

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**

**Orthodontics and pediatric prosthetics**

Training program (specialty): 31.05.03 Dentistry

*code, name*

Department: Orthopedic Dentistry and Orthodontics

Mode of study: full-time

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

No. p/p	Controlled sections (topics) of the discipline	Controlled competency code	Learning outcomes by discipline	Name of the evaluation tool	
				view	quantity
1	<p>Examination of a patient with anomalies of the dentition</p> <p>Themes:</p> <p>1. Classification of dentoalveolar anomalies according to Angle, Katz, WHO, ICD. The main methods of examination of the orthodontic patient.</p> <p>2. Additional methods of examination of patients with anomalies of the dentition. The study of diagnostic models of the jaws.</p> <p>3. Additional methods of examination of patients with anomalies of the dentition. X-ray method: orthopantomography, teleradiography, computed tomography, TMJ tomography.</p> <p>4. Methods for diagnosing disorders of the function of chewing and swallowing. Electromyography, myotonometry.</p>	UK-1, OPK-5, PK-1, PK-2, PK-6	<p><b>Know:</b> methodology for collecting complaints from a patient with anomalies of the dentoalveolar system, questioning, external examination and examination of the oral cavity; anthropometric measurements of jaw models (Indices of Pohn, Korkhaus, Eckel, Ton, lack of space, length and width of apical bases); cephalometric measurements (analysis of a teleroentgenogram in lateral and direct projections),</p> <p><b>Be able to:</b> Carry out examination, appointment of additional research methods. Analyze the data obtained during the external examination and examination of the oral cavity; anthropometric measurements of jaw models and cephalometric measurements</p> <p><b>Own:</b> methodology for conducting an examination of an orthodontic patient, issuing a medical card for an orthodontic patient form No. 043 / y-1</p>	tests	80

	Methods for assessing the effectiveness of chewing function. Principles of formulating an orthodontic diagnosis.				
2	<p>Devices used in the treatment of anomalies</p> <p>Topics:1.Prevention of dental anomalies. Myogymnastics.</p> <p>2.Methods of treatment in orthodontics. Orthodontic appliances: prophylactic, therapeutic, retention. Monoblock designs and function controls. Fundamentals of designing orthodontic appliances in a dental laboratory.</p> <p>3.Modern methods and means of eliminating dentoalveolar anomalies and deformities (bracket system).</p>	OK-1, OPK-5, PK-1	<p><b>Know:</b>The use of dental instruments when examining patients with anomalies of the dentition. Orthodontic appliances used in the treatment of patients with anomalies of the dentition.</p> <p><b>Be able to:</b>Carry out a set of measures aimed at preventing the development of anomalies of the dentition: educational work, the appointment, conduct and control of myogymnastics. To carry out the imposition, activation and correction of removable and non-removable orthodontic appliances in the treatment of patients with anomalies of the AP.</p> <p><b>Own:</b>The methodology for carrying out a set of measures aimed at preventing the development of anomalies of the dentoalveolar system: educational work, the appointment, conduct and control of myogymnastics. The technique of applying, activating and correcting removable and non-removable orthodontic appliances in the treatment of patients with AP anomalies.</p>	tests	60
3	<p>Anomalies and deformities of the dentition</p> <p>Themes:1. Morphological and functional characteristics of the periods of development of</p>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.	<p><b>Know:</b>etiological factors and pathogenetic mechanisms of the formation of anomalies of the dentition. Know the signs of the correct formation and development of the patient in the period of milk, removable and permanent dentition. Know the signs of orthognathic bite. Know the clinical picture and</p>	tests	140

<p>the bite of the child.</p> <p>2. Etiology, pathogenesis, clinic, diagnosis and treatment of anomalies of individual teeth and dental arches.</p> <p>3. Etiology, pathogenesis, clinic, diagnosis and treatment of distal and mesial bites.</p> <p>4. Etiology, pathogenesis, clinic, diagnosis and treatment of deep and open bites.</p> <p>5. Etiology, pathogenesis, clinic, diagnosis and treatment of crossbite and asymmetry of the facial skeleton.</p> <p>6. Dental prosthetics in children.</p> <p>7. Congenital pathologies of the development of the facial skeleton.</p>		<p>diagnosis of anomalies of the dentition. To know the classification of ICD-10 block of diseases of the oral cavity K 001- Violation of the development and eruption of teeth. Know the tactics of treating patients with anomalies of the dentition: anomalies in the size of the jaws, anomalies in the position of the jaws in the skull, anomalies in the ratio of the dentition, anomalies in individual teeth.</p> <p><b>Be able to:</b>To carry out the choice of tactics for the treatment of patients with anomalies of the dentition: anomalies in the size of the jaws, anomalies in the position of the jaws in the skull, anomalies in the ratio of the dentition, anomalies in individual teeth.</p> <p><b>Own:</b>method of prevention, selection and treatment of anomalies of the dentoalveolar system.</p>	
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### Test tasks

#### Discipline Orthodontics and pediatric prosthetics

#### By specialty Dentistry 31.05.03

Test tasks with answer options	No. of the competency that this test task is aimed at developing
<b>Section 1. Examination of a patient with anomalies of the dentition.</b>	

<b>Subject:</b> “Classifications of anomalies of the dentition according to Angle, Katz, Kalvelis, WHO. The main methods of examination of the orthodontic patient.	
<p>1. THE ANTERI-BUCKLE BUCKLE OF THE FIRST PERMANENT MOLAR OF THE UPPER JAW TO THE LEFT AND RIGHT IS ANTERIOR FROM THE INTERBUCORE FISURE OF THE LOWER FIRST MOLAR. TO WHICH CLASS OF ANGLE'S CLASSIFICATION DOES THIS TYPE OF ANOMALIES BELONG TO?</p> <p>1) I class Angle 2) II class Angle 3) III class Angle</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>2. ANTEROBUCULAR BUCKLE OF THE FIRST PERMANENT MOLAR OF THE UPPER JAW TO THE LEFT AND RIGHT IS BEHIND THE INTERBUCORE FISURE OF THE LOWER FIRST MOLAR. TO WHICH CLASS OF ANGLE'S CLASSIFICATION DOES THIS TYPE OF ANOMALIES BELONG TO?</p> <p>1) I class Angle 2) II class Angle 3) III class Angle</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>3. ANGLE'S KEY OF OCCLUSION IS CLOSING:</p> <p>1) the first permanent molars of the upper and lower jaws 2) permanent canines of the upper and lower jaws 3) permanent incisors of the upper and lower jaws 4) second permanent molars 5) second permanent premolars</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>4. RELATIONSHIP OF THE FIRST CONSTANT MOLAR IN ANOMALIES OF THE FAST I CLASS ENGLE:</p> <p>1) the mesial buccal tubercle of the first upper molar is located anterior to the intertubercular fissure of the first lower molar 2) the mesial buccal tubercle of the first upper molar is located posterior to the intertubercular fissure of the first lower molar 3) the mesial buccal tubercle of the first upper molar is located in the intertubercular fissure of the first lower molar</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>5. IN WHAT PLANES ARE MATERIAL ABNORMALITIES DEFINED ACCORDING TO KALVELIS' CLASSIFICATION?</p> <p>1) sagittal</p>	UK-1, OPK-5, PK-1, PK-2, PK-6

<p>2) vertical 3) transverse 4) occlusal</p>	
<p>6. ANTEROBUCCAL BUCKLE OF THE FIRST PERMANENT MOLAR OF THE UPPER JAW TO THE LEFT AND RIGHT IS ANTERIOR FROM THE INTERBUCCAL FISSURE OF THE LOWER FIRST MOLAR. TO WHAT CLASS IN ENGLE'S CLASSIFICATION CAN THIS TYPE OF ANOMALIES BELONG TO?</p> <p>1) I class Angle 2) II class the first subclass of Angle 3) II class second subclass of Angle 4) III class Angle</p>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>7. FAULTS OF ENGLE'S CLASSIFICATION ARE:</p> <p>1) took into account only the functional state of the muscles 2) considered anomalies only in the sagittal plane 3) did not take into account the possibility of displacement of the first permanent molars 4) describes only anomalies in the position of the teeth 5) describes only anomalies in the vertical plane</p>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>8. ANOMALIES IN THE POSITION OF INDIVIDUAL TEETH ARE:</p> <p>1) transposition 2) rotation 3) retention 4) diastema 5) supernumerary tooth</p>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>9. ANOMALIES IN THE RATIO OF THE DENTAL ARCHES IN THE SAGITTAL PLANE ARE:</p> <p>1) crossbite 2) deep bite 3) open bite 4) distal bite 5) mesial bite</p>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>10. ANOMALIES IN THE DIMENSIONS OF THE DENTAL ARCHES ARE:</p> <p>1) constriction 2) expansion 3) reduction 4) increase</p>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>11. ANOMALIES IN THE NUMBER OF TEETH ARE:</p> <p>1) macrognathia</p>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>

<ul style="list-style-type: none"> <li>2) protrusion</li> <li>3) adentia</li> <li>4) retrognathia</li> <li>5) supernumerary teeth</li> </ul>	
<p>12. ASCHLER-BITNER TEST HELPS TO MAKE A PRELIMINARY DIAGNOSIS IN:</p> <ul style="list-style-type: none"> <li>1) crossbite</li> <li>2) mesial occlusion</li> <li>3) distal bite</li> <li>4) deep incisal overlap</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>13. CORRECT POSITION OF THE TIP OF THE TONGUE AT THE MOMENT OF SWALLOWING:</p> <ul style="list-style-type: none"> <li>1) between the front teeth</li> <li>2) contact with lips</li> <li>3) in the region of the palatal surface of the upper anterior teeth</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>14. Tongue tie can lead to:</p> <ul style="list-style-type: none"> <li>1) shortening of the upper dentition</li> <li>2) shortening of the lower dentition</li> <li>3) expansion of the upper dentition</li> <li>4) narrowing of the lower dentition</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>15. DURING THE EXTERNAL EXAMINATION OF THE PATIENT AT THE ORTHODONTIC RECEPTION, PARTICULAR ATTENTION IS PAYED TO:</p> <ul style="list-style-type: none"> <li>1) the size of the nose</li> <li>2) the severity of the chin fold</li> <li>3) the height of the middle third of the face</li> <li>4) the height of the lower third of the face</li> <li>5) lip shape</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>16. CLINICAL EXAMINATION METHODS ARE:</p> <ul style="list-style-type: none"> <li>1) survey</li> <li>2) electromyography</li> <li>3) palpation</li> <li>4) X-ray cephalometric study</li> <li>5) sounding</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>17. INTERVIEWING YOU SHOULD PAY ATTENTION TO:</p> <ul style="list-style-type: none"> <li>1) the nature of feeding the child</li> <li>2) baby growth</li> <li>3) the nature of breathing</li> <li>4) baby's weight</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>18. A WIDE UPPER LIP FRENA AND ITS LOW ATTACHMENT MAY LEAD TO:</p>	UK-1, OPK-5, PK-1, PK-2, PK-6

