

Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE/PRACTICE

**Planning the treatment of anomalies and deformities of the
dentoalveolar system**

Training program (specialty): 31.05.03 Dentistry

code, name

Department: Orthopedic Dentistry and Orthodontics

Mode of study: full-time

(full-time/mixed attendance mode/extramural)

No. p/p	Controlled sections (topics) of the discipline	Controlled competency code	Learning outcomes by discipline	Name of the evaluation tool	
				view	quantity
1	<p>Examination of a patient with anomalies of the dentition</p> <p>Themes:</p> <p>1.Examination of a patient with anomalies of the dentition, taking into account the structural features of the facial skeleton</p> <p>2. Drawing up a plan for orthodontic treatment of patients with anomalies of the dentition</p>	<p>OK-1, OPK - 6</p> <p>PC-1, PC-2, PC-5</p>	<p>Know:methodology for collecting complaints from a patient with anomalies of the dentoalveolar system, questioning, external examination and examination of the oral cavity; anthropometric measurements of jaw models; cephalometric measurements (analysis of teleroentgenograms in lateral and direct projections), study of computed tomograms of the facial skeleton and TMJ, methods for studying masticatory efficiency, muscle and periodontal function. Know the rules for drawing up an orthodontic treatment plan.</p> <p>Be able to:Carry out examination, appointment of additional research methods. Analyze the data obtained during the external examination and examination of the oral cavity; anthropometric measurements of jaw models and cephalometric measurements, the study of computed tomography of the facial skeleton and TMJ, the study of masticatory efficiency, muscle and periodontal function. Create an orthodontic treatment plan.</p> <p>Own:methodology for conducting an examination of an orthodontic patient, issuing a medical card for an orthodontic patient form No. 043 / y-1.</p>	tests	80
2	<p>Devices used in the treatment of anomalies</p> <p>Themes:</p> <p>1. The use of modern orthodontic equipment in the treatment of patients with anomalies of the dentition</p> <p>2. Ways to create a stable result of orthodontic treatment</p>	<p>OK-1, OPK-6, PC - 6, PC-8</p>	<p>Know:The use of dental instruments when examining patients with anomalies of the dentition. Modern orthodontic appliances used in the treatment and stabilization of the results of treatment of patients with anomalies of the dentition. The method of treatment with the use of a bracket system, the causes of recurrence of diseases, methods of stabilizing the achieved result.</p> <p>Be able to:Carry out a set of measures aimed at preventing the development of anomalies of the dentition: educational work, the appointment, conduct and control of myogymnastics. To carry out fixation, activation and correction of modern orthodontic appliances in the treatment of patients with AP anomalies. Carry out the imposition and fixation</p>	tests	60

			of retention devices. Own: The method of carrying out a set of measures aimed at preventing the recurrence of anomalies of the dentoalveolar system. Own the technique of fixation, activation and correction of modern orthodontic appliances in the treatment of patients with anomalies of the AP. Own the technique of applying and fixing retention devices.		
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Test tasks

By discipline **Planning the treatment of anomalies and deformities of the dentoalveolar system**

By specialty **Dentistry 31.05.03**

Test tasks with answer options	No. of the competency that this test task is aimed at developing
Section 1. Examination of a patient with anomalies of the dentition. Subject: Examination of a patient with anomalies of the dentition, taking into account the structural features of the facial skeleton	
1. BY PONA INDEX TO SET THE WIDTH BETWEEN PREMOLARS, IT IS NECESSARY TO USE THE FORMULA: 1) the sum of the transverse dimensions of 4 cutters * 100/80 2) the sum of the transverse dimensions of 12 teeth * 100/80 3) the sum of the transverse dimensions of 4 cutters * 100/64 4) the sum of the transverse dimensions of 12 teeth * 100/64	OK-1, OPK-6, PK-1, PK-5
2. IF THE VALUE OF THE PREMOLARAL PON INDEX MORE THAN 80 THIS SAYS ABOUT: 1) narrowing of the dental arch upper jaw 2) expansion of the dental arch 3) lack of space in the dental arch 4) macrodentia 5) asymmetries of the dental arch	OK-1, OPK-6, PK-1, PK-5
3. TO DETERMINE THE DIMENSIONS OF THE APICAL BASIS OF THE JAW, USE: 1) Pona method 2) House-Snagina method 3) Ton method	OK-1, OPK-6, PK-1, PK-5
4. PONU INDEX IS EQUAL TO: 1) premolar -64 2) premolar -80 3) molar -64	OK-1, OPK-6, PK-1, PK-5

