

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**

**Prosthetics with complete loss of teeth (elective)**

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)*

### **Questions for current control:**

1. List the clinical symptoms of decreased interalveolar height. Old progeny.
2. Anatomical and anthropometric methods for determining the interalveolar height.
3. Anatomical and functional methods for determining the interalveolar height. List the main components and their principles of operation of the diagnostic system K7 (Myotronics).
4. Choosing the shape of artificial teeth depending on the physique and shape of the patient's dental arches (Nelson's triad).
5. The method of setting teeth according to Vasiliev.
6. Principles of setting teeth according to Hanau (five and laws of Hanau).
7. Staging with an abnormal ratio of edentulous jaws. Gizi index. Types of fixing elements of complete removable dentures with fixation on implants.
8. Methods for obtaining impressions in prosthetics with removable dentures supported by implants.
9. Clinical and laboratory stages of prosthetics with a complete removable denture with fixation on 4 implants.
10. Stages of imposition of complete removable dentures in the oral cavity.
11. Recommendations for patients with complete removable dentures.
12. Theory of buffer zones Gavrilova E.I.

### **List of questions for the test:**

1. Functional impressions. Types, methods of obtaining.
2. Technology of repairing removable lamellar dentures.
3. Plastic crown technology.
4. Technology of two-layer bases.
5. The structure of the mucous membrane of the jaws.
6. The structure of the oral mucosa. Mobile and immobile mucosa. Neutral zone. vertical compliance.
7. Advice to the patient about the rules for using removable dentures.

8. Silicone impression materials (Spidex, Silagum, Alfasil).
9. Self-hardening plastics (Protacryl, Acrodent, Refine, Redont), indications and methods of application.
10. Ways of transmission of chewing pressure on the jaw and skull.
11. Psychological preparation of the patient before prosthetics.
12. Direct, reverse and combined methods of plastering in the manufacture of removable dentures.
13. Checking the wax construction of removable dentures in case of complete loss of teeth.
14. Causes of a fracture of the plastic base of a removable prosthesis. The concept of internal stresses in acrylic plastics. Methods for repairing a fracture of the basis of the prosthesis.
15. The concept of the prosthetic field and bed. Influence of the prosthesis on the tissues of the prosthetic bed.
16. The concept of interalveolar distance, central occlusion and central ratio.
17. Polymerization of plastics. Types of porosity and ways to prevent it.
18. Features of setting artificial teeth in complete removable dentures.
19. Basic basic materials (AKR-15, Akrel, Fluorax, Acronil, Bakryl) their characteristics.
20. Occlusal curves. Occlusal surface, occlusal plane. Significance in the design of prostheses.
21. The method of obtaining functional impressions with complete loss of teeth according to Herbst.
22. The method of direct prosthetics with removable lamellar dentures.
23. Method for preparing plastic dough. The value of the ratio of monomer-polymer components. Stages of maturation of plastic dough.
24. Artificial teeth and their characteristics.
25. Methods of setting artificial teeth.
26. Dental prosthesis as a therapeutic and prophylactic agent.
27. Dental, alveolar and basal arches. Senile progeny and differential diagnosis with abnormal bite.

28. Basic materials based on copolymers. Ethacryl, Acronil, Fluorax and their characteristics.

29. Anatomical and histological features of the structure of the upper and lower jaws.

### **Topics of scientific work of students**

1. Problems of restoring the interalveolar distance with complete loss of teeth.
2. Modern methods for determining the central ratio of the jaws
3. Clinical and anthropometric substantiation of the design of the occlusal surface of artificial dentitions (standard methods).
4. Clinical and anthropometric substantiation of the design of the occlusal surface of artificial dentitions (individualized methods)
5. Orthopedic treatment with removable implant-supported dentures for complete loss of teeth
6. Orthopedic treatment with removable implant-supported dentures for complete loss of teeth. clinical cases.
7. The reaction of the tissues of the prosthetic bed to removable dentures. Mistakes and complications in prosthetics with complete removable dentures

### **Tasks on the simulator**

1. Methods of maintaining medical accounting and reporting documentation in medical organizations
2. Assessments of the state of dental health of the population of various age and sex groups
3. Methods of general clinical examination of children and adults
4. Clinical methods of examination of the maxillofacial region
5. Interpretation of the results of laboratory, instrumental diagnostic methods in patients of different ages
6. An algorithm for making a preliminary diagnosis to patients and, if necessary, with their subsequent referral for additional examinations and to specialist doctors
7. Algorithm for making a detailed clinical diagnosis for patients
8. Methods of reading various types of radiographs
9. Definition of dental indices 4

