

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
Orthopedic Dentistry

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 the current control of 3rd year students
in the 5th (autumn) semester.**

1. Etiology, clinic of complete destruction of the tooth crown.
2. Standard pin teeth. Types, indications for use.
3. Principles of root canal formation for pin structures.
4. Preparation of the tooth stump and root canals for prosthetics of an artificial stump with a pin.
5. Clinical and laboratory stages of artificial stump prosthetics with a pin.
6. Direct and indirect method of manufacturing an artificial stump with a pin.
7. Etiology, pathogenesis, clinic of partial loss of teeth.
8. Classifications of partial loss of teeth according to Kennedy, Gavrilov, Zhulev.
9. Clinical picture of partial loss of teeth in periodontal diseases, with increased tooth wear.
10. Types of bridges, indications for use, basic elements.
11. Basic principles for the design of bridges.
12. Biomechanics of bridges.
13. Prosthetics with stamped-soldered bridges.
14. Types, advantages of cast prostheses.
15. Prosthetics with solid bridges.
16. Clinical and laboratory stages of prosthetics with soldered combined prostheses.
17. Clinical and laboratory stages of prosthetics with one-piece combined prostheses with plastic lining.
18. Negative aspects of prosthetics with stamped-soldered bridges.
19. Clinical and laboratory stages of prosthetics with ceramic-metal bridges.
20. Clinical and laboratory stages of prosthetics with all-ceramic bridges.
21. Features of the manufacture of temporary structures made of plastic, composite.
22. Mistakes and complications in prosthetics with bridge prostheses and their prevention at the clinical stages of treatment.
23. Errors and complications during the retraction procedure and their prevention.
24. Errors and complications in prosthetics with bridges and their prevention at the laboratory stages of treatment.

**Questions for the current control of 4th year students
in the 7th (autumn) semester.**

1. Examination of a patient with complete loss of teeth in the clinic of orthopedic dentistry
2. Classification of PPP according to Oksman

3. The mechanism of formation of senile progeny
4. Determination of interalveolar height, in patients with complete loss of teeth
5. Classification of complete loss of teeth according to Schroeder
6. Teeth setting according to Gizi
7. Definition of C.S. jaws with non-fixed height
8. Types of artificial teeth
9. Features of setting teeth with prognathic jaw ratio
10. Fitting of an individual tray in patients with total loss of teeth
11. Technology of manufacturing a bite template
12. Peculiarities of setting teeth with prognathic ratio of jaws
13. Method for obtaining a functional impression with complete loss of teeth
14. Setting artificial teeth on glass
15. Special preparation of the oral cavity before prosthetics
16. Checking the wax construction of a removable denture in the oral cavity
17. Gas porosity
18. Psychological preparation of patients with severe vomiting reflux before prosthetics with complete removable dentures
19. Application of a removable prosthesis in the oral cavity
20. Advice to patients
21. Theory of buffer zones

**Questions for the current control of 5th year students
in the 9th (autumn) semester.**

1. X-ray methods of examination in the clinic of orthopedic dentistry.
2. Methods for determining chewing efficiency.
3. The study of diagnostic models of the jaws in the articulator.
4. Modern materials for the manufacture of inlays.
5. Modern methods of tooth preparation for inlays.
6. Method of adhesive fixation of ceramic inlays.
7. Methods for removing two-layer silicone impressions.
8. Methods for taking impressions from implants.
9. Compression and relief impressions. Indications, method of implementation.
10. Modern methods of teeth preparation for ceramic crowns.
11. Classification of materials for the manufacture of metal-free crowns.
12. Method of adhesive fixation of ceramic crowns.
13. Indications for use and method of fixation of fiberglass pins.
14. Method of preparation of root canals of teeth for pin constructions.
15. Methods for manufacturing an artificial stump with a pin.
16. Modern methods of manufacturing ceramic crowns.
17. Modern CAD\CAM systems.
18. Intraoral cameras for taking optical impressions.
19. Methodology for calculating the reserve forces of the periodontium when determining indications for prosthetics with bridges.
20. Biomechanics of bridges.

21. Types of intermediate parts of bridges.
22. Indications for the use of removable dentures with a metal base.
23. Various types of metal bases.
24. Determination of the boundaries of a removable plate prosthesis.
25. Anti-tipping elements of a removable prosthesis.
26. Types of fixing elements for prosthetics with arc prostheses.
27. The problem of the end saddle.
28. Topography of the location of the arch of a removable prosthesis on the upper and lower jaws in various clinical situations.
29. Methods for decorating the edges of an individual tray when obtaining a functional impression.
30. Materials used to decorate the edges of an individual tray when obtaining a functional impression.
31. Fitting of individual spoons, functional tests on the upper and lower jaws.
32. The central ratio of the jaws (determination methods).
33. Anthropometric landmarks in determining the central ratio of the jaws.
34. Anatomical and functional method for determining the central ratio of the jaws.
35. Setting teeth on individual occlusal surfaces.
36. Setting teeth in the articulator "Gnatomat".
37. Teeth setting with an abnormal ratio of the jaws.
38. Indications for direct prosthetics.
39. The method of manufacturing an immediate prosthesis I.M. Oksman.
40. The method of manufacturing an immediate prosthesis G. P. Sosnina.
41. Types of stabilization of the dentition.
42. Indications for the use of removable splints in periodontal diseases.
43. Methods for determining the route of introduction of removable tires.
44. Comparative evaluation of removable and non-removable tires.
45. Advantages and disadvantages of removable and non-removable tires.
46. Modern types of fixed tires.
47. Mistakes in prosthetics with fixed dentures.
48. Mistakes in the planning of removable dentures.
49. Types of errors in prosthetics with removable and fixed dentures.

**Questions for the current control of 2nd year students
in the 4th (spring) semester.**

1. Classification of inlays and materials for their manufacture.
2. Cutting tool for tooth preparation.
3. Impression materials and choice of impression tray.
4. Manufacturing technology of a cast insert.
5. Manufacturing technology of the porcelain inlay.
6. Technology for the manufacture of ceramic inlays by computer forming (CEREC) .
7. Casting a metal frame on removable wax reproductions.
8. Metal frame casting on refractory models.

9. Types of gypsum wax models in a cuvette.
10. Plastic dough, types of plastic porosity.
11. Types of ceramics. Methods for the manufacture of ceramic crowns.
12. Bond between metal (alloy) and porcelain, metal and plastic.
13. Matching the color of the artificial crown veneer using different color charts.
14. Repairing chipped ceramic lining of an artificial crown.
15. Use of the T-SCAN device for the study of occlusion.
16. Methods for checking the presence of supercontacts in the patient's oral cavity.
17. The method of gnathodynamometry used to study the function of the muscles of the maxillofacial region.
18. Electromyography method used to study the function of the muscles of the maxillofacial region.
19. The method of myotonometry used to study the function of the muscles of the maxillofacial region.
20. X-ray methods for the study of the TMJ.
21. Application of the K-7 device (Myotronics) in the diagnosis of TMJ diseases.
22. Face bow device, overlay technology.
23. Classification of periodontal diseases.
24. Clinical methods of periodontal research.
25. Methods for determining periodontal indices.

Questions for the current control of students
3 courses in the 6th (spring) semester.

1. Clinical picture with partial loss of teeth in the upper and lower jaws.
2. Morphological changes in the tissues of the prosthetic bed when using removable dentures.
3. Features of obtaining impressions in the manufacture of removable dentures with partial loss of teeth.
4. The concepts of adhesion and stickiness as a physical basis for fixing removable dentures.
5. Choice of abutment teeth for clasp fixation. The concept of a clasp line, types.
6. Classification of clasps, requirements for them.
7. Device and purpose of the parallelometer.
8. The concept of a boundary line, methods for its definition and location options.
9. Route of insertion and route of removal of the prosthesis. Concept, types.
10. The concepts of "central ratio" and "central occlusion".
11. Methods for determining central occlusion and central ratio in case of partial loss of teeth.
12. Features of determining the central ratio with partial loss of teeth.
13. Components of an arc prosthesis.
14. Features of the location of the arc on the upper and lower jaws.
15. Indications and contraindications for the use of arc prostheses.
16. Indications for prosthetics with removable lamellar dentures. Components of prostheses.

17. Removable dentures made of monomer-free plastics and thermoplastics. Types, design features, indications for use.
18. Methods for repairing removable lamellar dentures.
19. Indications for the use of removable dentures with a metal base.
20. Types of metal bases.
21. Planning the design of a removable prosthesis with a metal base using a parallelometer.
22. The concept of errors and complications in prosthetics with removable dentures.
23. Errors in prosthetics with removable dentures and ways to eliminate them.
24. Complications in prosthetics with removable dentures and ways to eliminate them.
25. Features of the correction of removable dentures.

**Questions for the current control of students
4 courses in the 8th (spring) semester.**

1. Histological changes in periodontal tissues in primary and secondary traumatic occlusions
2. Modern methods of examination of periodontal tissues in traumatic occlusion
3. Modern ideas about the variants of the pathogenesis of traumatic occlusion
4. Modern classifications of periodontal diseases
5. Modern concepts of immunohistochemical processes in periodontal diseases
6. The role of somatic diseases in the development of periodontitis and periodontal disease.
7. Computer modeling of occlusion T-scan. Methodology and indications
8. Analysis of occlusal relationships in the articulator. Types of articulators, work with a facial bow
9. Surveys of the state of occlusion. Spee curve, Wilson curve. occlusal plane. occlusal distance.
10. Modern options for the design of non-removable tires. Features of orthopedic treatment
11. Features of the preparatory stages before permanent splinting.
12. The role and purpose of temporary splinting in periodontal diseases. Modern materials and methods.
13. Peculiarities of tooth preparation and taking impressions in chronic generalized periodontitis of mild and moderate severity
14. Variants and features of the manufacture of temporary orthopedic structures for periodontal diseases
15. Drawing up a treatment plan for periodontal diseases. Options and clinical rationale.
16. Clinical and biomechanical substantiation of the use of a telescopic system for fixing removable dentures in chronic periodontal diseases complicated by partial loss of teeth

17. 2. Modern technologies for the manufacture of frameworks of arc splinting prostheses for periodontal diseases
18. The device and operation of the parallelometer. Parallelometry methods
19. Modern methods of direct prosthetics
20. Direct prosthetics during implantation. Features and indications
21. Production of temporary crowns by direct method for periodontal diseases. Methods and indications.
22. Electromyography. Features of the technique for parafunctions of masticatory muscles
23. Modern methods for diagnosing parafunctions of masticatory muscles.
24. Modern methods of treatment of masticatory muscle parafunctions
25. MRI and CT examination in the diagnosis of TMJ diseases
26. Occlusal tires. Kinds. Indications for use.
27. Pain syndrome in musculo-articular dysfunction of the TMJ. Clinical picture, pathogenesis, approaches to treatment.
28. Pathogenetic variants of the development of musculo-articular dysfunction of the TMJ.
29. Orthodontic treatment of muscular-articular dysfunction of the TMJ.
30. Pathogenetic role of dentition deformation in the development of TMJ diseases.

Questions for the current control of students
5 courses in 10 (spring) semester.

1. Classification of jaw fractures.
2. The mechanism of displacement of fragments in fractures of the upper and lower jaws.
3. Complications of jaw fractures.
4. Classification of orthopedic devices.
5. Devices used for fractures of the upper jaw.
6. Devices used for fractures of the lower jaw.
7. General measures taken in the provision of first aid for fractures of the jaws.
8. Stages of medical care in the treatment of jaw fractures. First aid to patients with fractures of the jaws in wartime.
9. Orthopedic treatment of fractures of the upper jaw.
10. Dispensary observation of patients with fractures of the upper jaw. Comprehensive rehabilitation of patients in the treatment of fractures of the upper jaw, complicated by traumatic brain injury.
11. Orthopedic treatment of mandibular fractures.
12. Dispensary observation of patients with fractures of the lower jaw.
13. Comprehensive rehabilitation of patients in the treatment of mandibular fracture.
14. Orthopedic treatment of false joints of the lower jaw.
15. Methods for the treatment of false joints in the region of the branch of the lower jaw.
16. Orthopedic treatment of incorrectly fused fractures of the jaws.

17. Orthopedic methods of treatment of microstomia.
18. Comprehensive rehabilitation of patients with microstomy.
3. Comprehensive care for patients with microstomia resulting from a burn of the maxillofacial region.
19. Orthopedic treatment after resection of the upper jaw.
20. Manufacturing technology of a hollow replacement part of a removable prosthesis during resection of the upper jaw.
3. Comprehensive rehabilitation of patients after resection of the upper jaw.
21. Orthopedic treatment after resection of the lower jaw.
22. Comprehensive rehabilitation of patients after resection of the lower jaw.
3. Possible changes in the oral mucosa in patients undergoing chemotherapy.
23. Methods of feeding newborns with defects in the hard and soft palate.
24. Orthopedic treatment of defects of the hard and soft palate.
25. Comprehensive rehabilitation of patients with defects of the hard and soft palate.
26. Modern technologies for the manufacture of exoprostheses that allow restoring the function of a lost organ.
27. Possibilities of reconstructive surgery in the treatment of facial defects.
Comprehensive rehabilitation of patients with facial defects.
28. Combined facial prostheses.
29. Combined jaw prostheses.
30. Method for obtaining a collapsible face model.
31. Anatomical and functional features of the TMJ.
32. Functional anatomy of masticatory muscles.
33. Vertical movements of the lower jaw.
34. Sagittal movements of the lower jaw.
35. Transversal movements of the lower jaw.
The concepts of occlusion, articulation, bite.
36. Types of bite.
37. Signs of orthognathic bite.
38. Clinical examination of the TMJ.
39. Modern methods of recording the movements of the lower jaw.
40. Possibilities of magnetic resonance imaging in the diagnosis of TMJ diseases.
41. Computed tomography of the TMJ as a diagnostic method.
42. Etiology, pathogenesis, clinic habitual dislocations and subluxations of the TMJ.
43. Classification of dislocations of the articular head, articular disc.
44. Orthopedic treatment of habitual dislocations and subluxations of the TMJ.
45. Etiology, pathogenesis of the development of musculo-articular dysfunction of the TMJ.
46. Clinic of centric and eccentric dislocations of the articular disc.
47. The use of graphic methods for recording the movements of the lower jaw in the diagnosis of musculo-articular dysfunction of the TMJ.
48. Methods of orthopedic treatment of muscular-articular dysfunction of the TMJ.

49. Application of the TENS technique for the treatment of musculo-articular dysfunction of the TMJ.
50. Occlusal tires. Kinds. Indications for use.
51. Methods for determining the supercontacts of the dentition.
52. Peculiarities of grinding supercontacts in centric occlusions.
53. Peculiarities of grinding supercontacts in eccentric occlusions.
54. Method of selective grinding Jenkelson.

List of questions for the exam:

1. The subject of orthopedic dentistry. Definition, components.
2. Fundamental theoretical principles of orthopedic dentistry.
3. Development of orthopedic dentistry in Russia.
4. The structure of the oral mucosa. Movable and fixed shells. Neutral zone. Vertical displacement (compliance).
5. The relationship between the organs of the dental system.
6. The structure of the teeth. Anatomical and clinical crowns. The main groups of teeth, their anatomical characteristics.
7. The structure of the dentition. Dental arches of the upper and lower jaws.
8. Muscles that move the lower jaw, their division by function. Mimic muscles, their role in the act of chewing.
9. Permanent bite.
10. Chewing muscles. Absolute strength of chewing muscles.
11. Dental, alveolar and basal arches. Old progeny.
12. The value of a full-fledged chewing apparatus for the normal functioning of the gastrointestinal tract.
13. Diagnosis in orthopedic dentistry (morphological, functional).
14. Dental prosthesis as a therapeutic and prophylactic agent.
15. Tasks of orthopedic treatment with partial loss of teeth.
16. The concept of a prosthetic bed.
17. Studying the function of masticatory muscles using electromyography.
18. Method for determining chewing efficiency according to Rubinov.
19. Types of bite and their characteristics.
20. The structure of the dentition. Factors that ensure their sustainability.
21. Structural features of the upper and lower jaws.
22. Ways of transmission of chewing pressure on the jaw and skull.
23. Periodontium: structure and its functions.
24. Anatomy and function of the temporomandibular joint.
25. Orthognathic bite (morphological characteristics).
26. The concept of occlusion, articulation. Characteristics of central, anterior, lateral occlusion.
27. Graphic methods for registering the movements of the lower jaw.
28. Incisor and articular path. Bonville's three-point contact.
29. Orthopedic treatment plan and elements, its components.
30. Gnatodynamometry and endurance of the periodontium to the load.

31. Periodontal reserve forces: definition, characteristics of reserve forces according to clinical and radiological studies.
32. Ney's clasp system. Indications for the use of each type of clasp.
33. Safety zones in the hard tissues of the anterior teeth of the upper and lower jaws and their clinical significance.
34. Occlusal curves. Occlusal surface, occlusal plane.
35. Modern methods of obtaining impressions in prosthetics with fixed prostheses.
36. The concept of interalveolar distance and central occlusion.
37. Characteristics of a functioning group with partial loss of teeth.
38. Classification of tooth movement.
39. Characteristics of a non-functioning group of teeth.
40. Methods of anesthesia in the preparation of teeth for fixed dentures.
41. Orthopedic treatment of increased tooth wear.
42. Clinic of deformations of the occlusal surfaces of the dentition.
43. Prevention of possible errors in the preparation of teeth for fixed dentures.
44. Age-related changes in teeth, dentition and jaws.
45. Primary and secondary traumatic occlusion. Differential diagnosis.
46. Study of models of jaws in a parallelometer.
47. The concept of tooth safety zones and their practical significance.
48. Etiology and clinic of defects in crowns of teeth, their classification and types of prosthetics.
49. Indications for the use of tabs and methods for their manufacture.
Classification of cavities.
50. Principles of formation of cavities under the tab.
51. Indications for the use of artificial crowns.
52. Types of artificial crowns.
53. Requirements for full crowns.
54. Indications for the use of plastic and porcelain crowns.
55. Pin teeth, indications and their application.
56. Preparation of the stump and root canal for a plastic pin tooth.
57. Prosthetics in the complete absence of a crown with a pin tooth according to Richmond.
58. Prosthetics in the complete absence of a tooth crown with a crown on an artificial stump.
59. Prosthetics of defects of teeth with stamped combined crowns.
60. Prosthetics for tooth defects with a full stamped crown.
61. Indications for prosthetics of partial loss of teeth with bridges.
62. The design of the bridge, depending on the size and topography of the defect, the condition of the supporting teeth.
63. Types of bridges. Characteristics of the parts of the bridge prosthesis.
64. Bridge design in terms of biomechanics, strength, hygiene and aesthetics.
65. Choice of abutment teeth. Indications for the use of bridge prostheses.
66. Clinic and laboratory methods of prosthetics with soldered bridges.
67. Errors in prosthetics with bridges.
68. Indications for prosthetics with partial removable lamellar dentures.

69. Types of impressions for prosthetics with partial removable dentures. Impression technique.
70. Elements of a partial removable plate prosthesis. Basis and its purpose.
71. Borders of a partial removable plate prosthesis. Ways to reduce the prosthetic base on the upper jaw.
72. Methods for fixing a partial removable laminar prosthesis.
73. The concept of boundary and equatorial lines, their location.
74. Selection of abutment teeth for clasp fixation of removable dentures.
75. Side effects of clasps on abutment teeth.
76. Imposition of a partial laminar prosthesis. Errors and methods of elimination.
77. Prints. Definition and classification.
78. Methods of examination of an orthopedic patient.
79. Improving measures in the preparation of the oral cavity for prosthetics.
80. Methods of objective examination (palpation, percussion, auscultation, examination, instrumental methods of examination).
81. Methods of examination of the patient in the clinic of orthopedic dentistry.
82. Concepts of working and balancing sides, occlusal and articular signs.
83. The value of the quality of the cutting tool and the mode of preparation of teeth for fixed dentures.
84. Double impressions, indications for their use.
85. Prosthetics for unilateral end defects of the dentition.
86. Checking the frame of the arc prosthesis.
87. Checking the wax model of a partial removable denture. Ways to eliminate the identified errors.
88. Prosthetics for bilateral end defects of the dentition.
89. Methods of direct prosthetics with removable lamellar dentures.
90. Prosthetics of the included defects of the dentition with removable dentures.
91. Determination of the central ratio of the jaws with an unfixed interalveolar height.
92. The imposition of a removable prosthesis with a cast metal base. The sequence of the clinical reception.
93. Orthopedic methods for eliminating deformations of the occlusal surface of the dentition.
94. Clinic of vertical tooth-alveolar movement.
95. Polymerization of plastics. Types of porosity and ways to prevent it.
96. Causes of fracture of the plastic base of the prosthesis. Prevention of internal stresses in acrylic plastics.
97. Basic basic materials (AKR-15, Akrel, Ftoraks, Akronil, Bakryl), their characteristics.
98. Elastic plastics (Ortosil-M, PM-01).
99. Technology of casting gold and steel alloys.
100. Brazed bridge technology.
101. Development of functional overload with partial loss of teeth. Primary traumatic occlusion.
102. Classification of partial loss of teeth (Kennedy, Gavrilov).

103. Basic materials based on copolymers. AKR-15 and its characteristics.
104. Method for preparing plastic dough. The value of the ratio of the components "monomer-polymer".
105. Silicone impression materials (Sielast-69, -03, -05, Vigalen, Stomaflex, etc.).
106. Self-hardening plastics (Protacryl, Redont), indications for their use.
107. Solder for soldering steel and gold. requirements for them.
108. Change of mechanical properties of stainless steel after cold deformation.
109. Molding masses for casting prostheses from gold and steel.
110. Setting teeth on artificial gums and on the inflow.
111. Direct, reverse and combined plastering.
112. Technology of wax bases with occlusal rollers.
113. Plastering models in the occluder (rules and possible errors).
114. Gypsum and its physical and chemical properties.
115. Plastic crown technology.
116. Psychological preparation of the patient before prosthetics.
117. Chrome-nickel and chromium-cobalt alloys, their composition and properties.
118. Technology of the frame of the arc prosthesis.
119. Modeling of the intermediate part of the combined bridge prosthesis.
120. Whitening of stainless steel and gold. Purpose of bleaching.
121. Gold and its alloys.
122. Principles of fastening plastic in a combined bridge prosthesis.
123. Impression materials based on sodium alginate, their characteristics and application.
124. Method of manufacturing a stamped crown.
125. Technology of combined bridge prostheses.
126. Thermoplastic impression materials.
127. Artificial teeth and their characteristics.
128. Occluders and articulators, their purpose and application.
129. Technique of laboratory relocation of removable lamellar dentures.
130. Finishing, grinding and polishing laminar prostheses.
131. Zincoxyeugenol materials (Repin, Dentol).
132. Rules for modeling the intermediate part of a one-piece cast bridge prosthesis.
133. Technologies of cast metal base.
134. Sanitary and epidemiological mode of operation of the orthopedic office.
135. Casting technology on refractory models.
136. Technology of two-layer bases.
137. Features of setting porcelain teeth in removable dentures.
138. Advice to the patient about the rules for using removable dentures.
139. Technology of duplication and obtaining refractory models.
140. Clasps, their types. Requirements for clasps.
141. Technology of repairing removable lamellar dentures.
142. Technology of modeling of the wax model of the frame of the arc prosthesis. Rules for the location of sprues.
143. Clinical picture with complete loss of teeth, the boundaries of complete removable dentures.

144. Method for obtaining functional impressions.
145. Determination of the central ratio in the prosthetics of edentulous jaws.
146. Construction of artificial dentition with complete loss of teeth.
147. Checking the design of complete removable dentures.
148. Rules for the imposition of complete removable dentures.
149. Methods of examination of patients with periodontal diseases.
150. Clinic of systemic periodontal diseases.

Tasks in the simulation class:

1. Take an alginate impression from the dentition of the upper or lower jaw.
2. Analyze the x-ray image (sighting or OPG or TRG on a ticket).
3. Obtaining a double impression (two-stage technique). Error analysis.
4. Obtaining a double impression (one-stage technique). Error analysis.
5. Preparation of the tooth cavity with a bur under the tab (by the type of MOD) on the phantom. Wax inlay modeling.
6. Preparation with a bur of teeth under a stamped crown on a phantom (canine).
7. Preparation with a bur for a stamped crown on a phantom (premolar).
8. Preparation with a bur of teeth under a stamped crown on a phantom (molar).
9. Preparation of teeth with a bur for a cast crown on a phantom (canine).
10. Preparation of teeth with a bur for a cast crown on a phantom (premolar).
11. Preparation of teeth with a bur for a cast crown on a phantom (molar).
12. Preparation of teeth with a bur for a ceramic crown with a ledge on a phantom (cutter).
13. Preparation with a bur of teeth for a ceramic crown with a ledge on a phantom (canine).
14. Preparation of teeth with a bur for a ceramic-metal crown with a ledge on a phantom (cutter).
15. Preparation of teeth with a bur for a ceramic-metal crown with a ledge on a phantom (canine).
16. Preparation of teeth with a bur under a ceramic-metal crown with a ledge on a phantom (premolar).
17. Preparation of teeth with a bur for a ceramic-metal crown with a ledge on a phantom (molar).
18. Modeling of a non-separable artificial stump with a wax pin on a phantom.
19. Preparation of teeth with a bur for a metal-ceramic bridge prosthesis on a phantom.
20. Making a temporary plastic crown from self-hardening resin on a plaster model using a silicone key.
21. Drawing the boundaries of the base of a removable plate prosthesis with partial loss of teeth in the upper and lower jaws on plaster models.
22. Drawing the boundaries of the frame of the arch prosthesis of the upper and lower jaws on plaster models.
23. Plaster model marking in parallelometer. Planning the design of the arc prosthesis.