4) molar - 80	
5. WITH THE HELP OF THE NANSE INDEX IT IS POSSIBLE TO DEFINE: 1) the width of the dentition of the upper jaw lack of space in the dental arch of the lower jaw 2) the width of the apical base of the lower jaw 3) sky height 4) lack of space in the dental arch of the upper jaw	OK-1, OPK-6, PK-1, PK-5
6. THE MEASURING POINTS FOR CALCULATION OF THE PON INDEX ON THE UPPER JAW ARE: 1) point between premolars 2) the middle of the longitudinal fissures of the first premolars 3) median point on the vestibular surface of the first molar 4) the middle of the longitudinal fissures of the second premolars 5) the middle of the longitudinal fissures of the first molars	OK-1, OPK-6, PK-1, PK-5
7. MEASUREMENT POINTS ON THE CONSTANT MOLAR WHEN CALCULATION OF THE PON INDEX ON THE LOWER JAW ARE: 1) point between premolars 2) the middle of the longitudinal fissures of the first molars 3) median point on the vestibular surface of the first molar 4) the middle of the longitudinal fissures of the second molars 5) anterior point of intersection of the longitudinal	OK-1, OPK-6, PK-1, PK-5
8. KORKHOUSE MADE A LINK BETWEEN: 1) the length of the anterior segment of the dental arch 2) the sum of the transverse dimensions of the 4 upper incisors 3) the sum of the transverse dimensions of the 4 lower incisors 4) the length of the anterior segment of the upper dental arch 5) the width of the dental arch in the region of the premolars	OK-1, OPK-6, PK-1, PK-5
9. HAVING CALCULATED THE PONA INDEX, IT IS POSSIBLE TO JUDGE: 1) lowering the height of the sky 2) sky height increase 3) expansion of the dental arch 4) narrowing of the dental arch 5) the presence of three, diastema	OK-1, OPK-6, PK-1, PK-5
10. WHAT IS DETERMINED BY THE TONN METHOD: 1) macrodentia 2) microdentia 3) the length of the dental arch 4) the width of the dental arch 5) sky height	OK-1, OPK-6, PK-1, PK-5
11. SKY HEIGHT INDEX IS CALCULATED BY THE FORMULA: 1) palate height*100/dental arch length 2) palate height * 100 / dental arch width 3) palate height*100/apical base width 4) palate height * 100 / width of the anterior segment of the upper jaw	OK-1, OPK-6, PK-1, PK-5
12. HAVING CALCULATED THE KORKHOUSE INDEX, IT IS POSSIBLE TO JUDGE: 1) excessive development of the anterior jaw	OK-1, OPK-6, PK-1, PK-5

<ul style="list-style-type: none"> 2) underdevelopment of the anterior jaw 3) narrowing of the dental arch 4) expansion of the dental arch 5) lack of space in the dental arch 6) microdentia 	
<p>13. WHAT DEPENDENCY DID PONT INSTALL?</p> <ul style="list-style-type: none"> 1) the relationship between the width of the crowns of the upper permanent incisors and the anterior segment of the dental arch 2) the dependence of the width of the crowns of the upper permanent incisors and the width of the dentition in the region of premolars and molars 3) dependence of the width of the crowns of the upper permanent incisors and the length of the dentition 	OK-1, OPK-6, PK-1, PK-5
<p>14. DIAGNOSTIC LINE RPT NORMALLY PASSES AT THE LEVEL:</p> <ul style="list-style-type: none"> 1) the contact point of the canine and premolar evenly from 2 sides 2) the middle of the canine crowns evenly from 2 sides 3) contact point of the canine and lateral incisor evenly from 2 sides 4) through the posterior edge of the incisive papilla and the base of the first pair of transverse palatine folds perpendicular to the median palatine suture (according to Schmut) 	OK-1, OPK-6, PK-1, PK-5
<p>15. GERLACH'S METHOD ALLOWS TO DETERMINE:</p> <ul style="list-style-type: none"> 1) individual differences in the segments of the dentition, the proportionality of the ratio of the segments of the dentition, the differentiation of the close position of the teeth, due to their size, from the close position with narrowing and shortening of the dentition 2) mesial displacement of lateral teeth 3) distal displacement of the lateral teeth 	OK-1, OPK-6, PK-1, PK-5
<p>16. INDICATE FOR WHAT PURPOSE THE SNAGINA METHOD IS USED:</p> <ul style="list-style-type: none"> 1) to determine the length of the apical basis 2) to determine the width of the apical basis 3) to determine the length and width of the apical basis 	OK-1, OPK-6, PK-1, PK-5
<p>17. INDICATE FOR WHAT PURPOSE THE GEOMETRIC-GRAPHIC METHOD OF HOWLEY-HERBST IS USED:</p> <ul style="list-style-type: none"> 1) to determine the individual length and width of the dental arch 2) to determine the individual shape of the upper dental arch 3) to determine the individual shape of the upper dental arch, depending on the transverse dimensions of the central, lateral incisors and canine 4) to determine the individual shape of the lower dental arch, depending on the transverse dimensions of the central, lateral incisors and canine 	OK-1, OPK-6, PK-1, PK-5
<p>18. LIST REQUIREMENTS FOR WORKING MODELS:</p> <ul style="list-style-type: none"> 1) clear display of the dentition 2) a clear display of the dentition, alveolar process, transitional fold, frenulum, palate, retromolar region, sublingual space 3) high-quality display of tissues with which the orthodontic appliance will come into contact 	OK-1, OPK-6, PK-1, PK-5, PK-6.

4) high-quality display of the dentition, alveolar process, palate, sublingual region	
19. INDICATE THE PURPOSE FOR MEASURING JAW MODELS: 1) to clarify the diagnosis 2) choice of treatment method 3) scientific purposes 4) to determine the central occlusion	OK-1, OPK-6, PK-1, PK-5
20. ANOMALIES IN THE POSITION OF THE TEETH IN THE VERTICAL PLANE: 1) transposition 2) infraocclusion 3) retention 4) supraocclusion 5) diastema	OK-1, OPK-6, PK-1, PK-5
21. ANTERI-BUCKLE OF THE FIRST PERMANENT MOLAR OF THE UPPER JAW TO THE LEFT AND RIGHT IS ANTERIOR FROM THE INTERBUCORE FISURE OF THE FIRST LOWER MOLAR. TO WHICH CLASS OF ANGLE'S CLASSIFICATION DOES THIS TYPE OF ANOMALIES BELONG TO? 1) I class Angle 2) II class Angle 3) III class Angle	OK-1, OPK-6, PK-1, PK-5
22. ANTEROBUCCULAR BUCKLE OF THE FIRST PERMANENT MOLAR OF THE UPPER JAW TO THE LEFT AND RIGHT IS BEHIND THE INTERBUCORUS FISURE OF THE LOWER FIRST MOLAR. TO WHICH CLASS OF ANGLE'S CLASSIFICATION DOES THIS TYPE OF ANOMALIES BELONG TO? 1) I class Angle 2) II class Angle 3) III class Angle	OK-1, OPK-6, PK-1, PK-5
23. ANGLE'S KEY OF OCCLUSION IS CLOSING: 1) the first permanent molars of the upper and lower jaws 2) permanent canines of the upper and lower jaws 3) permanent incisors of the upper and lower jaws 4) second permanent molars 5) second permanent premolars	OK-1, OPK-6, PK-1, PK-5
24. RELATIONSHIP OF THE FIRST CONSTANT MOLAR IN ANOMALIES OF THE FFR I CLASS ENGLE: 1) the mesial buccal tubercle of the first upper molar is located anterior to the intertubercular fissure of the first lower molar 2) the mesial buccal tubercle of the first upper molar is located posterior to the intertubercular fissure of the first lower molar 3) the mesial buccal tubercle of the first upper molar is located in the intertubercular fissure of the first lower molar	OK-1, OPK-6, PK-1, PK-5
25. IN WHICH PLANES ARE MATERIAL ABNORMALITIES DEFINED ACCORDING TO KALVELIS' CLASSIFICATION? 1) sagittal 2) vertical 3) transverse	OK-1, OPK-6, PK-1, PK-5

