the supervising dentist, who is then accountable to the patient. This model generally implies “training.”

The registered (licensed) dental hygienist provides a professional practice that includes prevention, education and therapeutic interventions to aid individuals in attaining and maintaining the maximum degree of oral health possible for the individual. The professional association for dental hygienists is the American Dental Hygienists’ Association (ADHA). The seven professional roles of the dental hygienist include:6

- Administrator – such as the program director in an educational setting
- Corporate – such as product research and sales
- Clinician – providing direct patient care in collaboration with other health professionals
- Educator – providing clinical, classroom, and/or continuing education to individuals and groups
- Public Health – enhance access to care by providing oral health services and education in community clinics or schools
- Researcher – to contribute to advancement of the knowledge base in oral health care by testing new procedures, products or theories for accuracy and effectiveness
- Entrepreneur – to initiate or finance new oral health-related enterprises.

For more information about the professional roles of the dental hygienist, go to [www.adha.org](http://www.adha.org)

**Dental Assisting/Dental Assistant**

Dental assisting is aiding the dentist or dental hygienist in the care of patients. The dental assistant generally works chairside during patient care, but may also work in the business office and dental laboratory. The dental assistant is not licensed, but may be certified. Most dental assistants who choose to become nationally certified take the Dental Assisting National Board’s (DANB) Certified Dental Assistant (CDA) examination. Some states provide for certification in specific expanded duties for dental assistants who have had special training. Responsibilities of the dental assistant vary depending upon the education of the individual and the laws of the state regulating dental practice.

In some states there are expanded duty (or function) dental assistants who are allowed to perform additional duties or “expanded functions.” Delegable duties and required education that define what an Expanded Functions Dental Assistant (EFDA) are specified on a state-by-state basis.

Most dental assistants are trained on the job, but may receive formal education through academic programs at community colleges, vocational
schools, technical institutes, universities or dental schools. Graduates of these programs usually receive certificates, although there are some programs that offer associate's degrees. For additional information go to the website for the American Dental Assistants Association (ADAA) www.adaausa.org or the ADA website.

**Dental Laboratory Technology/Dental Laboratory Technician**

Dental laboratory technology is the art, science and technology of designing and manufacturing corrective devices for and replacements of natural teeth. The dental laboratory technician (DLT) works under the direction of a licensed dentist. The DLT uses impressions (molds) of the patient's teeth or oral soft tissues and detailed written instructions to create:

- Full dentures for patients who are missing all of their teeth
- Removable partial dentures or fixed bridges for patients missing only one or a few teeth
- Crowns, which are caps for teeth that are designed to restore their original size and shape
- Veneers, that enhance the esthetics and function for the patient
- Orthodontic appliances and splints to help straighten and protect teeth

The dental laboratory technician is not licensed, but may become certified through the National Board for Certification in Dental Laboratory Technology. A dental technician who passes the certification examination becomes a Certified Dental Technician (CDT). CDTs specialize in one or more of the five areas listed above. DLTs receive training in a two-year program at a community college, vocational school, technical college, university or dental school. Graduates of these programs receive either an associate degree or a certificate. There are also a few programs that offer a four-year baccalaureate program in dental technology. To find out more, visit the ADA Dental Careers page.

**Office Support Staff**

Oral health care office support staff include all of the individuals responsible for the office duties necessary to carry out the business end of the practice, as well as scheduling for the professional staff. Examples of office support staff include a receptionist, billing and insurance claims processor, practice manager and bookkeeper or accountant. Typically, the staff support are neither licensed nor certified and most are trained in the dental office or the education may be highly variable.

**Common Dental Terminology**

The following charts contain terms that will better prepare students for entry into a dental education program. This is NOT a comprehensive dictionary, but a good start for the world of dentistry.

**Terms A-C**

**Alveolar Bone**

- The bone that surrounds and supports the tooth and associated structures.
- The word “alveolar” means cavity or tunnel.
- Alveolar bone is similar in appearance to a sponge.
- Also called alveolar process.

**Alveolar Bone Loss (BL)**

- Loss of supporting bone of a tooth, usually due to periodontal disease
- Is used as an indicator of the presence and severity of periodontal disease
- A goal in periodontal therapy is to preserve the alveolar bone.

**Alveolar Mucosa**

- Movable soft tissue that is loosely bound to underlying bone. Not present on maxillary hard palate.
- Alveolar mucosa usually looks redder than the rest of the gingiva
Amalgam
- A metal alloy containing mercury commonly used for dental restorations
- Also called a “silver filling”

Arch
- A structure of bow-like or curved outline (the side view of Santa’s tummy),
- Often used to indicate the top or bottom jaw. You might hear someone say “the bottom arch” and they would be referring to the mandible or bottom jaw.

Board of Dentistry
- Although the state regulatory boards go by different names, Board of Dentistry is the term frequently used to identify the body responsible for formulation, adoption and dissemination of the rules necessary to comply with the laws regulating the practice of dentistry in a state.
- The board is usually also responsible for implementing and enforcing provisions of the State Dental Practice Act (a name for the law or statutes regulating the practice of dentistry in a state.)