10. Methods for diagnosing and treating defects in hard tissues of teeth with orthopedic structures
11. Methods for the diagnosis and treatment of partial loss of teeth with removable and non-removable orthopedic structures
12. Methods of differential diagnosis of the main clinical syndromes and diseases of the maxillofacial system;
13. Methods of complex treatment of patients based on a rational and economical approach on an outpatient basis, taking into account age, severity of the disease, the presence of concomitant pathology;
14. Primary and secondary prevention, rehabilitation of patients;

### Test tasks

#### in the discipline of choice "Prosthetics with complete loss of teeth"

Test tasks with answer options	No. of the competency that this test task is aimed at developing
<b>Topic 1. The imposition of a removable prosthesis with complete loss of teeth. Removable dentures correction methods</b>	OK-1, OPK-4, OPK-5, OPK-6, OPK-11, PK-1, PK-5, PK-4, PU-6, PK-8
<p>Choose one correct answer.</p> <p><b>1. The fitting of a complete removable denture in the oral cavity is carried out using:</b></p> <ol style="list-style-type: none"> <li>1) chemical pencil;</li> <li>2) gypsum;</li> <li>3) carbon paper;</li> <li>4) zinc phosphate cement powder;</li> <li>5) chemical pencil, carbon paper, zinc phosphate cement powder;</li> <li>6) corrective mass of silicone material.</li> </ol> <p style="text-align: right;"><b>2. The stage of fitting a complete removable denture in the oral</b></p>	

**cavity begins:**

- 1) from determining the height of the lower part of the face;
- 2) assessing the quality of the manufactured plaster model in the occluder;
- 3) assessing the quality of manufacturing a plastic base with artificial teeth;
- 4) assessment of the boundaries of the prosthesis in the oral cavity.

**3. After the imposition of complete removable dentures, there is a smoothness of the nasolabial and chin folds, the sound of teeth. this is explained:**

- 1) decrease in bite height;
- 2) an increase in the height of the bite;
- 3) central occlusion;
- 4) lateral occlusion.

**4. The imposition of a complete removable prosthesis is performed:**

- 1) dental technician on the model;
- 2) a doctor in the oral cavity;
- 3) a doctor on the model;
- 4) by the doctor first on the model and then in the oral cavity.

**5. Checking the design of a removable prosthesis begins:**

- 1) from determining the height of the lower part of the face;
- 2) introduction of a wax structure into the mouth;
- 3) assessment of the manufacture of the structure on a plaster model in the occluder (articulator);
- 4) control of the density of closure of natural and artificial teeth in the patient's mouth.

**6. During the polymerization of plastic, rapid heating of the cuvette leads to the formation in the basis of the prosthesis:**

- 1) cracks;
- 2) gas porosity;
- 3) granular porosity.

**7. Rapid cooling of the cuvette leads to the formation in the basis of the prosthesis:**

- 1) cracks;
- 2) gas porosity;
- 3) granular porosity.

**8. The quality of fixation of a complete removable denture is influenced by masticatory muscles:**

- 1) chin;
- 2) lowering the corner of the mouth;
- 3) external pterygoid;
- 4) maxillofacial.

**9. Patient, 64 years old, prosthesis for the first time. After the imposition of complete removable dentures on both jaws, he experiences pain. pain points during examination and palpation can not be detected. Doctor's tactics:**

- 1) explain to the patient the presence of pain sensations by the phenomena of adaptation to prostheses and invite him for a second appointment in a few days;
- 2) to convince the patient of the inevitability of such phenomena, which disappear with time and do not require correction of the prosthesis due to the absence of visible changes in the mucous membrane under the prostheses;
- 3) to correct the articulation of the dentition with carbon paper;
- 4) use the technique of identifying zones of increased pressure of the basis on the mucous membrane and carry out the correction of the prosthesis.

**10. The patient has a complete loss of teeth in the upper jaw (type I according to Oxman). The palatine torus is markedly pronounced. When applied, the prosthesis balances. Reason for balancing the prosthesis:**

- 1) obtaining an unloading impression;
- 2) lack of isolation of the torus in the prosthesis;
- 3) obtaining a compression impression.

Choose multiple correct answers.

**11. If the boundaries of the prosthesis do not correspond to the prosthetic bed with complete loss of teeth, it is necessary:**

- 1) perform relining of the prosthesis;
- 2) recommend the patient to use a prosthesis;
- 3) to make a new prosthesis;
- 4) refuse to prosthetize the patient.

**12. The density of the fissure-tubercular contact between the artificial teeth of removable dentures is checked at the stage:**

- 1) fittings and imposition of prostheses;
- 2) correction of prostheses;
- 3) determination of the central ratio of the jaws.