4) occlusal	
26. ANTEROBUCULAR BUCKLE OF THE FIRST CONSTANT MOLAR OF THE UPPER JAW TO THE LEFT AND RIGHT IS ANTERIOR FROM THE INTERBUCORE FISURE OF THE FIRST LOWER MOLAR. TO WHAT CLASS IN ENGLE'S CLASSIFICATION CAN THIS TYPE OF ANOMALIES BELONG TO? 1) I class Angle 2) II class the first subclass of Angle 3) II class second subclass of Angle 4) III class Angle	OK-1, OPK-6, PK-1, PK-5
27. FAULTS OF ENGLE'S CLASSIFICATION ARE: 1) took into account only the functional state of the muscles 2) considered anomalies only in the sagittal plane 3) did not take into account the possibility of displacement of the first permanent molars 4) describes only anomalies in the position of the teeth 5) describes only anomalies in the vertical plane	OK-1, OPK-6, PK-1, PK-5
28. ANOMALIES IN THE POSITION OF INDIVIDUAL TEETH ARE: 1) transposition 2) tortoanomaly 3) retention 4) diastema 5) supernumerary tooth	OK-1, OPK-6, PK-1, PK-5
29. ANOMALIES IN THE RATIO OF THE DENTAL ARCHES IN THE SAGITTAL PLANE ARE: 1) crossbite 2) deep bite 3) open bite 4) distal bite 5) mesial bite	OK-1, OPK-6, PK-1, PK-5
30. ANOMALIES OF DENTAL ARCH SIZES ARE: 1) constriction 2) expansion 3) reduction 4) increase	OK-1, OPK-6, PK-1, PK-5
31. ANOMALIES IN THE NUMBER OF TEETH ARE: 1) macrognathia 2) protrusion 3) adentia 4) retrognathia 5) supernumerary teeth	OK-1, OPK-6, PK-1, PK-5
32. ESCHLER-BITNER TEST HELPS TO MAKE A PRELIMINARY DIAGNOSIS IN: 1) crossbite 2) mesial occlusion 3) distal bite 4) deep incisal overlap	OK-1, OPK-6, PK-1, PK-5
33. CORRECT POSITION OF THE TIP OF THE TONGUE AT THE MOMENT OF SWALLOWING: 1) between the front teeth	OK-1, OPK-6, PK-1, PK-5

2) contact with lips 3) in the region of the palatal surface of the upper anterior teeth	
34. Tongue tie can lead to: 1) shortening of the upper dentition 2) shortening of the lower dentition 3) expansion of the upper dentition 4) narrowing of the lower dentition	OK-1, OPK-6, PK-1, PK-5
35. DURING THE EXTERNAL EXAMINATION OF THE PATIENT AT THE ORTHODONTIC RECEPTION, PARTICULAR ATTENTION IS PAYED TO: 1) the size of the nose 2) the severity of the chin fold 3) the height of the middle third of the face 4) the height of the lower third of the face 5) lip shape	OK-1, OPK-6, PK-1, PK-5
36. CLINICAL EXAMINATION METHODS ARE: 1) survey 2) electromyography 3) palpation 4) X-ray cephalometric study 5) sounding	OK-1, OPK-6, PK-1, PK-5
37. INTERVIEWING YOU SHOULD PAY ATTENTION TO: 1) the nature of feeding the child 2) baby growth 3) the nature of breathing 4) baby's weight	OK-1, OPK-6, PK-1, PK-5
38. A WIDE UPPER LIP FRENCH AND ITS LOW ATTACHMENT MAY LEAD TO: 1) shortening of the upper dentition 2) narrowing of the upper dentition 3) diastema	OK-1, OPK-6, PK-1, PK-5
39. IN INFANTILE TYPE OF SWALLOWING IS OBSERVED: 1) tension of the circular muscle 2) upper face tension 3) mouth breathing 4) tension of the chin muscle	OK-1, OPK-6, PK-1, PK-5
40. WHEN YOU HAVE A DISTURBANCE OF THE BREATH OF THE NASE, THE FOLLOWING IS OBSERVED: 1) shortening of the lower third of the face 2) mouth open 3) the supramental fold is expressed 4) lips do not close at rest	OK-1, OPK-6, PK-1, PK-5
Subject Drawing up a plan for orthodontic treatment of patients with anomalies of the dentition	
1. WHAT IS ELECTROMYOGRAPHY? 1) record of muscle contractility 2) recording of muscle biopotentials in order to study their electrophysiological activity 3) recording muscle tone	OK-1, OPK-6, PK-1, PK-5
2. CLINICAL SIGNS OF IMPROPER SWALLOWING? 1) “thimble symptom”	OK-1, OPK-6, PK-1, PK-5