Bruxism
- The grinding or clenching of teeth that damages both the tooth surface and surrounding periodontal tissues.

Buccal
- Pertaining to or directed toward the cheek. It is often used to designate the side of the tooth that faces the cheek.

Apex (apical)
- Pointed end of a cone-shaped part (like an ice cream cone) or the terminal end of the root of a tooth.
- Apical is a directional term that indicates a direction toward the apex or end of the root of a tooth.

Calculus
- Also called tartar.
- A mineralized, hard deposit derived from plaque biofilm and salivary mineral salts.
- Forms on tooth and root surfaces and oral appliances.
Clinical Attachment Loss (CAL)
• Movement of the supporting structures of a tooth in an apical direction, usually the result of periodontal disease
• What this means is that some of the alveolar bone is destroyed and the junctional epithelium, the soft tissue attachment, moves apically.
• With enough CAL, the tooth becomes loose and may be lost.

Col
• The depression in the gingival tissue underneath a contact area between the lingual papilla and facial papilla.
• Volcano-shaped tissue beneath area where 2 teeth contact one another.

Concave
• Rounded and somewhat depressed or hollowed out
• Think of a cave as being a hollowed-out part of a hillside

Convex
• Having a rounded, somewhat elevated surface (the hill itself)

Coronal
• Toward the crown or top of a tooth, rather than toward the root (apical).

Terms D-L

Debridement
• The removal of a foreign material, such as calculus or plaque, or removal of necrotic (dead) tissue from or adjacent to a lesion.
• Very commonly this term is used for a goal in nonsurgical periodontal instrumentation.
**Dental Caries (Caries Lesion)**
- Tooth decay, which is actually an infection that causes continuing destruction of tooth structure
- A dental cavity
- Caries is both singular and plural; one caries or two caries.

**Distal**
- Away from the middle; often used to describe the side of a particular tooth that is closest to the posterior or back of the mouth.

**Dento-occlusal (DO)**
- Usually refers to dental caries or a restoration located at the distal and extending onto the occlusal or chewing surface.

**Edema**
- Swelling

**Edentulous**
- Lacking teeth
- Can be area specific or the whole mouth

**Enamel**
- The hard, outer surface layer of teeth
- Protects against tooth decay
- Tooth enamel is considered the hardest mineral substance in your body, even stronger than bone.

**Explorer**
- A slender, flexible instrument with a sharp point used to examine teeth for abnormalities and pathology, and to locate calculus through the use of touch.
- Excellent tactile sensitivity must be developed to use an explorer well.

**Dentifrice**
- Toothpaste

**Dentition**
- The teeth in the dental arches – top and bottom.

**Diastema**
- Open contact between teeth.
- Typically occurs between the upper front teeth, the maxillary central incisors
Extraction
• The removal of a tooth or root fragment.

Exudate
• A fluid of epithelial cells, bacteria, serum, and other products of the inflammatory process.
• A polite word for pus.

Facial
• Of or toward the face, used to designate the side of the tooth that is facing away from the tongue side.
• The buccal and labial are both facial surfaces.

Frenum
• A narrow fold of tissue connecting moveable tissue to a more fixed tissue to prevent undue movement.
• Singular form is frenum or frenulum. Plural is frena

Furcation
• The concave area between the roots of a multi-rooted tooth.
  ◦ It is called “bifurcation” if a tooth has two roots.
  ◦ It is called “trifurcation” if a tooth has three roots.

Gingiva
• That part of the oral masticatory mucosa that surrounds the necks of the teeth and is attached to the teeth and the alveolar bone.
• You probably know it better as the gum!

Halitosis/Oral Malodor
• Bad breath

Iatrogenic
• Adverse factors caused by a health care practitioner that result in a negative outcome for the patient.

Incisal
• Toward the cutting edge of anterior teeth

Incisors
• Anterior teeth
  • The 2 large front teeth (central incisors) and the tooth on either side (lateral incisors)
  • There are 8 incisors, 4 maxillary and 4 mandibular

Inferior
• Below or lower than a specified point of reference

Interdental Papilla
• Gingiva (gum tissue) that fills the space between two adjacent teeth (the space is called interproximal).
• Papilla is usually pointed or pyramidal in anterior teeth and somewhat flatter between posterior teeth. If teeth overlap papilla, it may be tapered and narrow; if teeth do not touch, the papilla may be flat or saddle-shaped.
• There are actually 2 papillae in teeth that contact, one facial and one lingual, which are connected by the col.

**Junctional Epithelium (JE)**
- Attachment epithelium, where the tooth and gingiva actually first begin to be attached.
- Found at the very bottom of the gingival sulcus or periodontal pocket.
- Think of it like the place in the bottom your pants pocket where you’d find loose change …or lint!

**Labial**
- Of or toward the lips, used most often to designate the side of the tooth facing the lips, so the term would refer to an anterior tooth.

