

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

**BANK OF ASSESSMENT TOOLS FOR DISCIPLINE/PRACTICE**

**Prosthetics of dentition defects (elective)**

Training program (specialty): 31.05.03 Dentistry

*code, name*

Department: Orthopedic Dentistry and Orthodontics

Mode of study: full-time

*(full-time/mixed attendance mode/extramural)*

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

1. Filling in the medical history of patients with defects in the dentition, taking into account the recommendations of WHO, STAR.
2. Classification of diseases of the oral cavity according to ICD-10
3. What is the orthopedic treatment protocol
4. Orthopedic treatment plan and its constituent elements.
5. Features of the diagnosis of defects in the dentition.
6. Classification of partial loss of teeth (Kennedy, Gavrilov, Zhulev E.N.)
7. Diagnosis in orthopedic dentistry (morphological, functional)
8. Preparation of the oral cavity for prosthetics.
9. Psychological preparation of the patient before prosthetics.
10. Methods of examination of the orthopedic patient.
- eleven. Methods of anesthesia in the preparation of teeth for fixed dentures.

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

#### **Questions for the exam in prosthetic dentistry in the 4th year.**

1. Characteristics of the functioning and non-functioning groups with partial loss of teeth.
  1. Removable plate prosthesis technology with a metal base.
  2. Technological stages of prosthetics with arc prostheses.
  3. The structure of the dentition. Factors that ensure their sustainability.
  4. Psychological preparation of the patient before prosthetics.

5. Prosthetics with removable dentures with a telescopic fixation system (indications, clinical and laboratory techniques).
6. Prosthetics for unilateral end defects of the dentition.
7. Prosthetics for combined defects of the dentition.
8. Indications for prosthetics with removable lamellar dentures in case of partial loss of teeth.
9. Indications for the use of removable dentures for partial loss of teeth. Types and design features.
10. Planning an arc prosthesis.
11. Orthopedic treatment plan and its constituent elements.
12. Mistakes in prosthetics with solid-cast and metal-ceramic bridges.
13. Errors in prosthetics with bridge prostheses.
14. Errors in prosthetics with arc prostheses.
15. Mistakes and complications in the preparation of teeth for fixed dentures.
16. Impression materials based on sodium alginate, their characteristics
17. Improving measures in the preparation of the oral cavity for prosthetics.
18. The imposition of a removable plate prosthesis with partial loss of teeth. Errors and methods for their elimination.

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

1. Filling in the medical history of patients with defects in the dentition, taking into account the recommendations of WHO, STAR
2. Features of planning orthopedic treatment using a photo protocol
3. Planning of orthopedic treatment of patients with defects in the dentition with fixed prostheses using implants. b
4. Methods for determining the central ratio of the jaws with defects in the dentition (jigs, calibrators, deprogrammers, traditional methods)
5. The use of digital technologies, 3D scanning for prosthetics with fixed prostheses

### **Tasks on the simulator**

1. Maintenance of medical accounting and reporting documentation in medical organizations
2. Assessment of the state of dental health of the population of various age and sex groups
3. Methods of general clinical examination for defects in the dentition
4. Clinical methods of examination of the maxillofacial region
5. Interpretation of the results of laboratory, instrumental diagnostic methods in patients of different ages
6. An algorithm for making a preliminary diagnosis to patients and, if necessary, with their subsequent referral for additional examinations and to specialist doctors
7. Algorithm for making a detailed clinical diagnosis for patients
8. Methods of reading various types of radiographs, CBCT
9. Determination of dental indices
10. Methods for diagnosing and treating defects in hard tissues of teeth with orthopedic structures
11. Methods for the diagnosis and treatment of partial loss of teeth with removable and non-removable orthopedic structures
12. Methods of differential diagnosis of the main clinical syndromes and diseases of the maxillofacial system;
13. Methods of complex treatment of patients based on a rational and economical approach on an outpatient basis, taking into account age, severity of the disease, the presence of concomitant pathology;
14. Primary and secondary prevention, rehabilitation of patients after orthopedic treatment;

**Test tasks for the discipline of choice "Prosthetics of defects in the dentition"**

Test tasks with answer options	No. of the competency that this test task is aimed at developing
<b>Topic 1. Removable dentures: types, indications for u</b>	UK-1, PK-6, PK-7

Choose one or more correct answers

**1. The thickness of the arc in the arc prosthesis of the lower jaw is equal to:**

- 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):**

- 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:**

- 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:**

- 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:**

- 1) diagonal;
- 2) separating (boundary);
- 3) equatorial;

**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;
- 2) in the occlusal zone;
- 3) retention zone;

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

- 2) stabilizing;
- 3) reference.

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

- 1) Akker;
- 2) Roach;
- 3) Bonville;
- 4) Swenson;

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



- 1) point;
- 2) linear;
- 3) planar.

**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:**

- 1) at one point;
- 2) throughout its entire length.

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

- 1) in the zone of undercut;
- 2) occlusal zone;
- 3) retention zone;
- 4) clasp zone;
- 5) at the level with the dividing (boundary) line.

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

- 1) sagittal;

**10. The function of the retention part of the clasp arm:**

- 1) retention of the prosthesis;
- 2) tooth splinting;
- 3) redistribution of chewing load.

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

- 1) five;
- 3) nine;

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

- 1) Ney 1;
- 2) Nei 4;
- 3) Ney 2;
- 4) Ney 3.