**13. With a pronounced gag reflex in a patient after applying a removable prosthesis of the upper jaw, it is necessary:**

- 1) shorten the distal edge of the prosthesis base;
- 2) align functional occlusion;
- 3) reduce the thickness of the base of the prosthesis;
- 4) shorten the edge of the base of the prosthesis from the vestibular side.

**14. When applying removable dentures with complete loss of teeth, it is possible to detect errors missed by the doctor when checking the wax structures of the dentures:**

- 1) decrease or increase in the interalveolar distance;
- 2) fixed lateral or anterior occlusion;



- 3) inconsistency of the prosthesis with the boundaries of the prosthetic bed;
- 4) prosthesis balancing;
- 5) restoration of diction.

**15. Shortening of the edges of the prosthesis can cause:**

- 1) violation of the closing valve;
- 2) worsening conditions for adaptation to the prosthesis;
- 3) a decrease in the interalveolar distance;
- 4) poor fixation of the prosthesis.

**16. Balancing a removable prosthesis during its application is the result of errors:**

- 1) inaccurate display on the impression of the prosthetic bed;
- 2) determining the central ratio of the jaws;
- 3) lack of isolation of the palatine torus;
- 4) the presence of cracks on the model.

**17. After applying removable dentures with complete loss of teeth, the patient must:**

- 1) use prostheses only during meals;
- 2) use prostheses constantly;
- 3) come to the control examination on the first day after the imposition of prostheses;
- 4) observe the rules of hygiene when using prostheses.

**18. Criteria for the quality of removable dentures in the absence of teeth are:**

- 1) tight fit of the base to the tissues of the prosthetic bed;
- 2) a high degree of polishing of the outer surface of the base of the prosthesis;
- 3) a high degree of polishing of the inner surface of the base of the prosthesis;

- 4) setting the lateral teeth in the center of the alveolar ridge;
- 5) setting of teeth in accordance with the prosthetic plane.

**19. The reason for the unsatisfactory quality of the plastic base of the prosthesis may be:**

- 1) the expiration date of the monomer;
- 2) polymer expiration date;
- 3) violation of the temperature regime of polymerization;
- 4) non-observance of the technology for the preparation of plastic "dough";
- 5) equal ratio of monomer and polymer.

**20. The reason for the thickening of the base of a removable prosthesis is:**

- 1) inaccuracy of taking an impression;
- 2) inaccurate connection of the cuvette parts during plastic packaging;
- 3) deformation of the prosthesis at the time of its removal from the cuvette;
- 4) insufficient press pressure.

**Topic 2. The processes of adaptation to removable dentures and the reaction of tissues of the prosthetic bed to removable dentures**

OK-1, OPK-4, OPK-5, OPK-6, OPK-11, PK-1, PK-5, PK-4, PU-6, PK-8

Choose one correct answer.

**1. When should a patient be re-examined after a removable denture with complete loss of teeth?**

- 1) should not be prescribed;
- 2) the next day;
- 3) after 3 days;
- 4) a week;

5) month.

**2. In the presence of severe pain, before the correction of a complete removable denture, the patient is recommended:**

- 1) do not remove the prosthesis before visiting a doctor;
- 2) remove the prosthesis and put it on 3-4 hours before visiting the doctor;
- 3) remove the prosthesis and go to the doctor.

**3. The first stage of the clinical reception of the correction of removable dentures is:**

- 1) checking the fixation of the prosthesis;
- 2) clarification of the patient's complaints;
- 3) checking the central occlusion;
- 4) checking lateral and anterior occlusions;
- 5) examination of the tissues of the prosthetic bed.

**4. The second phase of the patient's adaptation to a removable prosthesis according to V.Yu. Kurlandsky:**

- 1) full braking;
- 2) partial braking;
- 3) irritation.

**5. The first phase of the patient's adaptation to a removable prosthesis according to V.Yu. Kurlandsky:**

- 1) full braking;
- 2) partial braking;
- 3) irritation.

**6. The patient used a removable prosthesis with complete loss of teeth for 7 years. Went to an orthopedic dentist for a checkup. there are no complaints. Examination of the oral cavity revealed significant atrophy of the bone tissue and discrepancy between the basis of the prosthesis and the**

**tissues of the prosthetic bed. Your tactics:**

- 1) release the patient;
- 2) remake the prosthesis;
- 3) rebase the prosthesis;
- 4) use the old prosthesis as an individual spoon when making a new one;
- 5) offer to use means to improve the fixation of the prosthesis.

**7. Types of toxic stomatitis:**

- 1) chemical;
- 2) bacterial;
- 3) allergic;
- 4) traumatic;
- 5) greenhouse effect.

**8. The average service life of a removable lamellar prosthesis with complete loss of teeth:**

- 1) 1.5–3 years;
- 2) 3–5 years;
- 3) 1–1.5 years;
- 4) 5–10 years.