**Lateral**
- Toward the side

**Lingual**
- Of or toward the tongue, to identify the surface of a tooth that faces the tongue.

**Terms M-Z**

**Mandible**
- Bottom jaw.
- Is able to move
- ‘Mandibular’ refers to the bottom jaw.

**Marginal Gingiva**
- The border or edge of gingiva nearest the incisal/occlusal surface; marks opening of gingival sulcus.
- Also called free gingiva.

**Maxilla**
- Top jaw.
- Does not move
- ‘Maxillary’ refers to the top jaw.

**Mesial**
- Toward the middle; often used to describe the side of a particular tooth that is closest to the anterior or front of the mouth.
**MO (mesio-occlusal)**
- Usually refers to dental caries or a restoration located at the mesial and extending onto the occlusal surface.

**MOD (mesio-occlusal-distal)**
- Includes those 3 surfaces of the tooth
- Generally refers to the location of a filling/restoration.

**Molars**
- Posterior teeth
- Have a broad chewing or grinding surface
- There are 12 molars – 6 maxillary (3 right and 3 left) and 6 mandibular (3 right and 3 left).
  This includes the 3rd molars or wisdom teeth

**Mucogingival Junction (MGJ)**
- On the facial side of a tooth, a scalloped line where the attached gingiva and the alveolar mucosa come together.

**Occlusal**
- Toward the chewing surface of posterior teeth

**Occlusion**
- The way the teeth fit together when both arches come together (occlude)

**Odontectomy**
- Removal of a tooth

**Oral Biofilm/Microbial Plaque**
- Dense, nonmineralized mass of bacterial colonies in a gel-like matrix
- Adheres to tooth and root surfaces and oral appliances.

**Periodontium (Periodontal)**
- All of the supporting structures of the teeth, including gingiva, periodontal ligament, cementum, and alveolar bone.
- *Periodontal* refers to the periodontium.
- Maintaining health and function of the periodontium is probably the most significant factor in how long the dentition will last!

**Periodontal Ligament**
- The fibrous connective tissue that supports, surrounds, and attaches the roots of the teeth to alveolar bone.
- Consists of several fiber groups, including Sharpey's fibers.

**Periodontal Probe**
- A slender instrument with a blunt or slightly bulbous end that is used to explore and measure the depth of the sulcus or pocket.
- Calibrated in various increments of millimeter markings depending on the type of probe.

**Non-Surgical Periodontal Therapy**
- A treatment for an infection of the periodontium that is sometimes the least invasive and very cost-effective. Non-surgical periodontal therapy typically includes debridement (also called scaling and root planing) to carefully remove the primary etiologic factor in the disease – bacterial biofilm and toxins (dental plaque) and calculus (tartar). Often non-surgical periodontal treatment also includes adjunctive therapy such as local delivery of antimicrobials and host modulation based upon the needs of the individual patient.
- Periodontal patients require ongoing maintenance therapy to maintain health. Non-surgical therapy has limitations and if periodontal health is not attained, surgery may be indicated.

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Periodontal Probing Depths
- Measurement of the deepness of a sulcus or periodontal pocket.
- Used to distinguish a sulcus (0-3 mm) from a pocket (4+ mm).

Posterior
- Directed toward or situated at the back; opposite of anterior.
- In the mouth, includes 20 teeth (molars and premolars); 5 in each quadrant (because it includes 1 wisdom tooth or third molar in each quadrant)

Premolars
- Posterior teeth
- Have a broad chewing or grinding surface but are smaller than molars
- There are 8 premolars – 4 maxillary (2 right and 2 left) and 4 mandibular (2 right and 2 left)

Prophylaxis
- Sometimes abbreviated as prophy or pro.
- Comes from the Greek word “prophylaktikos,” which means to guard or prevent beforehand. In medicine and dentistry, it means treatment to prevent the onset of a particular disease (“primary prophylaxis), or the recurrence of symptoms in an existing infection that has been brought under control (“secondary prophylaxis, maintenance therapy).
- Dental or oral prophylaxis (teeth cleaning) is defined as debridement (scaling and polishing) to remove plaque, calculus and stains performed for dental patients in normal or good periodontal health to help prevent periodontal disease. Scaling to remove calculus is the preventive element of the prophylaxis, while polishing is a selective cosmetic and esthetic addition to the scaling procedure and has no therapeutic value in preventing or treating periodontal (gum) disease. Oral prophylaxis does NOT mean coronal polishing because polishing does nothing to prevent disease, but is merely a cosmetic procedure.

Sealant
- A resin material applied to the occlusal surfaces of teeth to prevent dental caries.

Sharpey’s Fibers
- The name of connective tissue fibers that actually embed in cementum and stretch across to connect to the alveolar bone.

Sulcus
- The gingival sulcus is located between the tooth and the free gingival margin and is the crevice that surrounds the tooth. In healthy gingiva the periodontal probing depth is 3 mm or less.
**Superior**  
- Above or higher than a specified point of reference

**Supine Position**  
- A posture in which the individual is lying on the back with the face up.  
- The most common treatment position for patients having dental treatment.