24. Plaster model marking in parallelometer. Planning a prosthesis with a metal base.
25. Plastering models into the articulator using a face bow.
26. Installation of the facial arch, obtaining an imprint of the upper dentition.
27. Designation of the boundaries of the basis of a removable plate prosthesis with complete loss of teeth in the upper and lower jaws on plaster models.
28. Planning of removable splint structures for the upper jaw in a parallelometer.
29. Planning of a removable Elbrecht splint for the lower jaw in a parallelometer.
30. Determining the color of the tooth according to the 3D master or Vita scale.
31. Diagnosis of the state of occlusion in different types of movements of the lower jaw.
32. Examination of the primary patient, recognition of the disease, filling in the medical history: questioning (complaints, anamnesis), examination, palpation of the soft tissues of the face and bone base, determination of the height of the lower face in a state of relative physiological rest, determination of the type of bite, palpation of the temporomandibular joint, determining the degree of tooth mobility, determining the state of the periodontium (probing the dentogingival groove, pocket), filling in the odonto-periodontogram, determining the mobility, compliance and pain sensitivity of the oral mucosa, studying diagnostic models, determining the degree of atrophy of the alveolar processes, assessing the orthopantomogram, panoramic and sighting radiographs, formulating a diagnosis.
33. Casting a plaster model.
34. Making a wax base with occlusal rollers.
35. Definition of central occlusion.
36. Making a bent holding clasp.
37. Checking the design of laminar prostheses.
38. Fitting and imposition of a lamellar prosthesis.
39. Correction of a lamellar prosthesis.
40. Repair of a lamellar prosthesis.
41. Applying a cold curing elastic lining to the base of the prosthesis.
42. Casting a model from supergypsum.
43. Preparation of plaster models in the area of teeth to be removed for the manufacture of immediate prostheses.
44. Relining of plate prostheses.
45. Carrying out parallelometry on diagnostic models in the manufacture of clasp prostheses.
46. Fitting a cast frame of a clasp prosthesis.
47. Fitting and imposition of a clasp prosthesis.
48. Correction of the clasp prosthesis

Topics of scientific work of students

1. "Orthopedic treatment using veneers and lumineers"
2. "Orthopedic treatment of TMJ pain dysfunction syndrome caused by distal shift of the lower jaw"

3. "Prosthetics with a complete loss of teeth with a fixed structure supported by 6 implants"
4. "Determination of color in orthopedic dentistry"
5. "Emergency conditions in the clinic of orthopedic dentistry"
6. "Orthopedic treatment of defects in the dentition with fixed prostheses based on implants"
7. "Dental photography. Maintaining a photo protocol at a dental appointment"
8. Prosthetics with removable dentures based on implants.
9. Aesthetic features of prosthetics for partial loss of teeth using all-ceramic prostheses.
10. Orthopedic treatment of pathological tooth wear.
11. Features of prosthetics of the anterior dentition based on implants.
12. Modern methods of manufacturing removable structures with a telescopic fixation system.
13. Application of thermoplastic materials in orthopedic dentistry.

TESTS
by discipline - Orthopedic Dentistry 31.08.75
majoring in dentistry

Test tasks with answer options	No. of competence, the formation of which this test task is aimed at
Chapter. Orthopedic treatment of defects in hard tissues of teeth	UK - 1, GPC - 5, PC - 6, PC - 7
1. WHEN PREPARING A TOOTH UNDER A CERAMIC CROWN, THE LAND SHOULD BE DO ON THE SURFACE(S) 1) vestibular 2) vestibular and contact 3) vestibular, oral and contact 4) vestibular, oral, occlusal and contact	
2. WHEN PREPARING A TOOTH UNDER A CERAMIC CROWN, APPROXIMAL WALLS MUST 1) converge at an angle of 6-8° 2) be strictly parallel 3) dive slightly 4) converge at an angle of 15-20	
3. ALGINATE IMPRESSION MATERIALS ARE MIXED WITH WATER 1) cold 2) warm 3) containing 3-4% salt 4) containing borax	
4. THE BASIS OF SILICONE IMPRESSION MATERIALS IS 1) organosilicon polymers 2) sodium salt of alginic acid 3) eugenol 4) paraffin	
5. FOR DISINFECTION OF ALGINATE IMPRESSIONS APPLY	

- 1) 2% glutaraldehyde solution
- 2) potassium permanganate solution
- 3) plasma
- 4) ultrasound

6. REVERSIBLE HYDROCOLLOID IMPRESSION MATERIALS USED FOR OBTAINING IMPRESSIONS

- 1) for duplicating models
- 2) functional
- 3) double
- 4) to decorate the edges of individual spoons

7. IMPRESSION MATERIALS BELONG TO THE GROUP OF MATERIALS

- 1) auxiliary
- 2) structural
- 3) dental
- 4) main

8. IT IS POSSIBLE TO FIX THE PORCELAIN CROWN WITH TEMPORARY CEMENT

- 1) can't
- 2) for any period of observation of the patient
- 3) if the patient does not have bruxism
- 4) no more than 5-7 days

9. FOIL IS USED IN MODELING AND FIRE OF REFRACTORY PORCELAIN

- 1) platinum
- 2) gold
- 3) palladium
- 4) cadmium

10. FIRE OF PORCELAIN IN THE MANUFACTURE OF PORCELAIN CROWNS IS PERFORMED ON THE CAP

- 1) platinum
- 2) palladium
- 3) cadmium
- 4) silver

11. WHEN PREPARING A TOOTH FOR A PORCELAIN CROWN, THE LENDER SHOULD BE PREPARED ON THE SURFACE(S)

- 1) vestibular, oral and contact
- 2) vestibular
- 3) vestibular and contact
- 4) vestibular, oral, occlusal and contact

12. WHEN PREPARING HARD TISSUES OF INCISORS WITH LIVING PULPS, PARTICULAR CAUTION SHOULD BE OBSERVED ON

- 1) oral surface in the area of concavity
- 2) vestibular surface
- 3) contact surfaces in the equatorial region
- 4) contact surfaces in the cervical area

13. CROWNS WHICH ARE MANUFACTURED BY A COMBINED DETAILABLE MODEL

- 1) porcelain and cermet
- 2) plastic
- 3) stamped metal
- 4) stamped combined

14. IN THE MANUFACTURING OF ARTIFICIAL CROWNS, PLASTER MODELS CAN BE FIXED IN

- 1) articulator or occluder
- 2) gnathodynamometer
- 3) kymograph
- 4) parallelometer

15. INDICATION FOR THE APPLICATION OF COST INLAY WITH A PIN IS

- 1) pathological abrasion of teeth of a decompensated form of the 3rd degree
- 2) if the tooth was pulpless more than a year ago
- 3) if the root canal is sealed to the top
- 4) if the tooth has healthy periapical tissues

16. FRACTURE OF THE CROWN OF THE TOOTH AT THE LEVEL WITH THE EDGE OF THE GINGI IS AN INDICATION FOR PROSTHETICS

- 1) pin design
- 2) artificial crown
- 3) tab
- 4) bridge prosthesis

17. AT SIGNIFICANT DEFAULT OF TEETH

- 1) crowns on an artificial stump with a pin
- 2) metal stamped crowns
- 3) cast crowns
- 4) combined crowns

18. YOU CAN FIX A PORCELAIN CROWN WITH TEMPORARY CEMENT

- 1) for any period of observation of the patient
- 2) if the patient does not have bruxism
- 3) no more than 5-7 days
- 4) can't

19. UNDER A PORCELAIN CROWN MADE BY THE METHOD OF APPLICATION ON A REFRACTORY MODEL (ON A REFRACTOR)

- 1) straight ledge at 90 degree angle
- 2) "ledge symbol"
- 3) ledge in the form of a slope at an angle of about 135 degrees
- 4) ledge with beveled edge

20. ANOMAL SHAPED TOOTH (HUTCHINSON, FOURNIER, PFLUGER) IS A MANIFESTATION

- 1) systemic hypoplasia of hard dental tissues
- 2) endemic fluorosis
- 3) erosion of tooth enamel
- 4) anomalies in the development and eruption of teeth

21. THE CAP IS THE BASIS OF A CERMET CROWN

- 1) cast
- 2) stamped
- 3) soldered
- 4) platinum foil

22 CARDINAL PROPERTIES OF ALL IMPRESSION MATERIALS, WITHOUT WHICH IMPRESSION CANNOT BE OBTAINED

- 1) plasticity
- 2) elasticity
- 3) pleasant color, taste and smell
- 4) no shrinkage

23 WHEN PREPARING A TOOTH UNDER A PORCELAIN CROWN, APPROXIMAL WALLS MUST

- 1) converge at an angle of 6-8°
- 2) diverge slightly
- 3) converge at an angle of 15-20°
- 4) converge at an angle of 9°

24. WHEN FIRNING PORCELAIN MASS, EXCEPT FOR EXPOSURE TO HIGH TEMPERATURES USE

- 1) vacuum
- 2) pressure
- 3) centrifugation
- 4) all of the above are correct

25 CERAMIC CROWN APPLICATION IS CARRIED OUT BY DETECTION OF PREMATURE CONTACTS BETWEEN THE CROWN AND THE WALLS OF THE STUD WITH HELP

- 1) corrective silicone masses
- 2) alginate impression masses
- 3) liquid gypsum
- 4) carbon paper

26 THICKNESS OF THE PLATINUM FOIL USED IN THE MANUFACTURE PORCELAIN CROWN, EQUAL

- 1) 0.025 mm
- 2) 0.01mm
- 3) 0.05mm
- 4) 0.075mm

27. MINIMUM THICKNESS METAL FRAMEWORK CERAMIC CROWN FROM COBALT-CHROME ALLOY

- 1) 0.3 mm
- 2) 0.2mm
- 3) 0.1mm
- 4) 0.4mm
- 5) 0.5mm

28 THE CAP IS THE BASIS OF THE CERAMIC CROWN

- 1) cast
- 2) soldered
- 3) stamped
- 4) platinum foil

29 FIRST LAYER OF CERAMIC MASS APPLIED ON METAL THE FRAME OF THE CERAMIC CROWN, IS CALLED

- 1) ground (opaque) layer
- 2) enamel layer
- 3) frosting
- 4) dentin layer

30. THE LAYER OF CERAMIC COATING WHICH GIVES THE CERAMIC-METAL CROWN THE BASIC COLOR TONE IS CALLED

- 1) dentin layer
- 2) enamel layer
- 3) frosting
- 4) ground (opaque) layer

31 AT PROSTHETICS THE IMPRESSION IS REMOVED WITH METAL-PLASTIC CROWNS

- 1) silicone materials
- 2) alginate materials
- 3) plaster
- 4) zinc oxide eugenol materials

32 BEFORE TAKING A DOUBLE IMPRESSION FOR DENTAL EXPANSION GROOVE USE COTTON SOLUTIONS

- 1) potassium alum
- 2) phosphoric acid
- 3) ephedrine hydrochloride
- 4) trichloroacetic acid

33 FOR PERMANENT FIXING OF CERAMIC CROWNS USED

- 1) glass ionomer cements
- 2) polycarboxylate cement
- 3) "Temp Bond"
- 4) "Acryloxide"

34 FOR APPLICATION OF METAL CERAMIC CROWN IN VRACH CLINIC RECEIVES A CROWN ON

- 1) collapsible plaster model
- 2) plaster model
- 3) plaster column
- 4) metal stamp

35 EXAMINATION occlusal CERTIFIED CROWN IS CARRIED OUT IN OCCLUSIONS

- 1) front, side and center
- 2) front and center
- 3) central and lateral
- 4) side and front

36 INFLAMMATION MARGINAL PERIODONT AFTER FIXATIONS ARTIFICIAL CROWNS POSSIBLY DUE TO

- 1) their thick edge and the absence of an equator
- 2) lack of contact with neighboring teeth
- 3) deep immersion of the edge of the crowns into the gingival grooves
- 4) loose fit of the edge of the crowns to the necks of the teeth

37. INDICATION FOR PROSTHETICS OF ARTIFICIAL STUNTS

- 1) if the tooth crown is destroyed by 1/2 or more
- 2) if the tooth was pulpless more than a year ago
- 3) if the root canal is sealed to the top
- 4) if the tooth has healthy periapical tissues

38. FRACTURE OF THE CROWN OF THE TOOTH AT THE LEVEL WITH THE EDGE OF THE GINGI IS AN INDICATION TO PROSTHETICS

- 1) pin design
- 2) artificial crown
- 3) tab
- 4) bridge prosthesis

39. WHEN THE SIGNIFICANT DEFAULT OF THE TEETH IS SHOWN

- 1) crowns on an artificial stump with a pin
- 2) metal stamped crowns
- 3) cast crowns
- 4) combined crowns

40. IN PROSTHETICS WITH PIN STRUCTURES, THE LENGTH OF THE PIN MUST BE

- 1) equal to 2/3 of the length of the tooth root
- 2) equal to 1/2 the length of the tooth root
- 3) equal to the entire length of the root
- 4) less than the height of the future artificial crown

41. STUD INSERTS CAN BE PROSTHETIC

- 1) incisors, canines, premolars and molars
- 2) incisors
- 3) incisors and fangs
- 4) incisors, canines and premolars

42. PIN TOOTH WITH INLAY (BY THE AUTHOR)

- 1) Ilyina-Markosyan
- 2) Logan
- 3) Richmond
- 4) Akhmetova

43..THE RICHMOND PIN TOOTH IS MADE FROM

- 1) 750 gold with platinum ligature
- 2) 950 gold with platinum ligature
- 3) 365 silver with gold ligature
- 4) nickel-chromium alloy

44. POST STUD INLAY CAN ONLY BE PRODUCED

- 1) on the teeth of any group
- 2) on single-rooted teeth of the upper and lower jaws
- 3) on incisors, canines and premolars of the upper jaw
- 4) on incisors, canines and premolars of the lower jaw

45. FOR A DOUBLE IMPRESSION, IMPRESSION MASSES ARE USED

- 1) silicone
- 2) hard crystal
- 3) alginate
- 4) thermoplastic

46. ON THE COST INLAY YOU CAN MAKE A CROWN

- 1) any
- 2) only stamped
- 3) only cast
- 4) only plastic

47. METHODS OF OBTAINING IMPRESSIONS IN PROSTHETICS WITH INLAYS
INDIRECT METHOD

- 1) double
- 2) anatomical
- 3) functional
- 4) compression

48. CARDINAL PROPERTY OF ALL IMPRESSION MATERIALS, WITHOUT WHICH
IMPRESSION CANNOT BE OBTAINED

- 1) plasticity
- 2) easy handling
- 3) pleasant color, taste and smell
- 4) no shrinkage

49. STANDARD BLANKS OF PORCELAIN CROWNS WITH A PIN OF VARIOUS
SIZES AND COLORS OF THE CROWN WITH A SET OF PINS TO THEM WERE
RECEIVED

NAME

- 1) Logan crowns
- 2) Duvel crowns
- 3) Kopeikin crowns
- 4) Gavrilov crowns

50. IN HEALTHY PERIODONT, WHEN THE GINGIVAL POCKET IS WEAKLY
EXPRESSED, THE JUDGE
SHOULD BE POSITIONED BELOW THE GINGIVAL

- 1) 0.2-0.3mm
- 2) 0.1-0.2mm
- 3) 0.3-0.4mm
- 4) 0.4-0.5mm

51. DURING PREPARATION OF THE MODEL FOR DUPLICATION SUPPORT TEETH
PRE-MODELLED

- 1) wax
- 2) plaster

- 3) plastic
- 4) cement

52. AT THE DEEP BOX-SHAPED CAVITY OF THE I CLASS ON THE CHEWING THE SURFACES OF THE LATERAL TEETH ITS WALLS SHOULD

- 1) diverging at an angle of 3–5°
- 2) be parallel
- 3) diverging at an angle of 5–7°
- 4) converge at an angle of 3–5°

53. ON CLASSIFICATION OF CAVITIES OF TOOTH CROWNS ACCORDING TO BLACK TO THE SECOND CLASS RELATED CAVITY

- 1) on the chewing proximal surfaces of molars and premolars
- 2) on the proximal surfaces of the anterior teeth
- 3) on the proximal surfaces and angles of the anterior teeth
- 4) in the cervical zone of the vestibular surface of all teeth

54. ON CLASSIFICATION OF CAVITIES OF CROWNS OF TEETH ACCORDING TO BLACK TO THE THIRD CLASS RELATED CAVITY

- 1) on the proximal surfaces of the anterior teeth
- 2) on the proximal surfaces of molars and premolars
- 3) on the proximal surfaces and angles of the anterior teeth
- 4) in the cervical zone of the vestibular surface of all teeth

55. ON THE CLASSIFICATION OF THE CAVITIES OF THE CROWNS OF THE TEETH ACCORDING TO BLACK TO THE FOURTH CLASS APPLIES TO CAVITIES

- 1) on the proximal surfaces and angles of the anterior teeth
- 2) on the chewing surfaces of molars and premolars
- 3) on the proximal surfaces of the anterior teeth
- 4) located on the oral, chewing and 2/3 vestibular surfaces of the molars and premolars, as well as the oral side of the anterior teeth

5 6 ON CLASSIFICATION OF CAVITIES OF CROWNS OF TEETH ACCORDING TO BLACK TO THE FIFTH CLASS RELATED CAVITY

- 1) all cavities in the cervical zone of the vestibular surface of all teeth
- 2) on the proximal surfaces of molars and premolars
- 3) on the proximal surfaces of the anterior teeth
- 4) on the proximal surfaces and angles of the anterior teeth

57. FOLD ON THE EDGE OF THE CAVITY UNDER THE INLAY IS PREPARED FOR THE PURPOSE

- 1) better fit of the inlay and elimination of enamel chipping
- 2) elimination of overturning moment
- 3) better tab fixation
- 4) tab offset warnings

58. FOLD ON THE EDGE OF THE CAVITY UNDER THE INLAY IS PREPARED AT AN

ANGLE

- 1) 45°
- 2) 30°
- 3) 90°
- 4) 60°

59 IF THERE IS A RISK OF PERFORATION OF THE CAVITY, THE BOTTOM OF THE CAVITY I

INLAY CLASS ON POSITIONAL TEETH MUST BE PREPARED

- 1) in the form of a circular step with a recess in the center
- 2) flat
- 3) convex
- 4) concave

60 PREPARATION OF THE CAVITY OF THE II CLASS ON BLACK UNDER THE INLAY IS REQUIRED

START WITH OPERATIONAL RECEPTION

- 1) separation
- 2) formation of an additional cavity
- 3) formation of the main cavity
- 4) creating a ledge on the contact surface near the gum

61 YOUNG PEOPLE'S TOOTH SHOULD PREPARE WIDTH

- 1) 0.2–0.3 mm
- 2) up to 1 mm
- 3) 0.5–0.8 mm
- 4) up to 1.5 mm

62 IN CERAMIC PROSTHESES COMPARED WITH CAST METAL-PLASTIC

- 1) lower abrasion , but higher color fastness
- 2) higher abrasion but lower color fastness
- 3) lower abrasion and lower color fastness
- 4) higher erasability and higher color fastness

63 BY DESIGN ARTIFICIAL CROWNS ARE

- 1) three-quarter
- 2) orthodontic
- 3) combined
- 4) restorative

64 THERE ARE CROWNS FOR THE PURPOSE

- 1) restorative
- 2) combined
- 3) metal
- 4) polymerized

65 ACCORDING TO THE METHOD OF MANUFACTURING THE CROWN THERE ARE

- 1) cast
- 2) complete
- 3) fenestrated
- 4) equatorial

<p>66 ACCORDING TO THE METHOD OF MANUFACTURING THE CROWN THERE ARE</p> <ol style="list-style-type: none"> 1) stamped 2) porcelain 3) plastic 4) stump
<p>67 WHEN PREPARING A TOOTH UNDER A STAMPED CROWN, IT IS NECESSARY 1) to grind hard tissues from the vertical walls according to the clinical neck tooth and shorten the tooth by the thickness of the crown</p> <ol style="list-style-type: none"> 2) shorten the tooth by 0.5 mm 3) to give the crown of the tooth a conical shape 4) grind hard tissues from the vertical walls to the thickness of the wall of the crown
<p>68 TYPES OF LEDGS WHICH ARE PREFERABLE TO BE PREPARED IN THE CERVICAL CONTACT AND ORAL SURFACES OF PROSTHETIC TEETH CAST COMBINED CROWNS</p> <ol style="list-style-type: none"> 1) straight ledge, ledge in the form of a slope 2) a rounded ledge in the form of a notch (grooved) 3) ledge with top 4) straight ledge with beveled edge
<p>69 EXCESSIVE TAPERING OF THE CROWN DURING PREPARATION UNDER CAST COMBINED CROWNS LEADS TO</p> <ol style="list-style-type: none"> 1) weak fixation of the crown 2) damage to the marginal periodontium 3) difficulty in applying the crown 4) the appearance of internal stresses in the metal frame of the crown and the detachment of the facet
<p>70 WHEN PREPARING A TOOTH UNDER A CERAMIC CROWN, THE LAND SHOULD BE DO ON THE SURFACE</p> <ol style="list-style-type: none"> 1) vestibular, oral and contact 2) vestibular and contact 3) vestibular 4) vestibular, oral, occlusal and contact
<p>71 UNDER CERAMIC CROWN THE GEMINAL EDGE HAS A SHAPE</p> <ol style="list-style-type: none"> 1) direct ledge at an angle of 90° 2) ledge in the form of a slope at an angle of about 135° 3) "ledge symbol" 4) ledge with beveled edge
<p>72 AS A DIE FOR PRODUCING A PORCELAIN CAP APPLIED PLATINUM</p> <ol style="list-style-type: none"> 1) because it has a high melting point 2) because it has the smallest possible thickness 3) since it is quite rigid and does not form oxides 4) because it is chemically compatible with porcelain

	aimed at developing
Section Anesthesia in orthopedic dentistry	UK - 1, GPC - 5, PC - 6, PC - 7
1. RELATIVE INDICATIONS FOR GENERAL ANESTHESIA DURING TOOTH PREPARATION ARE	
<ol style="list-style-type: none"> 1) inefficiency of local anesthetics and overwhelming fear of dental interventions 2) the impossibility of carrying out the preparation of teeth under local anesthesia 3) intolerance to local anesthetics 4) diseases of the central nervous system and malformations of its development in patients 	

Test tasks with answer options	No. of the competency that this test task is aimed at developing
Section Examination methods in orthopedic dentistry	UK - 1, GPC - 5, PC - 6, PC - 7
1. PATIENT BITES DURING T-SCAN EXAMINATION	
<ol style="list-style-type: none"> 1) individual plate - sensor 2) bite templates with occlusal ridges 3) wax plate 4) articulating paper 	
2. MASTICIOGRAPHY IS	
<ol style="list-style-type: none"> 1) recording of chewing movements of the lower jaw 2) recording of masticatory muscle contractions 3) recording the movements of the heads of the lower jaw 4) registration of the nature of the closure of the dentition 	
3. GNATODYNAMOMETER IS A DEVICE FOR STUDYING	
<ol style="list-style-type: none"> 1) periodontal endurance 2) absolute strength of masticatory muscles 3) chewing efficiency 4) compliance of the oral mucosa 	
4. ACCORDING TO THE METHOD OF DETERMINATION OF CHEWING EFFICIENCY PROPOSED	
N.I. AGAPOV, ACCEPTED AS A UNIT OF FUNCTIONAL ACTIVITY	
<ol style="list-style-type: none"> 1) lateral incisor of the upper jaw 2) the first molar of the lower jaw 3) the first premolar of the upper jaw 4) canine of the lower jaw 	
5. CHRISTIANSEN, GELMAN AND RUBINOV PROPOSED RESEARCH METHODS	
<ol style="list-style-type: none"> 1) chewing efficiency of dentition 2) functional endurance of the supporting apparatus of the teeth 3) movements of the lower jaw during chewing 4) the amount of tooth mobility 	
6. ELECTROMYOGRAPHY - FUNCTIONAL STUDY METHOD	
MUSCULAR SYSTEM, ALLOWING	
<ol style="list-style-type: none"> 1) graphically record muscle biopotentials 	