**9. In the presence of a decubital ulcer after correction of the prosthesis, the patient is recommended:**

- 1) continue to use the prosthesis, come for an examination after 3 days;
- 2) do not apply the prosthesis until the mucous membrane is completely healed;
- 3) use the prosthesis, applying Solcoseryl gel applications, examination by a doctor after 3-4 days.

Choose multiple correct answers.

**10. The negative effect of a removable prosthesis with a complete loss**

**of teeth with a direct impact on the mucous membrane:**

- 1) greenhouse effect;
- 2) the effect of a medical blood-sucking jar;
- 3) allergic stomatitis;
- 4) traumatic stomatitis;
- 5) decubital ulcer.

**11. What complaints can the patient make the next day after applying a properly made removable laminar prosthesis with complete loss of teeth?**

- 1) for poor fixation;
- 2) prosthesis balance;
- 3) pain, burning at certain points under the prosthesis;
- 4) change in diction.

**12. Allergic effect of the prosthesis is due to:**

- 1) monomer toxicity;
- 2) polymer toxicity;
- 3) the action of the dye;
- 4) the effect of a blood-sucking jar;
- 5) greenhouse effect;
- 6) excessive pressure of the base of the prosthesis on the mucous membrane.

**13. Measures for the care of the prosthesis:**

- 1) clean once a day;
- 2) clean after each meal;
- 3) store in a damp cotton cloth;
- 4) store in a jar of saline;

5) treat with alcohol once a day.

**14. The patient used a removable prosthesis with complete loss of teeth for 5 years. Went to an orthopedic dentist for a checkup. Complaints about balancing the prosthesis, discomfort when eating. Your tactics:**

- 1) release the patient;
- 2) remake the prosthesis;
- 3) rebase the prosthesis;
- 4) use the old prosthesis as an individual spoon when making a new one;
- 5) offer to use means to improve the fixation of the prosthesis.

**15. Cause of the greenhouse effect:**

- 1) violation of thermoregulation of the mucous membrane under the basis;
- 2) low thermal conductivity of the material from which the prosthesis is made;
- 3) allergic properties of plastic;
- 4) the presence of excessive pressure of the prosthesis on the mucous membrane;
- 5) improper care of the prosthesis.

**16. Reasons for replacing a removable plate prosthesis with complete loss of teeth:**

- 1) slow processes of bone tissue atrophy;
- 2) accelerated processes of bone tissue atrophy;
- 3) features of the material from which the prosthesis is made;
- 4) often improper care (or lack thereof) of the patient behind the prosthesis;
- 5) decrease in chewing efficiency.

**17. Indications for the use of an elastic lining:**

- 1) temporary medical and immediate complete removable dentures;
- 2) severe atrophy of the alveolar parts;

- 3) increased sensitivity of the tissues of the prosthetic bed to pressure;
- 4) to facilitate the adaptation of elderly and debilitated patients to prostheses;
- 5) xerostomia.

**18. Recommendations to accelerate adaptation to a removable prosthesis after application:**

- 1) do not remove the prosthesis for a week;
- 2) use the prosthesis during the day and remove it at night;
- 3) use the prosthesis during the day;
- 4) if possible, do not shoot at night for the first 2-3 weeks.

**19. The duration of the period of adaptation of patients to removable lamellar dentures is affected by:**

- 1) manufacturer of artificial teeth;
- 2) the value of the basis of the prosthesis;
- 3) individual characteristics of the patient's psyche;
- 4) the thickness of the basis of the prosthesis.

**20. The manufacture of a two-layer prosthesis base with a soft lining is shown:**

- 1) with a sharp uneven atrophy of the alveolar processes with a dry, slightly pliable mucosa;
- 2) the presence of sharp bone protrusions (exostoses) on the prosthetic bed;
- 3) pronounced alveolar processes with a uniformly pliable mucous membrane;
- 4) increased pain sensitivity of the mucous membrane of the prosthetic bed.

**Topic 3. Prosthetics for patients with complete loss of teeth. Getting a functional impression**

OK-1, PK-1, PK-5,  
PK-4, PU-6, PK-8

*Choose one correct answer.*

**1. Functional impression suggested:**

- 1) Bonneville
- 2) Fauchard

- 3) Gizi
- 4) Schroth

**2. Functional impressions are recommended to be taken with spoons:**

- 1) individual;
- 2) standard.

**3. Thickness of the edge of an individual spoon for a toothless jaw:**

**approx. 1.0 mm**

- 1) 1.0 - 1.5 mm
- 2) 1.5 - 2.0 mm
- 3) 2.0 - 3.0 mm

**4. The number of types (degrees) of atrophy of the edentulous upper jaw according to Schroeder's classification:**

- 1) three;
- 2) four;
- 3) five;
- 4) six;
- 5) seven.