**Syncope**  
- Fainting

**Therapy**  
- Treatment intended to relieve or heal a disorder.

**White Knuckle Syndrome**  
- A condition in which the patient is apprehensive and fearful, often manifested by clutching the arm of the chair until the knuckles turn white!

**Colors**  
The following is a list of word parts and the associated color:  
- alb, albus, leuk – white  
- chlor – green  
- cyan – blue  
- eryth – red  
- melan – black  
- xanth – yellow

**Root Words, Prefixes and Suffixes Used in Dental Terminology**  
One of the fun parts of learning dental/medical terminology is making difficult, long, impressive-looking words understandable. By learning what the word parts mean, it is much easier to understand what a brand-new word is, even if you have never seen or heard it before. Most medical terms originated in either Greek or Latin.

Root words provide the basic foundation for the word and provide the main meaning. A prefix comes at the beginning of the root word and alters the word meaning. A suffix comes at the end of the root word and also alters the word meaning. A combining vowel, usually ‘o’ is used to join the word parts and make pronunciation easier.

The list of basic root words, prefixes and suffixes that follows is not intended to be all-inclusive, but will provide a starting place for commonly used word parts to assist in building a strong vocabulary. There are specific rules for combining words and for the order of the root words within a word, so it would be a good idea to study further to really understand how dental/medical terms are put together and read. Two excellent resources for additional medical terms are *Building a Medical Vocabulary* or *Quick & Easy Medical Terminology* both by Peggy C. Leonard, published by W. B. Saunders Company.

The table below lists popular prefixes and suffixes, the definition and an example of use.

<table>
<thead>
<tr>
<th>Prefix/Suffix</th>
<th>Definition</th>
<th>Example of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Superior</em></td>
<td>Above or higher than a specified point of reference</td>
<td><em>Superior</em> in anatomy refers to a structure that is above or higher than another structure.</td>
</tr>
<tr>
<td><em>Supine Position</em></td>
<td>A posture in which the individual is lying on the back with the face up.</td>
<td>Supine position is the most common treatment position for patients having dental treatment.</td>
</tr>
<tr>
<td><em>Syncope</em></td>
<td>Fainting</td>
<td>Syncope refers to a condition in which a person loses consciousness due to a temporary decrease in blood flow to the brain.</td>
</tr>
<tr>
<td><em>Therapy</em></td>
<td>Treatment intended to relieve or heal a disorder.</td>
<td>Therapy is used to describe treatments intended to relieve or heal medical conditions.</td>
</tr>
<tr>
<td><em>White Knuckle Syndrome</em></td>
<td>A condition in which the patient is apprehensive and fearful, often manifested by clutching the arm of the chair until the knuckles turn white!</td>
<td>White knuckle syndrome is a condition often experienced by patients during dental procedures.</td>
</tr>
</tbody>
</table>

**Abbreviations, Acronyms and Initialisms**  
- Abbreviation – a shortened form of a word  
- Acronym - an abbreviation formed from the initial letters of other words and pronounced as a word. For example, NASA, SCUBA or CAL  
- Initialism - an abbreviation consisting of initial letters pronounced separately. For example, CPU, FBI or BP  
- For simplicity, only the term ‘abbreviation’ will be used in the following section.

You can decrease the amount of time spent on documentation by using abbreviations for patient treatment records. While patient treatment records are important for good patient treatment and follow-up, records also contain legal documents, so abbreviations and their meanings should be the same in every record. To be certain that everyone in the office uses the same abbreviations and understands what the abbreviations mean, it is a good idea to create a “key” to the abbreviations used in your office so that way anyone writing or reading a record can understand exactly what is being conveyed. A good idea is to post an abbreviation “key” where all employees can see it to help ensure that all of your records contain consistent and accurate
### Popular prefixes and suffixes, the definition and an example of use.