- 2) measure the tone of masticatory and facial muscles
- 3) to investigate the pulse fluctuations of the blood filling of the vessels in the muscles
- 4) examine the tension of oxygen in the muscles

**7. MYOTONOMETRY - FUNCTIONAL STUDY METHOD
MUSCULAR SYSTEM, ALLOWING**

- 1) measure the tone of masticatory and facial muscles
- 2) to investigate the pulse fluctuations of the blood filling of the vessels in the muscles
- 3) graphically record muscle biopotentials
- 4) examine the tension of oxygen in the muscles

8. FIRST STAGE OF EXAMINATION OF THE PATIENT

- 1) collection of anamnesis
- 2) external inspection
- 3) oral examination
- 4) examination of the dentition

**9. METHOD OF X-RAY LAYERED STUDY OF FORM, STRUCTURE AND
THE RELATIONSHIP OF THE TMJ ELEMENTS IS CALLED**

- 1) computed tomography
- 2) teleradiography
- 3) orthopantomography
- 4) panoramic radiography

**10. FOR THE DIAGNOSTICS OF TMJ DISEASES THE FOLLOWING METHODS ARE
USED**

- 1) X-ray examination
- 2) percussion of the joints
- 3) electromyographic examination
- 4) electroodontodiagnostics

11. PHONOARTHOGRAPHY ALLOWS

- 1) determine articular noise when listening to the temporomandibular joint
- 2) to identify changes in the hemodynamics of the parotid-masticatory region
- 3) determine the central ratio of the jaws
- 4) to register the movements of the lower jaw

12. AT ARTHROSIS OF THE TMJ ARE ASSISTED

- 1) clicking sounds of varying severity
- 2) uniform and soft sounds
- 3) sliding sounds
- 4) no sounds

13. AXIOGRAPHY IS A METHOD

- 1) extraoral registration of movements of the lower jaw
- 2) graphic registration of muscle biopotentials
- 3) studies of pulse fluctuations in the blood filling of blood vessels in the muscles
- 4) measurements of the tone of masticatory and facial muscles

14. RHEOGRAPHY OF THE TMJ REGION IS USED TO DETERMINE

- 1) hemodynamics
- 2) contractility of the muscles of the maxillofacial region

<p>3) movements of the heads of the lower jaw 4) sizes of TMJ elements</p>
<p>15. ECHOOSTEOMETRY - METHOD</p> <p>1) bone density studies 2) measurements of hemodynamics of periodontal vessels 3) measurements of the tone of masticatory and facial muscles 4) extraoral registration of movements of the lower jaw</p>
<p>16. NORMAL TEMPERATURE OF THE GINGIVAL PAPILLA IS EQUAL</p> <p>1) 35.5-36.6°C 2) 27-28°C 3) 30.6-32.6°C 4) 37.2-37.5°C</p>
<p>17. BEFORE PLANNING ORTHOPEDIC TREATMENT, IT IS IMPORTANT</p> <p>1) make diagnostic models 2) prepare abutment teeth 3) make anesthesia 4) conduct functional tests</p>
<p>19. PAIN SENSITIVITY OF THE MOUTH MUCOSA DETERMINED WITH THE HELP</p> <p>1) aesthesiometer 2) gnathodynamometer 3) rheograph 4) vacuum apparatus Kulazhenko</p>
<p>19. IN THE DEVELOPMENT OF ANGULITE PLAY A ROLE</p> <p>1) reduction in the height of the lower part of the face (3.0-3.5 mm) 2) endocrine disorders 3) mucosal toxicity 4) thermal lesions of the mucosa</p>
<p>20. THE MOST COMMONLY USED METHOD OF EXAMINATION OF PATIENTS WITH COMPLETE TOOTH LOSS IS</p> <p>1) clinical 2) X-ray 3) biometric 4) craniometric</p>
<p>21. THE METHOD OF DETERMINING THE HEIGHT OF THE LOWER FACE WHICH GIVES THE BEST AESTHETIC AND FUNCTIONAL EFFECT IS</p> <p>1) anatomical and functional 2) anthropometric method 3) using the compass of the golden section 4) based on the study of photographs of the patient</p>
<p>22. SIGNS OF REDUCED INTERALVEOLAR HEIGHT</p> <p>1) deepening of the nasolabial and chin folds 2) smoothness of nasolabial and chin folds 3) lengthening of the lower face 4) loss of chewing teeth</p>

<p>23. TMJ RHEOGRAPHY IS USED FOR</p> <ol style="list-style-type: none"> 1) registration of hemodynamics in the TMJ area 2) determining the contractility of the muscles of the maxillofacial region 3) movements of the mandibular heads 4) sizes of TMJ elements
<p>24. TO DETECT THE STATE OF THE SOFT TISSUES OF THE TMJ</p> <ol style="list-style-type: none"> 1) magnetic resonance imaging 2) arthrography 3) arthroscopy 4) ultrasound diagnostics
<p>25. IN THE CLINIC OF ORTHOPEDIC DENTISTRY THE MAIN METHOD OF EXAMINATION OF THE PATIENT IS</p> <ol style="list-style-type: none"> 1) clinical 2) X-ray 3) biometric 4) study of diagnostic models
<p>26. DIVISION OF METHODS OF EXAMINATION OF THE PATIENT INTO SUBJECTIVE AND OBJECTIVE</p> <ol style="list-style-type: none"> 1) wrong 2) correct 3) correct only in some cases 4) correct in all cases
<p>27. NORM IN THE DENTAL SYSTEM ARE</p> <ol style="list-style-type: none"> 1) optimal morphofunctional state and development of the system 2) minor morphological deviations from the optimum 3) minor functional deviations from the optimum 4) full chewing of food
<p>28. WHEN CARRYING OUT THE TMJ TELERENTOGRAPHY THE DISTANCE BETWEEN THE OBJECT OF STUDY AND THE SOURCE OF RADIATION IS</p> <ol style="list-style-type: none"> 1) 1.5 m 2) 2 m 3) 1 m 4) 2.5 m
<p>29. INSTEAD OF X-RAY FILM WHEN PERFORMING ELECTROX-RAY DROGRAPHY THE TMJ IS USED</p> <ol style="list-style-type: none"> 1) selenium plates 2) graphite plates 3) white paper 4) soot
<p>30. POLAROGRAPHY METHOD FOR TMJ DISEASES ALLOWS TO DEFINE</p> <ol style="list-style-type: none"> 1) tension of oxygen and carbon dioxide in tissues 2) excess carbon dioxide in tissues 3) excess oxygen in the tissues 4) violation of redox processes in tissues

<p>31. X-RAY CINEMATOGRAPHY IS</p> <p>1) method of X-ray examination using filming of an X-ray image 2) radiography at a distance 3) radiography in the supine position 4) X-ray sitting</p>	
<p>32. CHARACTERISTIC SYMPTOMS IN THE DIAGNOSIS OF ACUTE ARTHRITIS OF THE TEMPOROMANDIBULAR JOINT IN THE INITIAL STAGE</p> <p>1) pain and restriction of mouth opening 2) trismus of masticatory muscles 3) parotid hyperhidrosis 4) pain in the cervical spine, radiating to the temporomandibular joint</p>	
<p>33. AN ADDITIONAL METHOD FOR DIAGNOSTICS</p> <p>1) radiography and computed tomography 2) audiometry 3) blood biochemistry 4) electroodontodiagnostics</p>	
<p>34. AUSCULTATION OF THE TMJ IN ARTHRITIS AND CHRONIC ARTHRITIS REVEALS</p> <p>1) crepitus 2) uniform, soft, sliding sounds of rubbing surfaces 3) clicking sounds 4) uneven, soft, sliding sounds of rubbing surfaces</p>	
<p>35. MOST COMMONLY OCCUR</p> <p>1) traumatic anterior bilateral dislocation 2) traumatic anterior unilateral dislocation 3) traumatic posterior unilateral dislocation of the lower jaw 4) traumatic posterior unilateral dislocation of the lower jaw</p>	
<p>36. TMJ DISEASE OCCUR IN DENTAL PATIENTS</p> <p>1) 57-75% of them 2) 70-90% of them 3) 27-67% of them 4) 15% of them</p>	
<p>37. RHEOGRAPHY OF THE TMJ REGION IS USED TO DEFINE</p> <p>1) hemodynamics 2) contractility of the muscles of the maxillofacial region 3) movements of the heads of the lower jaw 4) sizes of TMJ elements</p>	

Section Gnathology	UK - 1, GPC - 5, PC - 6, PC - 7
<p>1. IN LATERAL OCCLUSIONS ON THE WORKING SIDE THERE CAN BE NORMAL</p> <p>1) buccal tubercles of chewing teeth and (or) contact of fangs 2) contact of canines and lateral incisors 3) incisors and buccal tubercles of premolars 4) incisors</p>	

<p>2.. WHEN STUDYING THE TYPE OF BITE IN THE SAGITTAL PLANE LEADING THE SIGN IS CLOSING</p> <ol style="list-style-type: none"> 1) first permanent molars 2) second permanent molars 3) fangs 4) lateral incisors
<p>3.. ALL POSSIBLE MOVEMENTS OF THE LOWER JAW ARE REPRODUCED</p> <ol style="list-style-type: none"> 1) articulator 2) occluder 3) parallelometer 4) facial bow
<p>4. CENTRAL OCCLUSION IS DETERMINED BY SIGNS</p> <ol style="list-style-type: none"> 1) dental, articular, muscular 2) facial, swallowing, dental 3) lingual, muscular, dental 4) dental, swallowing, facial
<p>5. OCCLUSION IS</p> <ol style="list-style-type: none"> 1) all kinds of closure of dentition or individual groups of antagonist teeth 2) closure of dentition with orthognathic bite 3) all possible positions of the lower jaw relative to the upper 4) orthognathic bite
<p>6. HEIGHT DIFFERENCE OF THE LOWER THIRD OF THE FACE IN THE STATE OF RELATIVE OF THE FUNCTIONAL REST OF THE LOWER JAW AND AT THE CLOSING OF THE DENTAL ROWS IN THE POSITION OF CENTRAL OCCLUSION IS AVERAGE</p> <ol style="list-style-type: none"> 1) 2.0-4.0mm 2) 0.5-1.0mm 3) 5.0-7.0mm 4) 6.0-8.0mm
<p>7. WHAT IS "BRUXISM"</p> <ol style="list-style-type: none"> 1. teeth grinding 2. gum disease 3. bleeding gums 4. carious cavities
<p>8. SELECTIVE GRINDING OF TEETH IN TMJ PATHOLOGY IS CARRIED OUT WITH THE PURPOSE</p> <ol style="list-style-type: none"> 1) normalization of functional occlusion 2) reduction in occlusal height 3) reduce the load on the periodontium 4) achieve smooth movements of the lower jaw
<p>9. THE RADIOLOGICAL PICTURE IN TMJ DYSFUNCTION IS CHARACTERIZED</p> <ol style="list-style-type: none"> 1) reconfiguration of the joint space 2) widening of the joint space

- 3) Fuzzy contours of the heads of the lower jaw
- 4) deformation of the bone elements of the joint

10. AUSCULTATION OF THE TMJ IN DYSFUNCTION REVEALS

- 1) clicking sounds
- 2) crepitus
- 3) uniform, soft, sliding sounds of rubbing surfaces
- 4) no articular noise

11. IN ORTHOPEDIC TREATMENT OF TMJ DYSFUNCTIONS ARE USED

- 1) removable plastic caps
- 2) elimination of deformities of the dentition
- 3) prosthetics of dentition defects with restoration, if necessary, of the interalveolar distance
- 4) bite plate devices

12. SIGN OF TMJ DYSFUNCTION

- 1) pain in the joint, aggravated by movements of the lower jaw
- 2) pain in the temporal region
- 3) mouth opening up to 4.5-5.0 cm
- 4) headache

13. THE BASIC PRINCIPLES OF ORTHOPEDIC TREATMENT IN DISLOCATIONS AND SUBLUXATIONS OF THE LOWER JAW ARE

- 1) reduction of dislocation and creation of an obstacle for a wide opening of the mouth
- 2) normalization of the interalveolar distance in case of its violations
- 3) oral prosthetics
- 4) physiotherapy treatment

14. ETIOLOGY OF MUSCLE AND JOINT DYSFUNCTION OF THE TMJ

- 1) absence of teeth in the posterior region
- 2) excessive incisal overlap
- 3) thinning of the heads of the lower jaw, deformity of the articular tubercle
- 4) sclerosis of articulating surfaces

15. IF THE PATIENT IS UNTIMELY PROSTHETIC AFTER THE LOSS OF THE LATERAL TEETH, THE FOLLOWING COMPLICATIONS MAY OCCUR

- 1) TMJ dysfunction
- 2) caries
- 3) decrease in interalveolar height
- 4) functional overload of the remaining teeth

16. TEMPOROMANDIBULAR JOINT CONSISTS OF THE FOLLOWING ELEMENTS

- 1) mandibular head, mandibular fossa, articular tubercle, articular disc, capsule, ligaments
- 2) mandibular head, mandibular fossa, articular tubercle, articular disc, capsule
- 3) head of the lower jaw, mandibular fossa, articular tubercle
- 4) mandibular head, mandibular fossa, articular tubercle, articular disc, capsule, ligaments, muscles

17. THE FINAL FORMATION OF THE ARTICULAR TUBERCLE OCCURS TO

- 1) 6-7 years old
- 2) 7-8 months
- 3) 3-4 years old

4) 9-10 years old

18. THE WIDTH OF THE ARTICULAR DISC IS

- 1) in the anterior section - 2 mm, on average - 1 mm, in the posterior - 3 mm
- 2) in the anterior section - 1 mm, on average - 2 mm, in the posterior - 1 mm
- 3) in the anterior section - 3 mm, on average - 1 mm, in the posterior - 2 mm
- 4) in the anterior section - 3 mm, on average - 2 mm, in the posterior - 3 mm

19. DUE TO WHAT IS INCONGRUENCE OF THE TEMPOROMANDIBULAR JOINT LEVELING

- 1) capsule and disk
- 2) ligaments and muscles
- 3) articular tubercle
- 4) articular head

20. IN THE STATE OF RELATIVE PHYSIOLOGICAL (FUNCTIONAL) REST DENTAL ARRIVALS

- 1) separated by 2.0-4.0mm
- 2) closed
- 3) separated by 0.5-1.0mm
- 4) separated by 4.0-6.0mm

21. SAGITAL OCCLUSION CURVE FOR THE FIRST TIME

- 1) Spee (1890)
- 2) Bonville (1895)
- 3) Gizi (1912)
- 4) Astakhov (1938)

22. SAGITAL OCCLUSION CURVE ON THE UPPER JAW

- 1) down
- 2) up
- 3) inside
- 4) outside

23. SAGITAL OCCLUSION CURVE ON THE LOWER JAW

- 1) down
- 2) up
- 3) inside
- 4) outside

24. TRANSVERSAL OCCLUSION CURVE ON THE LOWER JAW IN THE AREA OF THE FIRST MOLAR

- 1) down
- 2) up
- 3) inside
- 4) outside

25. TRANSVERSAL OCCLUSION CURVE ON THE UPPER JAW IN THE AREA OF THE FIRST MOLAR

- 1) down
- 2) up
- 3) inside
- 4) outside

<p>26. TRANSVERSAL OCCLUSION CURVE ON THE UPPER JAW IS ABSENT IN</p> <ol style="list-style-type: none"> 1) second premolars 2) first premolars 3) first molars 4) second molars
<p>27. WHAT IS THE GOTHIC ANGLE VALUE</p> <ol style="list-style-type: none"> 1) 100-110° 2) 50-70° 3) 17° 4) 30-40°
<p>28 . TRANSVERSAL OCCLUSION CURVE DESCRIBED FOR THE FIRST TIME</p> <ol style="list-style-type: none"> 1) Wilson 2) Spee 3) Bennett 4) Hunter
<p>30. MAIN DENTAL SIGN OF CENTRAL OCCLUSION</p> <ol style="list-style-type: none"> 1) the maximum number of fissure-tubercle contacts of antagonist teeth 2) incisal lines coincide with each other 3) the dentitions are closed according to the I class of Angle 4) incisal lines coincide with the central line of the face
<p>31. AVERAGE PARAMETERS OF THE ANGLE OF THE SAGITTAL ARTICULAR PATH</p> <ol style="list-style-type: none"> 1) 30-50° 2) 17-25° 3) 20-40° 4) 40-60°
<p>32. THE ANGLE OF THE SAGITTAL INCITAL PATH</p> <ol style="list-style-type: none"> 1) occlusal plane 2) camper's horizontal 3) Frankfurt horizontal 4) sagittal plane
<p>33. IN LATERAL OCCLUSIONS, NORMAL ON THE WORKING SIDE, THERE CAN BE</p> <ol style="list-style-type: none"> 1) contact of canines and buccal tubercles of premolars and molars 2) cutter contact 3) contacts of canines and lateral incisors 4) contact of the distal cusps of the second molars
<p>34. MOVEMENT OF THE HEAD OF THE LOWER JAW ON THE WORKING SIDE LATERALLY AND UP DURING THE LATERAL MOVEMENT OF THE LOWER JAW IS CALLED</p> <ol style="list-style-type: none"> 1) Bennett movement 2) Wilson movement 3) Spee movement 4) Kraul movement
<p>35. AVERAGE INTEROCCLUSIONAL SPACE</p> <ol style="list-style-type: none"> 1) 2 to 4 mm 2) 0 to 2 mm 3) 4 to 6 mm

4) 6 to 8 mm

36. WHAT INTERDENTAL CONTACT IS OBSERVED IN THE ANTERIOR SECTION WITH ORTHOGNATHIC BITE

- 1) linear
- 2) point
- 3) intermittent
- 4) selective

37. The mandibular head is located at the base of the rear slope of the articular tubercle

- 1) the central ratio of the jaws
- 2) open mouth
- 3) orthognathic bite
- 4) deep bite

38. INCITOR PATH THIS

- 1) the path made by the incisors of the lower jaw when it is pushed forward
- 2) movement of the articular head when opening the mouth
- 3) the path made by the incisors of the lower jaw when opening the mouth
- 4) the difference in distances between the incisors of the lower and upper jaws in the central and anterior occlusions

39. ANGLE OF THE LATERAL ARTICULAR PATH (BENNET ANGLE) IS EQUAL

- 1) 17°
- 2) 11°
- 3) 45°
- 4) 100-110°

40. ARTHROSIS IS A TMJ DISEASE CHARACTERIZING

- 1) a combination of atrophic, degenerative and proliferative changes in cartilage, bone and connective tissues of the joint with elements of inflammation
- 2) a combination of atrophic, degenerative and proliferative changes in the cartilaginous and connective tissues of the joint with elements of inflammation
- 3) inflammation of the tissues of the joint, aggravated by hypothermia, aching and radiating pain
- 4) blocking the movements of the lower jaw, pain, crunching and clicking in the joint

41. CHARACTERISTIC SIGNS OF ACUTE ARTHRITIS

- 1) pain in the joint, aggravated by movements of the lower jaw
- 2) constant pain in the joint at rest
- 3) paroxysmal pain in the joint
- 4) mouth opening up to 4.5-5.0 cm

42. WHEN THE LEFT POSITIONING TEETH IS LOSSED, THE LOWER JAW MAY BE DISPLACED INTO SECONDARY FORCED OCCLUSION

- 1) back and left
- 2) left
- 3) right
- 4) forward and right

41. TERMS OF USE OF ORTHODONTIC APPLIANCES FOR TMJ DISEASES

- 1) 3-6 months

- 2) one week
- 3) two weeks
- 4) one month

42. IN THE PAINFUL PALPATION OF THE MUSCLE OF MUSCLE AND FROM THE ABSENCE OF X-RAY DATA ON THE STRUCTURES OF CHANGES IN THE TMJ THE FOLLOWING DIAGNOSIS IS POSSIBLE

- 1) muscular-articular dysfunction
- 2) osteomas of the articular process of the lower jaw
- 3) arthritis
- 4) arthrosis

43. WHEN LOSS OF THE RIGHT chewing teeth, the LEFT HEAD OF THE LOWER JAW (WORKING SIDE) IS DISPLACED

- 1) forward, down, inside
- 2) back, up and out
- 3) back, down and in
- 4) forward, up and out

44. AT SELECTIVE GRINDING OF TEETH

- 1) the tops of the supporting tubercles (upper palatine and lower buccal) do not grind off
- 2) grind off the tops of all tubercles
- 3) grind down the slopes of all tubercles
- 4) the tops of the supporting tubercles (upper palatine and lower buccal) are ground

45. LATERAL OCCLUSIONS ON THE WORKING SIDE CAN HAVE CONTACTS

- 1) buccal tubercles of chewing teeth or fangs
- 2) group buccal tubercles of chewing teeth
- 3) canines and lateral incisors
- 4) incisors and buccal tubercles of premolars

46. TO DETECT PREMATURE CONTACTS IN THE BACK CONTACT POSITION, THE LOWER JAW IS DISPLACED

- 1) distally
- 2) in the right lateral occlusion
- 3) in the left lateral occlusion
- 4) in front occlusion

47. HYPERBALANCING IS OCCLUSIVE CONTACTS

- 1) on the balancing side, interfering with the closing of the teeth of the working side in lateral occlusion
- 2) on the working side, dissociating teeth on the balancing side
- 3) on the balancing side
- 4) on the working side

48. SELECTIVE GRINDING IS CARRIED OUT IN

- 1) 3-4 visits
- 2) 5-6 visits
- 3) one visit
- 4) two visits

49. PREMATURE CONTACTS ARE REMOVED FIRST

- 1) in central occlusion, central ratio
- 2) in the right lateral occlusion
- 3) in the left lateral occlusion
- 4) anterior occlusion

Section Orthopedic treatment of partial loss of teeth	UK - 1, GPC - 5, PC - 6, PC - 7
<p>1. TO THE FOURTH CLASS OF DEFECTS IN THE DENTAL ARCH, ACCORDING TO KENNEDY, IS DEFECT</p> <ol style="list-style-type: none"> 1) included, in the front section 2) one-way end 3) double-sided end 4) bilateral, included, in the lateral section 	
<p>2. PERCENTAGE OF THE GLOBAL POPULATION SUFFERING PARTIAL LOSS ZUBOV</p> <ol style="list-style-type: none"> 1) 75% 2) 50% 3) 60% 4) 85% 	
<p>3. THE FIRST CLASS OF DEFECTS IN THE DENTAL ARCH, ACCORDING TO KENNEDY, IS DEFECT</p> <ol style="list-style-type: none"> 1) double-sided end 2) one-way end 3) bilateral, included, in the lateral section 4) one-sided, included, in the lateral section 	
<p>4. THE SECOND CLASS OF DENTAL DEFECTS, ACCORDING TO KENNEDY, IS DEFECT</p> <ol style="list-style-type: none"> 1) one-way end 2) double-sided end 3) included, in the front section 4) one-sided, included, in the lateral section 	
<p>5. TO THE FIRST CLASS OF DEFECTS IN THE DENTAL ARCH, ACCORDING TO E.I. GAVRILOV ARE</p> <ol style="list-style-type: none"> 1) one-sided end defect 2) included defects in the lateral region 3) bilateral end defect 4) included defect in the anterior section 	
<p>6. TO THE THIRD CLASS OF DENTAL DEFECTS ACCORDING TO E.I. GAVRILOV ARE</p> <ol style="list-style-type: none"> 1) unilateral included defect in the lateral section 2) one-sided end defect 3) included defect in the anterior section 4) bilateral end defect 	
<p>7. THE SECOND CLASS OF DENTAL DEFECTS ACCORDING TO E.I. GAVRILOV ARE</p> <ol style="list-style-type: none"> 1) double-sided end defect 	

- 2) included defect in the lateral section
- 3) unilateral end defect
- 4) included defect in the anterior section

8. THE THIRD CLASS OF DENTAL DEFECTS ACCORDING TO KENNEDY ARE DEFECT(S)

- 1) unilateral included defect in the lateral section
- 2) one-way end
- 3) double-sided end
- 4) double-sided, included, in the side sections

9. WITH PARTIAL LOSS OF TEETH, THE FIRST PLACE IN THE FREQUENCY OF REMOVAL OCCUPANATE

- 1) first molars
- 2) incisors
- 3) second premolars
- 4) fangs

10. THE FIRST CLASS OF DENTAL DEFECTS ACCORDING TO KENNEDY IS A DEFECT

- 1) double-sided end
- 2) one-way end
- 3) bilateral, included in the side section
- 4) single sided, included in the side section

11. INDICATE THE TYPES OF BITE IN WHICH THE INDICATIONS TO PROSTHETICS WITH BRIDGES

- 1) deep
- 2) open
- 3) cross
- 4) straight

12. DISCONNECTABLE BRIDGES SHOWN

- 1) pronounced inclination of the supporting teeth
- 2) with terminal defects of the dentition
- 3) large defects in the dentition
- 4) mobility of supporting teeth

13. INTERMEDIATE PART (BODY) OF THE BRIDGE IN THE ANTERIOR SECTION OF THE DENTAL ARCH OF THE UPPER JAW IN RELATION TO THE MUCOUS MEMBRANE LOCATED