**5. Valve zone - concept:**

- 1) anatomical;
- 2) physiological;
- 3) functional;
- 4) biological.

*Choose multiple correct answers.*

**6. Individual impression trays are:**

- 1) partial;
- 2) rigid;
- 3) wax;
- 4) made by direct method;
- 5) made by indirect method.

**7. List the materials used to make custom spoons:**

- 1) elastic plastics;
- 2) plastics of cold polymerization;
- 3) compomers;
- 4) nylon;
- 5) light-cured plastics.

**8. The functional impression method is used:**

- 1) to create a closing valve;
- 2) better adhesion;
- 3) formation of the vestibular edge of the prosthesis, taking into account the function of facial muscles;



- 4) obtaining the optimal thickness and shape of the base of the prosthesis, taking into account the requirements of aesthetics;
- 5) obtaining the optimal thickness and shape of the basis of the prosthesis, taking into account the requirements of phonetics.

**9. According to the method of designing the edges of E.I. Gavrilov divided the functional impressions made using:**

- 1) passive movements;
- 2) chewing and other movements;
- 3) functional tests;
- 4) compression.

**10. The biophysical method of fixation of complete removable dentures is based on:**

- 1) the phenomenon of capillarity;
- 2) adhesion;
- 3) functional suction;
- 4) the phenomenon of wettability.

**11. The following forms of the slope of the soft palate are distinguished, having value for building a closing valve along the distal edge of the upper complete denture:**

- |                            |                   |
|----------------------------|-------------------|
| 1)sinuous;                 | 4)cool;<br>with a |
| 2)medium slope<br>sloping; | 5)canopy.         |

**12. The method of fitting an individual spoon on the upper edentulous jaw according to Herbst includes the following functional tests:**

- |                                 |   |
|---------------------------------|---|
| 1)swallowing<br>wide opening of | 4)lip stretching;<br>licking of the upper |
| 2)the mouth;<br>cheek sucking;  | 5)lip.                                    |

**13. The manufacture of a two-layer basis (with a soft lining) in patients with complete loss of teeth is indicated:**

- 1) with significant uneven atrophy of the alveolar parts;
- 2) dry, slightly pliable mucous membrane of the prosthetic bed;
- 3) hypertrophied mucous membrane of the prosthetic bed;
- 4) "dangling" soft alveolar ridge;
- 5) exostoses on the surface of the prosthetic bed.

**14. Methods for making individual spoons:**

- 1) from fast-hardening plastic;
- 2) vacuum forming from a plate of thermoplastic plastic;

- 3) from a plate of a photopolymer composite;
- 4) 3D printing;
- 5) from thiokol impression materials.

**15. Factors affecting the fixation of complete removable dentures are:**

- 1) clinical anatomy of the jaws;
- 2) type of mucous membrane of the prosthetic bed;
- 3) method of obtaining a functional impression;
- 4) features of the patient's psyche.

**16. Biomechanical methods of fixation of complete removable dentures include:**

- 1) weighting of prostheses;
- 2) the use of magnets;
- 3) anatomical retention;
- 4) fastening prostheses with intraosseous implants;
- 5) suction chambers.

**17. The physical methods of fixation of complete removable dentures include:**

- 1) weighting of prostheses;
- 2) the use of magnets fixed in the upper and lower prostheses;
- 3) use of suction chambers;
- 4) use of intraosseous implants.

**18. Requirements for the fitted individual impression tray for the upper jaw:**

- 1) tight fit to the tissues of the prosthetic bed;
- 2) no displacement on the jaw during functional tests;
- 3) strict compliance with the line "A";
- 4) strict compliance with the edge of the transitional fold.

**19. Requirements for an individual impression tray for the lower jaw:**

- 1) do not reach the transitional fold by 2 mm;
- 2) overlap the buccal bands and frenulum of the tongue;
- 3) fit snugly to the tissues of the prosthetic bed, do not balance;
- 4) bypass the buccal bands and frenulum of the tongue;
- 5) cover the retromolar tubercle.

**20. The method of fitting an individual spoon on the lower edentulous jaw according to Herbst includes the following functional tests:**

- 1) swallowing
- 2) wide opening of the mouth;
- 3) cheek sucking;

- 4) lip stretching;
- 5) touching the tip of the tongue to the upper lip.

**Topic 4. Prosthetics for patients with complete loss of teeth.  
Determination of the central ratio of the jaws**

OK-1, PK-1, PK-5,  
PK-4, PU-6, PK-8

*Choose one correct answer.*

**1. Indicate the sign of overestimation of the interalveolar height:**

- 1) biting the mucous membrane of the cheeks;
- 2) deepening of the natural folds of the face;
- 3) jamming of the cheeks;
- 4) smoothing of nasolabial folds, closing of lips with tension.

