

MCQ

Endodontics: Working Length

Q1

How far short of the anatomical apex would one normally prepare the root canal?

- A) 0 mm
- B) 0.5 mm
- C) 1 mm
- D) 1.5 mm
- E) 2mm
- F) 3mm

Q2

When estimating the working length of a tooth -

- A) The estimate should be the same as the true working length
- B) The estimate should err on the long side
- C) The estimate should err on the short side
- D) It doesn't matter, because the canal preparation does not start until the true working length is known

Q3

To estimate a working length -

- A) An undistorted pre-op radiograph is essential
- B) Knowledge of the average lengths of teeth is sometimes enough, if the radiograph is distorted

Q4

True or false: The Parallel radiographic technique provides an undistorted view of a tooth

- A) True
- B) False

Q5

True or false: The Bisecting-Angle radiographic technique provides an undistorted view of a tooth

- A) True
- B) False

Q6

When estimating working length using a parallel technique radiograph, how much enlargement of the image is allowed for?

- A) None
- B) 1 mm
- C) 2 mm
- D) 3 mm

Q7

If a canal was curved away from the beam on a pre-op radiograph, how would this affect your estimated working length?

- A) It would be on the short side
- B) It would have no effect
- C) It would be on the long side

Q8

When estimating working length from your knowledge of average lengths of teeth and a bisecting-angle radiograph, which of these would you NOT make an allowance for?

- A) Apical root resorption
- B) Incisal wear
- C) Incisal fracture
- D) Canal calculi (pulp stones)
- E) Elongation or foreshortening on the radiograph
- F) Hypercementosis

Q9

Which of these is the usual reference point for a molar?

- A) Level of access cavity
- B) A cusp tip
- C) A rubber stop
- D) A graduated 'seeker' file

Q10

To obtain the estimated working length from a Parallel technique radiograph, one subtracts how much from the tooth image's length?

- A) 0 mm
- B) 1 mm
- C) 2 mm
- D) 3 mm

Q11

For canines, it is usually safe to introduce a file -

- A) 16 mm
- B) 18 mm
- C) 20 mm
- D) 22 mm

Q12

For all other teeth (not canines), it is usually safe to introduce a file -

- A) 16 mm
- B) 18 mm
- C) 20 mm
- D) 22 mm

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A tooth has apical root resorption. When judging the working length, it will probably be

- A) Where it usually is, i.e. 1 mm short of the apex
- B) More than this
- C) Less than this

Q14

The true working length is determined with an apex locator and a size 8 or 10 file -

- A) After access to the canal orifice has been made
- B) After the coronal 2/3rds has been shaped
- C) After the apical 1/3rd has been shaped

Q15

The true working length is confirmed with a radiograph using a -

- A) size 8 file
- B) size 10 file
- C) size 15 file
- D) size 25 file

Q16

The file must be repositioned and a new working length radiograph taken if it is short of the true working length by -

- A) 1 mm
- B) 2 mm
- C) 3 mm
- D) 4 mm

E) 5 mm

Q17

A W.L. radiograph has a file inserted 17 mm. It is 2.5 mm short of the anatomical apex. What is the true working length?

- A) 17 mm
- B) 18 mm
- C) 18.5 mm
- D) 19 mm
- E) 19.5 mm
- F) 20.5 mm

Q18

With a multi-canal tooth:

- A) Each root requires a separate W.L. radiograph
- B) All roots should be measured on one radiograph, using their nearest cusp (if possible) as a landmark.
- C) All roots should be measured on one radiograph, using the same cusp (if possible) as a landmark.

Q19

Which of these would NOT sometimes give a false reading on an electronic apex locator?

- A) Lateral canal
- B) Root fracture
- C) Contact with metal restoration
- D) Fluid in canal
- E) Canal calculus (Pulp stone)

Q20

In endodontics, what level of accuracy is reasonably achievable with good technique?

- A) ± 0.1 mm
- B) ± 0.25 mm
- C) ± 0.5 mm
- D) ± 1 mm
- E) ± 1.5 mm

Answers