- 1) regarding
- 2) saddle shape
- 3) with wash space (hanging mold)
- 4) arbitrarily

14. CHECKING SUPPORT CROWNS IS A CLINICAL STAGE WHEN BRIDGE MANUFACTURING

- 1) soldered
- 2) any
- 3) solid

4) cermet

15. SMALL SADDLE PROSTHESIS HAVE AS SUPPORT ELEMENTS

- 1) clasps and telescopic crowns
- 2) crowns
- 3) half-crowns
- 4) pin teeth

16. MODELING THE CHEWING SURFACE OF THE SUPPORTING TEETH SIMULTANEOUSLY WITH THE INTERMEDIATE PART OF THE STAMPED-BRAZED BRIDGE PROTHESIS SUGGESTED

- 1) Kopeikin
- 2) Weber
- 3) Ponomarev
- 4) Bayanov

17. SET THE DEGREE OF TILT OF THE SUPPORTING TEETH AND DEPENDING ON OF THE CHOSEN PATH OF INTRODUCTION OF THE PROSTHESIS HARD FABRICS MUST BE GROUND FOR FREE APPLICATION PROSTHESIS, ALLOWS

- 1) parallelometer
- 2) gnathodynamometer
- 3) Petrosov apparatus
- 4) Ponomarev apparatus

18. AVERAGE FLUSHING SPACE OF THE INTERMEDIATE PART BRIDGE VARIATES WITHIN

- 1) 1-1.5mm
- 2) 0.3-0.5mm
- 3) 0.5-0.8mm
- 4) 0.8-1mm

19. SPECIAL SOLDER FOR STEEL WITH A MELTING POINT OF 800°C WAS PROPOSED

- 1) A.G. Tsitrin
- 2) V.N. Kopeikin
- 3) V.A. Ponomarev
- 4) O.D. Glazov

20. FLUXES ARE USED IN SOLDERING

- 1) to prevent the formation of an oxide film
- 2) for cleaning surfaces to be soldered
- 3) to reduce the melting point of the solder
- 4) to increase the area of soldered surfaces

21. FOR SOLDERING STAINLESS STEEL CROWNS USE SOLDER ON BASIS

- 1) silver
- 2) gold
- 3) drills
- 4) tin

22. A FEATURE OF COMBINED BRIDGES IS

- 1) the presence of a combined intermediate part
- 2) the presence of supporting crowns
- 3) the presence of a wash space
- 4) absence of masticatory tubercles

23. FIX CERAMIC BRIDGE WITH TEMPORARY CEMENT CAN

- 1) for any period of observation of the patient
- 2) if the patient does not have bruxism
- 3) no more than 5-7 months
- 4) can't

24. INTERMEDIATE PART OF THE BRIDGE IN THE AREA OF THE LATERAL TEETH IN RELATION TO THE GUMS

- 1) does not apply
- 2) touches over the entire surface
- 3) touches at two points
- 4) touches at one point

25. BODY FORM OF THE BRIDGE IN THE AREA OF THE LATERAL TEETH BY ATTITUDE TO THE GUMS

- 1) washing
- 2) tangent
- 3) saddle
- 4) can be any

25..BODY FORM OF THE BRIDGE IN THE AREA OF THE FRONT TEETH BY ATTITUDE TO THE GUMS

- 1) tangent
- 2) washing
- 3) saddle
- 4) can be any

26. IN THE MANUFACTURE OF A BRIDGE WITH A SINGLE SUPPORT THERE ARE DISADVANTAGES

- 1) the presence of a tilting moment in the region of the abutment teeth
- 2) the need for depulpation of supporting teeth
- 3) preparation of a large number of supporting teeth
- 4) unsatisfactory aesthetic quality

27. "METALLIC" TASTE IN THE MOUTH PROSTHETICS WITH A STAMPED-SOLDERED BRIDGE MAY APPEAR DUE TO

- 1) the presence of zinc, copper, cadmium in the solder
- 2) titanium nitride coating of the prosthesis
- 3) the presence of gingivitis in the patient
- 4) liver disease

28. CHIPS OF CERAMIC VENING IN A BRIDGE CAN BE IN PROSTHETICS

- 1) in patients with parafunctions of masticatory muscles
- 2) teeth with low clinical crowns
- 3) with a large length of the bridge prosthesis
- 4) young patients

29. SPECIFY POSSIBLE COMPLICATIONS AT PROSTHETICS METAL-CERAMIC BRIDGES WITH SUPPORTS ON DEPULPED TEETH

- 1) periodontitis
- 2) breaking off the stump of the tooth
- 3) decementation of the crown
- 4) pulpitis

30. THE THICKNESS OF THE ARCH IN THE ARCH PROSTHESIS OF THE LOWER JAW IS EQUAL

- 1) 2.0—2.5mm
- 2) 0.5—1.0mm
- 3) 1.0—1.5mm
- 4) 1.5—2.0mm

31. OPTIMAL LENGTH OF THE METAL FRAME FOR MOUNTING SADDLE-SHAPED PART OF ARC PROSTHESIS

- 1) not less than $\frac{2}{3}$ of the total length of the saddle part of the prosthesis
- 2) 4.0mm
- 3) 5.0mm
- 4) not less than $\frac{1}{3}$ of the total length of the saddle part of the prosthesis

32. RATIO OF THE PALATINE ARCH OF THE UPPER JAW PROSTHESIS TO MUCOUS MEMBRANE OF THE HARD PALATE

- 1) does not touch for 0.5–1.0 mm
- 2) concerns
- 3) does not touch on 1.0-1.5 mm
- 4) does not touch on 1.5-2.0 mm

33. THE VALUE OF THE GAP BETWEEN THE FRAME OF THE SADDLE PART OF THE ARC THE PROSTHESIS AND THE MUCOUS MEMBRANE OF THE ALVEOLAR PART IS EQUAL

- 1)1.5 mm
- 2)1.0mm
- 3)0.2mm
- 4)0.5 mm

34. TYPE OF THE ALVEOLAR PROCESS (BY ELBRECHT), IN WHICH IT IS POSSIBLE DISTAL SHIFT OF THE END DEPARTMENT OF THE SADDLE-SHAPED PART OF THE REMOVABLE PROSTHESIS

- 1)second
- 2)first
- 3)third
- 4)fourth

35. LINE CONNECTING THE TEETH ON WHICH CLAMPS ARE LOCATED

- 1) clasp
- 2) diagonal
- 3) separating (boundary)
- 4) equatorial

36. PART OF THE SHOULDER OF THE SUPPORT-HOLDING CLAMP, INTERVENIING VERTICAL DISPLACEMENTS OF THE PROSTHESIS, LOCATED

- 1) in the retention zone
- 2) in the undercut zone
- 3) in the occlusal zone
- 4) in the clasp zone

37. A CLAMMER IS APPLIED ON A SINGLE-STANDING MOLAR

- 1) annular
- 2) Akker
- 3) Roach
- 4) Bonville

38. IN ARC PROSTHESES WHEN THE PREMOLARS TILT TO THE ORAL OR ON THE VESTIBULAR SIDE, IT IS RECOMMENDED TO USE CLAMPS

- 1) Neu 3
- 2) Neu 1
- 3) Neu 4
- 4) Neu 2

39. THE NUMBER OF TYPES OF THE NEY SYSTEM CLAMPS IS EQUAL

- 1) five
- 2) seven
- 3) nine
- 4) ten

40. BASE PART OF THE BASE-HOLDING CLAMP

- 1) occlusal zone
- 2) in the undercut zone
- 3) retention zone
- 4) clasp zone

41. SHOULDER OF HOLDING CLAMMER IS LOCATED

- 1) between the equator of the tooth crown and the edge of the gum
- 2) between the equator and the chewing surface of the tooth crown
- 3) at the equator of the tooth
- 4) on the chewing surface of the tooth

42. WHEN APPLYING A DIVIDING (BOUNDARY) LINE IN A PARALLELOMETER USE

- 1) lead pin
- 2) pin-knife
- 3) analyzer pin
- 4) undercut depth gauge (retentoscope)

43. DEVICE FOR DETERMINING THE POSITION OF THE DIVIDING (BOUNDARY) LINE RELATED

- 1) parallelometer
- 2) gnatodynamometer
- 3) oscilloscope
- 4) esthesiometer

44. AT THE POSITION OF THE ELEMENTS OF THE SUPPORT AND RETAINING CLAMP THE MOST IMPORTANT LINE IS

- 1) dividing (boundary) line
- 2) longitudinal axis of the tooth
- 3) line of the anatomical equator
- 4) vertical line

45. PART SURFACES CROWNS TOOTH, LOCATED BETWEEN SEPARATING (MEDIA) LINE AND CHEWING (CUTTING) THE SURFACE OF THE TOOTH, IS CALLED

- 1) occlusal zone
- 2) undercut zone
- 3) retention zone
- 4) clasp zone

46. WAX CONSTRUCTION FOR CENTRAL RATIO DETERMINATION MANUFACTURING

- 1) from base wax
- 2) from sticky wax
- 3) modeling wax
- 4) from clasp wax

47. THE SPACE LOCATED BETWEEN THE LATERAL SURFACE OF THE TOOTH, ALVEOLAR

OTROSTKOM AND ANALYSIS ROD PARALLELOMETER, Referred to

- 1) undercut zone
- 2) occlusal zone
- 3) retention zone
- 4) clasp zone

48. MATERIALS FOR DUPLICATION OF WORKING MODELS

- 1) hydrocolloid
- 2) alginate
- 3) silicone
- 4) zinc oxide eugenol

49. FOR MANUFACTURING ARC PROSTHESIS FROM DOMESTIC ALLOYS METALS ARE MOST WIDELY USED

- 1) cobalt-chromium alloy
- 2) stainless steel
- 3) gold alloy
- 4) silver-palladium alloy

50. THE PATH OF INTRODUCTION OF A REMOVABLE ARC PROSTHESIS IS DETERMINED WITH THE HELP

- 1) parallelometer
- 2) gnathodynamometer
- 3) rheograph
- 4) oscilloscope

51. HIGH PRECISION FOR ARCH PROSTHESIS FRAMES PROVIDES

- 1) one-piece casting of the entire frame of the prosthesis
- 2) soldering of prosthesis elements

- 3) mixed method of their manufacture:
- 4) a combination of a solid frame and bent arms of the clasps

52. AFTER THE PARALLELOMETRY IS COMPLETED ON THE WORKING MODEL BEFORE ITS DUPLICATION IS NECESSARY

- 1) isolate areas of undercuts on the teeth and alveolar processes
- 2) trim the base of the model
- 3) soak in water
- 4) remove the lines marked on the base of the model

53. FOR THE MANUFACTURE OF A REFRACTORY MODEL USE

- 1) bugelite
- 2) ethyl silicate
- 3) auryte
- 4) silin

54. FORM OF THE CAST BASE OF THE REMOVABLE PROSTHESIS ON THE UPPER JAW WHEN INCLUDED DEFECTS OF LONG EXTENSION IN THE LATERAL DEPARTMENTS OF THE DENTAL ARCH AND THE EXPRESSED TORUS OF THE HARD PALATE

- 1) fenestrated
- 2) lattice
- 3) horseshoe
- 4) complete palatal plate

55. FORM OF THE CAST BASE OF THE REMOVABLE PROSTHESIS ON THE UPPER JAW WHEN DEEP TRAUMATIVE BITE AND INCLUDED DENTAL DEFECT IN THE FRONT

- 1) horseshoe
- 2) lattice
- 3) complete palatal plate
- 4) transverse palatine plate

56. FORM OF THE CAST BASE OF THE REMOVABLE PROSTHESIS ON THE UPPER JAW WHEN END DEFECTS ARISING AFTER THE LOSS OF THE SECOND PREMOLARS AND MOLARS

- 1) transverse palatine plate
- 2) complete palatal plate
- 3) horseshoe
- 4) lattice

57. FUNCTION OF THE OCCLUSIVE PAD

- 1) distribution of chewing load
- 2) retention of the prosthesis
- 3) splinting of teeth
- 4) indirect fixation of the prosthesis

58. LOCATION OF THE TIP OF THE FIXING PART OF THE BASE-HOLDING CLAMP IS DETERMINED WITH THE HELP

ROD PARALLELOMETER

- 1) undercut depth gauge (degree of retention)
- 2) analytical
- 3) graphite
- 4) index

59. ALGORITHM OF MANAGEMENT OF THE PATIENT AFTER THE APPLICATION OF A REMOVABLE PROSTHESIS

- 1) appearance the next day after the prosthesis is applied, even if it does not cause inconvenience
- 2) Appearance for a follow-up examination after 2 days
- 3) Appearance for a follow-up examination after 3 days
- 4) if the patient does not feel pain when using the prosthesis, then it is not necessary to appear.

60. WHEN REPAIRING A REMOVABLE PLATE PROSTHESIS OF THE LOWER JAW IN RELATIONSHIPS WITH NATURAL TOOTH LOSS IMPRESSION IS NECESSARY

- 1) upper jaw and lower jaw together with the prosthesis
- 2) both jaws without prosthesis
- 3) lower jaw without prosthesis
- 4) lower jaw together with a prosthesis

61. FIRST STAGE OF CLINICAL RECEPTION REMOVABLE DENTURE CORRECTION IS

- 1) clarification of patient complaints
- 2) checking the fixation of the prosthesis
- 3) Central occlusion check
- 4) checking lateral and anterior occlusions

62. CHECKING THE WAX DESIGN OF A REMOVABLE DENTURE BEGINS WITH

- 1) assessment of the manufacture of a structure on a plaster model in an occluder (articulator)
- 2) determination of the height of the lower face
- 3) insertion of a wax structure into the mouth
- 4) density control of natural and artificial teeth in the patient's mouth

63. WHEN MATURATION OF THE SKIN OF THE CORNERS OF THE MOUTH OF THE PATIENT, IT IS ADVANTAGEOUS TO BE PROSTHETIC WITH A PROSTHETIC WITH TEETH

- 1) porcelain, made taking into account the restoration of the height of the lower third of the face
- 2) plastic
- 3) porcelain
- 4) plastic, made taking into account the restoration of the height of the lower third of the face

64. ARTIFICIAL TEETH ARE INSTALLED IN 64. END SADDLES OF ARC PROSTHESIS

- 1) for 2/3 saddle length
- 2) 1/3 saddle length
- 3) for 1/2 saddle length
- 4) full length seat

65. "MARBLE" OF THE PLASTIC BASE OF THE PROSTHESIS APPEARS

- 1) in case of non-compliance with the technology of mixing plastic
- 2) when the expiration date of the monomer
- 3) at the expiration of the polymer
- 4) in violation of the temperature regime of polymerization

66. WHEN CONTACT OF THE BASE OF THE REMOVABLE DENTURE WITH THE AFFECTED MUCOUS MEMBRANE IS APPLIED

- 1) Removable prosthesis with silver-plated plastic base
- 2) removable prosthesis with metal base
- 3) Removable prosthesis with two-layer basis
- 4) arc prosthesis

67. TEETH CLOSURE DENSITY WHEN CHECKING THE WAX DESIGN OF A REMOVABLE DENTURE IN THE ORAL CAVITY IS CONTROLLED WITH THE HELP OF

- 1) spatula
- 2) conversational test
- 3) base wax
- 4) silicone key

68. FIXATION OF ARC PROsthESIS WHEN REPLACING A SINGLE-SIDED END DEFECT OF THE UPPER JAW AND LOW CLINICAL CROWNS OF SUPPORTING TEETH, IT IS PREFERABLE TO CARRY OUT

- 1) Bonville clasp
- 2) telescopic crowns
- 3) Akker's clasp
- 4) Ney's fourth type clasp

69. CHANGES IN THE TRADITIONAL POSITION OF THE ARCH ON THE UPPER JAW IS DUE TO

- 1) pronounced torus of the hard palate
- 2) the desire of the patient
- 3) hard palate shape
- 4) topography of dentition defects

70. WITH A ONE-SIDED END DEFECT OF THE DENTAL ARCH ON THE POSITIONAL TEETH OF THE OPPOSITE SIDE, IT CAN BE APPLIED FOR FIXING THE SPLINTING ARCH PROsthESIS

- 1) bonville clasp
- 2) Akker's clasp
- 3) Roach's clasp
- 4) telescopic crown

71. IN WHAT CASES IS IT POSSIBLE TO USE THE BEAM SYSTEM OF FASTENING OF ARC SPLINTING PROsthESIS

- 1) included dental arch defects
- 2) young age of patients
- 3) periodontal disease
- 4) high clinical crowns

72. AN ATYPICAL BOUNDARY LINE MAY BE LOCATED

- 1) in the form of a loop facing the gingival margin or chewing surface
- 2) middle
- 3) diagonal
- 4) straight line

73. A TYPICAL BOUNDARY LINE MAY HAVE A POSITION

- 1) straight line
- 2) in the form of a loop facing the contact surface
- 3) low
- 4) undulating

74. FOR IMPRESSION DURING DIRECT PROSTHETICS USE

- 1) alginate materials
- 2) gypsum
- 3) thermoplastic materials
- 4) silicone or thiokol materials

75. WHEN MANUFACTURING AN IMMEDIATE PROSTHETIC, WHEN PREPARING A PLASTER WORKING MODEL IN THE AREA OF CHEWING TEETH, PLASTER IS REMOVED

- 1) along the edges of the holes, slightly rounding them
- 2) from the vestibular side of the alveolar parts
- 3) oral side of the alveolar parts
- 4) vestibular and oral sides of the alveolar parts

76. STRUCTURAL MATERIAL OF WORKING MODELS FOR CASTING COMPLEX STRUCTURES OF REMOVABLE PROSTHESES

- 1) material for refractory models
- 2) medical plaster
- 3) supergypsum
- 4) phosphate cement

77. FOR LOW CONVERGED MOLAR IN ARCH PROSTHESIS, IT IS RECOMMENDED TO USE CLAMPS

- 1) Neu 5
- 2) Neu 1
- 3) Neu 4
- 4) Neu 2

78. WHEN EVALUATION OF THE QUALITY OF IMPRESSIONS FOR THE MANUFACTURE OF

- 1) a clear relief of the gingival groove along the perimeter of each abutment tooth
- 2) clear display of the surface of the alveolar parts in the area of missing teeth
- 3) transitional fold display accuracy
- 4) absence of fuzzy, blurry imprints of the prosthetic bed

79. IN THE ABSENCE OF PERIODONTAL DISEASES, PROSTHETICS WITH BRIDGES IN THE ANTERIOR SECTION IS ACCEPTABLE WHEN LOSS

- 1) one to four incisors
- 2) fang
- 3) premolars
- 4) two premolars and one molar

80. IN THE ABSENCE OF THE SECOND PREMOLARS, IT IS ADVANTAGEOUS TO PROSTHETIC THE PATIENT

- 1) bridge prosthesis based on the premolar and molar, artificial crown based on the implant
- 2) removable plate prosthesis
- 3) fixed prosthesis with one-sided support on the molar

4)fixed prosthesis with one-sided support on the premolar

81. FOR TEMPORARY FIXATION OF NON-REMOVABLE BRIDGES ARE USED

- 1)eugenol-free cements for temporary fixation
- 2)zinc oxide eugenol paste (type "Repin")
- 3)water dentin
- 4)cement "Unifas"

82. THE MAIN ELEMENT OF AN ARC PROSTHESIS IS

- 1)arc prosthesis frame
- 2)saddle with artificial teeth
- 3)support-holding clasp
- 4)multi-link clasp

83. THE VALUE OF THE GAP BETWEEN THE FRAME OF THE SADDLE-SHAPED PART OF THE ARC PROSTHESIS AND THE MUCOSA OF THE ALVEOLAR PART IS EQUAL

- 1) about 1.5mm
- 2) 0 mm
- 3) 0.2mm
- 4) 0.5mm

84. SPECIFY THE TYPES OF BITE IN WHICH THE INDICATIONS FOR PROSTHETIC BRIDGES ARE Narrowed

- 1) deep
- 2) open
- 3) deep incisal overlap
- 4) cross

85. THE INTERMEDIATE PART (BODY) OF THE BRIDGE IN THE ANTERIOR SECTION OF THE DENTAL ARCH OF THE UPPER JAW IN RELATION TO THE MUCOUS MEMBRANE IS LOCATED

- 1) regarding
- 2) in the form of a saddle
- 3) with wash space (hanging mold)
- 4) arbitrarily

86. APPLICATION OF SUPPORT CROWNS IS A CLINICAL STAGE IN THE MANUFACTURE OF A BRIDGE

- 1) soldered
- 2) any
- 3) solid
- 4) cermet

87. OCCLUSION PLATE INCLUDED

- 1) in the intertubercular groove of premolars and molars and on the dental tubercle of the canine
- 2) in the neck of the tooth
- 3) on the cutting edge of the tooth
- 4) in the intertubercular groove of premolars and molars

88 . WITH ONE-SIDED END DEFECTS OF THE DENTAL ARCH ON THE POSITIONAL TEETH OF THE OPPOSITE SIDE, FOR FIXING THE ARRC PROSTHESIS, IT IS POSSIBLE

TO APPLY

- 1) Bonville clasp or telescopic crown
- 2) Ney's clasp No. 1
- 3) Ney's clasp No. 2
- 4) ring-shaped clasp

89 . TYPES OF INDIRECT FIXATION OF ARC PROSTHESIS

- 1) a process with an overlay on the oral surface of the anterior teeth
- 2) ring clasp and arm of Bonyhard
- 3) multi-link clasps (linings)
- 4) claw-like (embrasure) processes

90. A GENERAL LINE CARRIED OUT WITH PARALLELOMETRY ON THE CROWN PART OF THE TEETH ON THE WORKING MODEL IS CALLED A LINE

- 1) separating (boundary)
- 2) undercuts
- 3) overview
- 4) anatomical equator of the tooth

91. FUNCTIONAL IMPRESSION PROPOSED

- 1) Schroth
- 2) Bonneville
- 3) Fauchard
- 4) Gizi

Test tasks with answer options	No. of the competency that this test task is aimed at developing
Section Orthopedic treatment of total loss of teeth	UK - 1, GPC - 5, PC - 6, PC - 7
1. ANGLE OF THE LOWER JAW WITH COMPLETE LOSS OF TEETH 1) increases 2) decreases 3) does not change 4) deformed	
2. COMPLETE LOSS OF TEETH ON THE LOWER JAW BONE ATROPHY IN THE ANTERIOR SECTION IS MORE EXPRESSED 1) lingual surface of the alveolar part 2) on the vestibular surface 3) crest of the alveolar part 4) lingual surface of the alveolar process	
3. THE FIRST TYPE OF TOOTHLESS JAW ACCORDING TO SCHROEDER IS CHARACTERIZED 1) high alveolar process of the upper jaw, evenly covered with a dense mucous membrane, deep hard palate, mild torus or its absence 2) the average degree of atrophy of the alveolar process of the upper jaw, moderately pronounced maxillary tubercles, medium depth hard palate, pronounced torus 3) sharp uniform atrophy of the entire alveolar part of the lower jaw, the mobile mucous membrane is located almost at the level of the ridge 4) the alveolar part of the lower jaw is well expressed in the anterior section and sharply atrophied in the lateral sections	
4. THE SECOND TYPE OF TOOTHLESS JAW ACCORDING TO SCHROEDER IS	

CHARACTERIZED

- 1) the average degree of atrophy of the alveolar process of the upper jaw, moderately pronounced maxillary tubercles, medium depth hard palate, pronounced torus
- 2) sharp uniform atrophy of the entire alveolar part of the lower jaw, the mobile mucous membrane is located almost at the level of the ridge
- 3) the alveolar part of the lower jaw is well expressed in the anterior section and sharply atrophied in the lateral sections
- 4) complete absence of the alveolar process of the upper jaw, sharply reduced dimensions of the body of the jaw and maxillary tubercle, flat hard palate, wide torus

5. THE THIRD TYPE OF TOOTHLESS JAW ACCORDING TO SCHROEDER IS CHARACTERIZED

- 1) complete absence of the alveolar process of the upper jaw, sharply reduced dimensions of the jaw body and maxillary tubercle, flat hard palate, wide torus
- 2) high alveolar process of the upper jaw, evenly covered with a dense mucous membrane, well-defined maxillary tubercles, deep hard palate, weakly expressed torus or its absence
- 3) the average degree of atrophy of the alveolar process of the upper jaw, moderately pronounced maxillary tubercles, medium depth hard palate, pronounced torus
- 4) sharp uniform atrophy of the entire alveolar part of the lower jaw, the mobile mucous membrane is located almost at the level of the ridge

6. SECOND CLASSIFICATION OF THE MUCOUS MEMBRANE BY SUPPLEMENT IS CHARACTERIZED

- 1) the mucous membrane is atrophied, the mucous membrane covers the alveolar process and the palate with a thin stretched layer
- 2) loose mucous membrane, which is often hyperemic, edematous
- 3) moderately pliable mucous membrane
- 4) the presence of mobile strands of the mucous membrane, a dangling soft comb in the region of the incisive foramen, in the region of the interincisal papilla