**2. When determining the central ratio of the jaws, the following should be taken into account:**

- 1) topography of the sagittal occlusal curve;
- 2) uniform and simultaneous contraction of the masticatory muscles on both sides;
- 3) topography of the transversal occlusal curve.

**3. To correctly determine the position of the lower jaw in relation to the upper jaw, it is important:**

- 1) preparation of plaster models of the jaws;
- 2) determination of the height of the lower part of the face;
- 3) definition and formation of the occlusal plane.

**4. Method for determining the height of the lower face, which gives the best aesthetic and functional effect:**

- 1) anthropometric;
- 2) using the compass of the golden section;
- 3) anatomical and physiological;
- 4) based on the study of photographs of the patient.

**5. The guideline for determining the prosthetic (occlusal) plane of the upper bite template with occlusal ridges in case of complete loss of teeth is:**

- 1) nasal line and smile line;
- 2) vertical line;
- 3) nasal line;
- 4) the surface of the lower roller;
- 5) smile line.

**6. At the stage of determining the central ratio of the jaws, the prosthetic plane is formed:**

- 1) on the lower occlusal roller;

- 2) upper occlusal roller;
- 3) lower and upper occlusal ridges.

**7. The prosthetic plane in the lateral sections is parallel to the line:**

- 1) camper;
- 2) Frankfurt;
- 3) pupillary.

**8. After the stage of determining the central ratio of the jaws, wax bases with occlusal rollers:**

- 1) used for setting artificial teeth;
- 2) keep until the stage of checking the design of the prosthesis;
- 3) keep until the complete manufacture of prostheses and their application;
- 4) melted down to reuse the wax.

Choose multiple correct answers.

**9. Choose the correct statements:**

- 1) buccal surfaces of bite templates with occlusal ridges should lie in the same plane;
- 2) the prosthetic plane must be parallel to the Frankfurt horizontal;
- 3) to form a prosthetic plane in the lateral sections, 2 rulers are used: the first is superimposed on the occlusal surface of the bite template with occlusal ridges, the second  
- along the nasal line;
- 4) the edge of the upper roller should protrude from under the upper lip by 1–2 mm.

**10. Reference lines on the bite block with occlusal ridges include:**

- 1) line of incisors;
- 2) line of fangs;
- 3) dividing line;
- 4) smile line;
- 5) middle line.

**11. Select factors that affect the position of functional rest of the lower jaw:**

- 1) periodontal disease;
- 2) the emotional state of a person;
- 3) disease of the nervous system;
- 4) TMJ disease;
- 5) arbitrary control over the position of the lower jaw of the patient himself.

**12. An increase in the interalveolar distance when determining the central ratio of the jaws in edentulous patients is accompanied by the**

**following symptoms:**

- 1) shortening of the upper lip;
  - 2) chattering of teeth during eating and speech;
  - 3) rapid fatigue of masticatory muscles;
  - 4) drooping of the corners of the mouth;
- deepening of the nasolabial folds.

**13. Reducing the interalveolar distance when determining the central ratio of the jaws in edentulous patients is accompanied by the following symptoms:**

- 1) shortening of the upper lip;
- 2) chattering of teeth during eating and speech;
- 3) maceration of the skin in the corners of the mouth;
- 4) fatigue of masticatory muscles;
- 5) drooping of the corners of the mouth.

**14. The edge of the upper bite ridge during the formation of the prosthetic plane should:**

- 1) with a half-open mouth, protrude from under the upper lip by 5–6 mm;
- 2) be at the level of the lip closure line;
- 3) with a half-open mouth, protrude from under the upper lip by 1–2 mm.

**15. Specify the clinical methods of prosthetics with removable dentures:**

- 1) formation of a prosthetic plane on the upper bite roller;
- 2) checking the wax construction of prostheses;
- 3) production of wax bases with bite rollers;
- 4) drawing orientation lines on the bite rollers.

**16. When setting the anterior teeth in complete removable dentures, take into account:**

- 1) the length of the upper lip and its position;
- 2) interalveolar distance;
- 3) the size of the interocclusal gap;
- 4) Pound's triangle;
- 5) the position of the incisive papilla.

**17. The form of the alveolar process, the most favorable for ensuring the stability of the prosthesis and adequate perception of masticatory pressure:**

- |                        |                    |
|------------------------|--------------------|
| 1) wide process;       | 3) narrow process; |
| moderate height of the |                    |
| 2) process;            | 4) high offshoot.  |

**18. Signs of a decrease in interalveolar height:**

- 1) deepening of the nasolabial fold;

- 2) smoothness of nasolabial and chin folds;
- 3) decrease in the height of the lower part of the face;
- 4) lengthening of the lower part of the face;
- 5) loss of chewing teeth.