2) increased activity of the temporal muscles 3) tension of the masticatory and anterior bundles of the temporal muscles	
3. ELECTROMYOGRAM OF THE CHIN MUSCLE AT REST IS INCREASED? 1) with distal or mesial occlusion 2) with distal bite 3) with an underbite 4) with crossbite	OK-1, OPK-6, PK-1, PK-5
4. WEAK BIOELECTRIC ACTIVITY OF MATERAL MUSCLES IS OBSERVED WITH? 1) with orthognathic bite 2) with mesial occlusion 3) with distal bite 4) with open bite	OK-1, OPK-6, PK-1, PK-5
5. THE CONCEPT OF "NORM" IN ORTHODONTICS INCLUDES: 1) morphological balance in the dental system 2) optimal individual functional norm 3) morphological, functional and aesthetic balance in the facial skeleton.	OK-1, OPK-6, PK-1, PK-5
6. MYOTONOMETRY IS IT? 1) recording muscle tone 2) recording of muscle contractility 3) recording of muscle biopotentials in order to study their electrophysiological activity	OK-1, OPK-6, PK-1, PK-5
7. IS MYOGRAPHY? 1) recording muscle tone 2) recording of muscle contractility 3) recording of muscle biopotentials in order to study their electrophysiological activity	OK-1, OPK-6, PK-1, PK-5
8. MASTICIOGRAPHY IS REGISTRATION: 1) the functional state of the dentoalveolar system and registration of movements of the lower jaw 2) chewing movements of the lower jaw 3) contractions of the masticatory muscles proper and movements of the articular heads of the lower jaw in the temporomandibular joints	OK-1, OPK-6, PK-1, PK-5
9. MYOARTROGRAPHY IS REGISTRATION: 1) the functional state of the dentoalveolar system and registration of movements of the lower jaw 2) chewing movements of the lower jaw contractions of the masticatory muscles proper and movements of the articular heads of the lower jaw in the temporomandibular joints	OK-1, OPK-6, PK-1, PK-5
10. RHEOPARODONTOGRAPHY - RESEARCH METHOD: 1) pulsating vibrations of blood vessels 2) chewing efficiency 3) degree of tooth mobility	OK-1, OPK-6, PK-1, PK-5
11. BY WHAT DEVICE DOES THE FUNCTIONAL STATE OF THE DENTAL SYSTEM AND	OK-1, OPK-6, PK-1, PK-5

<p>REGISTRATION OF LOWER JAW MOVEMENTS BE DETERMINED?</p> <ol style="list-style-type: none"> 1) masticatiograph 2) myoarthrograph 3) three-channel electrocardiograph 	
<p>12. DOES THE FIRST PHASE OF LOWER JAW MOVEMENT ON A KYMOGRAM (CURVE RECORDING LOWER JAW MOVEMENT) HAVE A VIEW?</p> <ol style="list-style-type: none"> 1) uplink 2) downlink 3) straight line 4) parabolas 	OK-1, OPK-6, PK-1, PK-5
<p>13. THE SECOND PHASE OF MOVEMENT OF THE LOWER JAW ON A KYMOGRAM IS REGISTERED HOW?</p> <ol style="list-style-type: none"> 1) in the form of the first ascending knee 2) downlink 3) straight line 4) parabola 	OK-1, OPK-6, PK-1, PK-5
<p>14. SECOND PHASE OF MOVEMENT OF THE LOWER JAW CORRESPOND TO:</p> <ol style="list-style-type: none"> 1) the introduction of food into the oral cavity 2) the beginning of chewing 3) a state of rest 4) swallowing 	OK-1, OPK-6, PK-1, PK-5, PK-6.
<p>15. THE THIRD PHASE OF MOVEMENT OF THE LOWER JAW ON A KYMOGRAM IS REGISTERED HOW?</p> <ol style="list-style-type: none"> 1) ascending line 2) downward wave 3) straight line 4) parabola 	OK-1, OPK-6, PK-1, PK-5
<p>16. THE THIRD PHASE OF MOVEMENT OF THE LOWER JAW CORRESPOND TO:</p> <p>1) the introduction of food into the oral cavity start of chewing food bolus formation swallowing</p>	OK-1, OPK-6, PK-1, PK-5
<p>17. THE FOURTH PHASE OF MOVEMENT OF THE LOWER JAW IS REGISTERED ON A KYMOGRAM HOW?</p> <ol style="list-style-type: none"> 1) parabola 2) downlink 3) rhythmic waves 4) ascending line 	OK-1, OPK-6, PK-1, PK-5
<p>18. THE FOURTH PHASE OF MOVEMENT OF THE LOWER JAW CORRESPOND TO:</p> <ol style="list-style-type: none"> 1) the introduction of food into the oral cavity 2) chewing food 3) the formation of a food bolus 4) swallowing 	OK-1, OPK-6, PK-1, PK-5