7. THE THIRD CLASSIFICATION OF THE MUCOUS MEMBRANE BY SUPPLEMENT IS CHARACTERIZED

- 1) loose mucous membrane, which is often hyperemic, edematous
- 2) the mucous membrane is atrophied, covers the alveolar process and the palate with a thin stretched layer
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- 4) the presence of mobile strands of the mucous membrane, a dangling soft comb in the region of the incisive foramen, in the region of the interincisal papilla

8. A FUNCTIONAL IMPRESSION PROVIDING A SELECTIVE LOAD ON INDIVIDUAL PARTS OF THE PROSTHETIC BED IS CALLED

- 1) differentiated functional
- 2) anatomical
- 3) unloading
- 4) functional

9. THICKNESS OF THE EDGE OF THE INDIVIDUAL SPOON WITH COMPLETE TOOTH LOSS

- 1) 1.5-2.0 mm
- 2) about 1.0 mm
- 3) 1.0-1.5mm
- 4) 2.0-3.0mm

10. UNLOADING IMPRESSION FROM TOOTHLESS JAWS SHOULD BE USED

- 1) "dangling" soft crest of the alveolar process
- 2) with a decrease in the height of the lower face
- 3) with a sharp atrophy of the alveolar parts
- 4) with increased sensitivity of the mucous membrane of the prosthetic bed

11. DETERMINE THE BORDER IN THE DISTAL SECTION OF THE INDIVIDUAL SPOON FOR THE UPPER JAW ACCORDING TO THE SAVVIDI METHOD

- 1) passes behind the tubercles of the upper jaw
- 2) passes to the tubercles of the upper jaw
- 3) covers blind holes by 3-5mm
- 4) does not reach the palatine pits

12. HERBST RECOMMENDS TESTING WHEN APPLICATION OF THE INDIVIDUAL SPOON ON THE UPPER JAW

- 1) four
- 2) five
- 3) three
- 4) two

13. PASSIVE EDGING OF A FUNCTIONAL IMPRESSION IS CARRIED OUT BY ACTIONS

- 1) orthopedic dentist
- 2) the patient himself
- 3) dental assistant
- 4) nurse

14. DETERMINE THE ZONE OF CORRECTION OF THE INDIVIDUAL SPOON OF THE LOWER JAW BY THE METHOD OF HERBST WITH THE MOVEMENT OF THE TONGUE TO THE SIDE OF THE CHEEKS WITH A HALF-CLOSED MOUTH

- 1) hyoid edge of the spoon 1 cm from the midline
- 2) zone of the maxillo-hyoid line
- 3) zone between fangs
- 4) area of mandibular tubercles

15. ACTIVE EDGING OF THE FUNCTIONAL IMPRESSION IS CARRIED OUT BY ACTIONS

- 1) the patient himself
- 2) orthopedic dentist
- 3) dental assistant
- 4) nurse

16. DETERMINE THE ZONE OF CORRECTION OF THE INDIVIDUAL SPOON OF THE LOWER JAW BY THE METHOD OF HERBST WHEN MOVING THE TONGUE ALONG THE RED BORDER OF THE LOWER LIP

- 1) zone of the maxillo-hyoid line
- 2) along the midline from the lingual side
- 3) area of fangs along the vestibular edge
- 4) the hyoid edge of the spoon in the area of 1 cm from the midline

17. DETERMINE THE ZONE OF CORRECTION OF THE INDIVIDUAL SPOON OF

THE LOWER JAW BY THE METHOD OF HERBST WHEN THE SPOON IS DISPLACED DURING SWALLOWING AND WIDE OPENING OF THE MOUTH

- 1) area of fangs; from the mandibular tubercle to the maxillofacial line from the lingual margin and to the second molar from the vestibular side
- 2) sublingual region in the midline
- 3) from the mandibular tubercle to the maxillo-hyoid line
- 4) from the mandibular tubercle to the second molar from the vestibular surface and to the maxillo-hyoid line from the lingual side

18. FOR WHAT TYPES OF MUCOUS MEMBRANES IS THE COMPRESSION TYPE OF FUNCTIONAL IMPRESSION USED?

- 1) with the first type of jaw atrophy according to Oxman, the mucous membrane of the prosthetic bed corresponds to class I according to Supple
- 2) the mucous membrane of the prosthetic bed of the upper jaw corresponds to class I according to Supple, a pronounced torus is located in the midline of the palate
- 3) the mucous membrane of the prosthetic bed corresponds to class II Supple
- 4) with a well-defined bone base of the alveolar part in the lateral sections in the anterior

19. INDICATE THE SIGN OF OVERAGE OF THE INTERALVEOLAR HEIGHT

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

20. INCREASING THE INTERALVEOLAR DISTANCE WHEN DETERMINING THE CENTRAL RATIO OF THE JAWS IN TOOTHLESS PATIENTS IS ACCOMPANIED WITH THE FOLLOWING SYMPTOMS

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

21. ADVANTAGES OF THE METHOD OF INTRAORAL FORMATION OF OCCLUSION ROLLS BY THE KATZ-GELFAND METHOD

- 1) individual design of occlusal ridges
- 2) accurate recording of the sagittal articular path
- 3) accurate recording of the incisal sagittal path
- 4) the ability to accurately determine the central position of the lower jaw

22. AUTHOR OF THE METHOD OF SETTING ARTIFICIAL TEETH ON GLASS IN A HINGED OCCLUDATOR

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

23. WHEN SETTING ARTIFICIAL TEETH ACCORDING TO VASILEV, TEETH 1.2 AND 2.2. SET AS FOLLOWS

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

24. AN INDICATION FOR PLACEMENT OF ARTIFICIAL TEETH ON A SPHERICAL SURFACE IS

- 1) pronounced prognathic ratio of the jaws
- 2) deep bite
- 3) crossbite
- 4) significant exposure of the alveolar process when smiling

25. THE REFERENCE FOR PLACEMENT OF ARTIFICIAL CENTRAL INCISORS OF THE UPPER JAW IN THE ARTICULATOR GNATHOMATE IS

- 1) incisive papilla
- 2) large palatine fold
- 3) median line
- 4) a line passing through the wing of the nose

26. THE REFERENCE FOR PLACEMENT OF ARTIFICIAL FANTOS OF THE UPPER JAW IN THE ARTICULATOR GNATHOMATE IS

- 1) outer edge of the greater palatine fold
- 2) the inner edge of the large palatine fold
- 3) incisive papilla
- 4) a line passing through the corners of the mouth

27. THE FIRST STAGE OF CHECKING THE WAX DESIGN OF REMOVABLE DENTURES WITH COMPLETE TOOTH LOSS IS

- 1) checking the setting of teeth in the articulator or occluder
- 2) checking plaster models of the jaws
- 3) checking the wax template with the teeth in the mouth
- 4) visual inspection of the wax structure of the prosthesis

28. PROSTHETICS WITH A REMOVABLE DENTURE WITH A COMPLETE LOSS OF TEETH CONSISTS OF

- 1) five steps
- 2) two stages
- 3) three stages
- 4) four stages

29. CROSS POSITION OF ARTIFICIAL TEETH IS USED WHEN

- 1) mesial occlusion
- 2) direct ratio of edentulous jaws
- 3) cross ratio of edentulous jaws
- 4) deep bite

30. EXPANSION OF THE UPPER DENTAL ARCH, GRINDING OF THE LABIAL SURFACE OF THE LOWER ANTERIOR TEETH TO CREATE MINIMUM OVERLAPPING WITH THE UPPER AND EXPANSION OF THE GROOVES BETWEEN THE BUCKLES OF THE LOWER MOLAR IS USED WITH

- 1) direct ratio of edentulous jaws
- 2) cross ratio of edentulous jaws
- 3) mesial ratio of edentulous jaws
- 4) distal ratio of edentulous jaws

31. IN MESIAL BITE, THE SETTING OF ARTIFICIAL TEETH IS CARRIED OUT AS

FOLLOWS

- 1) the upper dental arch is shortened by one second premolar
- 2) put only one premolar on the lower jaw instead of two
- 3) put teeth in different occlusion
- 4) create a minimal overlap with the upper teeth of the lower

32. WHEN CHECKING THE WAX DESIGN OF A REMOVABLE PROSTHESIS IN THE ORAL CAVITY, THE CORRECT DETERMINATION OF THE INTERALVEOLAR HEIGHT IS CONTROL BY USING

- 1) conversational test
- 2) spatula
- 3) micrometer
- 4) subjective sensations of the patient

33. IF WHEN CHECKING WAX MODELS OF COMPLETE REMOVABLE DENTURES, A GAP BETWEEN THE ANTERIOR TEETH AND AN IRREGULAR CONTACT IN THE SIDE DEPARTMENTS IS DETECTED, IT SHOULD BE STATED WHAT WAS FIXED

- 1) anterior occlusion
- 2) lateral occlusion
- 3) the bite template tipped over when closing
- 4) there was a deformation of the wax template when determining the central ratio of the jaws

34. IF DURING CHECKING THE WAX DESIGN OF THE PROSTHESIS, IT IS DISCOVERED THAT AN ERROR OCCURRED WHEN SETTING THE ARTIFICIAL TEETH ON THE LOWER JAW, THEN THEN DO THE FOLLOWING WAY

- 1) remove teeth from the lower wax base and redefine the central relationship
- 3) remove teeth from the upper wax base
- 4) teeth are removed from both the upper and lower wax bases,
- 5) no changes are made in this case

35. APPLICATION OF A COMPLETE REMOVABLE DENTURE IN THE ORAL CAVITY IS CARRIED OUT WITH THE HELP

- 1) chemical pencil, carbon paper
- 2) chemical pencil
- 3) gypsum
- 4) carbon paper

36. STAGE OF APPLICATION OF A COMPLETE REMOVABLE DENTURE IN THE MOUTH CAVITY BEGINS

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

37. CHECKING THE DESIGN OF A REMOVABLE PROSTHESIS BEGINS WITH

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

38. THE QUALITY OF FIXATION OF A COMPLETE REMOVABLE EYE PROSTHESIS IS INFLUENCED BY THE MUSCLE OF MUSCLE

- 1) maxillo-hyoid
- 2) chin
- 3) lowering the corner of the mouth
- 4) external pterygoid

39. PATIENT, 64 YEARS OLD, IS PROSTHETIC FOR THE FIRST TIME. AFTER THE APPLICATION OF FULL REMOVABLE DENTURES ON BOTH JAWS, IS IN PAIN. PAIN POINTS DURING INSPECTION AND PALPATION CANNOT BE DETECTED. WHAT IS THE DOCTOR'S TACTICS

- 1) use the technique of identifying zones of increased pressure of the basis on the mucous membrane and carry out the correction of the prosthesis
- 2) 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
- 3) to convince the patient of the inevitability of such phenomena that 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
- 4) to correct the articulation of the dentition with carbon paper,

40. FINAL FITTING OF THE FULL REMOVABLE PROSTHESIS IS CARRIED OUT

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

41. AFTER THE APPLICATION OF COMPLETE REMOVABLE DENTURES, SMOOTHENING OF THE NALO-LABIAL AND CHIN FOLDS AND TEETH RATCHING IS NOTICED. THIS IS EXPLAINED

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

42. IN THE APPLICATION OF REMOVABLE DENTURES WITH COMPLETE LOSS OF TEETH, DETECTION OF ERRORS MISSED BY THE DOCTOR WHEN CHECKING THE WAX DESIGNS OF THE PROSTHESES IS POSSIBLE

- 1) decrease or increase in the interalveolar distance, balancing the prosthesis
- 2) fixed lateral or anterior occlusion
- 3) inconsistency of the prosthesis with the boundaries of the prosthetic bed
- 5) restoration of diction

43. WHEN TO PRESCRIBE A PATIENT AFTER A REMOVABLE DENTURE WITH COMPLETE TOOTH LOSS

- 1) next day
- 2) should not be assigned
- 3) after 3 days
- 4) in a week

44. INDICATIONS FOR USE OF ELASTIC LINER

- 1) increased sensitivity of the tissues of the prosthetic bed to pressure
- 2) temporary medical and immediate complete removable dentures
- 3) with a sharp atrophy of the alveolar parts
- 4) xerostomia

45. NAME THE REQUIRED MEASURES FOR THE CARE OF THE PROSTHESIS

- 1) clean after every meal
- 2) clean once a day
- 3) store in a jar of saline
- 4) treat with alcohol once a day

46. AVERAGE SERVICE LIFE OF A REMOVABLE PLATE PROSTHESIS WITH COMPLETE LOSS OF TEETH

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

47. NEGATIVE EFFECT OF A REMOVABLE DENTURE WITH COMPLETE LOSS OF TEETH WITH DIRECT IMPACT ON THE MUCOUS MEMBRANE

- 1) decubital ulcer
- 2) greenhouse effect
- 3) effect of medical bloodsucking jar
- 4) allergic stomatitis

48. NAME THE TYPES OF TOXIC STOMATITIS

- 1) chemical and bacterial
- 2) allergic
- 3) traumatic
- 4) greenhouse effect

49. PATIENT USED A REMOVABLE DENTURE WITH COMPLETE LOSS OF TEETH FOR 7 YEARS. I WENT TO THE DENTIST-ORTOPEDIST FOR THE PURPOSE OF INSPECTION. NO COMPLAINTS. EXAMINATION OF THE MOUTH CAVITY REVEALED SIGNIFICANT ATROPHY OF THE BONE TISSUE AND INCONSISTENCY OF THE BASE OF THE PROSTHESIS WITH THE TISSUES OF THE PROSTHETIC BED. WHAT IS YOUR TACTICS

- 1) remake the prosthesis
- 2) release the patient
- 3) rebase the prosthesis
- 4) use the old prosthesis as an individual spoon when making a new one

50. PATIENT USED A REMOVABLE DENTURE WITH COMPLETE TOOTH LOSS FOR 5 YEARS. I WENT TO THE DENTIST-ORTOPEDIST FOR THE PURPOSE OF INSPECTION. COMPLAINTS TO BALANCING THE PROSTHESIS, DISCOMFORT DURING EATING. YOUR TACTICS

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

51. CAUSE OF THE GREENHOUSE EFFECT

- 1) violation of thermoregulation of the mucous membrane under the basis and low thermal conductivity of the material from which the prosthesis is made
- 2) Allergic properties of plastic
- 3) the presence of excessive pressure of the prosthesis on the mucous membrane

4) improper care of the prosthesis

52. REASONS FOR REPLACING A REMOVABLE PLATE PROSTHESIS IN THE COMPLETE LOSS OF TEETH

- 1) accelerated processes of bone tissue atrophy, decrease in chewing efficiency
- 2) delayed 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

53. THE FIRST STAGE OF THE CLINICAL RECEPTION OF REMOVABLE DENTURE CORRECTION IS

- 1) clarification of the patient's complaints
- 2) checking the fixation of the prosthesis
- 3) Central occlusion check
- 4) checking lateral and anterior occlusions

54. EDGE THICKNESS OF AN INDIVIDUAL SPOON FOR A TOOTHLESS JAW

- 1) 1.5-2.0 mm
- 2) about 1.0mm
- 3) 1.0-1.5mm
- 4) 2.0-3.0mm

55. LIST MATERIALS USED TO MAKE CUSTOMIZED SPOONS

- 1) cold curing plastics, light-curing plastics
- 2) elastic plastics
- 3) compomers
- 4) nylon

56. BIOMECHANICAL METHODS OF FIXATION OF COMPLETE REMOVABLE DENTURES INCLUDED

- 1) fastening of prostheses with intraosseous implants
- 2) weighting of prostheses
- 3) use of magnets
- 4) suction chambers

57. BIOPHYSICAL METHODS OF FIXATION OF COMPLETE REMOVABLE DENTURES ARE

- 1) creating an edge shut-off valve
- 2) weighting of the prosthesis
- 3) anatomical retention
- 4) the use of subperiosteal magnets

58. INDICATE THE SIGN OF OVERAGE OF THE INTERALVEOLAR HEIGHT

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

59. LOWER FACE HEIGHT DETERMINATION METHOD WHICH GIVES THE BEST AESTHETIC AND FUNCTIONAL EFFECT

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

60. THE REFERENCE FOR DETERMINING THE PROTHETIC (OCCLUSION) PLANE OF THE UPPER BITE TEMPLATE WITH OCCLUSION ROLLERS WITH COMPLETE LOSS OF TEETH SERVES

- 1) pupillary line
- 2) nasal line and smile line
- 3) nasal lines
- 4) the surface of the lower roller

61. SIGNS OF REDUCED INTERALVEOLAR HEIGHT

- 1) smoothness of nasolabial and chin folds
- 2) deepening of the nasolabial fold
- 3) lengthening of the lower face
- 4) loss of chewing teeth

62. INCREASED INTERALVEOLAR DISTANCE DURING THE DETERMINATION OF THE CENTRAL RATIO OF THE JAWS IN TOOTHLESS PATIENTS IS ACCOMPANIED WITH THE FOLLOWING SYMPTOMS

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

63. THE RELATIONSHIP BETWEEN THE SHAPE OF THE UPPER CENTRAL INCISORS AND THE SHAPE OF THE FACE HAS BEEN ESTABLISHED

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

64. BY THE METHOD OF FASTENING TO THE BASE OF THE PROSTHESIS, ARTIFICIAL PORCELAIN TEETH CAN BE

- 1) diatoric
- 2) on the supply
- 3) on an artificial gum
- 4) tubular

65. AUTHOR OF THE METHOD FOR SETTING ARTIFICIAL TEETH ON GLASS IN A HINGED OCCLUDATOR

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

66. WHEN SETTING ARTIFICIAL TEETH ACCORDING TO VASILEV, TEETH 1.2 AND 2.2. SET AS FOLLOWS

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

67. SMOOTHING OF THE ALVEOLAR PART IN THE AREA OF REMOVED TEETH WITH THE REMOVAL OF PLASTER FROM THE VESTIBULAR SIDE IN THE MANUFACTURE OF IMMEDIATE PROSTHESES IS PERFORMED

- 1) in the anterior part of the upper jaw
- 2) anterior part of the lower jaw
- 3) lateral sections of the upper jaw
- 4) lateral sections of the lower jaw

68. AFTER REMOVAL OF TEETH, WHAT PROSTHETICS IS CONSIDERED DIRECTLY

- 1) on the first day
- 2) on the first or second day
- 3) in the first week
- 4) in the first month

Test tasks with answer options	No. of the competency that this test task is aimed at developing
Section Periodontal Diseases	UK - 1, GPC - 5, PC - 6, PC - 7
<p>1. WHICH OF THE FOLLOWING ARE SYMPTOMS OF PERIODONTITIS</p> <ol style="list-style-type: none"> 1) suppuration and periodontal pockets 2) wedge-shaped defects 3) tooth wear 4) increased tooth wear 	
<p>2. FOR THE TREATMENT OF LOCALIZED (FOCAL) PARODONTS AND FIXED PROSTHESES ARE USED IN</p> <ol style="list-style-type: none"> 1) no socket atrophy or $\frac{1}{4}$ socket atrophy 2) atrophy of the hole by $\frac{1}{2}$ 3) atrophy of the hole on $\frac{3}{4}$ 4) atrophy of the hole more than $\frac{3}{4}$ 	
<p>3. FOR THE TREATMENT OF LOCALIZED (FOCAL) PARODONTS AND FIXED PROSTHESES ARE USED IN</p> <ol style="list-style-type: none"> 1) no socket atrophy or $\frac{1}{4}$ socket atrophy 2) atrophy of the hole by $\frac{1}{2}$ 3) atrophy of the hole on $\frac{3}{4}$ 4) atrophy of the hole more than $\frac{3}{4}$ <p>determined in the area of preserved teeth</p>	
<p>4. CHARACTER OF PARODONTAL LESION IN PRIMARY TRAUMATIC OCCLUSION</p> <ol style="list-style-type: none"> 1) localized 2) generalized 3) partial 4) spilled 	
<p>5. CHARACTER OF PARODONTAL DAMAGE IN SECONDARY TRAUMATIC OCCLUSION</p> <ol style="list-style-type: none"> 1) generalized 2) localized 3) partial 	

4) spilled
<p>6. FUNCTIONAL OVERLOAD OF THE TEETH, UNUSUAL IN DIRECTION, OCCURRED</p> <ol style="list-style-type: none"> 1) with deformation of the occlusal surface 2) with "foodless" chewing, 3) when biting hard food, 4) with spasm of chewing muscles,
<p>7. APPEARANCE OF WHAT SYMPTOM IS CHARACTERISTIC FOR THE DECOMPENSATED STAGE OF PRIMARY TRAUMATIC OCCLUSION</p> <ol style="list-style-type: none"> 1) pathological tooth mobility 2) increased abrasion 3) intact mucous membrane 4) hypertrophy of the alveolar process
<p>8. RADIOLOGICAL MANIFESTATIONS OF COMPENSATION OF THE FUNCTIONAL OVERLOAD OF THE TEETH ARE</p> <ol style="list-style-type: none"> 1) enhancement of the bone pattern of the alveolar part 2) foci of osteoporosis 3) chalice symptom 4) root deformity
<p>9. IN GENERALIZED PERIODONTITIS, A TEMPORARY SPHERE SHOULD PROVIDE STABILIZATION</p> <ol style="list-style-type: none"> 1) in an arc 2) anterior 3) sagittal 4) parasagittal
<p>10. THE METHOD OF TEMPORARY SPLINTING IS USED</p> <ol style="list-style-type: none"> 1) in the early stages of periodontitis 2) early stage of periodontal disease 3) advanced stage of periodontitis with tooth mobility II - III degree 4) atrophy of alveolar bone more than 1/2
<p>11. THE TEMPORARY PLASTIC SPLINT ON THE ORAL SIDE MUST</p> <ol style="list-style-type: none"> 1) do not reach the gum line 2) reach the gum line 3) plunge into the gingival groove by 0.5 mm 4) plunge into the gingival groove by 1.0 mm
<p>12. KOPEIKIN'S INTERDENTAL TIRE PROVIDES STABILITY</p> <ol style="list-style-type: none"> 1. in an arc 2. anterior 3. sagittal 4. anterior-lateral
<p>13. TREATMENT OF LOCALIZED PERIODONTITIS</p> <ol style="list-style-type: none"> 1) therapeutic 2) physiotherapy

<p>3) orthopedic 4) surgical</p>
<p>14. GENERAL TREATMENT FOR LOCALIZED PERIODONTITIS</p> <p>1)not required 2)required 3)urgently needed 4)possible after temporary splinting</p>
<p>15. POSSIBLE COMPLICATIONS IN SELECTIVE DRAWING</p> <p>1)hyperesthesia and decreased interalveolar height 2)caries 3)periodontitis 4)orthodontic effect of moving teeth</p>
<p>16. METHOD OF SELECTIVE GRINDING OF TEETH PREVISIONS GRINDING</p> <p>1)protective bumps and deepening of fissures 2)the tops of the supporting hillocks 3)slopes of hillocks 4)all of the above answers are correct</p>
<p>17. TEMPORARY SPLINTING IS</p> <p>1)symptomatic treatment of periodontitis 2)etiologial treatment of periodontitis 3)pathogenetic treatment of periodontitis 4)complex treatment of periodontal disease</p>
<p>18. THE TEMPORARY PLASTIC SPLIN ON THE ORAL SIDE MUST</p> <p>1)do not reach the gum line 2)reach the gum line 3)plunge into the gingival groove by 0.5 mm 4)plunge into the gingival groove by 1.0 mm</p>
<p>19. KOPEIKIN'S INTERDENTAL SPAIN PROVIDES STABILIZATION</p> <p>1)in an arc 2)anterior 3)sagittal 4)anterior-lateral</p>
<p>20. METHOD FOR STABILIZATION OF FOTAL PARODONTITIS WITH PARODONTAL LESION OF POISHER TEETH ON ONE SIDE OF THE DENTAL ROW</p> <p>1)sagittal stabilization and anterior-lateral stabilization 2)front stabilization 3)parasagittal stabilization 4)arc stabilization</p>
<p>21. METHOD OF STABILIZATION OF FOTAL PARODONTITIS WITH DAMAGE OF THE PARODONTAL OF POISHER TEETH ON BOTH SIDES OF THE DENTAL ARCH</p> <p>1)parasagittal stabilization 2)front stabilization</p>