<ol style="list-style-type: none"> <li>1) shortening of the upper dentition</li> <li>2) narrowing of the upper dentition</li> <li>3) diastema</li> </ol>	
<p>19. IN INFANTILE TYPE OF SWALLOWING IS OBSERVED:</p> <ol style="list-style-type: none"> <li>1) tension of the circular muscle</li> <li>2) upper face tension</li> <li>3) mouth breathing</li> <li>4) tension of the chin muscle</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>20. WHEN NOSE BREATHING IS DISTURBED, THE FOLLOWING IS OBSERVED:</p> <ol style="list-style-type: none"> <li>1) shortening of the lower third of the face</li> <li>2) mouth open</li> <li>3) the supramental fold is expressed</li> <li>4) lips do not close at rest</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>Topic “Additional methods of examination of patients with anomalies of the dentoalveolar system. The study of diagnostic models of the jaws.</b></p>	
<p>1. BY PONA INDEX TO SET THE WIDTH BETWEEN PREMOLARS, IT IS NECESSARY TO USE THE FORMULA:</p> <ol style="list-style-type: none"> <li>1) the sum of the transverse dimensions of 4 cutters * 100/80</li> <li>2) the sum of the transverse dimensions of 12 teeth * 100/80</li> <li>3) the sum of the transverse dimensions of 4 cutters * 100/64</li> <li>4) the sum of the transverse dimensions of 12 teeth * 100/64</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>2. IF THE VALUE OF THE PREMOLARAL PON INDEX MORE THAN 80 THIS SAYS ABOUT:</p> <ol style="list-style-type: none"> <li>1) narrowing of the dental arch upper jaw</li> <li>2) expansion of the dental arch</li> <li>3) lack of space in the dental arch</li> <li>4) macrodentia</li> <li>5) asymmetries of the dental arch</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>3. TO DETERMINE THE DIMENSIONS OF THE APICAL BASIS OF THE JAW, USE:</p> <ol style="list-style-type: none"> <li>1) Pona method</li> <li>2) House-Snagina method</li> <li>3) Ton method</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>4. PONU INDEX IS EQUAL TO:</p> <ol style="list-style-type: none"> <li>1) premolar -64</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6



<p>2) premolar -80 3) molar -64 4) molar - 80</p>	
<p>5. WITH THE HELP OF THE NANSE INDEX IT IS POSSIBLE TO DEFINE:</p> <ol style="list-style-type: none"> <li>1) the width of the dentition of the upper jaw</li> <li>lack of space in the dental arch of the lower jaw</li> <li>2) the width of the apical base of the lower jaw</li> <li>3) sky height</li> <li>4) lack of space in the dental arch of the upper jaw</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>6. THE MEASURING POINTS FOR CALCULATION OF THE PON INDEX ON THE UPPER JAW ARE:</p> <ol style="list-style-type: none"> <li>1) point between premolars</li> <li>2) the middle of the longitudinal fissures of the first premolars</li> <li>3) median point on the vestibular surface of the first molar</li> <li>4) the middle of the longitudinal fissures of the second premolars</li> <li>5) the middle of the longitudinal fissures of the first molars</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>7. MEASUREMENT POINTS ON THE CONSTANT MOLAR WHEN CALCULATION OF THE PON INDEX ON THE LOWER JAW ARE:</p> <ol style="list-style-type: none"> <li>1) point between premolars</li> <li>2) the middle of the longitudinal fissures of the first molars</li> <li>3) median point on the vestibular surface of the first molar</li> <li>4) the middle of the longitudinal fissures of the second molars</li> <li>5) anterior point of intersection of the longitudinal</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>8. KORKHOUSE MADE A LINK BETWEEN:</p> <ol style="list-style-type: none"> <li>1) the length of the anterior segment of the dental arch</li> <li>2) the sum of the transverse dimensions of the 4 upper incisors</li> <li>3) the sum of the transverse dimensions of the 4 lower incisors</li> <li>4) the length of the anterior segment of the upper dental arch</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>

5) the width of the dental arch in the region of the premolars	
9. HAVING CALCULATED THE PONA INDEX, IT IS POSSIBLE TO JUDGE: 1) lowering the height of the sky 2) sky height increase 3) expansion of the dental arch 4) narrowing of the dental arch 5) the presence of three, diastema	UK-1, OPK-5, PK-1, PK-2, PK-6
10. WHAT IS DETERMINED BY THE TONN METHOD: 1) macrodentia 2) microdentia 3) the length of the dental arch 4) the width of the dental arch 5) sky height	UK-1, OPK-5, PK-1, PK-2, PK-6
11. SKY HEIGHT INDEX IS CALCULATED BY THE FORMULA: 1) palate height*100/dental arch length 2) palate height * 100 / dental arch width 3) palate height*100/apical base width 4) palate height * 100 / width of the anterior segment of the upper jaw	UK-1, OPK-5, PK-1, PK-2, PK-6
12. HAVING CALCULATED THE KORKHOUSE INDEX, IT IS POSSIBLE TO JUDGE: 1) excessive development of the anterior jaw 2) underdevelopment of the anterior jaw 3) narrowing of the dental arch 4) expansion of the dental arch 5) lack of space in the dental arch 6) microdentia	UK-1, OPK-5, PK-1, PK-2, PK-6
13. WHAT DEPENDENCY DID PONT INSTALL? 1) the relationship between the width of the crowns of the upper permanent incisors and the anterior segment of the dental arch 2) the dependence of the width of the crowns of the upper permanent incisors and the width of the dentition in the region of premolars and molars 3) dependence of the width of the crowns of the upper permanent incisors and the length of the dentition	UK-1, OPK-5, PK-1, PK-2, PK-6
14. DIAGNOSTIC LINE RPT NORMALLY	UK-1, OPK-5, PK-1, PK-2, PK-6

<p><b>PASSES AT THE LEVEL:</b></p> <ol style="list-style-type: none"> <li>1) the contact point of the canine and premolar evenly from 2 sides</li> <li>2) the middle of the canine crowns evenly from 2 sides</li> <li>3) contact point of the canine and lateral incisor evenly from 2 sides</li> <li>4) through the posterior edge of the incisive papilla and the base of the first pair of transverse palatine folds perpendicular to the median palatine suture (according to Schmut)</li> </ol>	
<p><b>15. GERLACH'S METHOD ALLOWS TO DETERMINE:</b></p> <ol style="list-style-type: none"> <li>1) individual differences in the segments of the dentition, the proportionality of the ratio of the segments of the dentition, the differentiation of the close position of the teeth, due to their size, from the close position with narrowing and shortening of the dentition</li> <li>2) mesial displacement of lateral teeth</li> <li>3) distal displacement of the lateral teeth</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>16. INDICATE FOR WHAT PURPOSE THE SNAGINA METHOD IS USED:</b></p> <ol style="list-style-type: none"> <li>1) to determine the length of the apical basis</li> <li>2) to determine the width of the apical basis</li> <li>3) to determine the length and width of the apical basis</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>17. INDICATE FOR WHAT PURPOSE THE GEOMETRIC-GRAPHIC METHOD OF HOWLEY-HERBST IS USED:</b></p> <ol style="list-style-type: none"> <li>1) to determine the individual length and width of the dental arch</li> <li>2) to determine the individual shape of the upper dental arch</li> <li>3) to determine the individual shape of the upper dental arch, depending on the transverse dimensions of the central, lateral incisors and canine</li> <li>4) to determine the individual shape of the lower dental arch, depending on the transverse dimensions of the central, lateral incisors and canine</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>18. LIST REQUIREMENTS FOR WORKING MODELS:</b></p> <ol style="list-style-type: none"> <li>1) clear display of the dentition</li> </ol>	UK-1, OPK-5, PK-1, PK-2, PK-6

<p>2) a clear display of the dentition, alveolar process, transitional fold, frenulum, palate, retromolar region, sublingual space</p> <p>3) high-quality display of tissues with which the orthodontic appliance will come into contact</p> <p>4) high-quality display of the dentition, alveolar process, palate, sublingual region</p>	
<p>19. INDICATE THE PURPOSE FOR MEASURING JAW MODELS:</p> <p>1) to clarify the diagnosis</p> <p>2) choice of treatment method</p> <p>3) scientific purposes</p> <p>4) to determine the central occlusion</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>20. ANOMALIES IN THE POSITION OF THE TEETH IN THE VERTICAL PLANE:</p> <p>1) transposition</p> <p>2) infraocclusion</p> <p>3) retention</p> <p>4) supraocclusion</p> <p>5) diastema</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>Topic “Additional methods of examination of patients with anomalies of the dentoalveolar system. X-ray method: orthopantomography, teleroentgenography, computed tomography, TMJ tomography.»</b></p>	
<p>1. THE SYMMETRY OF THE DEVELOPMENT OF THE RIGHT AND LEFT HALF OF THE LOWER JAW IS ALLOWED TO JUDGE:</p> <p>1) panoramic radiograph</p> <p>2) TRG in lateral projection</p> <p>3) TRG in direct projection</p> <p>4) orthopantomogram</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>2. ANOMALIES OF THE JAW BONES IN THE VERTICAL DIRECTION CAN BE DEFINED BY:</p> <p>1) orthopantomography</p> <p>2) TRG in lateral projection</p> <p>3) TRG in direct projection</p> <p>4) panoramic radiography</p> <p>5) TRG in direct projection</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>3. INDICATIONS FOR CARRYING OUT TELERENTGENOGRAPHY IN DIRECT PROJECTION:</p> <p>1) crossbite</p> <p>2) deep bite</p> <p>3) open bite</p>	UK-1, OPK-5, PK-1, PK-2, PK-6

4) face asymmetry 5) anomalies in the shape of the dental arches	
4. INDICATIONS FOR TMJ TOMOGRAPHY ARE: 1) patient complaints about pain in the joints 2) displacement of the lower jaw when opening the mouth 3) the desire of the patient 4) clicks in the joint area 5) performed for all patients before orthodontic treatment	UK-1, OPK-5, PK-1, PK-2, PK-6
5. INDICATIONS FOR SIGHTING RADIOGRAPHY: 1) soreness of the tooth from a cold 2) pain when biting on the tooth 3) the presence of a fistulous passage in the area of the tooth 4) chipping of the tooth crown within the enamel	UK-1, OPK-5, PK-1, PK-2, PK-6
6. BY TRG IN DIRECT PROJECTION THEY STUDY: 1) anomalies in the sagittal plane 2) anomalies in the transversal plane 3) anomalies in the vertical plane 4) study of the profile of the soft tissues of the face 5) facial asymmetries	UK-1, OPK-5, PK-1, PK-2, PK-6
7. BY TRG IN LATERAL PROJECTION THEY STUDY: 1) anomalies in the sagittal plane 2) anomalies in the transversal plane 3) anomalies in the vertical plane 4) study of the profile of the soft tissues of the face 5) facial asymmetries	UK-1, OPK-5, PK-1, PK-2, PK-6
8. PHYSIOLOGICAL AGE OF THE PATIENT IS DETERMINED BY: 1) orthopantomogram 2) panoramic radiograph 3) teleroentgenogram in direct projection 4) teleroentgenogram in lateral projection 5) radiograph of the hand	UK-1, OPK-5, PK-1, PK-2, PK-6
9. ORTHOPANTOMOGRAPHY OF THE JAWS IS CARRIED OUT: 1) to determine the number and location of teeth	UK-1, OPK-5, PK-1, PK-2, PK-6

