



CONTINUING EDUCATION PROGRAM

The Journal of the American Dental Association

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Open to all licensed U.S. dentists, JADA's monthly Continuing Dental Education Program offers Journal readers a chance to earn up to two CE credits each month.

Four articles in each issue of JADA are designated as CE vehicles, identified with our CE logo. Read one or more of the articles and answer the related questions that follow in this section. If you correctly answer three of the four questions per article, you earn 0.5 hour of CE credit—or a total of two credit hours for all four articles.

Your entry is graded by the faculty at the University of Colorado School of Dentistry, a provider of CE credit recognized by the ADA's Continuing Education Recognition Program and the Academy of General Dentistry.

Record your answers on the form provided at the end of this section, clip the completed answer form and attach your address label from this issue of JADA in the space provided. Enclose the form in an envelope, along with the appropriate fee, and mail it to the UC School of Dentistry. The school's address is provided on the form. You will be notified by mail of your score and the credits awarded—information that you must forward to your state dental board.

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For ADA-member dentists, the monthly participation fee for JADA's CE program is \$15; the nonmember fee is \$20. You may pay by check drawn on a U.S. bank, money order or credit card. The fee is the same whether you answer questions for one article or for all four.

Credit for the CE program expires one year from the date of publication (both print and online). Duplicate submissions will be disregarded, whether they are additional electronic submissions for a given issue's quiz or redundant paper and electronic submissions. Submit each quiz only once.

Credits issued for participation in the CE activity may not apply toward license renewal in all licensing jurisdictions. It is the responsibility of each participant to verify the CE requirements of his or her licensing or regulatory agency.

Any questions? Call 1-800-736-1911.

CE ARTICLE 1—PAGES 1228-1236

ASSESSING A POTENTIAL RISK FACTOR FOR ENAMEL FLUOROSIS: A PRELIMINARY EVALUATION OF FLUORIDE CONTENT IN INFANT FORMULAS

- 1. When reconstituted with deionized water, which one of the following infant formula types had the lowest concentration of fluoride?**
 - A. milk-based powder concentrate
 - B. soy-based powder concentrate
 - C. milk-based liquid concentrate
 - D. soy-based liquid concentrate
- 2. When reconstituted with deionized water, which one of the following infant formula types had the highest concentration of fluoride?**
 - A. milk-based powder concentrate
 - B. soy-based powder concentrate
 - C. milk-based liquid concentrate
 - D. soy-based liquid concentrate
- 3. Most infants' fluoride intake will exceed the upper tolerable limit if they are exclusively fed powdered infant formula reconstituted with water containing which one of the following fluoride concentrations?**
 - A. 1.0 parts per million
 - B. 0.4 ppm
 - C. 0.2 ppm
 - D. 0.1 ppm



4. Infants between 6 and 12 months of age are unlikely to receive adequate fluoride intake levels if they are exclusively fed liquid concentrate infant formula reconstituted with water containing less than what fluoride concentration?
- A. 0.7 ppm
 - B. 0.6 ppm
 - C. 0.5 ppm
 - D. 0.4 ppm

CE ARTICLE 2—PAGES 1238-1244

POOR ORAL HYGIENE AS A RISK FACTOR FOR INFECTIVE ENDOCARDITIS-RELATED BACTEREMIA

1. What percentage of participants in the toothbrushing group experienced infective endocarditis-related bacteremia?
 - A. 18.4 percent
 - B. 22.5 percent
 - C. 39.7 percent
 - D. 51.6 percent
2. What was the increase in risk of developing bacteremia associated with each increased year of age among participants in the toothbrushing group?
 - A. 2 percent
 - B. 4 percent
 - C. 6 percent
 - D. 8 percent
3. What increase in risk of developing bacteremia was observed for participants in the toothbrushing group with calculus scores of two or greater?
 - A. 1.76-fold increase
 - B. 3.45-fold increase
 - C. 4.43-fold increase
 - D. 5.21-fold increase
4. Which one of the following was associated with the largest increase in the risk of developing bacteremia among participants in the toothbrushing group?
 - A. mean plaque score
 - B. plaque score greater than or equal to 2
 - C. generalized bleeding with toothbrushing
 - D. tooth mobility score

CE ARTICLE 3—PAGES 1245-1251

ASSESSING THE EFFECT OF A DESENSITIZING AGENT USED BEFORE IN-OFFICE TOOTH BLEACHING

1. What was the mean change in shade guide units (SGUs) for participants in the experimental group after two bleaching treatments?
 - A. 4.8 SGUs
 - B. 5.6 SGUs
 - C. 6.2 SGUs
 - D. 7.3 SGUs



2. **What percentage of participants in the experimental group experienced tooth sensitivity on the day of the bleaching treatment?**
 - A. 29.2 percent
 - B. 46.7 percent
 - C. 64.3 percent
 - D. 82.7 percent

3. **What was the predominant level of sensitivity reported by participants in the experimental group?**
 - A. mild
 - B. moderate
 - C. considerable
 - D. severe

4. **What percentage of participants in the placebo group did not experience tooth sensitivity during the bleaching treatment regimen?**
 - A. 13.3 percent
 - B. 21.6 percent
 - C. 29.1 percent
 - D. 33.4 percent

CE ARTICLE 4—PAGES 1259-1265

MICROBIAL BIOFILMS IN OSTEOMYELITIS OF THE JAW AND OSTEONECROSIS OF THE JAW SECONDARY TO BISPHOSPHONATE THERAPY

1. **What percentage of microbial diseases treated by physicians in the developed world are thought to have etiologies explained by biofilm theory?**
 - A. 20 to 35 percent
 - B. 45 to 60 percent
 - C. 65 to 80 percent
 - D. more than 90 percent

2. **What proportion of bone specimens from sites affected by osteonecrosis of the jaw were found to have large surface areas occluded with biofilms?**
 - A. about 25 percent of specimens
 - B. about 50 percent of specimens
 - C. about 75 percent of specimens
 - D. all specimens

3. **In specimens from sites affected by osteomyelitis of the jaw (OMJ), what was the predominant type of bacteria observed in the biofilm?**
 - A. fusobacterium
 - B. actinomyces
 - C. streptococcus
 - D. selenomonas

4. **Which of the following was not typically observed at sites affected by OMJ in this study?**
 - A. largely monospecies biofilm
 - B. resorption lacunae on the surface of the bone
 - C. neutrophils, monocytes and lymphocytes
 - D. eukaryotic cells such as osteoclasts



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ANSWER SHEET
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<input type="checkbox"/> CE Article 1 A B C D	<input type="checkbox"/> CE Article 2 A B C D	<input type="checkbox"/> CE Article 3 A B C D	<input type="checkbox"/> CE Article 4 A B C D
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- 4.** Check here if you wish us to send a copy of your test results directly to the Academy of General Dentistry.

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