<p>3) sagittal stabilization 4) anterior-lateral stabilization</p>
<p>22. WHEN MANUFACTURING A TEMPORARY SPLIN-KAPPA, INCREASING THE INTERALVEOLAR DISTANCE BY 2 MM</p> <p>1) Maybe 2) unacceptable 3) desirable 4) will definitely</p>
<p>23. MANUFACTURING OF METAL-CERAMIC BRIDGES FOR LOCALIZED (FOCAL) PERIODONTITIS ACCORDING TO IT</p> <p>1) mild severity 2) at the initial stage 3) moderate severity 4) severe</p>
<p>24. MANUFACTURING OF CERAMIC BRIDGES IN LOCALIZED (FOCAL) PERIODONTITIS IS CONTRAINDICATED</p> <p>1) severe 2) at the initial stage 3) mild severity 4) moderate severity</p>
<p>25. FOR THE TREATMENT OF LOCALIZED (FOCAL) PARODONTS AND FIXED PROSTHESES ARE USED IN</p> <p>1) atrophy of the hole by 1/4 2) atrophy of the hole by 1/2 3) atrophy of the hole on 3/4 4) atrophy of the hole by more than 3/4.</p>
<p>26. FOR THE TREATMENT OF LOCALIZED (FOCAL) PARODONTS AND REMOVABLE PROSTHESES ARE USED IN</p> <p>1) atrophy of the hole by 1/2 or more 2) in the absence of atrophy of the socket 3) atrophy of the hole by 1/4 4) atrophy of the hole on 3/4</p>
<p>27. NON-REMOVABLE PROSTHETIC SPLINTS ARE USED FOR THE TREATMENT OF LOCALIZED (FOCAL) PERIODONTITIS</p> <p>1) mild severity 2) initial stage 3) moderate severity 4) severe</p>
<p>28. REMOVABLE SPLINTS ARE PROSTHESES</p> <p>1) with metal base 2) bridging 3) arc 4) plate</p>

29. ELEMENTS PROVIDING THE SPLINTING ACTION OF THE ARC PROSTHESIS

- 1) splinting elements (continuous multi-link clasp, claw-like processes)
- 2) arc
- 3) support-holding clasps
- 4) base with artificial teeth

30. WHAT TYPE OF STABILIZATION WILL BE PRESENT IN THE FUTURE PROSTHESIS WITH ONLY THE FRONT TEETH KEEPING

- 1) fronto-sagittal
- 2) sagittal
- 3) frontal
- 4) diagonal

31. THE ABSOLUTE INDICATION FOR THE REMOVAL OF TEETH IN PARODONTITIS IS

- 1) tooth mobility III degree
- 2) sharp expansion of the periodontal gap
- 3) frequent abscess formation
- 4) IROPZ, according to Milikevich, 0.8 with intact periodontium

32. IN GENERALIZED PERIODONTITIS, THE TIME SPLINTER SHOULD PROVIDE STABILIZATION

- 1) front
- 2) along the arc
- 3) sagittal
- 4) parasagittal

33. A CONTRAINDICATION TO THE MANUFACTURING OF NON-REMOVABLE PROSTHETIC SPINS

- 1) inflammatory processes in periapical tissues
- 2) end defects
- 3) lack of reserve forces in the periodontal supporting teeth
- 4) defects in hard tissues of teeth

34. THE TEMPORARY PLASTIC SPLIN ON THE ORAL SIDE MUST

- 1) do not reach the gingival margin
- 2) reach the gingival margin
- 3) dive into the dentogingival groove by 0.5 mm
- 4) dive into the gingival groove by 1.0 mm

35. TEMPORARY SPLINTING IS

- 1) symptomatic treatment of periodontitis
- 2) etiological treatment of periodontitis
- 3) pathogenetic treatment of periodontitis
- 4) pathogenetic treatment of periodontal disease

36. THE TEMPORARY PLASTIC SPLIN ON THE ORAL SIDE MUST

- 1) do not reach the gingival margin
- 2) reach the gingival margin
- 3) dive into the dentogingival groove by 0.5 mm
- 4) dive into the gingival groove by 1.0 mm

<p>37. TIME TIRES ARE</p> <ol style="list-style-type: none"> 1) kappa splint made of plastic 2) Mamlock tire 3) Elbrecht tire 4) Sprenga bus
<p>38. A CONTRAINDICATION TO THE MANUFACTURING OF NON-REMOVABLE PROSTHESIS</p> <ol style="list-style-type: none"> 1) inflammatory processes in periapical tissues 2) end defects 3) lack of reserve forces in the periodontal supporting teeth 4) defects in hard tissues of teeth

Test tasks with answer options	No. of the competency that this test task is aimed at developing
Section Pathological abrasion	UK - 1, GPC - 5, PC - 6, PC - 7
<p>1 . WHAT POSITION OF THE BOUNDARY LINE WILL BE ON THE TEETH WITH INCREASED ABRASION</p> <ol style="list-style-type: none"> 1) median or straight line 2) diagonal 3) in the form of a loop facing the gingival margin or chewing surface 4) undulating 	

Section Oral and maxillofacial prosthetics	UK - 1, GPC - 5, PC - 6, PC - 7
<p>1. IN PROSTHETICS WITH REMOVABLE PROSTHESES FOR MICROSTOMY, THE CHOICE OF AN IMPRESSION METHOD DEPENDS ON</p> <ol style="list-style-type: none"> 1) the magnitude of the narrowing of the oral fissure 2) the choice of the impression mass by the patient 3) choosing a future orthopedic design 4) the presence of various impression trays at the doctor 	
<p>2. DIRECT PROSTHETICS AFTER UNILATERAL RESECTION OF THE UPPER JAW IS CARRIED OUT BY THE METHOD</p> <ol style="list-style-type: none"> 1) I.M. Oksman 2) V.Yu. Sheinman 3) I.S. Karapetyan 4) E.Ya. Varesa 	
<p>3. AT DIRECT PROSTHETICS A RESECTION PROSTHESIS IS MANUFACTURED</p> <ol style="list-style-type: none"> 1) in advance according to the plan planned together with the surgeon 2) immediately after the operation according to the plan planned jointly with the surgeon 3) immediately before the operation according to the plan planned jointly with the surgeon 	

4) after a certain period of time after the operation
<p>4. FIXATION OF A REMOVABLE LAMINATE PROSTHESIS WITH AN OBTURATOR IN THE PRESENCE OF TEETH ON THE OPPOSITOR TO THE DEFECT OF THE UPPER JAW IS OCCURRED WITH THE HELP OF</p> <ol style="list-style-type: none"> 1) support-holding clasps, telescopic crowns 2) holding the obturator by the edges of the defect 3) creating a valve zone along the edge of the prosthesis <p>4) cast crowns interconnected by cast rods</p>
<p>5. WITH EXTENSIVE POSTOPERATIVE DEFECTS OF THE JAWS AND A SINGLE-STANDING TOOTH ON THE PRESERVED AREA OF THE JAW, THE FOLLOWING FIXING ELEMENTS ARE MOST ACCEPTABLE</p> <ol style="list-style-type: none"> 1) telescopic crown 2) fixing clasp 3) magnets 4) use of elastic masses
<p>6. WHEN PROSTHETICS OF THE LOWER JAW WHEN REMOVING A TUMOR, A RESECTIVE PROSTHETIC IS MANUFACTURED</p> <ol style="list-style-type: none"> 1) immediately before the operation according to the plan planned together with the surgeon 2) immediately after the operation according to the plan planned jointly with the surgeon 3) in advance according to the plan planned jointly with the surgeon 4) after a certain period of time after the operation
<p>7. THE FIXING PLATE OF THE PROSTHESIS USED AFTER LOWER JAW RESECTION MAY BE</p> <ol style="list-style-type: none"> 1) removable 2) replaceable 3) non-removable 4) collapsible
<p>8. CAUSE OF CONGENITAL CLEFT PALATE</p> <ol style="list-style-type: none"> 1) genetic disorders 2) not clear 3) the main role in this belongs to the abnormal structure of the uterus 4) direct effect on the fetus
<p>9. PROSTHETICS OF PATIENTS WITH ANTERIOR AND LATERAL DEFECTS OF THE HARD PALATE IN THE PRESENCE OF TEETH ON THE JAW IS PERFORMED</p> <ol style="list-style-type: none"> 1) removable plate dentures 2) arc prostheses 3) a prosthesis with an external closing valve 4) a prosthesis with internal closing valves
<p>10. TO DISCONNECT THE MAXILLARY SINUS AND THE MOUTH CAVITY APPLY</p> <ol style="list-style-type: none"> 1) small saddle prostheses with telescopic crowns 2) arc prostheses 3) bridges 4) artificial crowns
<p>11. COMBINED MAXILLOFACIAL PROSTHESIS WITH spectacle frames, artificial nose and upper and lower jaws</p>

<ul style="list-style-type: none"> 1) Oksman 2) Costume 3) Mamlok 4) Osman
<p>12. WHEN REMOVING THE PLASTER MASK, THE DOCTOR MUST MAKE MOVEMENTS</p> <ul style="list-style-type: none"> 1) down and over 2) down and away from you 3) up and over 4) rocking to the sides
<p>13. STRUCTURE OF THE OBTURATING PART OF THE PROSTHESIS WITH A MEDIUM BONE PALATE DEFECT IS THE FOLLOWING</p> <ul style="list-style-type: none"> 1) there is no obturating part on the basis 2) the obturator enters the nasal cavity high 3) on the basis of the defect, a small roller is created 4) the obturator rises above the base by 2-3 mm, closes the defect of the hard palate
<p>14. THE UPPER JAW AND FACIAL PROSTHESIS ARE CONNECTED WITH THE HELP OF A MAGNET FROM</p> <ul style="list-style-type: none"> 1) iron-neodymium-boron alloys 2) Nickel alloy 3) iron alloy 4) ceramic mass
<p>15. FRACTURES OCCURING IN THE PLACE OF INJURY FORCE</p> <ul style="list-style-type: none"> 1) straight 2) indirect 3) oblique 4) transverse
<p>16. FRACTURES ARISING AWAY FROM THE PLACE OF APPLICATION OF FORCE</p> <ul style="list-style-type: none"> 1) indirect 2) straight 3) oblique 4) transverse
<p>17. ORTHOPEDIC DEVICES WITH THE HELP OF WHICH FRAGMENTS ARE INSTALLED IN THE CORRECT POSITION, AND DEVICES WITH INCLINED PLANES</p> <ul style="list-style-type: none"> 1) corrective and guides 2) fixing and guides 3) replacing and forming 4) uncoupling and fixing
<p>4 18 A MILITARY SERVICEMAN WITH A FRACTURE OF THE LOWER JAW IS PROVIDED WITH QUALIFIED ASSISTANCE AT OMEDB. WHICH OF THE SPECIFIED TRANSPORT TIRES SHOULD BE USED</p> <ul style="list-style-type: none"> 1) chin sling 2) smooth busbar 3) bar with spacer

4) tape tire
<p>19. PATIENT D., 40 YEARS OLD, TO ELIMINATE FACE SOFT TISSUES DEFECTS AS A RESULT OF A CAR ACCIDENT, FACIAL PLASTY IS PLANNED. WHAT ARE THE MAIN PARTS OF THE SHAPING DEVICES USED IN FACE PLASTY?</p> <ol style="list-style-type: none"> 1) replacing and forming 2) fixing and forming 3) repositioning and forming 4) guiding and forming
<p>20. CLASSIFICATION OF DEVICES FOR THERAPEUTIC PURPOSE</p> <ol style="list-style-type: none"> 1) main and auxiliary 2) workers 3) fixing 4) shaping
<p>21. IN THE FRACTURES OF THE EDENTAL JAWS, THERE CAN BE USED AS A TRANSPORT TIRE</p> <ol style="list-style-type: none"> 1) complete removable dentures for patients 2) arc prostheses 3) partial removable dentures of patients 4) bridges
<p>22. MAIN OBJECTIVES OF THE TREATMENT OF THE WOUNDED AT THE PREGOSTIPAL STAGE</p> <ol style="list-style-type: none"> 1) anti-shock measures, temporary immobilization of bone fragments 2) comprehensive examination 3) the imposition of dental wire splints 4) bone grafting
<p>23. WHEN CARRYING OUT REANIMATION MEASURES FOR THE IMPLEMENTATION OF THE TRIPLE RECEPTION OF SAFARA, IT IS NECESSARY</p> <ol style="list-style-type: none"> 1) tilt your head back, do artificial respiration 2) push the chin 3) conduct a precordial beat 4) open your mouth
<p>24. MAIN SIGNS OF ARTERIAL BLEEDING</p> <ol style="list-style-type: none"> 1) pulsating jet outflow of blood from the wound 2) slow but continuous bleeding from the wound 3) dark red blood 4) bright scarlet blood
<p>25. AT A BILATERAL FRACTURE OF THE UPPER JAW AND LIMITED MOBILITY OF FRAGMENTS, THE REDUCTION AND FIXATION IS CARRIED OUT USING</p> <ol style="list-style-type: none"> 1) apparatus Zbarzha 2) apparatus according to Schur 3) Weber tires type 1 4) kappa splint made of plastic
<p>26. MOST OFTENLY LOCALIZATION OF FRACTURE OF THE ALVEOLAR PROCESS OF THE UPPER JAW MET</p> <ol style="list-style-type: none"> 1) in the area of the front teeth 2) in the area of the lateral teeth 3) in the region of the jaw branch

4) everything is correct
<p>27. IN FRACTURES OF THE LOWER JAW THE DISPLACEMENT OF FRAGMENTS IS CONDITIONED</p> <ol style="list-style-type: none"> 1) muscle traction 2) gravity 3) the presence of orthopedic structures in the oral cavity 4) swelling of soft tissues
<p>28. THE MOST CHARACTERISTIC SIGN OF IMPROPER UNION OF FRAGMENTS IN FRACTURE OF THE UPPER JAW IS</p> <ol style="list-style-type: none"> 1) speech disorder 2) violation of occlusal relationships with the teeth of the lower jaw 3) violation of the formation of the food bolus 4) non-closure of the oral fissure
<p>29. THE MOST CHARACTERISTIC SIGN OF IMPROPERLY UNION OF FRAGMENTS AT A FRACTURE OF THE LOWER JAW IS</p> <ol style="list-style-type: none"> 1) violation of occlusal relationships with the teeth of the upper jaw 2) speech disorder 3) violation of the formation of the food bolus 4) non-closure of the oral fissure
<p>30. SHUR'S APPARATUS FOR FRACTURES CAN BE USED</p> <ol style="list-style-type: none"> 1) with stiff displacement of a fragment of the lower jaw and the presence of teeth on the fixed upper jaw 2) with a displacement of a fragment of the lower jaw and the absence of teeth in the upper jaw 3) with a displacement of a fragment of the lower jaw and the absence of teeth in both jaws 4) with displacement of a fragment of the lower jaw and mobile teeth in the upper jaw
<p>31. IN THE PROTHETIC TREATMENT OF IMPROPERLY UNITED FRACTURES OF THE LOWER JAW, THEY ARE USED</p> <ol style="list-style-type: none"> 1) removable dentures with an additional row of artificial teeth 2) mouthguards 3) removable dentures with a two-layer basis 4) bridges
<p>32. A FEATURE OF PROSTHETICS IN PATIENTS WITH IMPROPERLY UNITED FRACTURES OF THE LOWER JAW IS</p> <ol style="list-style-type: none"> 1) the manufacture of prostheses with the location of artificial teeth in the center of the alveolar part and a double row of teeth 2) preliminary orthodontic correction of the position of fragments 3) preliminary orthodontic correction of the position of the dental arch 4) refusal of prosthetics until surgical correction of the position of the fragments
<p>33. WHEN PROVIDING FIRST MEDICAL AID FOR JAW FRACTURES USE</p> <ol style="list-style-type: none"> 1) standard transport tire 2) Zbarzh apparatus 3) Schur apparatus 4) Vankevich removable tire
34. AT SIGNIFICANT MICROSTOMIA AND DEFECTS OF THE ALVEOLAR PROCESS

APPLIED

- 1) folding dentures
- 2) partial removable dentures
- 3) bridges
- 4) complete removable dentures

NB! In all the tests presented, the correct answer is "a".

Section - discipline of choice "Prosthetics of dentition defects"	No. of the competency that this test task is aimed at developing
T o n	UK-1, PK-6, PK-7
<p>Choose one or more correct answers</p> <ol style="list-style-type: none">1. The thickness of the arc in the arc prosthesis of the lower jaw is equal to:<ol style="list-style-type: none">1) 0.5–1.0 mm;2) 1.0–1.5 mm;3) 1.5–2.0 mm;4) 2.0–2.5 mm;5) 2.5–3.0 mm. 2. An indication for the manufacture of a removable plate prosthesis may be a defect in the dentition with a length (according to the number of missing teeth):<ol style="list-style-type: none">1) from 1 to 16 teeth;2) 3 to 5 teeth;3) 5 to 10 teeth;4) 6 to 14 teeth. 3. Removable plate dentures with partial loss of teeth restore chewing efficiency:<ol style="list-style-type: none">1) up to 20%;2) 50%;3) 70%;4) 90%;5) 100%. 4. In the frame of the arc prosthesis, the keepmaker is an element:<ol style="list-style-type: none">1) splinting;2) fixing;3) anti-tilting. 5. The ratio of the palatal arch of the arch prosthesis of the upper jaw to the mucous membrane	

of the hard palate:

- 1) concerns
- 2) does not touch by 0.5–1.0 mm;
- 3) does not touch by 1.0–1.5 mm;
- 4) does not touch on 1.5–2.0 mm.

6. Removable plate dentures according to the method of transferring chewing pressure include:

- 1) to the physiological
- 2) non-physiological;
- 3) semi-physiological.

7. Removable plate prosthesis with holding clasps transmits masticatory pressure:

- 1) on natural teeth;
- 2) chewing muscles;
- 3) mucous membrane of the oral cavity;
- 4) mucous membranes and natural teeth.

8. Functional purpose of the arc of the arc prosthesis:

- 1) redistribution of chewing pressure;
- 2) retention of the prosthesis from displacement;
- 3) splinting of teeth.

9. The gap between the frame of the saddle part of the arc prosthesis and the mucous membrane of the alveolar part is equal to:

- 1) 0 mm;
- 2) 1.0 mm;
- 3) 0.2 mm;
- 4) 1.5 mm;
- 5) 0.5 mm.

10. The method of transferring masticatory pressure for an arc prosthesis:

- 1) physiological;
- 2) semi-physiological;
- 3) non-physiological.

11. The supporting elements of a small saddle prosthesis are:

- 1) tabs;
- 2) clasps;
- 3) attachments;
- 4) semi-crowns;
- 5) telescopic crowns.

12. The shape and size of the basis of a removable plate prosthesis with partial loss of teeth depends on:

- 1) on the number of missing teeth, the state of the periodontium of the remaining teeth;
- 2) location of defects in the dentition;
- 3) type of defect (terminal or included);
- 4) the severity of the arch of the sky and the alveolar parts of the jaws;
- 5) only on the number of missing teeth and the location of defects in the dentition.

13. A lingual metal plate on the oral surface of the lower teeth (Kennedy strip) in an arc prosthesis is used:

- 1) with a low alveolar part of the lower jaw;
- 2) the absence of a sufficient gap between the bottom of the oral cavity and the necks of the teeth for the location of the lingual arch;
- 3) high attachment of the frenulum of the tongue;
- 4) exostoses on the oral surface of the alveolar part of the lower jaw;
- 5) high alveolar part of the lower jaw;
- 6) high attachment of the frenulum of the lower lip.

14. Properties of the mucous membrane of the prosthetic bed, taken into account when prosthetics with a removable laminar prosthesis:

- 1) color;
- 2) humidity;
- 3) compliance;
- 4) pain sensitivity;
- 5) only color and flexibility.

15. Abutment teeth of a removable prosthesis must:

- 1) have a well-defined equator;
- 2) be sustainable;
- 3) not have hard tissue defects that would prevent the use of the tooth for support;
- 4) have healthy periapical tissues;
- 5) be of sufficient height;
- 6) have an inclination towards the missing teeth.

16. The frame of a solid arc prosthesis includes:

- 1) connecting elements (arcs, branches, supporting and connecting rods, retention loops);
- 2) occlusal pads;
- 3) clasps;
- 4) indirect fixators (keepmaidens);
- 5) plastic base with artificial teeth.

17. The design of a one-piece arc prosthesis includes:

- 1) metal carcass;
- 2) plastic base with artificial teeth;
- 3) metal base;
- 4) bent clasp

18. Types of removable dentures used for defects in the dentition:

- 1) arc;
- 2) plate;
- 3) cantilever bridge;
- 4) small saddle;
- 5) composite.

19. An absolute indication for the manufacture of a removable prosthesis is a defect in the dentition, related (according to Kennedy):

- 1) to class I;
- 2) II class;
- 3) III class;
- 4) IV class.

20. Synonym of a small saddle prosthesis:

- 1) adhesive prosthesis;

- 2) arc prosthesis;
- 3) removable bridge prosthesis;
- 4) Naisbitt prosthesis.

Topic 2. The doctrine of the fixation of removable dentures. Types of fixing elements. Ney's clasp system

UK-1,
PK-6,
PK-7

Choose one or more correct answers

1. The line connecting the teeth on which the clasps are located:

11.

2. Part of the shoulder of the support-retaining clasp, which prevents vertical displacement of the prosthesis, is located:

1) at the level with the dividing (boundary) line;

5)

3. Occlusal pads of support-retaining clasps perform the following function:

4. A clasp is used on a single standing molar:

5. From a biomechanical point of view, the clasp fastening of a removable prosthesis is considered the most reliable:

6. The shoulder of the holding clasp is located:

- 1)** between the equator of the crown of the tooth and the edge of the gum;
- 2)** between the equator and the chewing surface of the crown of the tooth;
- 3)** at the equator of the tooth;

4) chewing surface of the tooth.

7. The shoulder of the holding clasp is adjacent to the tooth:

8. The supporting part of the support-holding clasp is located:

1) in the zone of undercut;

5) at the level with the dividing (boundary) line.

9. On the upper jaw, the most rational arrangement of the clasp line:

10. The function of the retention part of the clasp shoulder:

11. The number of types of clasps of the Ney system is equal to:

12. In arc prostheses, when premolars are tilted to the oral or vestibular side, it is recommended to use clasps:

13. The body of the retaining clasp on the lateral teeth of the upper jaw is located:

1) on the chewing surface of the tooth;

2) proximal surface of the tooth;

3) vestibular surface of the tooth.

14. Meters of the degree of retention (depth of undercut) of the parallelometer register the depth:

15. When prosthetics for patients with partial loss of teeth, the following methods are used to fix removable dentures:

16. The Ney system includes support-holding clasps:

17. In the holding clasp, there are:

18. Fixation and stabilization of plate prostheses depends on:

- 1)** on the number of supporting teeth;
- 2)** the location of the clasps;
- 4)** depths of the arch of the hard palate;
- 5)** degree of atrophy of the alveolar ridges;

2. The support-holding clasp consists of:

3. For bending wire clasps, steel wire with a diameter of:

**Topic 3. Planning the design of removable dentures using a parallelometer.
Parallelometry, methods, indications. The concept of the route of insertion of the prosthesis and the boundary line**

U
K
-
1,
P
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-7

Choose one or more correct answers

1. With the method of determining the average angle of inclination of the teeth selected as supports for the arc prosthesis, the longitudinal axes of the teeth are marked:

- 1) on clinical crowns of teeth;
- 2) plaster model plinth;
- 3) using a gnathodynamometer.

4) When drawing a dividing (boundary) line in a parallelometer, use:

5) If, with parallelometry, the dividing (boundary) line on the vestibular side is located near the occlusal surface of the tooth, and on the oral side it is at the level of the neck of the tooth, then it is necessary:

- 1) cover the tooth with a metal crown with a pronounced equator;
- 3) change the slope of the model in the parallelometer.

4. The surface of the crown of the tooth, located between the dividing (boundary) line and the chewing (cutting) surface of the tooth, is called:

5. When arranging the elements of the support-holding clasp, the most important line is:

- 5) longitudinal axis of the tooth;
- 6) line of the anatomical equator;

6. The anatomical equator with parallelometry coincides with the dividing (boundary) line:

7. A device for determining the position of the dividing (boundary) line is called:

- 1) gnathodynamometer;
- 2) oscilloscope;
- 3) esthesiometer;
- 4) parallelometer.

8. On the lower jaw, the most rational arrangement of the clasp line:

4)

- 1) when checking the frame of the arc prosthesis in the clinic;
- 2) fitting the cast frame on the model in the laboratory;
- 3) before modeling the frame of the arc prosthesis.

10. The distance between the arch of the arch prosthesis of the upper jaw and the mucous membrane of the hard palate is:

- 1) 0.5–1.0 mm;
- 2) 1.5–2.0 mm;
- 3) 2.0–3.0 mm;
- 4) 2.5–3.0 mm.

11. In the manufacture of an arc prosthesis, after determining the central ratio of the jaws, the clinical stage follows:

- 1) verification of the design of an arc prosthesis with artificial teeth;
- 2) fitting and imposition of the finished arc prosthesis;
- 3) fitting of the frame of the arc prosthesis;

12. For the location of the dividing (boundary) line at the anterior teeth of the upper jaw on the vestibular surface closer to the gum with parallelometry, do not choose:

- 1) front tilt of the model;
- 2) back slope of the model;
- 3) horizontal position of the model.

13. Parallelometer in the manufacture of frames of arc prostheses is necessary:

- 1) to determine the depth of undercut;
- 2) drawing a boundary line on the supporting teeth;
- 3) milling the frame of the arc prosthesis;
- 4) alignment of the occlusal surface of the dentition.

