“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
1. Research has demonstrated that approximately __________ of women are allergic to nickel.
   A. 40%
   B. 25%
   C. 10%
   D. 5%

“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
2. Ionization of metals, which plays a major role in dental metal allergies, can result from __________.
   A. pH changes in saliva
   B. pH changes in diet
   C. pH changes in soil/surroundings
   D. A & B
   E. all of the above

“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
3. Research has shown that wearing nickel jewelry during __________ may predispose a person to a silver allergy later in life.
   A. pregnancy
   B. a dental cleaning
   C. removal of mercury fillings
   D. an infection
   E. none of the above
“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
4. Research by Djerassi and Berova has shown that symptoms from a dental mercury allergy will most frequently manifest themselves __________.
   A. after the amalgam has been present in the mouth for more than five years
   B. immediately
   C. only after exposure to the metal is eliminated
   D. when certain foods are consumed
   E. none of the above

“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
5. As far as recovery from symptoms related to dental metal allergies, research suggests that in some cases, patients improve or are cured of their reactions after removal of the material suspected to be causing the allergy.
   A. True
   B. False

“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
6. The __________ genetic marker has been identified as a factor for potentially mercury-related neurobehavioral issues in children.
   A. APO-E3
   B. APO-E4
   C. BDNF
   D. CPOX4

“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
7. Factors tied into health risks of mercury include __________.
   A. genetic predisposition and number of amalgam fillings in the mouth
   B. gender and dental plaque
   C. exposure to lead and consumption of alcohol
   D. A & B
   E. all of the above

“Metal Allergies, Genetic Susceptibility to Mercury, and Toxic Dental Materials Other than Mercury” article by Kennedy and Just:
8. The use of asbestos fiber in dentistry was ended in 1989.
   A. True
   B. False
9. The prevalence of multiple chemical sensitivities (MCS) has been reported to be somewhere between __________ in the general population.
   A. 12-33%
   B. 22-43%
   C. 32-52%
   D. 42-62%

10. A method/Methods of checking a dental material for biocompatibility include __________.
    A. holding the material in the cheek to see if there is a reaction
    B. muscle testing
    C. electrodermal testing
    D. all of the above
    E. none of the above

11. Some metals such as titanium can lead to Type IV delayed hypersensitivity, a much more insidious cause of malaise and other vague varied symptoms.
    A. True
    B. False

12. Even though it may cause them to overlook areas of doubt concerning biocompatibility, most dentists consider __________ as their most important criterion in choosing restorative materials.
    A. microwave safety
    B. durability
    C. color coordination
    D. cost of materials

13. By considering biocompatibility as our first criterion for choosing restorative materials, we are __________.
    A. able to achieve all the goals of modern dentistry
    B. sacrificing other aspects of our patients’ dental health
    C. maintaining all of the traditional dental practices from the past
    D. none of the above
14. The major negative aspects of dental materials can be thought of as _________.
   A. toxicity, entropy, electronegativity
   B. frequency, urgency, hesitancy
   C. toxicity, cost, allergy
   D. toxicity, immune reactivity, galvanic stress

15. Some metals, most notoriously nickel, can produce a skin rash, but others, most
    notoriously titanium, will never make a skin rash.
   A. True
   B. False

16. Oral galvanism, the property of dental metals to generate electricity in a patient’s
    mouth, has long been talked about for over 100 years, but dentists generally ignore it and
    its implications.
   A. True
   B. False

17. According to the 2006 Stejskal study, __________ released from dental restorations
    or from other body implants might trigger inflammation in susceptible subjects.
   A. bacteria
   B. electromagnetic fields
   C. pieces of tooth
   D. metal ions
   E. none of the above

18. According to the 2006 Stejskal study, “In clinical praxis, metal-sensitive patients will
    present various symptoms ranging from __________.”
   A. oral mucosal changes and skin disease
   B. excessive fatigue and autoimmune diseases
   C. A & B
   D. none of the above
19. The combination of __________ is the most frequent case of oral galvanic cell.
   A. lead and amalgam
   B. nickel and amalgam
   C. silver and amalgam
   D. gold and amalgam
   E. none of the above

20. Research by Nordenström states that the intraoral ionic conducting branch, formed over the saliva, may be represented by blood vessels and interstitial channels.
   A. True
   B. False

21. Health Canada recommends that new amalgam fillings not be placed in contact with existing metal devices in the mouth such as __________.
   A. composites
   B. braces
   C. porcelain onlays
   D. all of the above
   E. none of the above

22. Research has shown that “the higher the corrosion rate of the alloy, the __________ the metal ion release.”
   A. greater
   B. less
   C. more equal
   D. lack of the possibility for

23. During the corrosion process, amalgam fillings are known to release __________.
   A. mercury vapor
   B. mercury particles
   C. free mercury droplets
   D. A & B
   E. all of the above
“Corrosion and Mercury Release from Dental Amalgam” study by Pleva:
24. According to the 1989 Pleva study, “The investigations show, that long-term release of mercury from a few amalgam fillings will often _________ the recommended limits for daily intake of mercury.”
   A. reach
   B. exceed
   C. be less than
   D. A & B
   E. none of the above

“Corrosion and Mercury Release from Dental Amalgam” study by Pleva:
25. According to the 1989 Pleva study, galvanic contact to gold may increase the amounts of released mercury by an order of magnitude.
   A. True
   B. False

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