**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:**

- 1) 1.0 cm;
- 2) 0.5 cm;
- 3) 1.0 mm;
- 4) 0.75mm;
- 5) 0.5 mm;
- 6) 0.25 mm;
- 7) 0.1 mm.

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

- 1) mechanical;
- 2) biophysical;
- 3) physical;
- 4) anatomic retention.

**16. The Ney system includes support-holding clasps:**

- 1) Roach;
- 2) Akker;
- 3) Kennedy;
- 4) Jackson;
- 5) annular.

**17. In the holding clasp, there are:**

- 1) body;
- 2) shoulder;
- 3) process;
- 4) occlusal pad;
- 5) branch.
- 6)

**18. Fixation and stabilization of plate prostheses depends on:**

- 1) on the number of supporting teeth;
- 2) the location of the clasps;
- 3) topography of dentition defects;
- 4) depths of the arch of the hard palate;
- 5) degree of atrophy of the alveolar ridges;
- 6) TMJ states.

**19. The support-holding clasp consists of:**

- 1) from the shoulder;
- 2) process;
- 3) occlusal lining;
- 4) body;
- 5) branches.

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

- 1) 0.4 mm;
- 2) 0.6 mm;
- 3) 0.8 mm;
- 4) 1.0 mm;
- 5) 1.2 mm;

**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**

UK-1, PK-6, PK-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.

**2. When drawing a dividing (boundary) line in a parallelometer, use:**

- 1) pin-knife;
- 2) pin analyzer;
- 3) pin-stylus;
- 4) undercut depth gauge (retentoscope).

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

- 1) cover the tooth with a metal crown with a pronounced equator;
- 2) remove the tooth;
- 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:**

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

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

- 1) longitudinal axis of the tooth;
- 2) line of the anatomical equator;
- 3) vertical line;

- 4)dividing (boundary) line;
- 5)gum line.

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

- 1)in all cases;
- 2)some cases.

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

- 1) gnatodynamometer;
- 2)oscilloscope;
- 3)aesthesiometer;
- 4)parallelometer.

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

- 1)when checking the frame of the arc prosthesis in the clinic;
- 2)fitment of 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;
- 4)arc prosthesis correction.

**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:**

- 1) thicker;
- 2) Briefly speaking;
- 3) longer;
- 4) thinner.

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

- 1) Briefly speaking;
- 2) longer;
- 3) thinner;
- 4) thicker.

**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:**

- 1) vertical front;
- 2) vertical rear;
- 3) vertical;
- 4) transversal;
- 5) horizontal;
- 6) vertical left;
- 7) vertical right.

**18. The design of a dental parallelometer consists of:**

- 1) flat base;
- 2) fixed on the base at a right angle, a rack with a horizontal-tally and vertically movable bracket;
- 3) set of rods;
- 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;
- 4) model plinth height;
- 5) degree of slope of the model.

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

- 1) from its elasticity;
- 2) its form;
- 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 closure of 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 chewing 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) accurate recording of the sagittal articular path;
- 2) individual design of occlusal ridges;
- 3) accurate recording 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) voltage;
- 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) equal to her;
- 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 ridge;
- 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) when 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 dentitions or individual groups of teeth - antagonists;
- 2) closure of the 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 line of closing of the lips;
- 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 mandible.

**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) mix with water;
- 5) easy to enter and remove from the oral cavity;
- 6) firmly bond 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 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 methods of 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) clamping 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) higher;

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) auryte;
- 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) saturate 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 shoulders of 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) 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) solid-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 floor of the mouth.

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

- 1) casting;
- 2) stamping;
- 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) aesthetic requirements;
- 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) vestibular clivus and alveolar apex.

**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.	Subject2.	Topic 3.	Topic 4.	Topic 5.
1)6	1)2	1)4.	1)4.	1) 1
2)3	2) 2	2) 1.	2) 2.	2) 1
3) 2	3) 2	3) 3.	3) 2.	3) 2
4) 2	4) 2	4) 1.	4) 3.	4) 4
5) 3	5) 3	5) 3.	5) 3.	5) 2
6) 2	6) 3	6) 2-5.	6) 2.	6) 1, 2
7) 1	7) 1.2	7) 2, 5.	7) 1.	7) 1, 3, 4
8) 4	8) 1	8) 1, 3.	8) 1.	8) 1, 2
9) 4	9) 3	9) 1-3.	9) 1, 3, 4.	9) 2.5
10) 2	10)4.5	10) 2, 3.	10) 2, 4, 5.	10) 1, 2, 4
11) 1.3	11) 1.3	11) 2-4.	11) 2-5.	11) 2, 3, 4
12) 1.2	12) 1.3	12) 2-4.	12) 2, 3.	12) 1, 2
13) 1.3	13) 2.3	13) 1, 2, 5.	13) 3-5.	13) 1, 2, 3
14) 1-4	14) 2.3	14) 1-4.	14) 2, 3.	14) 1, 2, 3
15) 1.4	15) 1.2	15) 1-3.	15) 1, 2, 4.	15) 1, 2, 4
16) 1,2,3	16) 2.3	16) 3, 4.	16) 1-3, 5.	16) 1, 2, 3, 4
17) 2,3,4	17) 3.4	17) 1-3.	17) 1, 2.	17) 1, 2
18) 1,2,4,5	18) 3.4	18) 1, 2.	18) 1, 3.	18) 1, 3, 4, 5,
19) 1-4	19) 2-4	19) 3-5.	19) 1-3.	6
20) 2.4	20) 1,2,4	20)1, 2, 4, 5.	20) 1, 3.	19) 1, 4
				20) 1, 4