14. With a mild undercut, the clasp is made:

15. With a pronounced undercut, the clasp is done:

16. The quality of the arc prosthesis frame is assessed according to the following parameters:

- 1) dense arrangement of occlusal linings on the abutment teeth;
- 2) tight fit of the shoulders of the support-retaining clasps;
- 3) absence of supercontacts on the frame;
- 4) lack of balance on the model and in the oral cavity;
- 5) the presence of space between the arc and the mucous membrane;
- 6) good fixation of the plaster model on the articulated table of the parallelometer.

17. Possible ways of introducing the prosthesis:

18. The design of a dental parallelometer consists of:

- 2) a rack fixed on the base at a right angle with a horizontally and vertically movable bracket;
- 4) table for convenient fixation of the model;
- 5) spatula for leveling the deformation of the occlusal surface of the dentition.

19. The position of the dividing (boundary) line on the teeth during parallelometry depends on:

- 1) from the anatomical shape of the tooth;

- 2) degree of inclination of the tooth;
- 3) forms of the slope of the alveolar part of the jaw;
- 5) degree of slope of the model.

20. The retention force of the clasp shoulder depends on:

- 3) depth of placement in the retention zone of the tooth;
- 4) degree of mobility of the abutment tooth;

Topic 4. Features of obtaining impressions with partial loss of teeth. Determination of the central ratio of the jaws. Wax pattern technology

UK
-1,
PK
-6,
PK
-7

Choose one correct answer.

1. To determine the central ratio of the jaws in the oral cavity, use:

- 1) plaster models of jaws;
- 2) articulator (occluder);
- 3) wax (plastic) bases with occlusal rollers.

2. The most objective method for determining the height of the lower face is:

- 1) anatomical;
- 2) anatomical and physiological;
- 3) anthropometric.

3. Definition of the concept of "occlusion":

- 1) the relationship between the dentition;
- 2) characteristics of the closing of the teeth in the position of central occlusion;
- 3) the relationship of the jaws when closing the teeth.

4. The value of the position of functional rest of the lower jaw:

- 1) increased tension of masticatory muscles;
- 2) protective innate reflex;
- 3) prevention of tooth displacement in the mesiodistal direction.

5. Advantages of the method of intraoral formation of the occlusal surface of the bite templates according to the Katz-Gelfand method:

- 1) an accurate record of the sagittal articular path;
- 2) individual design of occlusal ridges;
- 3) an accurate record of the incisal sagittal path.

6. The difference in the height of the lower third of the face in a state of relative functional rest of the lower jaw and when the dentition is closed in the position of central occlusion is on average:

- 1) 0.5–1.0 mm;
- 2) 5.0–7.0 mm;

- 3) 2.0–4.0 mm;
- 4) 6.0–8.0 mm.

7. In the position of central occlusion, the muscles that lift the lower jaw are in the state:

- 1) stress;
- 2) relative functional rest;
- 3) complete relaxation;

8. A wax structure for determining the central ratio is made:

- 1) from sticky wax;
- 2) modeling wax;
- 3) base wax;
- 4) clasp wax.

9. The height of the lower part of the face with the central ratio of the jaws compared with the height with relative physiological rest:

- 1) is equal to it;
- 2) more;
- 3) less.

10. 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.

11. Determination of the central ratio is carried out:

- 1) before checking the frame of the arc prosthesis;
- 2) while checking the frame of the arc prosthesis;
- 3) after checking the frame of the arc prosthesis.

12. Central occlusion is determined by signs:

- 1) facial, swallowing, dental;
- 2) dental, articular, muscular;
- 3) lingual, muscular, dental;
- 4) dental, swallowing, facial;
- 5) facial, lingual, articular.

13. Occlusion is:

- 1) all kinds of closure of dentition or individual groups of antagonist teeth;
- 2) closure of dentition with orthognathic bite;
- 3) all possible positions of the lower jaw relative to the upper;
- 4) orthognathic bite.

Choose multiple correct answers.

14. The edge of the upper bite ridge when determining the height of the ridge in the anterior section 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. Articulation is:

- 1) the nature of the closing of the teeth in the central occlusion;
- 2) a chain of successive occlusions;
- 3) all kinds of movements of the lower jaw in relation to the upper jaw;
- 4) the nature of the closing of the teeth in the anterior occlusion;
- 5) the nature of the closing of the teeth in lateral occlusion.

16. Rigid bases at the stage of determining the central ratio of the jaws are shown:

- 1) with severe atrophy of the alveolar parts;
- 2) jaw resections;
- 3) atrophic, dry mucous membrane covering the prosthetic bed;
- 4) intraoral grinding of bite ridges according to the Katz-Gelfand method.

17. The position of the functional rest of the lower jaw is determined by:

- 1) myotatic reflex;
- 2) masticatory muscle tone;
- 3) elasticity of the mucous membrane;
- 4) proprioceptive information about the position of the lower jaw.

18. The impression mass must have the following properties that will allow them to be used in prosthetics with removable dentures:

- 1) be harmless;
- 2) do not shrink before casting the model;
- 3) give an accurate imprint;
- 4) knead on water;
- 5) easy to enter and remove from the oral cavity;
- 6) firmly connect with the material of the model.

19. Disadvantages of alginate impression materials that do not allow their use in prosthetics with removable dentures:

- 1) poor adhesion to the impression tray;
- 2) elasticity;
- 3) toxicity;
- 4) high shrinkage.

20. The impression tray in the manufacture of a removable prosthesis is chosen correctly if:

- 1) the sides of the spoon are 2-5 mm away from the teeth;
- 2) the edges of the spoon, when applied to the teeth, approach the transitional fold;
- 3) with end defects, the spoon closes the alveolar tubercles of the upper jaw;
- 4) the edge of the spoon covers the mucous tubercle of the lower jaw;
- 5) the size of the impression tray for the lower jaw is the same as the size of the tray for the upper jaw.

Topic 5. Clinical and laboratory techniques for prosthetics with removable arc prostheses

UK-1,
PK-6,
PK-7

Choose one correct answer.

1. Structural material of working models for arc prostheses:

- 1) medical plaster;
- 2) supergypsum;

3) phosphate cement.

2. The space located between the lateral surface of the tooth, the alveolar process and the analyzing rod of the parallelometer is called:

- 1) undercut zone;
- 2) occlusal zone;
- 3) retention zone;
- 4) clasp zone.

3. Most often, the lingual arch of the arch prosthesis on the lower jaw is located relative to the largest convexity of the alveolar part:

- 1) above;
- 2) at the same level;

4. Recommendations to speed up adaptation to a removable prosthesis after its 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 and, if possible, do not remove it at night for the first 2-3 weeks.

5. Materials for duplication of working models:

- 1) alginate;
- 2) silicone;
- 3) hydrocolloid;
- 4) zinc oxide eugenol;
- 5) thiokol.

6. For the manufacture of arc prostheses from domestic metal alloys, the following are most widely used:

- 1) stainless steel;
- 2) gold alloy;
- 3) cobalt-rum alloy;
- 4) silver-palladium alloy.

7. For the manufacture of a refractory model, use:

- 1) ethyl silicate;
- 2) auritis;
- 3) marshalit;
- 4) silin;
- 5) bugelite.

8. After completing the parallelometry on the working model, before duplicating it, you must:

- 1) cut the base of the model;
- 2) isolate zones of undercuts on the teeth and alveolar processes;
- 3) soak with water;
- 4) remove the lines drawn on the base of the model.

9. High accuracy of arc prosthesis frames is ensured by:

- 1) soldering elements of the prosthesis;
- 2) one-piece casting of the entire frame of the prosthesis;
- 3) mixed method of their manufacture;

4) a combination of a one-piece cast frame and bent arms of the clasps.

10. On the upper jaw, the arc of the arc prosthesis should mainly be located:

- 1) in the anterior third of the hard palate;
- 2) the middle third of the hard palate;
- 3) the posterior third of the hard palate.

11. The way of introducing a removable arch prosthesis is determined using:

- 1) gnathodynamometer;
- 2) rheograph;
- 3) parallelometer;
- 4) oscilloscope.

12. Currently, arc prostheses are made mainly by the method:

- 1) casting;
- 2) forging;
- 3) bending parts and their soldering.

13. The dental technician models the frame of a solid arc prosthesis on the model:

- 1) working;
- 2) diagnostic;
- 3) duplicated refractory.

14. In the manufacture of arc prostheses, the following materials are used to obtain casts:

- 1) hard-crystalline;
- 2) elastic;
- 3) thermoplastic.

15. The arc of the arc prosthesis on the lower jaw is located:

- 1) at the necks of the teeth;
- 2) in the middle of the distance between the necks of the teeth and the transitional fold of the mucous membrane of the bottom of the mouth;
- 3) at the transitional fold of the mucous membrane of the bottom of the mouth.

16. In arc prostheses, clasps are used, made by the method:

- 1) casting;
- 2) punching;
- 3) forging;
- 4) bending.

Choose multiple correct answers.

17. The change in the traditional location of the arch on the upper jaw is due to:

- 1) the desire of the patient;
- 2) pronounced torus of the hard palate;
- 3) topography of dentition defects;
- 4) the requirements of aesthetics;
- 5) increased gag reflex.

18. The frame of the saddle-shaped part of the arc prosthesis of the lower jaw is located:

- 1) at the top of the alveolar part;
- 2) oral clivus of the alveolar part;

- 3) vestibular slope of the alveolar part;
- 4) the vestibular slope and the top of the alveolar part.

19. The lingual arch of the arch prosthesis on the lower jaw should not be located:

- 1) above the equator of the alveolar part;
- 2) at the level of the equator of the alveolar part;
- 3) below the equator of the alveolar part.

20. As an anti-tipper (indirect fixator) in arc prostheses on the upper jaw, the following are most effective:

- 1) multi-link clasps;
- 2) anterior palatine arches;
- 3) finger-like processes;
- 4) saddle parts.

Answers to tests:

Topic 1	Topic 2	Topic 3	Topic 4	Topic 5
1) 4	1) 4	1) 2	1) 3	1) 2
2) 1	2) 3	2) 3	2) 2	2) 1
3) 4	3) 3	3) 3	3) 2	3) 2
4) 3	4) 5	4) 2	4) 2	4) 3
5) 2	5) 3	5) 4	5) 2	5) 3
6) 2	6) 1	6) 2	6) 3	6) 3
7) 3	7) 2	7) 4	7) 1	7) 5
8) 1	8) 2	8) 2	8) 3	8) 2
9) 4	9) 3	9) 3	9) 3	9) 2
10) 2	10) 1	10) 1	10) 3	10) 2
11) 2, 3, 5	11) 1	11) 3	11) 2	11) 3
12) 1-4	12) 2	12) 2	12) 2	12) 1
13) 1-4	13) 2	13) 1-3	13) 1	13) 3
14) 1-4	14) 4-6	14) 1, 3	14) 2, 3	14) 2
15) 1-5	15) 1, 3, 4	15) 1, 3	15) 2, 3	15) 2
16) 1-4	16) 1, 2, 5	16) 1-5	16) 1, 2, 4	16) 1
17) 1, 2	17) 1-3	17) 1-3, 6, 7	17) 1, 2, 4	17) 2, 3, 5
18) 1, 2, 4	18) 1-5	18) 1-4	18) 1-3, 5	18) 1, 2
19) 1, 2	19) 1-4	19) 1, 2, 5	19) 1, 4	19) 1, 3
20) 3, 4	20) 2-5	20) 1-3	20) 1-4	20) 1-3

Section - elective discipline "Prosthetics with complete loss of teeth"	No. of the competency that this test task is aimed at developing
Topic 1. The imposition of a removable prosthesis with complete loss of teeth. Removable dentures correction methods	UK-1, PC-6,7

Choose one correct answer.

1. The fitting of a complete removable denture in the oral cavity is carried out using:

- 1) chemical pencil;
- 2) gypsum;
- 3) carbon paper;
- 4) zinc phosphate cement powder;
- 5) chemical pencil, carbon paper, zinc phosphate cement powder;
- 6) corrective mass of silicone material.

2. The stage of fitting a complete removable denture in the oral 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

UK-1, PC-6,7

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 laminar 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

UK-1, PC-6,7

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. Gavrillov 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; |
| | with a |
| 2)medium slope | 5)canopy. |
- sloping;

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

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

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**

UK-1, PC-6,7

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; |
| 2) moderate height of the 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

UK-1, PC-6,7

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

Answers to tests:

Topic 1	Topic 2	Topic 3	Topic 4	Topic 5
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1) 6 2) 3 3) 2 4) 2 5) 3 6) 2 7) 1 8) 4 9) 4 10) 2 11) 1,3 12) 1,2 13) 1,3 14) 1-4 15) 1,4 16) 1,2,3 17) 2,3,4 18) 1,2,4,5 19) 1-4 20) 2,4	1) 2 2) 2 3) 2 4) 2 5) 3 6) 3 7) 1,2 8) 1 9) 3 10) 4,5 11) 1,3 12) 1,3 13) 2,3 14) 2,3 15) 1,2 16) 2,3 17) 3,4 18) 3,4 19) 2-4 20) 1,2,4	1) 4. 2) 1. 3) 3. 4) 1. 5) 3. 6) 2-5. 7) 2, 5. 8) 1, 3. 9) 1-3. 10) 2, 3. 11) 2-4. 12) 2-4. 13) 1, 2, 5. 14) 1-4. 15) 1-3. 16) 3, 4. 17) 1-3. 18) 1, 2. 19) 3-5. 20) 1, 2, 4, 5.	1) 4. 2) 2. 3) 2. 4) 3. 5) 3. 6) 2. 7) 1. 8) 1. 9) 1, 3, 4. 10) 2, 4, 5. 11) 2-5. 12) 2, 3. 13) 3-5. 14) 2, 3. 15) 1, 2, 4, 16) 1-3, 5. 17) 1, 2. 18) 1, 3. 19) 1-3. 20) 1, 3.	1) 1 2) 1 3) 2 4) 4 5) 2 6) 1, 2 7) 1, 3, 4 8) 1, 2 9) 2, 5 10) 1, 2, 4 11) 2, 3, 4 12) 1, 2 13) 1, 2, 3 14) 1, 2, 3 15) 1, 2, 4 16) 1, 2, 3, 4 17) 1, 2 18) 1, 3, 4, 5, 6 19) 1, 4 20) 1, 4
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Section - on industrial practice "Dentist-orthopedist"	No. of the competency that this test task is aimed at developing
Topic 1. Orthopedic treatment of periodontal diseases: tasks, indications, methods of planning orthopedic treatment	UK-1, PK-6, PK-7
<p><i>Choose one correct answer.</i></p> <p>1. With generalized periodontitis, a temporary splint should provide stabilization:</p>	

2. The clinical rationale for choosing a medical orthopedic structure for periodontal diseases is:

- 1) the type of bite and the condition of the remaining teeth;
- 3) condition of the oral mucosa.

3. Kopeikin's interdental splint provides stabilization for:

4. The temporary plastic splint on the oral side must:

- 2) plunge into the periodontal groove by 0.5 mm;
- 3) plunge into the periodontal groove by 1.0 mm;
- 4) do not reach the gingival margin.

5. The method of temporary splinting is used:

- 1) in the initial stage of periodontitis;
- 2) the initial stage of periodontal disease;
- 3) the developed stage of periodontitis with tooth mobility II - III degree;
- 4) atrophy of the alveolar bone by more than 1/2.

6. Orthopedic treatment of localized periodontitis is aimed at:

- 1) for the prevention of diseases of hard dental tissues;
- 2) elimination of the causes of the disease;
- 4) prevention of functional overload of teeth with affected periodontium.

7. The tire is a device for immobilization:

8. The manufacture of metal-ceramic bridges with localized (focal) periodontitis is contraindicated:

9. The manufacture of fixed prosthesis splints is indicated for resorption (atrophy) of the bone tissue of the alveolar parts:

1) less than 1/4 of the root length;

3) 1/4 the length of the root;

10. The manufacture of ceramic-metal bridges for localized (focal) periodontitis is shown:

11. Direct prosthetics allows you to:

1) accelerate the regeneration process after tooth extraction;

2) maintain the height of the lower face;

4) reduce the degree of periodontal atrophy of the teeth, limiting the defects of the dentition;

5) distribute chewing pressure on artificial and natural teeth .

12. The goal of orthopedic treatment of localized periodontitis:

1) prevention of diseases of hard tissues of teeth;

2) elimination of the causes of the disease;

4) prevention of functional overload of teeth with affected periodontium.

13. The main elements of the frame of the splinting arc prosthesis:

14. A manifestation of the deformation of the dentition in periodontitis is:

- 1) resorption of a compact plate of tooth holes;
- 2) fan-shaped divergence of the front teeth;
- 4) inclination of teeth towards defects.

15. The use of immediate prostheses allows:

- 1) completely get rid of periodontal disease;
- 2) maintain the height of the lower face, which can be changed as a result of the removal of teeth that hold the occlusal height;
- 3) accelerate the reparative processes of the alveolar part;
- 4) prevent periodontal overload of the remaining teeth.

16. Preparation of models in the manufacture of immediate prostheses includes:

- 1) cutting teeth planned for extraction;
- 2) processing of the alveolar ridge;
- 3) parallelometry and elimination of undercuts on the alveolar part.

- 3) removable plate dentures with partial loss of teeth;
- 4) cap cast splints with pins on depulped teeth;
- 5) systems that are fixed on the teeth with the help of composite materials and adhesives;

- 7) one-piece cast crowns lined with ceramic or composite.

18. Positive qualities of non-removable tires:

- 1) stabilization of the tooth in the vertical, vestibulo-oral and mesio - distal directions;
- 2) immobilization of teeth with a unilateral end defect of the dentition ;

19. The choice of design and type of splint for periodontal diseases depends on:

- 1) from resorption of periodontal bone tissue;

2)the location of the frenulums of the upper and lower lips;

4)the integrity of the crowns of the teeth;

5)size and topography of dentition defects.

20. The requirements for permanent prosthetic splints are:

2)replacement of defects in the dentition;

Topic 2. Periodontal disease and periodontitis

UK-1, PK-6, PK-7

Choose one correct answer.

1. Periodontitis is:

- 1) inflammation of periodontal tissues;
- 2) dystrophic disease of periodontal tissues;
- 3) inflammation of the gums without violating the integrity of the periodontal joint;
- 4) periodontal inflammation.

2. What form of periodontal disease does bruxism cause?

- 1) generalized;
- 2) localized.

3. In case of periodontitis, the phenomena of destruction of bone tissue capture:

- 1) jaw body;
- 2) alveolar part of the jaw;
- 3) alveolar part and body of the jaw.

4. The most objective X-ray method for assessing the condition of the periodontium in generalized periodontitis:

- 1) panoramic radiography;
- 2) intraoral radiography;
- 3) 3-D tomography;
- 4) x-ray according to Schuler.

5. For the treatment of localized (focal) periodontitis, fixed dentures are used:

- 1) in the absence of atrophy of the hole;
- 2) atrophy of the hole by 1/4;
- 3) atrophy of the hole by 1/2;
- 4) atrophy of the hole by 3/4;

5) atrophy of the hole by more than 3/4.

6. A significant criterion for the need for tooth extraction is:

- 1) the degree of pathological mobility;
- 2) the amount of bone resorption of the alveolar parts;
- 3) odontoperiodontogram data;
- 4) the presence of increased abrasion of teeth;
- 5) vertical movement of teeth.

7. Clarification of the depth of the periodontal pocket is performed using:

- 1) probe;
- 2) radiographs;
- 3) odontoperiodontograms;
- 4) special indexes.

8. With periodontitis, the manifestation of deformation of the dentition is:

- 1) resorption of a compact plate of tooth holes;
- 2) fan-shaped divergence of the front teeth;
- 3) inclination of the teeth towards the previously extracted teeth.

9. Symptoms of periodontal disease are:

- 1) pathological tooth mobility;
- 2) supra- and subgingival dental deposits;
- 3) exposure of the roots of the teeth;
- 4) increased tooth wear.

10. Which of the following are symptoms of periodontal disease?

- 1) periodontal pockets;
- 2) wedge-shaped defects;
- 3) suppuration;
- 4) increased tooth wear.

11. Which of the following are symptoms of periodontitis?

- 1) pathological tooth mobility;
- 2) supra- and subgingival dental deposits;
- 3) abrasion of teeth;
- 4) increased tooth wear.

12. Which of the following are symptoms of periodontitis?

- 1) periodontal pockets;
- 2) wedge-shaped defects;

- 3) suppuration
- 4) carious cavities.

13. Gingivitis occurs in periodontitis:

- 1) catarrhal;
- 2) hypertrophic (proliferative);
- 3) Vincent (ulcer-necrotic);
- 4) obliterating.

14. The nature of resorption of the bone tissue of the alveolar processes in periodontal disease:

- 1) uniform;
- 2) horizontal;
- 3) uneven;
- 4) vertical.

15. With tooth mobility of the 2nd degree, its displacement is noted:

- 1) in the vestibulo-oral direction;
- 2) vestibular direction;
- 3) mesiodistal;
- 4) vertical direction;
- 5) all directions.

16. According to the prevalence, periodontitis can be:

- 1) generalized;
- 2) localized;
- 3) mixed.

17. Localized periodontitis must be differentiated:

- 1) with eosinophilic granuloma;
- 2) chronic osteomyelitis;
- 3) desmodontosis;
- 4) avitaminosis C;
- 5) diabetes mellitus.

18. Localized periodontitis is differentiated from eosinophilic granuloma according to:

- 1) history;
- 2) probing periodontal pockets;
- 3) blood test;
- 4) frequent pain in certain groups of teeth;

5) radiographs of the bones of the skull, phalanges of the hands and feet.

19. In case of periodontal diseases, as additional laboratory tests, it is necessary to carry out:

- 1) blood chemistry;
- 2) general blood analysis;
- 3) blood test for sugar (glucose).

20. Periodontium consists of:

- 1) from the periodontium;
- 2) alveolar bones;
- 3) gums and periosteum;
- 4) cement root of the tooth;
- 5) dental pulp.

Answers to tests:

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- 1) 2.
- 2) 1.
- 3) 5.
- 4) 4.
- 5) 3.
- 6) 2–4.
- 7) 1, 2.
- 8) 3, 4.
- 9) 1, 3.
- 10) 1, 2.
- 11) 2, 3, 5.
- 12) 2–4.
- 13) 2–4.
- 14) 2–4.
- 15) 2, 4.
- 16) 1, 2.
- 17) 1, 2, 4, 5, 7.
- 18) 1, 3.
- 19) 1, 3, 4. 20) 1, 2, 4.

Section - discipline of choice "Orthopedic treatment of TMJ diseases"	No. of the competency that this test task is aimed at developing
Topic 1. Functional anatomy of the TMJ and masticatory muscles.	UK-1, PC-6,7
<p style="text-align: center;">Choose one correct answer.</p> <p>1. AT MAXIMUM OPENING OF THE MOUTH THE DISCS AND HEADS ARE INSTALLED</p> <ul style="list-style-type: none"> 1) at the tops of the articular tubercles 2) at the base of the articular tubercle 3) in the middle between the clivus and the base of the articular tubercle <p>2. TEMPOROMANDIBULAR JOINT CONSISTS OF THE FOLLOWING ELEMENTS</p> <ul style="list-style-type: none"> 1) mandibular head, mandibular fossa, articular tubercle, articular disc, capsule 2) mandibular head, mandibular fossa, articular tubercle, articular disc, capsule, ligaments 3) head of the lower jaw, mandibular fossa, articular tubercle 	

4) mandibular head, mandibular fossa, articular tubercle, articular disc, capsule, ligaments, muscles

3. THE FINAL FORMATION OF THE ARTICULAR TUBERCLE OCCURS

- 1) by 7 - 8 months
- 2) by 6 - 7 years
- 3) by 3 - 4 years
- 4) by 9 - 10 years

4. THE THICKNESS OF THE ARTICULAR DISC IS

- 1) in the anterior section - 2 mm, on average - 1 mm, in the posterior - 3 mm
- 2) in the anterior section - 1 mm, on average - 2 mm, in the posterior - 1 mm
- 3) in the anterior section - 3 mm, on average - 1 mm, in the posterior - 2 mm
- 4) in the anterior section - 3 mm, on average - 2 mm, in the posterior - 3 mm

5. IF THE LATERAL PTERIGOID MUSCLE CONTRACTS ON ONLY ONE SIDE, THE LOWER JAW IS DISPLACED TO THE SIDE

- 1) in the direction opposite to the contracting muscle
- 2) in the direction corresponding to the contracting muscle
- 3) and forward

Choose multiple correct answers.