<p>19. IN ONE PERIOD OF MUSTERING THERE ARE ... PHASES:</p> <ol style="list-style-type: none"> 1) 3 2) 4 3) 5 4) 6 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>20. ELECTRODES DURING RHEOPARYDONTOGRAPHY STRENGTHEN ON:</p> <ol style="list-style-type: none"> 1) equators of crowns of teeth 2) slope of the alveolar process 3) necks of teeth 4) in the projection of the tips of the roots of the teeth 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>21. THE SYMMETRY OF DEVELOPMENT OF THE RIGHT AND LEFT HALF OF THE LOWER JAW IS ALLOWED TO JUDGE:</p> <ol style="list-style-type: none"> 1) panoramic radiograph 2) TRG in lateral projection 3) TRG in direct projection 4) orthopantomogram 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>22. ANOMALIES OF THE JAW BONES IN THE VERTICAL DIRECTION CAN BE DEFINED BY:</p> <ol style="list-style-type: none"> 1) orthopantomography 2) TRG in lateral projection 3) TRG in direct projection 4) panoramic radiography 5) TRG in direct projection 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>23. INDICATIONS FOR CARRYING OUT TELERENTGENOGRAPHY IN DIRECT PROJECTION:</p> <ol style="list-style-type: none"> 1) crossbite 2) deep bite 3) open bite 4) face asymmetry 5) anomalies in the shape of the dental arches 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>24. INDICATIONS FOR TMJ TOMOGRAPHY ARE:</p> <ol style="list-style-type: none"> 1) patient complaints about pain in the joints 2) displacement of the lower jaw when opening the mouth 3) the desire of the patient 4) clicks in the joint area 5) performed for all patients before orthodontic treatment 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>25. INDICATIONS FOR SIGHTING RADIOGRAPHY:</p> <ol style="list-style-type: none"> 1) soreness of the tooth from a cold 2) pain when biting on the tooth 3) the presence of a fistulous passage in the area of the tooth 4) chipping of the tooth crown within the enamel 	<p>OK-1, OPK-6, PK-1, PK-5</p>
<p>26. BY TRG IN DIRECT PROJECTION THEY STUDY:</p> <ol style="list-style-type: none"> 1) anomalies in the sagittal plane 2) anomalies in the transversal plane 3) anomalies in the vertical plane 	<p>OK-1, OPK-6, PK-1, PK-5</p>

4) study of the profile of the soft tissues of the face 5) facial asymmetries	
27. ON TRG IN LATERAL PROJECTION THEY STUDY: 1) anomalies in the sagittal plane 2) anomalies in the transversal plane 3) anomalies in the vertical plane 4) study of the profile of the soft tissues of the face 5) facial asymmetries	OK-1, OPK-6, PK-1, PK-5
28. THE PHYSIOLOGICAL AGE OF THE PATIENT IS DETERMINED BY: 1) orthopantomogram 2) panoramic radiograph 3) teleroentgenogram in direct projection 4) teleroentgenogram in lateral projection 5) radiograph of the hand	OK-1, OPK-6, PK-1, PK-5
29. ORTHOPANTOMOGRAPHY OF THE JAWS IS CARRIED OUT: 1) to determine the number and location of teeth 2) to study the structure of the facial part of the skull 3) to predict the growth of the jaws	OK-1, OPK-6, PK-1, PK-5
30. PURPOSE OF CARRYING OUT RADIOGRAPHY OF THE PALATINE SUTURE: 1) to determine its structure, degree of ossification, changes that occur with the expansion of the upper jaw, the presence of fibers of the frenulum of the upper lip 2) to determine the changes occurring in the palatine suture during orthodontic treatment 3) to resolve the issue of surgical intervention for diastema	OK-1, OPK-6, PK-1, PK-5
31. METHOD OF HEAD TELERENTOGRAPHY: 1) a conventional apparatus for obtaining panoramic radiographs 2) with a special X-ray machine with a tube 1.5 m away from the patient's head 3) with a special X-ray machine with a tube 4 m away from the patient's head	OK-1, OPK-6, PK-1, PK-5
32. METHOD USED IN ORTHODONTICS TO DETERMINE THE PERIOD OF GROWTH OF THE FACIAL BONES: 1) teleroentgenography of the hand 2) teleroentgenography of the head 3) orthopantomography.	OK-1, OPK-6, PK-1, PK-5
33. TOMOGRAPHY OF THE TEMPOROMANDIBULAR JOINTS IS DONE TO STUDY: 1) jaw growth opportunities 2) the shape and size of the articular processes of the lower jaw heads and articular fossae 3) the shape and size of the articular discs; location of the heads of the articular processes of the lower jaw in the articular fossae	OK-1, OPK-6, PK-1, PK-5

<p>34. WHERE ON THE TELERENTGENOGRAM IS THE N POINT (NAZION) DETERMINED?</p> <p>1) the central point of the "bowl" of the Turkish saddle 2) at the intersection of the median plane with the nasolabial suture 3) anterior point of the nasal bone</p>	OK-1, OPK-6, PK-1, PK-5
<p>35. WHERE ON THE TELERENTGENOGRAM IS THE PG POINT DETERMINED?</p> <p>1) the most protruding point of the angle of the lower jaw 2) the highest point of the head of the lower jaw 3) the most prominent point of the chin 4) the lowest point of the symphysis of the lower jaw</p>	OK-1, OPK-6, PK-1, PK-5
<p>36. WHERE ON THE TELERENTGENOGRAM IS POINT B DEFINED?</p> <p>1) the most posteriorly located point on the anterior contour of the apical base of the upper jaw 2) the central point of the "bowl" of the Turkish saddle 3) the most posteriorly located point on the anterior contour of the apical base of the lower jaw</p>	OK-1, OPK-6, PK-1, PK-5
<p>37. WHERE ON THE TELERENTGENORAMME IS THE POINT S (CSE) DETERMINED?</p> <p>1) middle Fossa hypophysialis 2) the point of transition of the upper contour of the body of the lower jaw into the anterior contour of its branches; 3) anterior point of the suture of the frontal and nasal bones</p>	OK-1, OPK-6, PK-1, PK-5
<p>38. THE PLANE OF THE FRONT BASIS OF THE SKULL IS CARRIED OUT THROUGH THE POINTS:</p> <p>1) NS 2) Go-Gn 3) Po-Or</p>	OK-1, OPK-6, PK-1, PK-5
<p>39. THE SPINAL PLANE IS CARRIED OUT THROUGH THE POINTS:</p> <p>1) B,-Y 2) ANS-PNS 3) NS</p>	OK-1, OPK-6, PK-1, PK-5
<p>40. ANGLE OF THE BASE OF THE SKULL IS:</p> <p>1) NSB angle 2) SNA angle 3) SNB angle</p>	OK-1, OPK-6, PK-1, PK-5
<p>Section 2. Apparatus used in the treatment of anomalies. Subject "The use of modern orthodontic equipment in the treatment of patients with anomalies of the dentition</p>	
<p>1. VARIETY OF ENGLE'S ARC:</p> <p>1) Vestibular 2) Lingual 3) Sliding 4) Non-ligature</p>	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>2. THE DEVICE USED IN THE Narrowing of the Dental Arch of the Upper Jaw in Combination with the</p>	OK-1, OPK-6, OPK - 11 PC - 6, PC-8