<p>2) to study the structure of the facial part of the skull</p> <p>3) to predict the growth of the jaws</p>	
<p><b>10. PURPOSE OF CARRYING OUT THE RADIOGRAPHY OF THE PALATINE SUTURE:</b></p> <p>1) to determine its structure, degree of ossification, changes that occur with the expansion of the upper jaw, the presence of fibers of the frenulum of the upper lip</p> <p>2) to determine the changes occurring in the palatine suture during orthodontic treatment</p> <p>3) to resolve the issue of surgical intervention for diastema</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>11. METHOD OF CARRYING OUT TELERENTOGRAPHY OF THE HEAD:</b></p> <p>1) a conventional apparatus for obtaining panoramic radiographs</p> <p>2) with a special X-ray machine with a tube 1.5 m away from the patient's head</p> <p>3) with a special X-ray machine with a tube 4 m away from the patient's head</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>12. METHOD USED IN ORTHODONTICS TO DETERMINE THE PERIOD OF GROWTH OF THE FACIAL BONES:</b></p> <p>1) teleroentgenography of the hand</p> <p>2) teleroentgenography of the head</p> <p>3) orthopantomography.</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>13. TOMOGRAPHY OF THE TEMPOROMANDIBULAR JOINTS IS DONE TO STUDY:</b></p> <p>1) jaw growth opportunities</p> <p>2) the shape and size of the articular processes of the lower jaw heads and articular fossae</p> <p>3) the shape and size of the articular discs; location of the heads of the articular processes of the lower jaw in the articular fossae</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p><b>14. WHERE ON THE TELERENTGENOGRAM ARE N POINTS (NAZION) DETERMINED?</b></p> <p>1) the central point of the "bowl" of the Turkish saddle</p> <p>2) at the intersection of the median plane with the nasolabial suture</p> <p>3) anterior point of the nasal bone</p>	UK-1, OPK-5, PK-1, PK-2, PK-6

<p>15. WHERE IS THE PG POINT ON THE TELERENTGENOGRAM?</p> <ol style="list-style-type: none"> <li>1) the most protruding point of the angle of the lower jaw</li> <li>2) the highest point of the head of the lower jaw</li> <li>3) the most prominent point of the chin</li> <li>4) the lowest point of the symphysis of the lower jaw</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>16. WHERE ON THE TELERENTGENOGRAM IS POINT B DEFINED?</p> <ol style="list-style-type: none"> <li>1) the most posteriorly located point on the anterior contour of the apical base of the upper jaw</li> <li>2) the central point of the "bowl" of the Turkish saddle</li> <li>3) the most posteriorly located point on the anterior contour of the apical base of the lower jaw</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>17. WHERE ON THE TELERENTGENORAMME IS THE POINT S (CSE) DEFINED?</p> <ol style="list-style-type: none"> <li>1) middle Fossa hypophysialis</li> <li>2) the point of transition of the upper contour of the body of the lower jaw into the anterior contour of its branches;</li> <li>3) anterior point of the suture of the frontal and nasal bones</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>18. THE PLANE OF THE FRONT BASIS OF THE SKULL IS CARRIED OUT THROUGH THE POINTS:</p> <ol style="list-style-type: none"> <li>1) NS</li> <li>2) Go-Gn</li> <li>3) Po-Or</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>19. THE SPINAL PLANE IS CARRIED OUT THROUGH THE POINTS:</p> <ol style="list-style-type: none"> <li>1) B,-Y</li> <li>2) ANS-PNS</li> <li>3) NS</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p>20. ANGLE OF THE BASE OF THE SKULL IS:</p> <ol style="list-style-type: none"> <li>1) NSB angle</li> <li>2) SNA angle</li> <li>3) SNB angle</li> </ol>	<p>UK-1, OPK-5, PK-1, PK-2, PK-6</p>
<p><b>Topic "Methods for diagnosing disorders of the function of chewing and</b></p>	

<b>swallowing. Electromyography, myotonometry. Methods for assessing the effectiveness of chewing function. Principles of formulating an orthodontic diagnosis.</b>	
<p>1. WHAT IS ELECTROMYOGRAPHY?</p> <p>1) record of muscle contractility 2) recording of muscle biopotentials in order to study their electrophysiological activity 3) recording muscle tone</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>2. CLINICAL SIGNS OF IMPROPER SWALLOWING?</p> <p>1) “thimble symptom” 2) increased activity of the temporal muscles 3) tension of the masticatory and anterior bundles of the temporal muscles</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>3. ELECTROMYOGRAM OF THE CHIN MUSCLE AT REST IS INCREASED?</p> <p>1) with distal or mesial occlusion 2) with distal bite 3) with an underbite 4) with crossbite</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>4. WEAK BIOELECTRIC ACTIVITY OF MATERIAL MUSCLES IS OBSERVED WITH?</p> <p>1) with orthognathic bite 2) with mesial occlusion 3) with distal bite 4) with open bite</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>5. THE CONCEPT OF "NORM" IN ORTHODONTICS INCLUDES:</p> <p>1) morphological balance in the dental system 2) optimal individual functional norm 3) morphological, functional and aesthetic balance in the facial skeleton.</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>6. MYOTONOMETRY IS IT?</p> <p>1) recording muscle tone 2) recording of muscle contractility 3) recording of muscle biopotentials in order to study their electrophysiological activity</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>7. IS MYOGRAPHY?</p> <p>1) recording muscle tone 2) recording of muscle contractility 3) recording of muscle biopotentials in order to study their electrophysiological activity</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>8. MASTICIOGRAPHY IS REGISTRATION:</p>	UK-1, OPK-5, PK-1, PK-2, PK-6



<p>1) the functional state of the dentoalveolar system and registration of movements of the lower jaw</p> <p>2) chewing movements of the lower jaw</p> <p>3) contractions of the masticatory muscles proper and movements of the articular heads of the lower jaw in the temporomandibular joints</p>	
<p>9. MYOARTROGRAPHY IS REGISTRATION:</p> <p>1) the functional state of the dentoalveolar system and registration of movements of the lower jaw</p> <p>2) chewing movements of the lower jaw</p> <p>contractions of the masticatory muscles proper and movements of the articular heads of the lower jaw in the temporomandibular joints</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>10. RHEOPARODONTOGRAPHY - RESEARCH METHOD:</p> <p>1) pulsating vibrations of blood vessels</p> <p>2) chewing efficiency</p> <p>3) degree of tooth mobility</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>11. BY WHAT DEVICE DOES THE FUNCTIONAL STATE OF THE DENTAL SYSTEM AND REGISTRATION OF LOWER JAW MOVEMENTS BE DETERMINED?</p> <p>1) masticatiograph</p> <p>2) myoarthrograph</p> <p>3) three-channel electrocardiograph</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>12. DOES THE FIRST PHASE OF LOWER JAW MOVEMENT ON A KYMOGRAM (CURVE RECORDING LOWER JAW MOVEMENT) HAVE A VIEW?</p> <p>1) uplink</p> <p>2) downlink</p> <p>3) straight line</p> <p>4) parabolas</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>13. THE SECOND PHASE OF MOVEMENT OF THE LOWER JAW ON A KYMOGRAM IS REGISTERED HOW?</p> <p>1) in the form of the first ascending knee</p> <p>2) downlink</p> <p>3) straight line</p> <p>4) parabola</p>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>14. SECOND PHASE OF MOVEMENT OF THE LOWER JAW CORRESPOND TO:</p>	UK-1, OPK-5, PK-1, PK-2, PK-6

<ul style="list-style-type: none"> <li>1) the introduction of food into the oral cavity</li> <li>2) the beginning of chewing</li> <li>3) a state of rest</li> <li>4) swallowing</li> </ul>	
<p>15. THE THIRD PHASE OF MOVEMENT OF THE LOWER JAW ON A KYMOGRAM IS REGISTERED HOW?</p> <ul style="list-style-type: none"> <li>1) ascending line</li> <li>2) downward wave</li> <li>3) straight line</li> <li>4) parabola</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>16. THE THIRD PHASE OF MOVEMENT OF THE LOWER JAW CORRESPOND TO:</p> <ul style="list-style-type: none"> <li>1) the introduction of food into the oral cavity</li> <li>start of chewing</li> <li>food bolus formation</li> <li>swallowing</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>17. THE FOURTH PHASE OF MOVEMENT OF THE LOWER JAW IS REGISTERED ON A KYMOGRAM HOW?</p> <ul style="list-style-type: none"> <li>1) parabola</li> <li>2) downlink</li> <li>3) rhythmic waves</li> <li>4) ascending line</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>18. THE FOURTH PHASE OF MOVEMENT OF THE LOWER JAW CORRESPOND TO:</p> <ul style="list-style-type: none"> <li>1) the introduction of food into the oral cavity</li> <li>2) chewing food</li> <li>3) the formation of a food bolus</li> <li>4) swallowing</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>19. IN ONE PERIOD OF MUSTERING THERE ARE ... PHASES:</p> <ul style="list-style-type: none"> <li>1) 3</li> <li>2) 4</li> <li>3) 5</li> <li>4) 6</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6
<p>20. ELECTRODES DURING RHEOPARYDONTOGRAPHY STRENGTHEN ON:</p> <ul style="list-style-type: none"> <li>1) equators of crowns of teeth</li> <li>2) slope of the alveolar process</li> <li>3) necks of teeth</li> <li>4) in the projection of the tips of the roots of the teeth</li> </ul>	UK-1, OPK-5, PK-1, PK-2, PK-6

<b>Section 2. Apparatus used in the treatment of anomalies.</b>	
<b>Theme “Prevention of dentoalveolar anomalies. Myogymnastics.»</b>	
<p>1. WHEN THE MOUTH TYPE OF BREATHING IS ASSIGNED EXERCISES FOR TRAINING:</p> <ol style="list-style-type: none"> <li>1) temporalis muscle</li> <li>2) circular muscles of the mouth</li> <li>3) lateral pterygoid muscle</li> <li>4) sternocleidomastoid muscle.</li> </ol>	OK-1, OPK-5, PK-1
<p>2. CHEWING EFFICIENCY SHOULD BE UNDERSTANDED:</p> <ol style="list-style-type: none"> <li>1) the force of contraction of the masticatory muscles</li> <li>2) the degree of grinding of a certain amount of food in a certain time</li> <li>3) the duration of the meal</li> <li>4) the degree of inclination of the occlusal curve</li> </ol>	OK-1, OPK-5, PK-1
<p>3. ABSOLUTE MUSCLE STRENGTH IS DETERMINED:</p> <ol style="list-style-type: none"> <li>1) the number of attachment points</li> <li>2) group membership</li> <li>3) the number of fascias</li> <li>4) the cross-sectional area of the fibers in its composition</li> </ol>	OK-1, OPK-5, PK-1
<p>4. GRAPHIC METHOD OF REGISTRATION OF MOVEMENTS OF THE LOWER JAW:</p> <ol style="list-style-type: none"> <li>1) mastication</li> <li>2) myodynamometry</li> <li>3) electromyography</li> <li>4) chewing tests</li> </ol>	OK-1, OPK-5, PK-1
<p>5. WHEN THE STATIC METHOD FOR EVALUATION OF CHEWING EFFICIENCY IS USED:</p> <ol style="list-style-type: none"> <li>1) Agapov's statistical coefficients</li> <li>2) Oxman's statistical coefficients</li> <li>3) Rubinov's chewing test</li> <li>4) electromyography</li> </ol>	OK-1, OPK-5, PK-1
<p>6. DYNAMIC METHODS FOR EVALUATION OF CHEWING EFFICIENCY ARE:</p> <ol style="list-style-type: none"> <li>1) myotonometry</li> <li>2) gnathodynamometry</li> <li>3) Gelman's chewing test</li> <li>4) Rubinov's chewing tests</li> </ol>	OK-1, OPK-5, PK-1