<table>
<thead>
<tr>
<th>Prefix/Suffix</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>-algia</td>
<td>pain</td>
<td>odon(\text{ALGIA}) = tooth pain</td>
</tr>
<tr>
<td>-a</td>
<td>without</td>
<td>A(\text{cellular}) = having no cells</td>
</tr>
<tr>
<td>arth-</td>
<td>joint</td>
<td>ARTHO(\text{scope}) = an instrument to see inside a joint</td>
</tr>
<tr>
<td>dent, odont</td>
<td>tooth or teeth</td>
<td>ODONToma = tumor composed of tooth structures</td>
</tr>
<tr>
<td>-ectomy</td>
<td>excision</td>
<td>appendix(\text{ECTOMY}) = excision of the appendix</td>
</tr>
<tr>
<td>-emia</td>
<td>blood</td>
<td>hyper(\text{EMIA}) = above normal amount of blood in tissue</td>
</tr>
<tr>
<td>endo-</td>
<td>within</td>
<td>ENDO(\text{dont}) = inside a tooth</td>
</tr>
<tr>
<td>-gen-</td>
<td>beginning, produce</td>
<td>patho(\text{GENic}) = disease producing</td>
</tr>
<tr>
<td>gingv-</td>
<td>pertaining to the gums</td>
<td>GINGIVitis = inflammation of the gums</td>
</tr>
<tr>
<td>glyc-</td>
<td>sugar</td>
<td>GYLC(\text{olysis}) = sugar dissolving</td>
</tr>
<tr>
<td>hyper-</td>
<td>over, excessive, above</td>
<td>HYPER(\text{mobility}) = more mobility than normal</td>
</tr>
<tr>
<td>hypo-</td>
<td>below, under, deficient</td>
<td>HYPO(\text{thermia}) = below normal temperature</td>
</tr>
<tr>
<td>-ia, -iasis</td>
<td>condition</td>
<td>odontalg(\text{IA}) = condition of tooth pain</td>
</tr>
<tr>
<td>infra-</td>
<td>below</td>
<td>INFRA(\text{orbital}) = below the eye</td>
</tr>
<tr>
<td>inter-</td>
<td>between</td>
<td>INTER(\text{cellular}) = between cells</td>
</tr>
<tr>
<td>intra-</td>
<td>within</td>
<td>INTRA(\text{oral}) = within the mouth</td>
</tr>
<tr>
<td>itis</td>
<td>inflammation</td>
<td>periodontITIS = inflammation of supporting structures of teeth</td>
</tr>
<tr>
<td>lingu-</td>
<td>pertaining to the tongue</td>
<td>LINGUal surface = the surface closest to the tongue</td>
</tr>
<tr>
<td>-logy</td>
<td>study of</td>
<td>patho(\text{LOGY}) = study of disease</td>
</tr>
<tr>
<td>-lysis</td>
<td>destruction, dissolving</td>
<td>hemo(\text{LYSIS}) = breakdown of red blood cells</td>
</tr>
<tr>
<td>Root</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>muc-</td>
<td>mucous</td>
<td>MUC ositis = inflammation of mucous membrane</td>
</tr>
<tr>
<td>neo-</td>
<td>new</td>
<td>NEOplasm = new growth</td>
</tr>
<tr>
<td>-old</td>
<td>resembling</td>
<td>amebOID = resembling an amoeba</td>
</tr>
<tr>
<td>-oma</td>
<td>tumor</td>
<td>odontoDAMA = tumor composed of tooth structures</td>
</tr>
<tr>
<td>-osis</td>
<td>condition, disease</td>
<td>periodontOSIS = condition of the periodontium</td>
</tr>
<tr>
<td>-path-, -pathy</td>
<td>disease</td>
<td>PATHology = study of disease</td>
</tr>
<tr>
<td>peri-</td>
<td>around</td>
<td>PERIoral = around the mouth</td>
</tr>
<tr>
<td>perio-</td>
<td>supporting structures of the teeth</td>
<td>PERIOdental = involving the supporting structures of teeth</td>
</tr>
<tr>
<td>-phil-</td>
<td>love</td>
<td>acidoPHILic = acid loving</td>
</tr>
<tr>
<td>-plast-, -plasty</td>
<td>repair, form, grow</td>
<td>gingivoPLASTy = repair of the gingiva to functional form</td>
</tr>
<tr>
<td>post-</td>
<td>behind, after</td>
<td>POSTnatal = relating to the period after childbirth</td>
</tr>
<tr>
<td>py</td>
<td>pus</td>
<td>PYogenic = pus producing</td>
</tr>
<tr>
<td>-rhea</td>
<td>burst forth, pour</td>
<td>sialorrhea = excessive flow of saliva</td>
</tr>
<tr>
<td>-scope</td>
<td>instrument used to view</td>
<td>arthroscope = an instrument to see inside a joint</td>
</tr>
<tr>
<td>sial-</td>
<td>saliva</td>
<td>sIALorrhea = excessive flow of saliva</td>
</tr>
<tr>
<td>-stomia</td>
<td>mouth</td>
<td>xerostOMIA = dry mouth</td>
</tr>
<tr>
<td>super-</td>
<td>above, excessive</td>
<td>SUPERnumerary = excessive number</td>
</tr>
<tr>
<td>supra-</td>
<td>above</td>
<td>SUPRAGingival = above the margin of the gums</td>
</tr>
<tr>
<td>xero-</td>
<td>dry</td>
<td>XEROstomia = dry mouth</td>
</tr>
</tbody>
</table>
The key will help all employees, past, present and future, as well as serve as a part of the legal record.