<p>PROTRUSION OF THE FRONT GROUP OF TEETH IN THE PERIOD OF REPLACEMENT BITE:</p> <ol style="list-style-type: none"> 1) Removable orthodontic appliance with arm springs 2) Removable orthodontic appliance with Coffin spring 3) Removable orthodontic appliance for the upper jaw with a sectoral cut 4) Removable orthodontic appliance for the upper jaw with a vestibular arch 	
<p>3. DEVICE USED TO REMOVE THE PALATAL POSITION OF TEETH 1.1, 1.2 IN THE PERIOD OF REPLACEMENT BITE:</p> <ol style="list-style-type: none"> 1) Removable orthodontic appliance with arm springs 2) Apparatus of Gozhgarian 3) Removable orthodontic appliance with protraction spring 4) Lip bumper 5) Removable orthodontic appliance with occlusal pads 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>4. DEVICE FOR ELIMINATION OF ANOMALIES IN THE POSITION OF INDIVIDUAL TEETH DURING THE PERMANENT BITE:</p> <ol style="list-style-type: none"> 1) LM-activators 2) Arc Angle 3) Bracket system 4) Removable plate devices 5) Twin blocks 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>5. ORTHODONTIC ARCH WITH MEMORY SHAPE:</p> <ol style="list-style-type: none"> 1) Stainless steel 2) Nickel-titanium alloy with copper addition 3) Made of chrome-cobalt alloy 4) Nickel-titanium alloy 5) Golden 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>6. DEVICES ARE ACTIVE:</p> <ol style="list-style-type: none"> 1) Mechanical action 2) Functional devices 3) The power lies in the design of the device itself 4) Devices of combined action 5) Strength comes from muscle action 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>7. FOR DEVICES OF THE MECHANICAL TYPE OF ACTION THE PRESENCE IS CHARACTERISTIC:</p> <ol style="list-style-type: none"> 1) Bite pad 2) Ligatures 3) Orthodontic archwire 4) Inclined plane 5) Orthodontic screw 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>8. KALAMKAROV'S DEVICE IS:</p> <ol style="list-style-type: none"> 1) Intraoral 2) extraoral 3) Mechanical action type 4) Functional action type 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>9. THE ELEMENTAL BASE OF EDGWIZE EQUIPMENT INCLUDES:</p> <ol style="list-style-type: none"> 1) Locking devices - braces 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>

<ul style="list-style-type: none"> 2) Buccal tubes 3) Face bow 4) Wire orthodontic arches 5) Coffin spring 	
<p>10. THE STRUCTURE OF THE EDGWIZE BRACKET CONSISTS OF THE FOLLOWING ELEMENTS:</p> <ul style="list-style-type: none"> 1) Horizontal groove 2) Support platform 3) Wings 4) Ligature 4) Spring 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>11. TYPES OF HINTZ VESTIBULAR PLATES:</p> <ul style="list-style-type: none"> 1) Plate with visor 2) Plate with tongue flap 3) A plate with a bead 4) Plate with screw 5) A plate with a bite pad 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>12. FOR THE EXPANSION OF THE UPPER JAW THE DEVICES ARE USED:</p> <ul style="list-style-type: none"> 1) Derichsweiler apparatus 2) Removable orthodontic appliance with screw 3) Lip bumper 4) Brukl apparatus 5) Removable orthodontic appliance with Coffin spring 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>13. ELEMENTS OF TYPE I FRANKEL FUNCTION REGULATOR:</p> <ul style="list-style-type: none"> 1) Vestibular arch, orthodontic screw 2) Vestibular arch, palatine clasp, lingual arch, lateral shields, lip pad in the region of the lower anterior teeth 3) Lateral shields palatine clasp, labial pilot in the area of the upper anterior teeth, vestibular arch in the area of the lower anterior teeth 4) Vestibular arch, bite pads 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>14. TYPES OF BRACKET SYSTEMS DEPENDING ON THE MATERIALS USED FOR THEIR PRODUCTION:</p> <ul style="list-style-type: none"> 1)Metal 2) Non-ligature 3) Ceramic 4) Sapphire 5) Lingual 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>15. TYPES OF MYOFUNCTIONAL PREORTHODONTIC TRAINERS:</p> <ul style="list-style-type: none"> 1) Hard 2) Soft 3) Arc 4) Plate 5) Stationary 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>16. THE DESIGN OF FUNCTIONAL DEVICES INCLUDES:</p> <ul style="list-style-type: none"> 1) Orthodontic screw 2) Bite pad 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8