<p>7. IN CROSSbite, MYOGYMNASTIC EXERCISES ARE AIMED TO:</p> <ol style="list-style-type: none"> <li>1) displacement of the lower jaw</li> <li>2) change in the width of the dental arches</li> <li>3) lengthening of the dentition of the upper jaw</li> <li>4) growth retardation of the lower jaw</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>8. CHEWING EFFICIENCY IS AFFECTED BY:</p> <ol style="list-style-type: none"> <li>1) the presence of periodontal disease</li> <li>2) the presence of caries and its complications</li> <li>3) general somatic diseases</li> <li>4) psycho-emotional state</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>9. MYOGYMNASTICS IS THE MOST EFFECTIVE:</p> <ol style="list-style-type: none"> <li>1) in early mixed dentition</li> <li>2) in temporary bite</li> <li>3) in late mixed dentition</li> <li>4) in permanent bite</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>10. MYOGYMNASTIC EXERCISES FOR THE PREVENTION OF BITE ABNORMALITIES TRAIN:</p> <ol style="list-style-type: none"> <li>1) chewing muscles</li> <li>2) facial muscles</li> <li>3) muscles involved in breathing</li> <li>4) back muscles</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>11. FUNCTIONAL ACTIVITY OF THE MUSCLES OF THE PERIOROTAL REGION CHANGES WHEN:</p> <ol style="list-style-type: none"> <li>1) malocclusion</li> <li>2) bad habits</li> <li>3) mouth breathing</li> <li>4) violations of posture</li> <li>5) allergic reactions</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>12. IN DISTAL BITE, MYOGYMNASTIC EXERCISES ARE AIMED AT:</p> <ol style="list-style-type: none"> <li>1) stimulation of the growth of the lower jaw</li> <li>2) stimulation of the growth of the upper jaw</li> <li>3) protrusion of the lower jaw forward</li> <li>4) distal displacement of the lower jaw</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>13. IN MESIAL BITE, MYOGYMNASTIC EXERCISES ARE AIMED TO:</p> <ol style="list-style-type: none"> <li>1) stimulation of the growth of the lower jaw</li> <li>2) stimulation of the growth of the upper jaw</li> <li>3) protrusion of the lower jaw forward</li> <li>4) distal displacement of the lower jaw</li> </ol>	<p>OK-1, OPK-5, PK-1</p>

<p>14. WHEN PERFORMING EXERCISES WITH THE VESTIBULAR PLATE, TRAIN:</p> <ol style="list-style-type: none"> <li>1) temporal muscles</li> <li>2) chin muscle</li> <li>3) circular muscle of the mouth</li> <li>4) muscles that protrude the lower jaw</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>15. EXERCISES FOR THE MUSCLES PROPECTING THE LOWER JAW ARE RECOMMENDED WHEN:</p> <ol style="list-style-type: none"> <li>1) narrowing of the dentition</li> <li>2) underdevelopment of the lower jaw</li> <li>3) mesial occlusion</li> <li>4) distal displacement of the lower jaw</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>16. PHASES OF THE CHEWING CYCLE:</p> <ol style="list-style-type: none"> <li>1) adaptation phase (initial chewing)</li> <li>2) the phase of opening the mouth and introducing food</li> <li>3) main chewing phase</li> <li>4) resting phase</li> <li>5) closing phase</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>17. RUBINOV'S CHEWING TEST:</p> <ol style="list-style-type: none"> <li>1) chewing 3 identical cylinders of coconuts</li> <li>2) 50 chewing movements</li> <li>3) chewing 5 g of almond kernels</li> <li>4) chewing 800 mg hazelnut</li> <li>5) until the swallowing reflex appears</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>18. CHRISTIENSEN CHEWING TEST:</p> <ol style="list-style-type: none"> <li>1) chewing 3 identical cylinders of coconuts</li> <li>2) 50 chewing movements</li> <li>3) chewing 5 g of almond kernels</li> <li>4) chewing 800 mg hazelnut</li> <li>5) until the swallowing reflex appears</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>19. IN THE TREATMENT OF DISTAL BITE IS PERFORMED:</p> <ol style="list-style-type: none"> <li>1) training the circular muscle of the mouth</li> <li>2) training the muscles that push the lower jaw</li> <li>3) exercises to normalize swallowing</li> <li>4) exercises to normalize posture</li> <li>5) exercises to normalize the position of the tongue</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>20. IN THE TREATMENT OF OPEN BITE IS PERFORMED:</p> <ol style="list-style-type: none"> <li>1) training the circular muscle of the mouth lower jaw muscle training</li> <li>2) exercises to normalize swallowing</li> </ol>	<p>OK-1, OPK-5, PK-1</p>

<p>3) exercises to normalize posture 4) exercises to normalize the position of the tongue</p>	
<p><b>Theme “Methods of treatment in orthodontics. Orthodontic appliances: prophylactic, therapeutic, retention. Monoblock designs and function controls. Fundamentals of designing orthodontic appliances in a dental laboratory.</b></p>	
<p>1. VARIETY OF ENGLE'S ARC: 1) Vestibular 2) Lingual 3) Sliding 4) Non-ligature</p>	<p>OK-1, OPK-5, PK-1</p>
<p>2. THE DEVICE USED IN THE Narrowing of the Dental Arch of the Upper Jaw in Combination with the PROTRUSION OF THE FRONT GROUP OF TEETH IN THE PERIOD OF REPLACEMENT BITE: 1) Removable orthodontic appliance with arm springs 2) Removable orthodontic appliance with Coffin spring 3) Removable orthodontic appliance for the upper jaw with a sectoral cut 4) Removable orthodontic appliance for the upper jaw with a vestibular arch</p>	<p>OK-1, OPK-5, PK-1</p>
<p>3. DEVICE USED TO REMOVE THE PALATAL POSITION OF TEETH 1.1, 1.2 IN THE PERIOD OF REPLACEMENT BITE: 1) Removable orthodontic appliance with arm springs 2) Apparatus of Gozhgarian 3) Removable orthodontic appliance with protraction spring 4) Lip bumper 5) Removable orthodontic appliance with occlusal pads</p>	<p>OK-1, OPK-5, PK-1</p>
<p>4. DEVICE FOR ELIMINATION OF ANOMALIES IN THE POSITION OF INDIVIDUAL TEETH DURING THE PERMANENT BITE: 1)LM-activators 2) Arc Angle 3) Bracket system 4) Removable plate devices 5) Twin blocks</p>	<p>OK-1, OPK-5, PK-1</p>

<p>5. ORTHODONTIC ARCH WITH MEMORY SHAPE:</p> <ol style="list-style-type: none"> <li>1)Stainless steel</li> <li>2) Nickel-titanium alloy with copper addition</li> <li>3) Made of chrome-cobalt alloy</li> <li>4) Nickel-titanium alloy</li> <li>5) Golden</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>6. DEVICES ARE ACTIVE:</p> <ol style="list-style-type: none"> <li>1)Mechanical action</li> <li>2) Functional devices</li> <li>3) The power lies in the design of the device itself</li> <li>4) Devices of combined action</li> <li>5) Strength comes from muscle action</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>7. FOR DEVICES OF THE MECHANICAL TYPE OF ACTION THE PRESENCE IS CHARACTERISTIC:</p> <ol style="list-style-type: none"> <li>1) Bite pad</li> <li>2) Ligatures</li> <li>3)Orthodontic archwire</li> <li>4)Inclined plane</li> <li>5)Orthodontic screw</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>8. KALAMKAROV'S DEVICE IS:</p> <ol style="list-style-type: none"> <li>1) Intraoral</li> <li>2) extraoral</li> <li>3)Mechanical action type</li> <li>4)Functional action type</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>9. THE ELEMENTAL BASE OF EDGWIZE EQUIPMENT INCLUDES:</p> <ol style="list-style-type: none"> <li>1) Locking devices - braces</li> <li>2) Buccal tubes</li> <li>3) Face bow</li> <li>4) Wire orthodontic arches</li> <li>5) Coffin spring</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>10. THE STRUCTURE OF THE EDGWIZE BRACKET CONSISTS OF THE FOLLOWING ELEMENTS:</p> <ol style="list-style-type: none"> <li>1) Horizontal groove</li> <li>2) Support platform</li> <li>3) Wings</li> <li>4) Ligature</li> <li>4) Spring</li> </ol>	<p>OK-1, OPK-5, PK-1</p>
<p>11. TYPES OF HINTZ VESTIBULAR PLATES:</p> <ol style="list-style-type: none"> <li>1) Plate with visor</li> </ol>	<p>OK-1, OPK-5, PK-1</p>

<ul style="list-style-type: none"> <li>2) Plate with tongue flap</li> <li>3) A plate with a bead</li> <li>4) Plate with screw</li> <li>5) A plate with a bite pad</li> </ul>	
<p>12. FOR THE EXPANSION OF THE UPPER JAW THE DEVICES ARE USED:</p> <ul style="list-style-type: none"> <li>1) Derichsweiler apparatus</li> <li>2) Removable orthodontic appliance with screw</li> <li>3) Lip bumper</li> <li>4) Brukl apparatus</li> <li>5) Removable orthodontic appliance with Coffin spring</li> </ul>	OK-1, OPK-5, PK-1
<p>13. ELEMENTS OF TYPE I FRANKEL FUNCTION REGULATOR:</p> <ul style="list-style-type: none"> <li>1) Vestibular arch, orthodontic screw</li> <li>2) Vestibular arch, palatine clasp, lingual arch, lateral shields, lip pad in the region of the lower anterior teeth</li> <li>3) Lateral shields palatine clasp, labial pilot in the area of the upper anterior teeth, vestibular arch in the area of the lower anterior teeth</li> <li>4) Vestibular arch, bite pads</li> </ul>	OK-1, OPK-5, PK-1
<p>14. TYPES OF BRACKET SYSTEMS DEPENDING ON THE MATERIALS USED FOR THEIR PRODUCTION:</p> <ul style="list-style-type: none"> <li>1) Metal</li> <li>2) Non-ligature</li> <li>3) Ceramic</li> <li>4) Sapphire</li> <li>5) Lingual</li> </ul>	OK-1, OPK-5, PK-1
<p>15. TYPES OF MYOFUNCTIONAL PREORTHODONTIC TRAINERS:</p> <ul style="list-style-type: none"> <li>1) Hard</li> <li>2) Soft</li> <li>3) Arc</li> <li>4) Plate</li> <li>5) Stationary</li> </ul>	OK-1, OPK-5, PK-1
<p>16. THE DESIGN OF FUNCTIONAL DEVICES INCLUDES:</p> <ul style="list-style-type: none"> <li>1) Orthodontic screw</li> <li>2) Bite pad</li> <li>3) Ligature</li> <li>4) Rubber ring</li> <li>5) Inclined plane</li> </ul>	OK-1, OPK-5, PK-1
<p>17. DEVICES USED FOR STIMULATION OF</p>	OK-1, OPK-5, PK-1



<p>GROWTH AND ADVANCEMENT OF THE LOWER JAW</p> <ol style="list-style-type: none"> <li>1) Gozhgarian's apparatus</li> <li>2) Derichsweiler apparatus</li> <li>3) Apparatus Jasper Jumper</li> <li>4) Removable orthodontic appliance with a screw and an inclined plane on the upper jaw</li> </ol>	
<p>18. FOR THE TREATMENT OF MESIAL BITE APPLIED:</p> <ol style="list-style-type: none"> <li>1) Face mask</li> <li>2) Face bow</li> <li>3) Type 1 Frenkel controller</li> <li>4) Type 2 Frenkel controller</li> <li>5) 3 type Frenkel controller</li> </ol>	OK-1, OPK-5, PK-1
<p>19. FOR TREATMENT OF DISTAL BITE APPLIED:</p> <ol style="list-style-type: none"> <li>1) Face mask</li> <li>2) Face bow</li> <li>3) Type 1 Frenkel controller</li> <li>4) Type 2 Frenkel controller</li> <li>5) 3 type Frenkel controller</li> </ol>	OK-1, OPK-5, PK-1
<p>20. THE DEVICES OF THE COMBINED TYPE OF ACTION ARE:</p> <ol style="list-style-type: none"> <li>1) Brukl apparatus</li> <li>2) Apparatus of Gozhgarian</li> <li>3) Kappa Schwartz</li> <li>4) Apparatus for rapid palatal expansion</li> <li>5) Removable orthodontic appliance with screw and bite block</li> </ol>	OK-1, OPK-5, PK-1
<p><b>Subject "Modern methods and means of eliminating dentoalveolar anomalies and deformities (bracket system).»</b></p>	
<p>1. WHO IS THE FOUNDER OF THE FUNCTIONAL TREATMENT METHOD IN ORTHODONTICS:</p> <ol style="list-style-type: none"> <li>1) Schwartz</li> <li>2) Frenkel</li> <li>3) Katz</li> <li>4) Engle</li> <li>5) Johnson</li> </ol>	OK-1, OPK-5, PK-1
<p>2. WHO IS THE FOUNDER OF MODERN NON-REMOVABLE ARC ORTHODONTIC EQUIPMENT:</p> <ol style="list-style-type: none"> <li>1) Schwartz</li> <li>2) Frenkel</li> <li>3) Katz</li> <li>4) Engle</li> </ol>	OK-1, OPK-5, PK-1