The following list is a compilation of some commonly used abbreviations, acronyms and initialisms:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑</td>
<td>Increase</td>
</tr>
<tr>
<td>↓</td>
<td>Decrease</td>
</tr>
<tr>
<td>Adv</td>
<td>Advanced</td>
</tr>
<tr>
<td>Anes</td>
<td>Anesthetic (e.g., local anesthetic)</td>
</tr>
<tr>
<td>Ant</td>
<td>Anterior</td>
</tr>
<tr>
<td>Approx</td>
<td>Approximately</td>
</tr>
<tr>
<td>Appt</td>
<td>Appointment</td>
</tr>
<tr>
<td>ASA</td>
<td>Acetylsalicylic acid or aspirin</td>
</tr>
<tr>
<td>ASA</td>
<td>Anterior superior alveolar injection</td>
</tr>
<tr>
<td>ASAP</td>
<td>As soon as possible</td>
</tr>
<tr>
<td>B</td>
<td>Buccal</td>
</tr>
<tr>
<td>Bid</td>
<td>Twice a day</td>
</tr>
<tr>
<td>Bilat</td>
<td>Bilateral</td>
</tr>
<tr>
<td>BOP</td>
<td>bleeding on probing</td>
</tr>
<tr>
<td>BP</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>BW</td>
<td>Bitewing radiographs</td>
</tr>
<tr>
<td>c̄</td>
<td>With. From the Latin word “cum”</td>
</tr>
<tr>
<td>C/C</td>
<td>(Complete/complete) complete maxillary denture and complete mandibular denture</td>
</tr>
<tr>
<td>C/P</td>
<td>Complete maxillary denture and partial mandibular denture</td>
</tr>
<tr>
<td>CAL</td>
<td>Clinical attachment level</td>
</tr>
<tr>
<td>Cau</td>
<td>Caucasian</td>
</tr>
<tr>
<td>CC</td>
<td>Chief complaint</td>
</tr>
<tr>
<td>cc</td>
<td>Cubic centimeter</td>
</tr>
<tr>
<td>CEJ</td>
<td>cementoenamel junction</td>
</tr>
<tr>
<td>CHD</td>
<td>Congestive heart disease</td>
</tr>
<tr>
<td>CHF</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td>CHX</td>
<td>Chlorhexidine</td>
</tr>
<tr>
<td>CNS</td>
<td>Central nervous system</td>
</tr>
<tr>
<td>Cont</td>
<td>Continue, continued</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CP</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>CVA</td>
<td>Cerebral vascular accident (stroke)</td>
</tr>
<tr>
<td>D</td>
<td>Distal</td>
</tr>
<tr>
<td>DA</td>
<td>Dental assistant</td>
</tr>
<tr>
<td>DC or D/C</td>
<td>Discontinue</td>
</tr>
<tr>
<td>DH</td>
<td>Dental hygienist or dental hygiene</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Dx</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>E.g.</td>
<td>For example</td>
</tr>
<tr>
<td>EA</td>
<td>Each</td>
</tr>
<tr>
<td>EBV</td>
<td>Epstein Barr virus</td>
</tr>
<tr>
<td>ECG or EKG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>Echo</td>
<td>Echocardiogram</td>
</tr>
<tr>
<td>EIE</td>
<td>Extraoral intraoral examination</td>
</tr>
<tr>
<td>Emer</td>
<td>Emergency</td>
</tr>
<tr>
<td>Endo</td>
<td>Endodontic</td>
</tr>
<tr>
<td>ER or ED</td>
<td>Emergency room or emergency department</td>
</tr>
</tbody>
</table>
Inc – Incisal, incisive, incise
Inf – Inferior
Irreg – Irregular
Irrig – Irrigation
IV – Intravenous
L, Ling – Lingual
LA – Lower anterior
LL – Lower left quadrant. Also called Quadrant 3
Loc – Local, localized, local anesthetic
LR – Lower right quadrant. Also called Quadrant 4
M – Mesial
Mand – Mandibular
Marg – Marginal
Max – Maxillary or maximum
Meds – Medication
MHx – Medical history
MI – Myocardial Infarction (heart attack)
Min – Minimum, minute
Mm – Millimeter
Mo – Month
MO – Mesiocclusal
MOD – Mesiocclusodistal
Mod – Moderate
MRI – Magnetic resonance imaging
MSA – Middle superior alveolar injection.
MVP – Mitral Valve Prolapse
N/A, NA – Not applicable
N₂O – Nitrous oxide
Nec – Necessary
Neg – Negative
NIDDM – Non-Insulin Dependent Diabetes Mellitus. Type II is the current, preferred term
NKA/NKDA – No known allergies/no known drug allergies
NPO – Nothing by mouth
NV – Next visit
O, occ – Occlusal
O₂ – Oxygen
OD – Oral diagnosis
OH – Oral hygiene
OHI – Oral hygiene instructions
OP – Operative
ORL – Otorhinolaryngology or otolaryngology. Refers to head and neck area.
OS – Oral surgery
OTC – Over the counter (drug that can be obtained without a prescription)
P – Pulse
P/P – Partial maxillary denture and partial mandibular denture
PA – Periapical radiograph
Pano – Panoramic radiograph
Path – Pathology
PCN or PEN – Penicillin
PD – Periodontal debridement
Perio – Periodontal, periodontitis
PFM – Porcelain fused to metal
PMT, PMTx – Periodontal maintenance therapy or treatment
PO – Orally; by mouth
PPE – personal protective equipment such as gloves, mask, gown and eye protection
Post – Posterior, After
Postop – After surgery
PRN, prn – As needed; as necessary
PSA – Posterior superior alveolar injection
PSR – Periodontal screening and recording
Pt, pt – Patient
Px, PX, prog – Prognosis
Q – Every
qd – Every day
qid – Four times a day
Quad or Q – Quadrant. May be followed by a number to specify a particular quadrant.
R – Respiration
Rc – Rubber cup
RCTx or RCT – Root canal treatment
Rec – Recession
Re-eval, reeval – Re-evaluation, re-evaluate
Ref – Referral
Reg – Regular
RHD – Rheumatic heart disease
w/ – With  