3) Ligature 4) Rubber ring 5) Inclined plane	
17. DEVICES USED FOR STIMULATION OF GROWTH AND ADVANCEMENT OF THE LOWER JAW 1) Gozhgarian's apparatus 2) Derichsweiler apparatus 3) Apparatus Jasper Jumper 4) Removable orthodontic appliance with a screw and an inclined plane on the upper jaw	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
18. FOR THE TREATMENT OF MESIAL BITE APPLIED: 1) Face mask 2) Face bow 3) Type 1 Frenkel controller 4) Type 2 Frenkel controller 5) 3 type Frenkel controller	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
19. FOR TREATMENT OF DISTAL BITE APPLIED: 1) Face mask 2) Face bow 3) Type 1 Frenkel controller 4) Type 2 Frenkel controller 5) 3 type Frenkel controller	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
20. THE DEVICES OF THE COMBINED TYPE OF ACTION ARE: 1) Brukl apparatus 2) Apparatus of Gozhgarian 3) Kappa Schwartz 4) Apparatus for rapid palatal expansion 5) Removable orthodontic appliance with screw and bite block	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
21. WITH MOUTH TYPE OF BREATHING EXERCISES FOR TRAINING ARE ASSIGNED: 1) temporalis muscle 2) circular muscles of the mouth 3) lateral pterygoid muscle 4) sternocleidomastoid muscle.	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
22. CHEWING EFFICIENCY SHOULD BE UNDERSTANDED: 1) the force of contraction of the masticatory muscles 2) the degree of grinding of a certain amount of food in a certain time 3) the duration of the meal 4) the degree of inclination of the occlusal curve	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
23. ABSOLUTE MUSCLE STRENGTH IS DETERMINED: 1) the number of attachment points 2) group membership 3) the number of fascias 4) the cross-sectional area of the fibers in its composition	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
24. GRAPHIC METHOD OF REGISTRATION OF MOVEMENTS OF THE LOWER JAW:	OK-1, OPK-6, OPK - 11 PC - 6, PC-8

<ul style="list-style-type: none"> 1) mastication 2) myodynamometry 3) electromyography 4) chewing tests 	
<p>25. WHEN THE STATIC METHOD FOR EVALUATION OF CHEWING EFFICIENCY IS USED:</p> <ul style="list-style-type: none"> 1) Agapov's statistical coefficients 2) Oxman's statistical coefficients 3) Rubinov's chewing test 4) electromyography 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>26. DYNAMIC METHODS FOR ASSESSING MUSTERING EFFICIENCY ARE:</p> <ul style="list-style-type: none"> 1) myotonometry 2) gnathodynamometry 3) Gelman's chewing test 4) Rubinov's chewing tests 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>27. IN CROSSbite, MYOGYMNASTIC EXERCISES ARE AIMED TO:</p> <ul style="list-style-type: none"> 1) displacement of the lower jaw 2) change in the width of the dental arches 3) lengthening of the dentition of the upper jaw 4) growth retardation of the lower jaw 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>28. CHEWING EFFICIENCY IS AFFECTED BY:</p> <ul style="list-style-type: none"> 1) the presence of periodontal disease 2) the presence of caries and its complications 3) general somatic diseases 4) psycho-emotional state 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>29. MYOGYMNASTICS IS THE MOST EFFECTIVE:</p> <ul style="list-style-type: none"> 1) in early mixed dentition 2) in temporary bite 3) in late mixed dentition 4) in permanent bite 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>thirty. MYOGYMNASTICEXERCISES FOR THE PREVENTION OF BITE ABNORMALITIES TRAIN:</p> <ul style="list-style-type: none"> 1) chewing muscles 2) facial muscles 3) muscles involved in breathing 4) back muscles 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>31. FUNCTIONAL ACTIVITY OF THE MUSCLES OF THE PERIOROTAL REGION CHANGES WHEN:</p> <ul style="list-style-type: none"> 1) malocclusion 2) bad habits 3) mouth breathing 4) violations of posture 5) allergic reactions 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8
<p>32. IN DISTAL BITE, MYOGYMNASTIC EXERCISES ARE AIMED AT:</p> <ul style="list-style-type: none"> 1) stimulation of the growth of the lower jaw 2) stimulation of the growth of the upper jaw 3) protrusion of the lower jaw forward 4) distal displacement of the lower jaw 	OK-1, OPK-6, OPK - 11 PC - 6, PC-8

<p>33. IN MESIAL BITE, MYOGYMNASTIC EXERCISES ARE AIMED TO:</p> <ol style="list-style-type: none"> 1) stimulation of the growth of the lower jaw 2) stimulation of the growth of the upper jaw 3) protrusion of the lower jaw forward 4) distal displacement of the lower jaw 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>34. WHEN PERFORMING EXERCISES WITH THE VESTIBULAR PLATE THEY ARE TRAINING:</p> <ol style="list-style-type: none"> 1) temporal muscles 2) chin muscle 3) circular muscle of the mouth 4) muscles that protrude the lower jaw 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>35. EXERCISES FOR THE MUSCLES PROTECTING THE LOWER JAW ARE RECOMMENDED WHEN:</p> <ol style="list-style-type: none"> 1) narrowing of the dentition 2) underdevelopment of the lower jaw 3) mesial occlusion 4) distal displacement of the lower jaw 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>36. PHASES OF THE CHEWING CYCLE:</p> <ol style="list-style-type: none"> 1) adaptation phase (initial chewing) 2) the phase of opening the mouth and introducing food 3) main chewing phase 4) resting phase 5) closing phase 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>37. RUBINOV'S CHEWING TEST:</p> <ol style="list-style-type: none"> 1) chewing 3 identical cylinders of coconuts 2) 50 chewing movements 3) chewing 5 g of almond kernels 4) chewing 800 mg hazelnut 5) until the swallowing reflex appears 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>38. CHRISTIENSEN CHEWING TEST:</p> <ol style="list-style-type: none"> 1) chewing 3 identical cylinders of coconuts 2) 50 chewing movements 3) chewing 5 g of almond kernels 4) chewing 800 mg hazelnut 5) until the swallowing reflex appears 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>39. DURING THE TREATMENT OF DISTAL BITE IS PERFORMED:</p> <ol style="list-style-type: none"> 1) training the circular muscle of the mouth 2) training the muscles that push the lower jaw 3) exercises to normalize swallowing 4) exercises to normalize posture 5) exercises to normalize the position of the tongue 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>40. IN THE TREATMENT OF OPEN BITE IS PERFORMED:</p> <ol style="list-style-type: none"> 1) training the circular muscle of the mouth lower jaw muscle training 2) exercises to normalize swallowing 3) exercises to normalize posture 4) exercises to normalize the position of the tongue 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>Subject : Ways to create a stable result of orthodontic treatment</p>	