5) Johnson	
3. WHO IS THE FOUNDER OF THE STRAIGHT ARC TECHNIQUE: 1) Engle 2) Katz 3) Andrews 4) Schwartz	OK-1, OPK-5, PK-1
4. THE DEVICE UZHUMETSKIE IS USED FOR TREATMENT OF BITE: 1) open 2) deep 3) cross 4) distal 5) mesial	OK-1, OPK-5, PK-1
5. Arrange the STAGES OF TREATMENT WITH THE STRAIGHT ARCH TECHNIQUE IN THE CORRECT SEQUENCE. 1) retention period 2) leveling 3) adjustment 4) movement of teeth along an arc 5) rotation	OK-1, OPK-5, PK-1
6. BRACKET - SYSTEM IS A DEVICE: 1) combined action type 2) extraoral 3) intraoral 4) arc 5) kappovy	OK-1, OPK-5, PK-1
7. WHERE REACTIVE TISSUE CHANGES OCCUR IN RESPONSE TO THE ACTION OF ORTHODONTAL DEVICES: 1) in the periodontium 2) in the palatine suture 3) in the maxillary sinus 4) in the joint and muscles	OK-1, OPK-5, PK-1
8. MODERN ORTHODONTIC TECHNIQUES USE BRACKET SYSTEMS WITH THE SIZE OF THE GROOVE: 1) 0.018 inch 2) 52 inches 3) 0.022 inch 4) 0.014 inch	OK-1, OPK-5, PK-1
9. FUNCTIONAL METHOD OF TREATMENT OF DENTAL ANOMALIES IS	OK-1, OPK-5, PK-1

<p>USED IN:</p> <ol style="list-style-type: none"> <li>1) interchangeable bite</li> <li>2) milk bite</li> <li>3) permanent bite after the completion of the growth of the facial skeleton</li> <li>4) permanent occlusion until the completion of the growth of the facial skeleton</li> </ol>	
<p>10. MODERN TECHNIQUES FOR THE TREATMENT OF ANOMALIES OF THE DENTAL SYSTEM:</p> <ol style="list-style-type: none"> <li>1) straight arc technique</li> <li>2) MVT - technique</li> <li>3) Daimon technique</li> <li>4) edgewise technique</li> <li>5) multiband - technique</li> </ol>	OK-1, OPK-5, PK-1
<p>11. LIST THE DESIGN ELEMENTS OF BRACKETS (LOCKS):</p> <ol style="list-style-type: none"> <li>1) support platform</li> <li>2) wings</li> <li>3) Groove</li> <li>4) arc</li> </ol>	OK-1, OPK-5, PK-1
<p>12. WHEN WORKING WITH EDGEWICE EQUIPMENT, THEY USE:</p> <ol style="list-style-type: none"> <li>1) elastic bands</li> <li>2) springs</li> <li>3) orthodontic buttons</li> <li>4) ligatures</li> <li>5) screws</li> </ol>	OK-1, OPK-5, PK-1
<p>13. ARC OF WHAT SECTION DIFFERENCE:</p> <ol style="list-style-type: none"> <li>1) round</li> <li>2) triangular</li> <li>3) square</li> <li>4) rectangular</li> <li>5) oval</li> </ol>	OK-1, OPK-5, PK-1
<p>14. WHAT MATERIALS ARE USED FOR MANUFACTURING ORTHODONTIC ARCHES:</p> <ol style="list-style-type: none"> <li>1) nickel titanium</li> <li>2) titanium-molybdenum alloy</li> <li>3) Nickel-titanium with the addition of copper</li> <li>4) plastic</li> <li>5) stainless steel</li> </ol>	OK-1, OPK-5, PK-1
<p>15. FIRST ORDER BENDS ARE:</p> <ol style="list-style-type: none"> <li>1) vestibulo-oral bends within the plane of the arc</li> </ol>	OK-1, OPK-5, PK-1

<p>2) vertical bends perpendicular to the plane of the arc</p> <p>3) bends twisted along the axis of the arc</p> <p>4) mesio-distal bends on the arc</p>	
<p>16. CHARACTERISTIC FOR THE ADJUSTMENT PHASE:</p> <p>1) vertical and horizontal alignment of teeth</p> <p>2) elimination of teeth rotations</p> <p>3) movement of teeth to create tight fissure-tubercular contacts</p> <p>4) closure of residual gaps</p> <p>5) maintaining the achieved position of the teeth</p>	OK-1, OPK-5, PK-1
<p>17. FOR THE TREATMENT OF EXCESSIVE INCISIVE OVERLAPPING USE:</p> <p>1) maxillary plate devices with an inclined plane in the anterior section</p> <p>2) maxillary plate devices with a bite pad in the anterior section</p> <p>3) wire orthodontic arch with reverse bend</p> <p>4) maxillary plate devices with an inclined plane in the lateral sections</p> <p>5) maxillary plate devices with a biting platform in the lateral sections</p>	OK-1, OPK-5, PK-1
<p>18. LEVELING IS CARRIED OUT USING:</p> <p>1) steel arches completely filling the bracket groove</p> <p>2) steel rectangular archwires that do not completely fill the bracket groove</p> <p>3) thin braided steel arcs</p> <p>4) round nitinol arcs</p> <p>5) rectangular nitinol arcs with the addition of copper</p>	OK-1, OPK-5, PK-1
<p>19. AT ANOMALIES OF THE POSITION OF THE TEETH IN EARLY REPLACEMENT BITE APPLIED:</p> <p>1) facial bow</p> <p>2) face mask</p> <p>3) trainer</p> <p>4) Herbst apparatus</p> <p>5) removable plate apparatus with a screw and a vestibular arch</p>	OK-1, OPK-5, PK-1
<p>20. CONTRAINDICATIONS TO THE USE OF THE BRACKET SYSTEM:</p> <p>1) increased tooth wear</p> <p>2) bad habits</p>	OK-1, OPK-5, PK-1

<p>3) poor oral hygiene 4) mental illness during an exacerbation 5) pregnancy</p>	
<p><b>Section 3. Anomalies and deformations of the dentition.</b> <b>Theme "Morphological and functional characteristics of the periods of development of the bite of a child"</b></p>	
<p>1. THE PERIOD OF PREPARATION FOR THE CHANGE OF MILK TEETH TO PERMANENT TEETH CONTAINS: 1) 5 to 8 years old 2) 4 to 6 years old 3) 3 to 4 years</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>2. THE LOWER JAW OF A NEWBORN CONSISTS OF: 1) from 2 non-fused halves connected by fibrous cartilage 2) from 2 unfused halves connected by connective tissue 3) from 2 fused halves, bone connected</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>3. BY THE TIME OF BIRTH, THE LOWER JAW IS NORMAL 1) less than the top 2) more top 3) the upper and lower jaws are developed in proportion 4) different options are possible</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>4. FUSION OF THE 2 HALVES OF THE LOWER JAW INTO A SINGLE WHOLE IS OCCURRED: 1) in 4-5 years 2) in 1-2 years 3) by the age of 25</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>5. NORMAL GROWTH OF THE CHILD'S FACIAL SKELETON IS HELPED BY: 1) eating hard food 2) sanitation of the oral cavity 3) sanitation of the nasopharynx 4) correct diction 5) the use of chewing gum</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>6. NORMAL GROWTH FOR A 3-YEAR-OLD CHILD IS SUITABLE FOR: 1) The presence of three and diastema 2) Teeth wear 3) Distal surfaces of the second molars in the</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>same plane</p> <p>4) The distal surfaces of the second molars are located with a mesial step</p> <p>5) There are no tremas and diastemas</p>	
<p><b>7. NORMAL GROWTH FOR A 5-YEAR-OLD CHILD IS SUITABLE FOR:</b></p> <p>1) The presence of three and diastema</p> <p>2) Teeth wear</p> <p>3) Distal surfaces of the second molars in the same plane</p> <p>4) The distal surfaces of the second molars are located with a mesial step</p> <p>5) There are no tremas and diastemas</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>8. CHILD'S BITE IS ASSESSED:</b></p> <p>1) In the anterior</p> <p>2) In the side sections</p> <p>3) In one plane</p> <p>4) In two planes</p> <p>5) In three planes</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>9. TEMPORARY TEETH CLOSED WITH THEIR OCCLUSION SURFACES:</b></p> <p>1) along a concave occlusal curve</p> <p>2) horizontally</p> <p>3) along a convex occlusal curve</p> <p>4) with point contacts</p> <p>5) with planar contacts</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>10. PHYSIOLOGICAL ABRASION OF THE MILK TEETH OF A 5-YEAR-OLD CHILD NORMALLY HAPPENS:</b></p> <p>1) in the anterior</p> <p>2) in the lateral sections</p> <p>3) happens unevenly</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>11. EACH TOOTH OF THE UPPER JAW IN ORTHOGNATHIC BITE CONTACTS:</b></p> <p>1) with the same name tooth LF</p> <p>2) with a back tooth LF</p> <p>3) with anterior tooth LF</p> <p>4) doesn't matter</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>12. CHARACTERISTIC FOR A NEWBORN:</b></p> <p>1) the presence of gingival ridges</p> <p>2) the presence of Bish's lumps</p> <p>3) pronounced filtrum</p> <p>4) pronounced palatine tuberosity</p> <p>5) large maxillary sinus</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p><b>13. CHOOSE THE SIGNS CORRESPONDING TO THE MILK BITE:</b></p> <ol style="list-style-type: none"> <li>1) the dentition is in the shape of a semicircle</li> <li>2) dentitions have a parabolic shape</li> <li>3) palatine tubercles of the upper milk molars are located in the longitudinal fissure of the lower molars</li> <li>4) the palatine tubercles of the upper milk molars are located vestibular to the buccal tubercles of the lower molars</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>14. SIGNS OF ORTHOGNATHIC BITE ARE:</b></p> <ol style="list-style-type: none"> <li>1) the buccal tubercles of the upper molars are located in the longitudinal fissures of the lower molars</li> <li>2) the anterior buccal tubercle of the upper first molar is in contact with the intertubercular fissure of the lower first molar</li> <li>3) the depth of the incisal overlap is 1/3 of the height of the crown</li> <li>4) overlap in the anterior section with the absence of cutting-tubercular contact</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>15. THE FIRST PERIOD OF THE MILK BITE CORRESPOND TO:</b></p> <ol style="list-style-type: none"> <li>1) trema, diastema</li> <li>2) abrasion of tubercles of milk teeth</li> <li>3) the initial stage of development of the articular tubercle of the TMJ</li> <li>4) tight contacts of teeth (without three and diastemas)</li> <li>5) pronounced tubercles of milk teeth</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>16. THE SECOND PERIOD OF THE MILK BITE CORRESPOND TO:</b></p> <ol style="list-style-type: none"> <li>1) trema, diastema</li> <li>2) abrasion of tubercles of milk teeth</li> <li>3) the initial stage of development of the articular tubercle of the TMJ</li> <li>4) tight contacts of the teeth of the teeth (without three and diastemas)</li> <li>5) pronounced tubercles of milk teeth</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>17. SIGNS OF REPLACEMENT BITE:</b></p> <ol style="list-style-type: none"> <li>1) the second physiological rise of the interalveolar height</li> <li>2) the third physiological rise in the interalveolar height</li> <li>3) lasts from 6 to 13 years</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