w/o – Without  

WNL – Within normal limits  

Wt – Weight  

y/o – Year(s) old  

Yr – Year  

A Final Word about Words  
The words we choose to use can be very powerful. You may have heard that “sticks and stones may break my bones, but words will never hurt me” – poppycock! The words we use or hear from others can be very far from harmless! How we filter and interpret the words we hear or how we choose the words we use are not the result of simple chance, but are the result of who we are. Words we use are the sum total of almost everything that has happened in our lives: what we believe about ourselves, others, and the world; our faith and values; and education. Every word we choose to use can build understanding or inadvertently cause misunderstanding. As soon as the words come out of our mouths or into a record, we have had an influence how the hearer or reader will act or react – on purpose or not.

Language also impacts the way people view dental and allied dental professionals and the value of the work that they do. Oral health care providers should use a common language to stimulate meaningful and positive interpretations of oral health care. The individual oral health care provider in day-to-day interactions, organized professional groups, educators, other health care professionals, and key partners in oral health care – we have the opportunity to influence the language that we use for greater understanding and cooperation.

When we choose words wisely in discussing or describing our individual roles in oral health care, the services we provide, or our profession, we may impart a positive perception or a very negative one.
Consider the image communicated by asking our patients or clients to come in for just a “prophy” or a “simple cleaning” or “scaling” rather than “initial care” or “preventive oral health care” or “nonsurgical periodontal care.” The terms “prophy” and “cleaning” do not present the full range of preventive skills or the level of care that the service will provide for the patient. Likewise, we tend to speak of “deep cleaning” rather than “nonsurgical periodontal care;” or “checking the patient” as opposed to “evaluating outcomes of care;” of “plate, cap, or bridge” instead of “denture, crown, or prosthetic appliance;” etc.

Even among ourselves, we sometimes fail to differentiate between the education, certification, and licensure of the individuals in the office. We've learned here that the primary members of the dental team are the dentist, dental assistant, dental hygienist, dental laboratory technician and dental therapist. Some refer to the dental team as being comprised of the dentist and the dental “auxiliaries” or worse the dentist and the “girls,” because often the allied dental personnel tend to be women. We are further along in terms of gender equality than this terminology might imply. Use of the word “girl” has no place in health care, especially in light of the intellectual decisions, care and responsibility necessary in evidence-based decision making, collaborative practice, co-therapy, or the new workforce models for allied dental health professionals. Frankly those archaic terms no longer fit. Why not call the oral health care professional by his or her professional designation: dentist, dental therapist, dental hygienist, dental assistant, dental laboratory technologist, office manager, staff member, or oral health care team member?

The words we use can either make us seem foolish and demean what we do, or our words can present a picture in a person’s mind of a professional health care provider, a person with the necessary education, training, certification, or licensure who is qualified to provide oral health care for the well-being of the patients that we serve. How DO we want our patients and health care colleagues to view the oral health professions of dentistry, dental assisting, dental hygiene, dental laboratory technology, or dental therapy? Use the language that will identify you and the profession that you've chosen as having the importance that it deserves. You ARE oral health care!
Course Test Preview
To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/professional-education/ce-courses/ce21/test

1. The oral health care providers who must be licensed to practice are the dentist and the __________.
   A. Dental hygienist
   B. Dental hygienist, dental assistant and dental laboratory technician
   C. All members of the oral health care team
   D. Only the dentist must be licensed

2. The individual who fabricates dentures for patients who have lost all their teeth is a description of a primary duty of what oral health care occupation?
   A. Dentist
   B. Dental hygienist
   C. Dental assistant
   D. Dental laboratory technician

3. Should a patient require specialized diagnosis and treatment for a disease of the supporting and surrounding tissues of the teeth, to which dental specialist would she or he likely be referred?
   A. Oral surgeon
   B. Oral pathologist
   C. Periodontist
   D. Orthodontist

4. A dentist, dental hygienist, dental assistant, office support staff and dental laboratory technician who work together to meet the many varied dental and orally-related needs of a dental patient are collectively called __________.
   A. Dental consortium
   B. Oral health care team
   C. Auxiliary dental personnel
   D. Allied dental personnel
   E. All of the above.

