Oral Surgery, Trauma, Orofacial Pain, Dental Emergencies

National Dental Examining Board of Canada (NDEB) Virtual OSCE and Assessment of Fundamental Knowledge (AFK)

About 8% of the AFK · 5 topics · 2026 blueprint

Oral Surgery, Trauma, Orofacial Pain and Dental Emergencies covers extractions and their complications, odontogenic infections, dental and facial injuries, temporomandibular disorders and neuropathic pain, and urgent dental care. It is about 8% of the AFK in NDEB's 2026 blueprint. Its questions test assessing difficulty and risk, managing complications and choosing the correct first action after an injury.

You should be able to: Why is an avulsed primary incisor not replanted?

Every topic: the key point and the trap

OS-1 Extractions and third molars

Winter classification describes third molar angulation; in the mandible the mesioangular impaction is usually easiest and the distoangular hardest, while in the maxilla the distoangular is usually easiest.

Trap: Treating a high-risk third molar like a routine extraction without discussing nerve injury risk.

OS-2 Complications after surgery

Alveolar osteitis (dry socket) begins about 2 to 4 days after extraction with severe radiating pain, an empty socket and bad taste; it is a loss of clot, not an infection.

Trap: Prescribing antibiotics for dry socket as if it were an infection.

OS-3 Odontogenic infections

Most odontogenic infections are mixed aerobic and anaerobic, starting from a necrotic pulp or a periodontal pocket.

Trap: Prescribing oral antibiotics and reviewing in two days for a patient with airway warning signs.

OS-4 Dental trauma

Avulsed permanent tooth: replant immediately if possible, holding it by the crown and rinsing briefly without scrubbing the root; if not possible, store it in milk, saline, saliva (in the cheek of a cooperative adult) or a balanced storage solution, never water.

Trap: Storing the tooth in water, scrubbing the root, or replanting a primary tooth.

OS-5 Orofacial pain and temporomandibular disorders

Myofascial pain of the masticatory muscles is the most common temporomandibular disorder; it presents as aching, worse with function, with tender muscles.

Trap: Doing root canal treatment or extractions on healthy teeth for neuropathic pain.

Key terms

Winter classification: Description of third molar angulation: mesioangular, distoangular, vertical or horizontal.

Pell and Gregory classification: Grading of third molar depth and available space behind the second molar.

Coronectomy: Removal of the crown of a third molar while leaving the roots, to avoid inferior alveolar nerve injury.

Alveolar osteitis: Dry socket: painful loss of the blood clot after extraction, starting about 2 to 4 days later.

Oroantral communication: Opening between the mouth and the maxillary sinus after extraction of a maxillary posterior tooth.

Ludwig angina: Bilateral cellulitis of the submandibular, sublingual and submental spaces that threatens the airway.

Extraoral dry time: Time an avulsed tooth spends outside the mouth without a storage medium.

Flexible splint: Splint that allows physiologic movement of injured teeth to support periodontal healing.

Disc displacement without reduction: Closed lock: the disc stays forward, limiting opening with deviation to the affected side.

Trigeminal neuralgia: Brief, severe, unilateral shock-like facial pain triggered by light touch.

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