4) normal compliance with six keys of occlusion	
<p>18. WHAT PROVIDES THE SECOND PHYSIOLOGICAL RISE IN INTERALVEOLAR HEIGHT:</p> <ol style="list-style-type: none"> <li>1) full eruption of the first permanent molars</li> <li>2) full eruption of premolars and second molars</li> <li>3) enhanced vertical growth of the alveolar process</li> <li>4) correct articulation setting of the first permanent molars</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>19. ACTIVE GROWTH OF THE CHILD'S JAWS DURING THE PERIOD OF PREPARATION FOR THE CHANGE OF TEETH HAPPENS:</p> <ol style="list-style-type: none"> <li>1) in the anterior</li> <li>2) in the retromolar region</li> <li>3) in the area of the angles of the lower jaw</li> <li>4) in the area of articular processes</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>20. THE LEADING FACTOR THAT STIMULATES THE MOVEMENT OF THE LOWER JAW FROM INFANT RETROGENY TO NEUTRAL OCCLUSION IS:</p> <ol style="list-style-type: none"> <li>1) artificial feeding</li> <li>2) bad habits</li> <li>3) functional training of masticatory muscles</li> <li>4) natural feeding</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<b>Topic "Etiology, classification, clinical picture, diagnosis and treatment of anomalies of individual teeth and dentition."</b>	
<p>1. MACRODONTIA IS ANOMALY:</p> <ol style="list-style-type: none"> <li>1) the position of the jaws relative to the base of the skull</li> <li>2) tooth shapes</li> <li>3) tooth sizes</li> <li>4) sizes of jaws</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>2. HYPERDONTIA IS:</p> <ol style="list-style-type: none"> <li>1) the presence of supernumerary teeth</li> <li>2) lack of rudiments of teeth</li> <li>3) delayed teething</li> <li>4) tooth retention</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>3. ANOMALIES IN WHICH PLANE IS NARROWING OF THE DENTAL ARCHES?</p> <ol style="list-style-type: none"> <li>1) vertical</li> <li>2) transversal</li> <li>3) sagittal</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.



<p>4. ETIOLOGICAL FACTORS OF THE FORMATION OF ANOMALIES IN THE POSITION OF INDIVIDUAL TEETH:</p> <ol style="list-style-type: none"> <li>1) heredity</li> <li>2) bad habits</li> <li>3) impaired flow of the functions of the dentoalveolar system</li> <li>4) colds</li> <li>5) lack of space in the dentition</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>5. METHODS USED IN THE DIAGNOSIS OF TOOTH SIZE ABNORMALITIES?</p> <ol style="list-style-type: none"> <li>1) oral examination</li> <li>2) the study of teleroentgenograms</li> <li>3) study of panoramic radiographs</li> <li>4) measurements on diagnostic models of jaws</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>6. WHAT IS ABSOLUTE MACRODENTIA?</p> <ol style="list-style-type: none"> <li>1) the sum of the mesiodistal dimensions of the upper incisors is 30 mm</li> <li>2) the sum of the mesiodistal dimensions of the upper incisors is more than 34 mm</li> <li>3) the sum of the mesiodistal dimensions of the lower incisors is more than 27 mm</li> <li>4) the sum of the mesiodistal dimensions of the upper incisors is less than 32 mm</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>7. DEVICES USED FOR DISTAL MOVEMENT OF THE FIRST PERMANENT MOLAR:</p> <ol style="list-style-type: none"> <li>1) plate machine with a screw and a sectoral cut</li> <li>2) Gashimov-Gerling apparatus</li> <li>3) apparatus "Pendulum"</li> <li>4) Gashimov-Khmelevsky apparatus</li> <li>4) Ainsworth apparatus</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>8. LIST THE STAGES OF TREATMENT WITH THE DIRECT ARC TECHNIQUE:</p> <ol style="list-style-type: none"> <li>1) movement of teeth along an arc</li> <li>2)slip</li> <li>3) inclination</li> <li>4)adjustment</li> <li>5) leveling</li> <li>6) retention period</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>9. ANOMALIES IN THE POSITION OF INDIVIDUAL TEETH IN THE SAGITTAL PLANE ARE:</p> <ol style="list-style-type: none"> <li>1) rotation of the tooth around its longitudinal axis</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>2) mesial or distal position of the posterior teeth  3) medial or lateral position of the anterior teeth  4) vestibular or oral position of the front teeth  5) vestibular or oral position of the lateral teeth</p>	
<p>10. FOR DISTAL MOVEMENT OF tusks, the following are used:  1) plate apparatus with a vestibular arch with two semicircular bends;  2) plate apparatus with a vestibular arch and hand-shaped springs  3) Bracket system with elastic traction  4) plate apparatus with a vestibular arch with M-shaped bends.</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>11. DEVICES USED TO ELIMINATE THE ROTATION OF THE TOOTH AROUND ITS LONGITUDINAL AXIS:  1) plate apparatus with vestibular arch and protraction spring  2) orthodontic ring with hooks and elastic band  3) face mask  4) Brückl apparatus  5) Mershon apparatus</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>12. ANOMALIES OF THE DENTAL ARCH IN THE VERTICAL PLANE ARE:  1) lengthening of the dentition  2) expansion of dental arches  3) dentoalveolar shortening in individual segments of the dental arches  4) shortening of the dentition  5) dentoalveolar elongation in individual segments of the dental arches</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>13. ANOMALIES OF THE DENTAL ARCH IN THE SAGITTAL PLANE ARE:  1) narrowing of the dental arches  2) dentoalveolar elongation in separate segments  3) shortening of the dentition  4) lengthening of dental arches</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>14. SHORTENING OF THE UPPER DENTAL ROW IS MORE MORE OBSERVED WHEN:  1) crossbite with displacement of the lower jaw  2) distal bite  3) deep bite  4) mesial occlusion  5) with a trapezoidal shape of the dentition</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>15. FOR ACCELERATED OPENING OF THE</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6,</p>

<p>MIDDLE PALATINE SEAM APPLY:</p> <ol style="list-style-type: none"> <li>1) Angle's apparatus</li> <li>2) Derichsweiler apparatus with Biedermann screw</li> <li>3) rapid palatal expansion apparatus</li> <li>4) multibonding system</li> </ol>	<p>PC-7.</p>
<p>16. TO CHANGE THE POSITION OF INDIVIDUAL TEETH APPLY:</p> <ol style="list-style-type: none"> <li>1) Vestibular arch</li> <li>2) Springs</li> <li>3) Clasps</li> <li>4) Screws</li> <li>5) Pilots</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>17. ANOMALIES OF TEETHING ARE:</p> <ol style="list-style-type: none"> <li>1) adentia</li> <li>2) semi-retention</li> <li>3) hyperdontia</li> <li>4) supernumerary teeth</li> <li>5) preserved milk teeth</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>18. ORTHODONTIC APPLIANCES USED TO REMOVE A CONVERGING DIASTEMA?</p> <ol style="list-style-type: none"> <li>1) plate apparatus with hand-shaped springs</li> <li>2) plate apparatus with a vestibular arch and protraction springs</li> <li>3) Angle's apparatus</li> <li>4) bracket system</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>19. ETIOLOGICAL FACTORS OF TEETH RETENTION:</p> <ol style="list-style-type: none"> <li>1) supernumerary teeth</li> <li>2) bad habits</li> <li>3) trauma to the rudiment of the tooth</li> <li>4) incorrect laying of the tooth germ</li> <li>5) lack of space in the dentition</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>20. TREATMENT METHODS OF TOOTH TRANSPOSITION:</p> <ol style="list-style-type: none"> <li>1) surgical</li> <li>2) hardware</li> <li>3) Prosthetic</li> <li>4) myotherapy</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>Topic "Etiology, pathogenesis, clinic, diagnosis and treatment of distal and mesial occlusion."</b></p>	
<p>1. CLINICAL FUNCTIONAL TESTS USED TO DETECT THE PATHOGENESIS OF DISTAL BITING?</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<ol style="list-style-type: none"> <li>1) according to Ilyina-Markosyan</li> <li>2) Eshler-Bitner</li> <li>3) Gelman</li> <li>4) by Ter-Poghosyan</li> </ol>	
<p>2. IN THE TREATMENT OF MESIAL OCCLUSION DURING THE PERIOD OF MILK BITE CAUSED BY MACROGNATIA OF THE LOWER JAW, THE FOLLOWING IS USED:</p> <ol style="list-style-type: none"> <li>1) a cap with a chin sling and a sagittal rubber band</li> <li>2) grinding of temporary teeth on the upper and lower jaws, followed by wearing a cap with a chin sling with a vertical pull</li> <li>3) Reichensbach-Brückl apparatus</li> <li>4) Angle apparatus with intermaxillary rubber traction</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>3. PRINCIPLES OF TREATMENT OF MESIAL OCCLUSION CAUSED BY RETROGNATIA OF THE UPPER JAW IN THE PERIOD OF REPLACEMENT BITE:</p> <ol style="list-style-type: none"> <li>1) stimulation of the growth of the upper jaw in the sagittal plane</li> <li>2) restraining the growth of the lower jaw</li> <li>3) inhibition of the growth of the upper jaw</li> <li>4) normalization of the shape of the dental arches in the transversal direction</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>4. METHODS OF TREATMENT OF MESIAL OCCLUSION AFTER THE COMPLETION OF FACIAL SKELETON GROWTH CAUSED BY LOWER JAW MACROGNATIA WITHOUT SIGNIFICANT SAGITAL MISCONFORMITY:</p> <ol style="list-style-type: none"> <li>1) reduction in the size of the lower dentition</li> <li>2) reduction in the size of the upper dentition</li> <li>3) stimulation of the growth of the upper jaw</li> <li>4) stimulation of the growth of the lower jaw</li> <li>5) decrease in the size of the lower jaw</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>5. METHODS OF TREATMENT OF DISTAL OCCLUSION DURING THE PERIOD OF MILK BITE:</p> <ol style="list-style-type: none"> <li>1) myotherapy</li> <li>2) orthopedic method</li> <li>3) combined method</li> <li>4) hardware method (functionally operating</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

devices)	
<p><b>6. PRINCIPLES OF TREATMENT OF DISTAL OCCLUSION IN THE PERIOD OF REPLACEMENT BITE:</b></p> <ol style="list-style-type: none"> <li>1) stimulation of the growth of the lower jaw</li> <li>2) stimulation of the growth of the upper jaw</li> <li>3) correction of the shape of the dentition</li> <li>4) normalization of respiratory functions</li> <li>5) displacement of the lower jaw distally</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p><b>7. METHODS OF TREATMENT OF DISTAL OCCLUSION DURING THE PERMANENT BITE:</b></p> <ol style="list-style-type: none"> <li>1) surgical</li> <li>2) hardware</li> <li>3) prosthetic</li> <li>4) functional</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p><b>8. DEVICES USED FOR THE TREATMENT OF DISTAL OCCLUSION IN THE PERIOD OF REPLACEMENT BITE:</b></p> <ol style="list-style-type: none"> <li>1) kappa Schwartz</li> <li>2) Frenkel function controller</li> <li>3) Mirshon's apparatus</li> <li>4) Luri apparatus</li> <li>5) Bimler bite shaper</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p><b>9. FACIAL SIGNS OF MESIAL BITE:</b></p> <ol style="list-style-type: none"> <li>1) convex shape of the face profile</li> <li>2) concave shape of the face profile</li> <li>3) the lower part of the face is shortened</li> <li>4) the chin protrudes forward</li> <li>5) the lower lip is thickened</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p><b>10. MORPHOLOGICAL DISORDERS AT THE LEVEL OF INDIVIDUAL TEETH IN MESIAL BITE:</b></p> <ol style="list-style-type: none"> <li>1) mesial displacement of the upper lateral teeth</li> <li>2) mesial displacement of the lower lateral teeth</li> <li>3) distal displacement of the lower lateral teeth</li> <li>4) distal displacement of the upper lateral teeth</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p><b>11. MORPHOLOGICAL DISTURBANCES AT THE LEVEL OF THE DENTAL ARCH, CHARACTERISTIC FOR THE MESIAL BITE:</b></p> <ol style="list-style-type: none"> <li>1) shortening of the lower dentition</li> <li>2) shortening of the upper dentition</li> <li>3) lengthening of the lower dentition</li> <li>4) lengthening of the upper dentition</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.