5. Which of the following is a professional role of a dental hygienist?
   A. Dental therapist
   B. EFDA/EFDH
   C. Endodontics
   D. Prosthodontics
   E. Researcher

6. Who has total responsibility for determining what functions and services may be legally performed by a dental hygienist?
   A. Legislature of the state where he/she is practicing.
   B. American Dental Association
   C. American Dental Hygienists' Association
   D. The dentist-employer
7. Ms. Sue Smith was referred to a pediatric dentist by her dentist. Which of the following would most likely be true about Ms. Smith?
   A. She has gum disease.
   B. Her teeth are crooked.
   C. She is under the age of 18 years.
   D. She needs a root canal.

8. A specialty of dentistry that uses imaging and associated technology for the diagnosis and management of a range of diseases affecting the mouth, jaws and related areas of the head and neck is called ________.
   A. Oral and maxillofacial radiology
   B. Oral pathology
   C. Prosthodontics
   D. Periodontics

9. The body responsible for accreditation of dental hygiene education programs is the ________.
   A. American Dental Hygienists' Association
   B. American Association of Dental Examiners
   C. American Dental Education Association
   D. American Dental Association
   E. Board of dentistry in the state where the educational institution is located

10. If someone is said to be practicing dentistry, the most correct interpretation would be that he or she ________.
    A. is learning a new skill
    B. is doing repeated exercises to become competent in a skill or procedure
    C. is actively pursuing his or her profession
    D. is an authorized healer

11. The space or crevice between the surface of a tooth and the epithelium lining the free gingiva would be called the ________.
    A. col
    B. furcation
    C. gum
    D. sulcus

12. On the facial side of a tooth, a line where the attached gingiva and the alveolar mucosa come together is termed ________.
    A. cementoenamel junction
    B. col
    C. MGJ
    D. mucogingival junction
    E. C and D

13. Iatrogenic indicates ________.
    A. swelling
    B. the inner lining of the cheek
    C. a fluid of inflammatory products
    D. a defect caused by a professional
14. A synonym for swelling is _______.
   A. exudate
   B. iatrogenic
   C. sulcus
   D. edema

15. Labial indicates the _______.
   A. lips
   B. tongue
   C. facial
   D. Chewing surfaces

16. The distal portion of a tooth would be toward the _______.
   A. front of the mouth
   B. back of the mouth
   C. side nearest the tongue
   D. side nearest the cheek

17. A polite word for pus is _______.
   A. edema
   B. BL
   C. exudate
   D. cariogenic

18. If a person has a tooth removed, he or she has had a (an) _______.
   A. extraction
   B. furcation
   C. exudate
   D. MGJ

19. Simple sugars are _______.
   A. iatrogenic
   B. lingual
   C. periodontal
   D. cariogenic

20. From the anatomic structures below, identify which is (are) moveable.
   A. Mandible and maxilla
   B. Maxillary arch
   C. Occlusal tooth surfaces
   D. Mandibular arch

21. Neopathy would most likely mean___________.
   A. New disease.
   B. Beginning of a disease.
   C. New supporting structures of teeth.
   D. Beginning to have a mouth.
22. **The most accurate meaning of mucoma would be**__________.  
   A. Resembling mucous.  
   B. A condition of the tongue.  
   C. Muscle weakness.  
   D. Mucous tumor.  

23. **Lingual refers to**_________.  
   A. one who has a condition involving the joints  
   B. the surface toward the tongue  
   C. the condition of the saliva  
   D. an instrument used to view the mouth  

24. **-itis refers to**_________.  
   A. destruction of the letter A.  
   B. resembling pain.  
   C. inflammation.  
   D. not having disease.  

25. **Erythodont refers to a tooth of what color?**  
   A. green  
   B. black  
   C. red  
   D. white  

26. **Glycophilia would best describe the condition of someone who loves**_______.  
   A. sugar  
   B. specific bacteria  
   C. cavities  
   D. saliva  

27. **Sialoscope would be an instrument that would allow one to view**_______.  
   A. sinuses  
   B. the mouth  
   C. mucous  
   D. spit  

28. **Xerodont would indicate a tooth that is**_______.  
   A. excessive  
   B. white  
   C. repaired  
   D. dry  

29. **Odontectomy would indicate a procedure in which a tooth had been**_______.  
   A. dissolved  
   B. affected by dental caries  
   C. removed  
   D. repaired  

30. **Peristomia would indicate a position**_______.  
   A. above the plane of the gums  
   B. around the mouth  
   C. in excess of normal  
   D. around the tongue
References

Additional Resources
• American Dental Assistants Association.
• American Dental Association.
• American Dental Hygienists’ Association.

About the Authors
Patricia A. Frese, RDH, MEd
Patricia Frese is Professor Emerita of the University of Cincinnati Blue Ash College Cincinnati, Ohio. She has been in education since 1980. She is a 1976 graduate of the dental hygiene program at Raymond Walters College (now UC Blue Ash). She has private practice experience in general, research and periodontal practice settings. She has presented on a variety of topics at professional meetings. Pat is an active member of the American Dental Hygienists’ Association.

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Email: patricia.frese@uc.edu