**19. Static methods for determining the central ratio of the jaws include:**

- 1) Jupiter method;
- 2) Watsword method;
- 3) Gizi method;
- 4) Rubinov's method.

**20. Methods for determining the central ratio of the jaws:**

- 1) anatomical and physiological;
- 2) functional-physiological;
- 3) anatomical;
- 4) determination of the central ratio of the jaws using
- 5) gnathodynamometer;
- 6) determination of the central ratio of the jaws by electromyography.

**Topic 5. Methods of setting teeth in complete removable dentures**

OK-1, PK-1, PK-5, PK-4, PU-6, PK-8

Choose one correct answer.

**1. THE RELATIONSHIP BETWEEN THE SHAPE OF THE UPPER CENTRAL INCISORS AND THE SHAPE OF THE FACE WAS ESTABLISHED:**

- 1) Williams
- 2) Spee
- 3) Nelson
- 4) Gizi

**2. THE RELATIONSHIP BETWEEN THE SHAPE OF THE FACE, THE SHAPE OF THE DENTAL ARCHES AND THE SHAPE OF THE CENTRAL INCISORS OF THE UPPER JAW IS NAMED AT THE TRIAD:**

- 1) Nelson
- 2) Williams
- 3) Hanau
- 4) Wilson

**3. AUTHOR OF THE METHOD FOR SETTING ARTIFICIAL**

## **TEETH ON GLASS IN A HINGED OCCLUDATOR:**

- 1) Rubies
- 2) Vasiliev
- 3) Gelman
- 4) Gizi

### **4. WITH THE COMPLETE ABSENCE OF TEETH, THE DESIGN OF DENTAL ARCHES BY ORTHOGNATHIC, PROGENIC OR PROGNATHIC TYPE IS DUE TO:**

- 1) the need to increase the occlusal surface
- 2) the request of the patient
- 3) type of apparatus for constructing dentition (occluder, articulator)
- 4) the type of ratio of the jaws of the patient
- 5) the degree of atrophy of the jaws

### **5. WITH THE COMPLETE ABSENCE OF TEETH, AN ANGLE OF LESS THAN 80°, FORMED BY INTERALVEOLAR LINES AND A HORIZONTAL PLANE, IS AN INDICATION FOR SETTING ARTIFICIAL TEETH BY TYPE:**

- 1) orthognathic
- 2) progenic
- 3) prognathic

### **6. THE GLASS PLATE WHEN SETTING ARTIFICIAL TEETH ACCORDING TO VASILEV, CAN BE TRANSFERRED TO THE LOWER OCCLUSIVE ROLLER IN THE FOLLOWING WAYS:**

- 1) cutting off the lower occlusal roller to the thickness of the glass
- 2) having made a new bite template with an occlusal roller for the lower jaw
- 3) using wax columns applied to the inner surface of the occlusal roller
- 4) the glass plate is glued to the lower occlusal roller with a strip of melted wax

### **7. WHAT ANATOMICAL REFERENCES SHOULD BE APPLIED ON THE GLASS WHEN SETTING ARTIFICIAL TEETH ACCORDING TO VASILEV:**

- 1) middle line
- 2) smile line

- 3) line of fangs
- 4) perimeter of the upper occlusal ridge

**8. WHEN SETTING ARTIFICIAL TEETH ON GLASS, THE FIRST SET UP:**

- 1) 1.1
- 2) 2.1
- 3) 3.1
- 4) 4.1
- 5) 1.3

**9. WHEN SETTING ARTIFICIAL TEETH ACCORDING TO VASILIEV, TEETH 1.2 AND 2.2 ARE SET AS FOLLOWS:**

- 1) touch the glass surface
- 2) separated from the glass surface by 0.5 mm
- 3) separated from the glass surface by 1 mm
- 4) separated from the glass surface by 2 mm
- 5) inclined with cutting edges towards the center

**10. FACTORS INFLUENCING THE METHOD OF SETTING ARTIFICIAL TEETH IN A REMOVABLE DENTURE:**

- 1) the degree of atrophy of the alveolar parts
- 2) lip length
- 3) the desire of the patient
- 4) ratio of edentulous jaws
- 5) the severity of nasolabial and chin folds

**11. REQUIREMENTS FOR ARTIFICIAL TEETH:**

- 1) have no requirements
- 2) the material should not have a toxic and irritating effect
- 3) correct selection of the anatomical shape and color of the teeth
- 4) resistance to chewing pressure and abrasion

**12. RULES FOR SETTING THE FIRST PREMOLARS ACCORDING TO THE VASILIEV METHOD:**

- 1) the buccal tubercle touches the glass



- 2) the palatine tubercle is 1 mm apart
- 3) touches the glass with both tubercles
- 4) away from the glass surface