<p>1. WHO IS THE FOUNDER OF THE FUNCTIONAL TREATMENT METHOD IN ORTHODONTICS:</p> <ol style="list-style-type: none"> 1) Schwartz 2) Frenkel 3) Katz 4) Engle 5) Johnson 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>2. WHO IS THE FOUNDER OF MODERN NON-REMOVABLE ARC ORTHODONTIC EQUIPMENT:</p> <ol style="list-style-type: none"> 1) Schwartz 2) Frenkel 3) Katz 4) Engle 5) Johnson 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>3. WHO IS THE FOUNDER OF THE STRAIGHT ARC TECHNIQUE:</p> <ol style="list-style-type: none"> 1) Engle 2) Katz 3) Andrews 4) Schwartz 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>4. THE DEVICE UZHUMETSKIE IS USED FOR TREATMENT OF BITE:</p> <ol style="list-style-type: none"> 1) open 2) deep 3) cross 4) distal 5) mesial 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>5. Arrange the STAGES OF TREATMENT WITH THE STRAIGHT ARCH TECHNIQUE IN THE CORRECT SEQUENCE.</p> <ol style="list-style-type: none"> 1) retention period 2) leveling 3) adjustment 4) movement of teeth along an arc 5) rotation 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>6. BRACKET - SYSTEM IS A DEVICE:</p> <ol style="list-style-type: none"> 1) combined action type 2) extraoral 3) intraoral 4) arc 5) kappovy 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>7. WHERE REACTIVE TISSUE CHANGES OCCUR IN RESPONSE TO THE ACTION OF ORTHODONTAL DEVICES:</p> <ol style="list-style-type: none"> 1) in the periodontium 2) in the palatine suture 3) in the maxillary sinus 4) in the joint and muscles 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>8. MODERN ORTHODONTIC TECHNIQUES USE BRACKET SYSTEMS WITH THE SIZE OF THE GROOVE:</p>	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>

<ul style="list-style-type: none"> 1)0.018 inch 2)52 inches 3)0.022 inch 4)0.014 inch 	
<p>9. FUNCTIONAL METHOD OF TREATMENT OF DENTAL ANOMALIES IS USED IN:</p> <ul style="list-style-type: none"> 1) interchangeable bite 2) milk bite 3) permanent bite after the completion of the growth of the facial skeleton 4) permanent occlusion until the completion of the growth of the facial skeleton 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>10. MODERN TECHNIQUES FOR THE TREATMENT OF ANOMALIES OF THE DENTAL SYSTEM:</p> <ul style="list-style-type: none"> 1) straight arc technique 2) MVT - technique 3) Daimon technique 4) edgewise technique 5) multiband - technique 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>11. LIST THE DESIGN ELEMENTS OF BRACKETS (LOCKS):</p> <ul style="list-style-type: none"> 1) support platform 2) wings 3) Groove 4) arc 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>12. WHEN WORKING WITH EDGEWICE EQUIPMENT, THEY USE:</p> <ul style="list-style-type: none"> 1) elastic bands 2) springs 3) orthodontic buttons 4) ligatures 5) screws 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>13. ARC OF WHAT SECTION DIFFERENCE:</p> <ul style="list-style-type: none"> 1) round 2) triangular 3) square 4) rectangular 5) oval 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>14. WHAT MATERIALS ARE USED FOR MANUFACTURING ORTHODONTIC ARCHES:</p> <ul style="list-style-type: none"> 1) nickel titanium 2) titanium-molybdenum alloy 3) Nickel-titanium with the addition of copper 4) plastic 5) stainless steel 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>15. FIRST ORDER BENDS ARE:</p> <ul style="list-style-type: none"> 1) vestibulo-oral bends within the plane of the arc 2) vertical bends perpendicular to the plane of the arc 3) bends twisted along the axis of the arc 4) mesio-distal bends on the arc 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>16. CHARACTERISTIC FOR THE ADJUSTMENT PHASE:</p>	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>

<ol style="list-style-type: none"> 1) vertical and horizontal alignment of teeth 2) elimination of teeth rotations 3) movement of teeth to create tight fissure-tubercular contacts 4) closure of residual gaps 5) maintaining the achieved position of the teeth 	
<p>17. FOR THE TREATMENT OF EXCESSIVE INCISIVE OVERLAPPING USE:</p> <ol style="list-style-type: none"> 1) maxillary plate devices with an inclined plane in the anterior section 2) maxillary plate devices with a bite pad in the anterior section 3) wire orthodontic arch with reverse bend 4) maxillary plate devices with an inclined plane in the lateral sections 5) maxillary plate devices with a biting platform in the lateral sections 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>18. LEVELING IS CARRIED OUT USING:</p> <ol style="list-style-type: none"> 1) steel arches completely filling the bracket groove 2) steel rectangular archwires that do not completely fill the bracket groove 3) thin braided steel arcs 4) round nitinol arcs 5) rectangular nitinol arcs with the addition of copper 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>19. AT ANOMALIES OF THE POSITION OF THE TEETH IN EARLY REPLACEMENT BITE APPLIED:</p> <ol style="list-style-type: none"> 1) facial bow 2) face mask 3) trainer 4) Herbst apparatus 5) removable plate apparatus with a screw and a vestibular arch 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>
<p>20. CONTRAINDICATIONS TO THE USE OF THE BRACKET SYSTEM:</p> <ol style="list-style-type: none"> 1) increased tooth wear 2) bad habits 3) poor oral hygiene 4) mental illness during an exacerbation 5) pregnancy 	<p>OK-1, OPK-6, OPK - 11 PC - 6, PC-8</p>

STANDARDS OF ANSWERS:

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