6. WHAT TYPES OF THE ARTICULAR TUBERCLE ARE DISTINGUISHED

- 1) flat
- 2) medium convex
- 3) concave
- 4) sheer

7. MOVEMENT OF THE LOWER JAW IS PROVIDED BY THE FOLLOWING GROUPS OF MUSCLES

- 1) muscles that lift the lower jaw
- 2) muscles that lower the lower jaw
- 3) neck muscles
- 4) facial muscles

8. EXTRACAPSULAR LIGAMENTS OF THE TEMPOROMANDIBULAR JOINT ARE

- 1) lateral ligament
- 2) medial ligament
- 3) wedge-mandibular ligament
- 4) stylomandibular ligament
- 5) temporomandibular ligament

9. MUSCLES DOWNING THE LOWER JAW

- 1) maxillohyoid
- 2) geniohyoid
- 3) lateral pterygoid muscle
- 4) anterior belly of the digastric muscle

10. THE ARTICULAR DISC DIVIDES THE JOINT CAVITY

- 1) on the top slot
- 2) on the bottom gap
- 3) on the anterior gap
- 4) on the back gap

11. DUE TO WHAT DOES THE INCOGRUENCE OF THE TEMPOROMANDIBULAR JOINT LEVEL

- 1) capsules

- 2) drive
- 3) ligaments
- 4) articular tubercle
- 5) articular head

12. JOINT CAPSULE CONSISTS

- 1) from the outer layer - fibrous
- 2) from the inner layer - endothelial
- 3) from the outer layer - endothelial
- 4) from the inner layer - fibrous
- 5) from the middle layer - endothelial

13. MUSCLES THAT LIFT THE LOWER JAW ARE

- 1) temporal muscle
- 2) lateral pterygoid
- 3) digastric muscle
- 4) medial pterygoid muscle
- 5) chewing muscle

14. MANDIBANDARY (ARTICULAR) FOSS OF THE TEMPORAL BONE IS LIMITED IN THE FRONT AND BACK

- 1) the anterior edge of the petrotympanic fissure
- 2) articular fossa
- 3) articular tubercle
- 4) zygomatic process

15. WHEN THE TEETH IS LOST, THE FOLLOWING CHANGES IN THE ARTICULAR HEAD ARE OBSERVED

- 1) the severity of its bend decreases
- 2) there is a posterior displacement of its pole

- 3) there is an anterior displacement of its pole
- 4) the severity of its bend increases

16. WHICH STATEMENTS ABOUT THE ARTICULAR DISC ARE TRUE

- 1) has a biconcave shape
- 2) evens out the incongruence of the temporomandibular joint
- 3) produces synovial fluid
- 4) has a shape close to a cylinder

17. Temporomandibular joint according to its structure

- 1) double
- 2) unpaired
- 3) incongruent
- 4) congruent

18. BLOOD SUPPLY OF THE TEMPOMANDIBULAR JOINT IS CARRIED OUT BY THE FOLLOWING ARTERIES

- 1) superficial temporal artery
- 2) deep ear artery
- 3) posterior ear artery
- 4) middle artery of the dura mater
- 5) zygomatic-orbital artery
- 6) transverse artery of the face

19. MEDIAL PTERYGOID MUSCLE

- 1) starts from the pterygoid fossa of the eponymous process of the sphenoid bone
- 2) attached to the pterygoid tuberosity on the inner surface of the angle of the lower jaw
- 3) starts from the temporal surface of the greater wing of the sphenoid bone

4) attached to the apex and medial surface of the coronoid process of the lower jaw

20. FUNCTION OF THE MEDIAL PLATER MUSCLE

- 1) with unilateral contraction, it shifts the lower jaw in the opposite direction
- 2) with bilateral contraction pushes the lower jaw forward and raises it
- 3) with unilateral contraction, it displaces the lower jaw in the same direction
- 4) the anterior bundles pull the jaw up and forward, the posterior bundles back

Topic 2. Biomechanics of the dentition, the basics of occlusal diagnostics. Terminology.

UK-1, PC-6,7

Choose one correct answer.

1. FORM OF THE DENTAL ARCH OF THE UPPER JAW

- 1) trapezoid
- 2) semi-ellipse
- 3) oval
- 4) parabola

2. FORM OF THE DENTAL ARCH OF THE LOWER JAW

- 1) trapezoid
- 2) semi-ellipse
- 3) oval
- 4) parabola

3. SAGITAL OCCLUSION CURVE ON THE UPPER JAW BEGINS

- 1) from incisors
- 2) from the first premolar
- 3) from to lykov
- 4) from the second premolar

4. SAGITAL OCCLUSION CURVE ON THE LOWER JAW BEGINS

- 1) from incisors
- 2) from the first premolar
- 3) from fangs
- 4) from the second premolar

5. IN THE STATE OF RELATIVE PHYSIOLOGICAL (FUNCTIONAL) REST DENTAL ARRIVALS

- 1) closed
- 2) separated by 0.5 - 1.0 mm
- 3) separated by 2.0 - 4.0 mm
- 4) separated by 4.0 - 6.0 mm

6. SAGITAL OCCLUSION CURVE FOR THE FIRST TIME

- 1) Spee (1890)
- 2) Bonville (1895)
- 3) Gizi (1912)
- 4) Astakhov (1938)

7. SAGITAL OCCLUSION CURVE ON THE UPPER JAW

- 1) up
- 2) down
- 3) inside
- 4) outside

8. SAGITAL OCCLUSION CURVE ON THE LOWER JAW

- 1) up
- 2) down
- 3) inside
- 4) outside

9. TRANSVERSAL OCCLUSION CURVE ON THE LOWER JAW IN THE AREA OF THE FIRST MOLAR

- 1) down
- 2) up
- 3) inside
- 4) outside

10. TRANSVERSAL OCCLUSION CURVE ON THE UPPER JAW IN THE AREA OF THE FIRST MOLAR

- 1) down
- 2) up
- 3) inside
- 4) outside

11. NO TRANSVERSAL OCCLUSION CURVE ON THE UPPER JAW

- 1) in the first premolars
- 2) in the second premolars
- 3) in the first molars
- 4) in the second molars
- 5) in lateral incisors

12. WHAT IS THE GOTHIC ANGLE VALUE

- 1) 100-110°
- 2) 50-70°
- 3) 17°
- 4) 30-40°

13. TRANSVERSAL OCCLUSION CURVE DESCRIBED FOR THE FIRST TIME

- 1) Spee
- 2) Bennett
- 3) Wilson
- 4) Hunter

14. MAIN DENTAL SIGN OF CENTRAL OCCLUSION

- 1) incisal lines coincide with each other
- 2) the dentitions are closed according to the I class of Angle
- 3) incisal lines coincide with the central line of the face
- 4) the maximum number of fissure-tubercular contacts of antagonist teeth

15. AVERAGE PARAMETERS OF THE ANGLE OF THE SAGITAL ARTICULAR PATH

- 1) 17-25°

- 2) 30-50°
- 3) 20-40°
- 4) 40-60°

16. THE ANGLE OF THE SAGITTAL INCITOR PATH IS FORMATED BY CROSSING THE LINE OF THE SAGITTAL INCITAL PATH

- 1) with occlusal plane
- 2) with camper horizontal
- 3) with Frankfurt horizontal
- 4) with sagittal plane

17. IN LATERAL OCCLUSIONS, NORMAL ON THE WORKING SIDE CAN BE

- 1) cutter contact
- 2) contacts of canines and lateral incisors
- 3) contact of the distal cusps of the second molars
- 4) contact of canines and buccal tubercles of premolars and molars

Choose multiple correct answers.

18. ANGLE OF THE SAGITTAL ARTICULAR PATH

- 1) with occlusal plane
- 2) with Camper horizontal
- 3) with Frankfurt horizontal
- 4) with sagittal plane

19. ANGLE OF THE LATERAL ARTICULAR PATH

- 1) called the Bennett angle
- 2) is equal to 15-17 °
- 3) called gothic corner
- 4) averages 100-110 °

20. THE ANGLE OF THE LATERAL ARTICULAR PATH IS FORMED AS A RESULT

- 1) displacement of the head of the lower jaw on the side of the contracted muscle along the slope of the articular tubercle forward, down and to the side
- 2) displacements in relation to the sagittal path
- 3) displacement of the head of the lower jaw on the side of the contracted muscle along the slope of the articular tubercle forward and upward
- 4) displacements in relation to the transversal path

Topic 3. Etiology, clinic, pathogenesis and orthopedic treatment of habitual dislocations and subluxations of the lower jaw.

UK-1, PC-6,7

Choose one correct answer.

1. IN ANTERIOR DISTRUCTION OF THE LOWER JAW OCCUR

- 1) a complete violation of the contact of the articular surfaces, in which the articular head is located anterior to the articular tubercle

2. MOST COMMONLY OCCUR

- 1) traumatic anterior bilateral dislocation
- 2) traumatic anterior unilateral dislocation
- 3) traumatic posterior unilateral dislocation of the mandible
- 4) traumatic posterior unilateral dislocation of the mandible

3. THE SCHROEDER APPARATUS CONSISTS OF

- 1) rubber palatal plate with pad
- 2) modification of the Vankevich supragingival splint
- 3) palatal plate with removable pad
- 4) palatal plate with bilateral ridges

Choose multiple correct answers.

4. WHAT FEATURES OF THE TMJ STRUCTURE CAN CONTRIBUTE TO DISTRUCTION

- 1) weak ligamentous apparatus of the temporomandibular joint
- 2) shallow depth of the articular fossa
- 3) hypertonicity of mimic muscles
- 4) flat shape of the articular tubercle

5. DEPENDING ON LOCALIZATION AND DIRECTION OF DISPLACEMENT OF THE ARTICULAR HEAD OF THE LOWER JAW, DISTRUCTIONS AND SUBluxATIONS ARE DIFFERENTIATED

- 1) front
- 2) rear
- 3) one-sided
- 4) two-sided
- 5) vertical

6. BASIC EXAMINATION METHODS USED IN A PATIENT WITH CHRONIC TMJ DISPLACEMENT

- 1) history taking
- 2) palpation
- 3) auscultation
- 4) percussion

7. ADDITIONAL EXAMINATION METHODS FOR PATIENTS WITH DISSOCIATION

- 1) computed tomography
- 2) radiography
- 3) Doppler flowmetry
- 4) magnetic resonance imaging
- 5) arthrography

8. CLINICAL MANIFESTATIONS OF BILATERAL ANTERIOR TMJ DISTRUCTION

- 1) chin shift to the side
- 2) open non-closing mouth
- 3) sharp pain in the TMJ
- 4) drooling, difficulty speaking

9. CLINICAL MANIFESTATIONS OF POSTERIOR TMJ DISTRUCTION

- 1) mouth open, impossible to close
- 2) mouth closed, impossible to open
- 3) distal bite
- 4) retraction of tissues anterior to the tragus of the ear
- 5) bleeding from the ear canal

10. CLINICAL MANIFESTATIONS OF ANTERIOR UNILATERAL TMJ DISTRUCTION

- 1) mouth half open
- 2) the chin is shifted to the healthy side
- 3) the chin is shifted back and down
- 4) restriction of movements of the lower jaw

11. FACTORS PREDISPOSING TO A habitual dislocation

- 1) polyarthritis
- 2) disease of the temporomandibular joint
- 3) stretching of the joint capsule
- 4) clinical convulsions
- 5) occlusal disorders

12. CLICKING DURING THE HABITATIVE DISTRUCTION AND SUBluxATION OF THE LOWER JAW IS OCCURRED

- 1) with a wide opening of the mouth
- 2) at the moment of the beginning of closing the mouth
- 3) with a slight opening of the mouth
- 4) jaw clenching

13. CLINICAL MANIFESTATIONS OF HABITATIVE LOWER JAW LOSS

- 1) free opening of the mouth, accompanied by clicking
- 2) the impossibility of opening the mouth
- 3) the appearance of pain
- 4) bleeding from the external auditory canal

14. DEVICES FOR THE TREATMENT OF HABITATIVE DISTRUCTION OF THE LOWER JAW

- 1) Shredder
- 2) Oksman
- 3) Orange-Urban
- 4) Sound
- 5) Petrosova

15. ORTHOPEDIC TREATMENT FOR HABITATIVE DISTRUCTIONS AND SUBluxATIONS OF THE LOWER JAW CONSISTS IN

- 1) in the reduction of dislocation
- 2) in relaxing the chewing muscles
- 3) in creating an obstacle for a wide opening of the mouth
- 4) in the separation of the dentition

16. PETROSOV'S APPARATUS CONSISTS OF THE FOLLOWING ELEMENTS

- 1) block of crowns
- 2) axle with double-arm joint
- 3) restrictive ring
- 4) pelota
- 5) bite pad

17. ORTHOPEDIC TREATMENT OF A habitual dislocation SHOULD BE ACCOMPANIED

- 1) prosthetics
- 2) elimination of dental anomalies
- 3) general therapy of the underlying disease
- 4) joint redress

18. APPARATUS K.S.

- 1) is a modification of the Vankevich supragingival splint
- 2) in the posterior sections of the splint, it has small bilateral ridges that rest against the anterior section

of the lower jaw branch when the mouth is opened wide

3) is a modification of the Petrosov tire

4) is a palatal plate with a removable pilot, which prevents wide opening of the mouth

19. THE APPARATUS OF Z.N.

1) is a palatal plate with a removable pad fixed to its palatal surface

2) in its design it has a removable pad, mounted on a springy metal plate, with a wide opening of the mouth, resting against the anterior part of the lower jaw branch

3) is a palatal plate with a non-removable pad fixed to its palatal surface

4) in its design it has small bilateral rollers that abut against the anterior part of the lower jaw branch with a wide opening of the mouth

20. DEPENDING ON THE CAUSE, THERE ARE DISTRUCTIONS AND SUBDISITIONS

Topic 4. Etiology, clinic and pathogenesis of TMJ muscular-articular dysfunction.

UK-1, PC-6,7

Choose one correct answer.

1. TMJ DISEASE OCCUR IN DENTAL PATIENTS

1) 70-90% of them

2) 57-75% of them

3) 27-67% of them

4) 15% of them

2. RHEOGRAPHY OF THE TMJ REGION IS USED TO DEFINE

1) contractility of the muscles of the maxillofacial region

2) hemodynamics

3) movements of the heads of the lower jaw

4) sizes of TMJ elements

3. OCCLUSION CURVES KNOWN

1) sagittal

2) transverse

3) sagittal and transversal

4. ANGLE OF THE LATERAL ARTICULAR PATH (BENNET ANGLE) IS EQUAL

1) 11°

2) 17°

3) 45°

4) 100-110°

5. WHEN THE RIGHT POISHER TEETH IS LOSSED, THE LEFT HEAD IS DISPLACED

1) forward, down and in

2) back, up and out

3) back, down and in

4) forward, up and out

Choose multiple correct answers.

6. INDICATE THE FACTORS OF OCCLUSION

- 1) articular path
- 2) occlusal plane
- 3) Spee curve
- 4) swallowing
- 5) chewing

7. THE FUNCTIONAL STATE OF THE MATERIAL MUSCLES IS AFFECTED

- 1) the number of preserved teeth
- 2) the state of their periodontium
- 3) the position of the lower jaw
- 4) violation of occlusion

8. THE RESULT OF OCCLUSION CORRECTION IS THE PRESENCE ON THE WORKING SIDE

- 1) canine contacts, canine group contacts and buccal tubercles of premolars
- 2) contacts of buccal tubercles of premolars
- 3) linear contacts of molars
- 4) contacts of buccal tubercles of molars, linear contacts of canines

9. THE FOLLOWING METHODS ARE USED TO DIAGNOSIS TMJ DISEASES

- 1) measurement of the height of the lower part of the face in central occlusion and in the position of functional rest, as well as with maximum mouth opening
- 2) analysis of functional occlusion
- 3) palpation of the joint and chewing muscles
- 4) electromyographic examination
- 5) radionuclide research

10. SELECTIVE GRINDING OF TEETH IN TMJ PATHOLOGY IS PERFORMED WITH THE PURPOSE

- 1) decrease in occlusal height
- 2) reduce the load on the periodontium
- 3) normalization of functional occlusion
- 4) achieving smooth movements of the lower jaw

11. AUSCULTATION OF THE TMJ IN ARTHROSIS AND CHRONIC ARTHRITIS REVEALS

- 1) crepitus
- 2) uniform, soft, sliding sounds of rubbing surfaces
- 3) clicking sounds
- 4) absence of articular noise

12. AT ORTHOPEDIC TREATMENT OF TMJ ARTHROSIS ARE USED

- 1) elimination of deformations of the dentition
- 2) prosthetics of dentition defects with restoration, if necessary, of the interalveolar distance
- 3) tires and devices limiting the opening of the mouth (Yadrova, Petrosova, Pomerantseva-Urbanskaya, etc.)
- 4) removable plastic mouthguards
- 5) bite plate devices

13. CHARACTERISTIC SIGNS OF ACUTE ARTHRITIS

- 1) constant pain in the joint at rest
- 2) paroxysmal pain in the joint

- 3) pain in the joint, aggravated by movements of the lower jaw
- 4) mouth opening up to 4.5 - 5.0 cm
- 5) mouth opening up to 0.5 - 1.0 cm

14. IN THE ANTERIOR OCCLUSION, THE FOLLOWING VARIANTS OF RELATIONSHIP OF THE DENTAL ARRIVALS ARE NORMALLY ALLOWED

- 1) lack of contacts in the area of chewing teeth
- 2) the presence of contacts in the area of the front teeth
- 3) the presence of contacts in the area of chewing teeth

15. OCCLUSION CORRECTION IS CARRIED OUT

- 1) methods of selective grinding of teeth
- 2) orthopedic and orthodontic methods
- 3) surgical methods
- 4) methods of selective grinding of teeth, orthopedic, orthodontic methods

16. AGGREGATE THE DEVELOPMENT OF THE PATHOLOGY OF THE TEMPOROMANDIBIAN JOINT AND MATERAL JOINT

- 1) crepitus
- 2) defects of teeth and dentition
- 3) premature occlusal contacts
- 4) anomalies and deformations of the dentition

17. DYSFUNCTION OF THE TEMPOMANANDIBLE JOINT IS MORE COMMON

- 1) in central occlusion
- 2) in lateral occlusion
- 3) in persons with mental disorders
- 4) in persons subjected to prolonged emotional stress, persons with parafunction of masticatory muscles
- 5) in anterior occlusion

18. MUSCLE-JOINT DYSFUNCTION WITH REDUCED HEIGHT OF THE LOWER FACE AND DISTAL DISPLACEMENT OF THE LOWER JAW ON TMJ MAGNETIC RESONANCE IMAGES IS CHARACTERIZED

- 1) violation of the orientation of the elements of the temporomandibular joint
- 2) anterior displacement of the articular disc
- 3) distal displacement of the mandibular head
- 4) expansion of the anterior and lower sections of the joint space
- 5) anterior displacement of the head of the lower jaw

19. NEGATIVE

- 1) dental factors
- 2) neurological factors
- 3) psychological factors
- 4) economic factors
- 5) social factors

20. ARTHRITIS IS A TMJ DISEASE CHARACTERIZING

- 1) a combination of atrophic, degenerative and proliferative changes in the cartilaginous and connective tissues of the joint with elements of inflammation
- 2) a combination of atrophic, degenerative and proliferative changes in cartilage, bone and connective tissues of the joint with elements of inflammation
- 3) inflammation of the tissues of the joint, aggravated by hypothermia, aching and radiating pain

4) blocking the movements of the lower jaw, pain, crunching and clicking in the joint

**Topic 5. Selective grinding of teeth in TMJ pathology.
Indications, methods of carrying out.**

UK-1, PC-6,7

Choose one correct answer.

1. WHAT SELECTIVE GRINDING OF TEETH

- 1) grind the tops of all tubercles
- 2) the tops of the supporting tubercles (upper palatine and lower buccal) do not grind off
- 3) grind down the slopes of all tubercles
- 4) the tops of the supporting tubercles (upper palatine and lower buccal) are ground

2. IN LATERAL OCCLUSIONS ON THE WORKING SIDE THERE CAN BE

- 1) group contacts of buccal tubercles of chewing teeth
- 2) contacts of canines and lateral incisors
- 3) contacts of incisors and buccal tubercles of premolars
- 4) cutter contacts
- 5) contacts of buccal tubercles of chewing teeth or canines

3. TO DETECT PREMATURE CONTACTS IN THE POSTERIOR POSITION, THE LOWER JAW IS DISPLACED

- 1) distally
- 2) in the right lateral occlusion
- 3) left lateral occlusion
- 4) anterior occlusion
- 5) mouth opening up to 1 - 2 cm

4. HYPERBALANCING IS OCCLUSIVE CONTACTS

- 1) on the balancing side, interfering with the closing of the teeth of the working side in lateral occlusion
- 2) on the working side, dissociating teeth on the balancing side

3) on the balancing side

4) on the working side

5. SELECTIVE GRINDING IS CARRIED OUT

1) in 5-6 visits

2) 3-4 visits

3) in one visit

4) in two visits

6. IN ANTERIOR OCCLUSION WITH ORTHOGNATHIC BITS, THE REMOVAL OF PREMATURE CONTACTS SHOULD BE CARRIED OUT BY GRINDING

1) only the upper front teeth

2) only the lower front teeth

3) upper and lower front teeth

7. TO CREATE MULTIPLE TEETH CONTACT WITH LATERAL OCCLUSIONS ON THE SIDE OF DISPLACEMENT OF THE LOWER JAW, IT IS NECESSARY TO GRIND THE HARD TISSUES OF PREMOLARS AND MOLAR IN THE AREA

1) external slopes of the buccal and internal slopes of the lingual tubercles of the lower teeth

2) internal slopes of the buccal and external slopes of the palatine tubercles of the upper teeth

3) internal slopes of the buccal tubercles of the lower teeth and internal slopes of the palatine tubercles of the upper teeth

4) internal slopes of the buccal tubercles of the upper teeth and external slopes of the buccal tubercles of the lower teeth

8. ELIMINATE PREMATURE CONTACTS FIRST

1) in the right lateral occlusion

2) left lateral occlusion

3) anterior occlusion

4) central occlusion, central ratio

9. NORMAL ON OCCLUSOGRAM

- 1) translucent areas only in the region of the lateral group of teeth
- 2) translucent areas only in the area of the anterior group of teeth
- 3) uniform translucent areas of wax throughout the occlusal surface of the teeth

10. THE APPEARANCE OF JOINT NOISE AND PAIN DURING THE TRANSFER OF MUNCHING FUNCTION TO THE FRONT TEETH IS ASSOCIATED

- 1) with dislocation of the articular disc anteriorly
- 2) with subluxation of the articular head
- 3) with joint sprain
- 4) with stretching of the joint capsule

11. BALANCING AND HYPER-BALANCING SUPER CONTACTS ARE TEETH CONTACTS

- 1) eccentric on non-working side
- 2) centric on the working side
- 3) centric on the non-working side
- 4) eccentric on the working side

Choose multiple correct answers.

12. OCCLUSION CORRECTION IS CARRIED OUT BY METHODS

- 1) orthopedic
- 2) selective grinding of teeth
- 3) surgical
- 4) anatomical and physiological

13. FACTORS OF OCCLUSION DISTURBANCE

- 1) diseases of the oral mucosa
- 2) local oral factors
- 3) TMJ lesions
- 4) chewing muscle dysfunction in general diseases

14. THE NATURE OF OCCLUSION CONTACTS IS CHECKED WITH THE HELP

- 1) wax occludedograms
- 2) occlusive sprays
- 3) radiographs
- 4) occlusal paper

15. IN THE ANTERIOR OCCLUSION, THE FOLLOWING VARIANTS OF RELATIONSHIP OF THE DENTAL ARRIVALS ARE NORMALLY ALLOWED

- 1) lack of contact in the area of chewing teeth
- 2) the presence of contacts in the area of the front teeth
- 3) the presence of contacts in the area of chewing teeth
- 4) Bonneville's three-point contact

16. ECCENTRIC PREMATURE TEETH CONTACTS ARE OBSERVED

- 1) in anterior occlusion
- 2) back contact position
- 3) lateral occlusion

17. SELECTIVE GRINDING OF TEETH IN TMJ PATHOLOGY IS CARRIED OUT WITH THE PURPOSE

- 1) decrease in occlusal height
- 2) normalization of functional occlusion
- 3) achieve sliding when moving the lower jaw

18. SELECTIVE GRINDING CAN CAUSE COMPLICATIONS

- 1) overstating the occlusal height
- 2) hyperesthesia of hard dental tissues
- 3) discoloration of teeth
- 4) decrease in occlusal height

19. IN THE PRESENCE OF SUPERCONTACTS OF INDIVIDUAL TEETH ON ORTHOPANTOMOGRAM

- 1) areas of resorption in the area of these teeth can be identified, which confirms a long-term functional overload
- 2) areas of osteosclerosis in the area of these teeth can be identified, which confirms a long-term functional overload
- 3) areas of destruction of the bone tissue of the jaws can be identified

20. AFTER SELECTIVE GRINDING

- 1) Patients feel more comfortable with closer contact between teeth
- 2) patients note more comfortable sensations when chewing food
- 3) it is advisable for patients to carry out fluoridation of teeth
- 4) patients are recommended sanitation of the oral cavity

Answers to tests:

Topic 1	Topic 2.

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