<p><b>12. PRINCIPLES OF TREATMENT OF MESIAL OCCLUSION IN THE PERIOD OF MILK BITE:</b></p> <ol style="list-style-type: none"> <li>1) restraining the growth of the lower jaw</li> <li>2) creating optimal conditions for the growth of the upper jaw</li> <li>3) creating optimal conditions for the growth of the lower jaw</li> <li>4) Elimination of blockage of the upper jaw of the lower</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>13. INDICATIONS FOR THE USE OF THE REICHENSBACH-BRUCKEL DEVICE FOR THE TREATMENT OF MESIAL OCCLUSION IN THE PERIOD OF REPLACEMENT BITE:</b></p> <ol style="list-style-type: none"> <li>1) deep reverse incisal overlap</li> <li>2) a significant sagittal gap between the upper and lower incisors</li> <li>3) the absence of a sagittal gap between the upper and lower incisors</li> <li>4) reverse incisal overlap less than 1/2 of the crown height of the lower incisor</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>14. METHODS OF TREATMENT OF MESIAL OCCLUSION DURING THE PERMANENT BITE:</b></p> <ol style="list-style-type: none"> <li>1) combined</li> <li>2) surgical</li> <li>3) hardware</li> <li>4) myotherapy</li> <li>5) Prosthetic</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>15. METHODS OF TREATMENT OF MESIAL OCCLUSION AFTER COMPLETION OF FACIAL SKELETON GROWTH CAUSED BY UPPER JAW MICROGNATHIA ASSOCIATED WITH SIGNIFICANT SAGITAL MISCONFORMITY:</b></p> <ol style="list-style-type: none"> <li>1) surgical</li> <li>2) myotherapy</li> <li>3) Prosthetic</li> <li>4) hardware</li> <li>5) combined</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>16. TREATMENT OPTIONS FOR MESIAL BITE:</b></p> <ol style="list-style-type: none"> <li>1) Stimulation of the growth of the upper jaw</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<ul style="list-style-type: none"> <li>2) Stimulation of the growth of the lower jaw</li> <li>3) Restraining the growth of the upper jaw</li> <li>4) Restraining the growth of the lower jaw</li> </ul>	
<p>17. TREATMENT OPTIONS FOR DISTAL BITE</p> <ul style="list-style-type: none"> <li>1) Displacement of the lower jaw forward</li> <li>2) Displacement of the upper jaw forward</li> <li>3) Displacement of the upper jaw distally</li> <li>4) Displacement of the lower jaw distally</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>18. METHODS OF TREATMENT OF DISTAL OCCLUSION IN THE PERIOD OF REPLACEMENT BITE?</p> <ul style="list-style-type: none"> <li>1) surgical</li> <li>2) hardware</li> <li>3) combined</li> <li>4) functional</li> <li>5) Prosthetic</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>19. MORPHOLOGICAL DISORDERS AT THE LEVEL OF THE JAWS WITH DISTAL BITE:</p> <ul style="list-style-type: none"> <li>1) front position of the upper jaw</li> <li>2) anterior position of the lower jaw</li> <li>3) posterior position of the lower jaw</li> <li>4) increase in the size of the lower jaw</li> <li>5) increase in the size of the upper jaw</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>20. FACIAL SIGNS OF DISTAL BITE:</p> <ul style="list-style-type: none"> <li>1) the lower part of the face is shortened</li> <li>2) deep supramental furrow</li> <li>3) convex shape of the face profile</li> <li>4) concave shape of the face profile</li> <li>5) the chin protrudes forward</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p><b>Topic "Etiology, pathogenesis, diagnosis, clinical picture and treatment of open and deep bites."</b></p>	
<p>1. OPEN BITE IS AN ANOMALY IN THE FOLLOWING PLANE:</p> <ul style="list-style-type: none"> <li>1) sagittal</li> <li>2) transversal</li> <li>3) vertical</li> <li>4) horizontal</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>2. DEEP BITE IS AN ANOMALY IN THE FOLLOWING PLANE:</p> <ul style="list-style-type: none"> <li>1) sagittal</li> <li>2) transversal</li> <li>3) vertical</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.

4)horizontal	
3. NORMALLY, THE FRONT TEETH OF THE UPPER JAW SHOULD OVERLOAD THE APPROPRIATE TEETH OF THE LOWER JAW: 1) 1/3 of the size of the crown 2) 1/2 crown size 3) 2/3 crown size	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
4. FIRST DEGREE OF VERTICAL GAP IN OPEN BITE? 1) up to 1mm 2) up to 5mm 3)5 to 9mm 4)9mm 5)More than 9mm	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
5. METHODS OF PREVENTION AND TREATMENT OF OPEN BITE IN TEMPORARY BITE: 1) elimination of bad habits 2) surgical 3) hardware 4) orthopedic method	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
6. TYPES OF OPEN BITE: 1) traumatic 2) hereditary 3) purchased 4) congenital 5) rachitic	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
7. REASONS FOR FORMING OPEN BITE: 1) bad habits 2) rickets 3) TMJ diseases 4) heredity	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
8. METHODS OF PREVENTION AND TREATMENT OF OPEN BITE IN REPLACEMENT BITE:  1) hardware method 2) combination of myogymnastics and 3) instrumental method 4) surgical method	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
9. METHODS OF PREVENTION AND TREATMENT OF OPEN BITE IN PERMANENT BITE:	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.



<ul style="list-style-type: none"> <li>1) hardware method</li> <li>2) orthopedic method</li> <li>3) combination of myogymnastics and instrumental method</li> <li>4) myogymnastics</li> </ul>	
<p>10. CLINICAL PICTURE OF DEEP BITE:</p> <ul style="list-style-type: none"> <li>1) an increase in the lower third of the face</li> <li>2) reduction of the lower third of the face</li> <li>3) deepening of the supramental sulcus</li> <li>4) TMJ dysfunction</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>11. METHODS OF PREVENTION AND TREATMENT OF DEEP BITE IN TEMPORARY BITE:</p> <ul style="list-style-type: none"> <li>1) myogymnastics</li> <li>2) combination of myogymnastics and instrumental method</li> <li>3) prosthetics in case of destruction and absence of milk teeth</li> <li>4) combination of instrumental and surgical methods</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>12. METHODS OF PREVENTION AND TREATMENT OF DEEP BITE IN REPLACEMENT BITE:</p> <ul style="list-style-type: none"> <li>1) finger massage</li> <li>2) combination of myogymnastics and instrumental method</li> <li>3) hardware method</li> <li>4) orthopedic method</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>13. METHODS OF PREVENTION AND TREATMENT OF DEEP BITE IN PERMANENT BITE:</p> <ul style="list-style-type: none"> <li>1) myogymnastics</li> <li>2) hardware method</li> <li>3) combination of myogymnastics and instrumental method</li> <li>4) combination of instrumental and surgical methods</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>14. DEVICES USED FOR THE TREATMENT OF DEEP BITE IN THE PERIOD OF REPLACEMENT BITE:</p> <ul style="list-style-type: none"> <li>1) Brückl apparatus</li> <li>2) apparatus for the upper jaw with a screw, vestibular arch and occlusal overlays for the lateral teeth</li> <li>3) apparatus for the upper jaw with a vestibular</li> </ul>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.