**13. SPECIFY POSSIBLE FORMS OF ARTIFICIAL TEETH:**

- 1) rectangular
- 2) wedge-shaped
- 3) oval
- 4) round
- 5) conical

**14. FACTORS INFLUENCING ADAPTATION TO FULL REMOVABLE DENTURES:**

- 1) quality of technology implementation
- 2) the quality of the surgical preparation of the prosthetic bed
- 3) the quality of the psychological preparation of the patient for prosthetics
- 4) compliance with the quality of the manufacture of the prosthesis to the expectation of the patient

**15. WHEN DESIGNING A PHONETICALLY EFFECTIVE PROSTHESIS, THE FOLLOWING SHOULD BE CONSIDERED:**

- 1) the profession of the patient
- 2) the nature of the setting of the teeth
- 3) the height of the lower face
- 4) the shape of the vestibular and oral surfaces of the basis of the prosthesis

**16. WHEN SELECTING ARTIFICIAL TEETH, THE ORTHOPEDIST MUST CONSIDER:**

- 1) skin color
- 2) face shape
- 3) gender of the patient
- 4) patient's age
- 5) type of nervous system

**17. WHICH OF THE METHODS ARE RELATED TO THE METHODS FOR SETTING ARTIFICIAL TEETH:**

- 1) according to Vasiliev
- 2) by Gizi
- 3) according to Rubinov

**18. TO ACHIEVE THE FUNCTIONAL VALUE OF A REMOVABLE DENTURE IN THE COMPLETE ABSENCE OF TEETH (GANAU FIVE), IT IS IMPORTANT TO ENSURE HARMONY BETWEEN:**

- 1) the angle of inclination of the incisors
- 2) the angle of inclination of the molars
- 3) occlusal plane
- 4) tilt of the articular tubercles
- 5) the degree of severity of occlusal curves
- 6) the height of the tubercles and the angles of the slopes of the tubercles of the lateral teeth
- 7) the shape and size of the anterior teeth of the upper jaw

**19. BY THE METHOD OF FASTENING TO THE BASIS OF THE PROSTHESIS ARTIFICIAL PORCELAIN**

THE TEETH CAN BE:

- 1) crampon
- 2) on the supply
- 3) on an artificial gum
- 4) diatoric
- 5) tubular
- 6) all of the above is true

**20. WHAT IS AN ANATOMICAL REFERENCE FOR SETTING ARTIFICIAL TEETH IN REMOVABLE DENTURES WITH COMPLETE LOSS OF TEETH:**

- 1) camper horizontal
- 2) frankfurt horizontal
- 3) Spee curve
- 4) pupillary line

Answers to tests:

Topic 1.	Topic 2	Topic 3.	Topic 4.	Topic 5.
1) 6	1) 2	1) 4.	1) 4.	1) 1
2) 3	2) 2	2) 1.	2) 2.	2) 1
3) 2	3) 2	3) 3.	3) 2.	3) 2
4) 2	4) 2	4) 1.	4) 3.	4) 4
5) 3	5) 3	5) 3.	5) 3.	5) 2
6) 2	6) 3	6) 2-5.	6) 2.	6) 1, 2
7) 1	7) 1.2	7) 2, 5.	7) 1.	7) 1, 3, 4
8) 4	8) 1	8) 1, 3.	8) 1.	8) 1, 2
9) 4	9) 3	9) 1-3.	9) 1, 3, 4.	9) 2.5
10) 2	10) 4.5	10) 2, 3.	10) 2, 4, 5.	10) 1, 2, 4
11) 1.3	11) 1.3	11) 2-4.	11) 2-5.	11) 2, 3, 4
12) 1.2	12) 1.3	12) 2-4.	12) 2, 3.	12) 1, 2
13) 1.3	13) 2.3	13) 1, 2, 5.	13) 3-5.	13) 1, 2, 3
14) 1-4	14) 2.3	14) 1-4.	14) 2, 3.	14) 1, 2, 3
15) 1.4	15) 1.2	15) 1-3.	15) 1, 2, 4.	15) 1, 2, 4
16) 1,2,3	16) 2.3	16) 3, 4.	16) 1-3, 5.	16) 1, 2, 3, 4
17) 2,3,4	17) 3.4	17) 1-3.	17) 1, 2.	17) 1, 2
18) 1,2,4,5	18) 3.4	18) 1, 2.	18) 1, 3.	18) 1, 3, 4, 5,
19) 1-4	19) 2-4	19) 3-5.	19) 1-3.	6
20) 2.4	20) 1,2,4	20) 1, 2, 4, 5.	20) 1, 3.	19) 1, 4
				20) 1, 4