<p>arch and a bite pad in the anterior area</p> <p>4) bracket system</p> <p>5) trainers</p>	
<p><b>15. DEVICES USED FOR THE TREATMENT OF OPEN BITE DURING THE PERMANENT BITE:</b></p> <p>1) Brückl apparatus</p> <p>2) reverse arches</p> <p>3) chin sling</p> <p>4) apparatus for the upper jaw with an inclined plane in the anterior section</p> <p>5) bracket system in combination with intermaxillary traction</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>16. REASONS FOR THE FORMATION OF DEEP PRUKUS:</b></p> <p>1) Bad habits</p> <p>2) Early removal of molars</p> <p>3) Increased tooth wear</p> <p>4) Mouth breathing</p> <p>5) Delayed eruption of incisors</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>17. CHANGES OF THE FACIAL SKELETON IN DEEP BITE:</b></p> <p>1) Reduction of the branch of the lower jaw</p> <p>2) Inclination of the upper jaw</p> <p>3) Protrusion of the incisors of the lower jaw</p> <p>4) Macrogathia of the upper jaw</p> <p>5) Reducing the angle of the lower jaw</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>18. BY LOCALIZATION THE FORMS OF OPEN BITE ARE DISTRIBUTED:</b></p> <p>1) in the area of the front teeth</p> <p>2) in the area of the lateral teeth</p> <p>3) combined form</p> <p>4) traumatic</p> <p>5) true</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>19. DEEP BITE IS GOOD FOR:</b></p> <p>1) vertical disocclusion, narrowing of the dentition, functional disorders</p> <p>2) deepening of the chin crease, tight position of the teeth</p> <p>3) increase in the lower third</p> <p>4) smoothness of the chin crease</p> <p>5) reduction of the lower third of the face</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>20. OPEN BITE IS SUITABLE FOR:</b></p> <p>1) vertical disocclusion, narrowing of the dentition, functional disorders</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>2) deepening of the chin crease, tight position of the teeth</p> <p>3) increase in the lower third</p> <p>4) smoothness of the chin crease,</p> <p>5) reduction of the lower third of the face</p>	
<p><b>Topic "Etiology, pathogenesis, clinic, diagnosis and treatment of crossbite and asymmetry of the facial skeleton."</b></p>	
<p>1. VESTIBULOCCLUSION IS A DISPLACEMENT:</p> <p>1) upper lateral teeth in the buccal side</p> <p>2) upper lateral teeth to the oral side</p> <p>3) lower lateral teeth to the oral side</p> <p>4) lower lateral teeth in the buccal side</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>2. SIZE AND POSITION OF THE TMJ ELEMENTS CAN BE DEFINED</p> <p>1) on an intraoral radiograph</p> <p>2) on the tomogram of the TMJ</p> <p>3) on the orthopantomogram</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>3. LINGUO-OCCLUSION IS A DISPLACEMENT:</p> <p>1) upper lateral teeth to the oral side</p> <p>2) lower lateral teeth to the oral side</p> <p>3) upper lateral teeth in the buccal side</p> <p>4) lower lateral teeth in the buccal side</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>4. PON METHOD IS BASED ON:</p> <p>1) on the dependence of the sum of the mesio-distal dimensions of the 4 lower incisors and the width of the dentition in the anterior and posterior sections</p> <p>2) on the dependence of the sum of the mesio-distal dimensions of the upper incisors and the width of the dentition</p> <p>3) on the proportionality of the sizes of the 4 upper and 4 lower incisors</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>5. THE SYMMETRY OF THE DEVELOPMENT OF THE RIGHT AND LEFT HALVES OF THE LOWER JAW IS ALLOWED TO JUDGE:</p> <p>1) panoramic radiograph</p> <p>2) teleroentgenography (TRG) lateral projection</p> <p>3) TRG - direct projection</p> <p>4) orthopantomogram</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>6. DENTAL ARCH SIZES ACCORDING TO THE PON METHOD ARE STUDIED IN THE</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p><b>FIELD:</b></p> <ol style="list-style-type: none"> <li>1) fangs</li> <li>2) first premolars</li> <li>3) second premolars</li> <li>4) first molars</li> <li>5) second molars</li> </ol>	
<p><b>7. REGULAR SLEEPING ON ONE SIDE WITH HANDS UNDER CHEEKS LEADS TO:</b></p> <ol style="list-style-type: none"> <li>1) uniform narrowing of the dentition</li> <li>2) uniform expansion of the dentition</li> <li>3) unilateral narrowing of the dentition</li> <li>4) displacement of the lower jaw to the side</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>8. CHOOSE THE TREATMENT PLAN FOR THE PATIENT WITH THE DIAGNOSIS - "CROSSbite DUE TO UNIFORM Narrowing of the Upper Dental Arch and Expansion of the Lower".</b></p> <ol style="list-style-type: none"> <li>1) lengthening of the lower dentition and expansion of the upper dentition</li> <li>2) shortening of the lower dentition and expansion of the upper dentition</li> <li>3) expansion of the upper dentition</li> <li>4) narrowing of the lower dentition</li> <li>5) expansion of the upper and lower dentition</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>9. CHOOSE THE TREATMENT PLAN FOR THE PATIENT WITH THE DIAGNOSIS OF "CROSSbite DUE TO UNILATERAL Narrowing of the LOWER DENTAL ARCH AND EXPANSION OF THE UPPER".</b></p> <ol style="list-style-type: none"> <li>1) expansion of the upper dentition</li> <li>2) lengthening of the lower dentition</li> <li>3) unilateral expansion of the lower dentition</li> <li>4) lengthening of the upper dentition</li> <li>5) unilateral narrowing of the upper dentition</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>10. ETIOLOGICAL FACTORS CAUSING CROSSbite:</b></p> <ol style="list-style-type: none"> <li>1) heredity</li> <li>2) bad habits</li> <li>3) violation of the timing of teething</li> <li>4) injury</li> <li>5) increased fluorine content in water</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>11. LIST BAD HABITS THAT CAUSE CROSSbite:</b></p> <ol style="list-style-type: none"> <li>1) sleep with head thrown back</li> <li>2) mouth breathing</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>3) cheek biting 4) posture with a hand placed under the cheek</p>	
<p>12. PATIENTS WITH CROSSbite ARE CHARACTERISTIC:</p> <ol style="list-style-type: none"> <li>1) face asymmetry</li> <li>2) injury to the mucous membrane of the lower lip</li> <li>3) displacement of the midline of the dentition of the lower jaw</li> <li>4) clicks in the TMJ area</li> <li>5) violation of diction</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>13. PATIENTS WITH CROSSbite HAVE FACIAL SIGNS:</p> <ol style="list-style-type: none"> <li>1) straight profile</li> <li>2) convex profile</li> <li>3) concave profile</li> <li>4) face asymmetry</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>14. FOR PATIENTS WITH CROSSbite, THE FOLLOWING CHANGES IN THE FACIAL SKELETON ARE CHARACTERISTIC:</p> <ol style="list-style-type: none"> <li>1) macrognathia of the upper jaw in the sagittal plane</li> <li>2) asymmetric development of the facial skeleton</li> <li>3) increase in the size of the angle of the lower jaw</li> <li>4) an increase in the size of the lower jaw in the transversal plane</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>15. DEVICES FOR TREATMENT OF CROSSbite CAUSED BY LOWER JAW DISPLACEMENT:</p> <ol style="list-style-type: none"> <li>1) Einswart apparatus</li> <li>2) Removable device with an inclined plane</li> <li>3) Gozhgarian's apparatus</li> <li>4) face mask</li> <li>5) intermaxillary traction in the transversal plane</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>16. DEVICES FOR THE TREATMENT OF CROSSbite CAUSED BY BILATERAL CONTRACTION OF THE UPPER JAW:</p> <ol style="list-style-type: none"> <li>1) Brückl apparatus</li> <li>2) rapid palatal expansion apparatus,</li> <li>3) quadhelix device</li> <li>4) Removable orthodontic appliance with screw and sector cut</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

5) removable orthodontic appliance with screw and sagittal cut	
17. FOR THE DIAGNOSIS OF CROSS-bite, THE FOLLOWING IS PERFORMED: 1) inspection 2) chewing tests 3) reoparodontography 4) study of radiographs 5) study of diagnostic models of jaws	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
18. TREATMENT OF CROSS-bite IT IS GOOD TO START: 1) during the period of the formed milk bite 2) in the period of mixed dentition 3) in the period of permanent bite 4) after the completion of the growth of the facial skeleton 5) during the formation of milk bite	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
19. IN CROSSbite WITH DISPLACEMENT OF THE LOWER JAW: 1) displacement of the midline of the dentition of the lower jaw when closing the mouth, 2) the position of the midline of the dentition of the lower jaw does not change when opening and closing the mouth, 3) no changes in the TMJ, 4) changes in the TMJ, 5) facial signs do not change when opening the mouth	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
20. IN CROSSbite WITHOUT DISPLACEMENT OF THE LOWER JAW: 1) displacement of the midline of the dentition of the lower jaw when closing the mouth, 2) the position of the midline of the dentition of the lower jaw does not change when opening and closing the mouth, 3) no changes in the TMJ, 4) changes in the TMJ, 5) facial signs do not change when opening the mouth	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<b>Theme "Prosthetics of teeth in children"</b>	
1. THE FOUNDER OF DENTAL AND MAXILLO PROSTHETICS IN CHILDREN IS: 1) Ilyina - Markosyan 2) Sharova 3) Rogozhnikov	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.

4) Tiller	
<p>2. WHAT DOES THE POPOV-GODON PHENOMENON MEAN?</p> <p>1) the development of secondary deformations of the dentition</p> <p>2) underdevelopment of the alveolar processes of the jaws</p> <p>3) indigestion</p> <p>4) violation of the act of swallowing</p>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>3. EXTENDABLE PROSTHESES CAN BE REPLACED WITH CLASSIC BRIDGES AT AGE:</p> <p>1)12-13 years old</p> <p>2)14-15 years old</p> <p>3)17-18 years old</p> <p>4)19-20 years old</p>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>4. TYPES OF PROSTHESES USED IN CHILDREN:</p> <p>1) dental</p> <p>2) maxillofacial</p> <p>3)facial</p> <p>4) dentition</p>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>5. INDICATIONS FOR DENTAL PROSTHETICS IN THE PERIOD OF TEMPORARY BITE ARE:</p> <p>1) postoperative defects of the dentition and jaws</p> <p>2) periodontal disease</p> <p>3) removal of temporary teeth for a year or more before the eruption of permanent</p> <p>4) the presence of AF in combination with defects in the dentition</p> <p>5) violation of speech function and the presence of an infantile type of swallowing</p>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>6. INDICATIONS FOR DENTAL PROSTHETICS IN THE PERIOD OF REPLACEMENT BITE ARE:</p> <p>1) multiple or complete adentia of temporary and permanent teeth</p> <p>2) postoperative defects of the dentition and jaws</p> <p>3) early destruction and removal of the first permanent molars</p> <p>4) early destruction and removal of second permanent molars</p>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.

5) transposition of the teeth in combination with an anomaly in the shape of the dental arches	
<p>7. INDICATIONS FOR DENTAL PROSTHETICS IN ADOLESCENTS WITH PERMANENT BITE ARE:</p> <ol style="list-style-type: none"> <li>1) prosthetics to stimulate the eruption of impacted teeth</li> <li>2) replacement of defects in the dentition</li> <li>3) significant destruction of crowns due to caries, enamel hypoplasia, fluorosis, pathological abrasion</li> <li>4) delayed teething</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>8. INDICATE THE NEGATIVE CONSEQUENCES ARISING FROM PREMATURE REMOVAL OF TEMPORARY MOLAR:</p> <ol style="list-style-type: none"> <li>1) slowing down the eruption of permanent teeth</li> <li>2) violation of the position and movement of the lower jaw</li> <li>3) deterioration of the conditions for the development of permanent teeth</li> <li>4) a decrease in the activity of growth zones in this area</li> <li>5) the formation of deformations of the dentition</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>9. NAME THE MAIN NON-REMOVABLE DESIGNS OF DENTURES USED IN THE PERIOD OF REPLACEMENT BITE:</p> <ol style="list-style-type: none"> <li>1) spacer systems</li> <li>2) laminar prosthesis</li> <li>3) sliding bridge prosthesis</li> <li>4) arc prosthesis</li> <li>5) bridge prosthesis</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
<p>10. NAME THE MAIN DESIGNS OF REMOVABLE DENTURES USED IN THE PERIOD OF TEMPORARY BITE:</p> <ol style="list-style-type: none"> <li>1) spacer systems</li> <li>2) partial removable denture</li> <li>3) sliding bridge prosthesis</li> <li>4) arc prosthesis</li> <li>5) plate orthodontic appliance with artificial teeth</li> </ol>	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
11. WHAT HAPPENS TO THE TEETH SURROUNDING A DEFECT DUE TO EARLY REMOVAL OF THE PRIMARY MOLAR?	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.



<ol style="list-style-type: none"> <li>1) inclination</li> <li>2) intrusion</li> <li>3) mesial tilt</li> <li>4) tortoanomaly</li> <li>5) distal tilt</li> </ol>	
<p>12. POSSIBLE PURPOSES FOR USE OF DENTAL PROSTHES IN CHILDREN:</p> <ol style="list-style-type: none"> <li>1) restoration of chewing efficiency</li> <li>2) protection of the periodontium of erupted teeth from functional overload</li> <li>3) hold space for permanent teeth</li> <li>4) prevention of displacement of permanent and milk teeth along the row</li> <li>5) change in the position of erupted teeth</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>13. COMPONENT ELEMENTS OF NON-REMOVABLE DEVICES USED TO PREVENT DENTAL DEFORMATIONS IN CHILDREN AFTER EARLY TOOTH LOSS:</p> <ol style="list-style-type: none"> <li>1)fixing crown</li> <li>2) Adams clamp</li> <li>3)Intermediate</li> <li>4) spacer with occlusal lining</li> <li>5) strut with palatal pad</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>14. IN THE EVENT OF EARLY REMOVAL OF WHAT TEETH CAN PROPHYLACTIC DEVICES BE USED?</p> <ol style="list-style-type: none"> <li>1) milk molar</li> <li>2) premolars</li> <li>3) first permanent molar</li> <li>4) second permanent molar</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>15. WHICH FIXED BRIDGES SHOULD NOT BE USED IN CHILDREN?</p> <ol style="list-style-type: none"> <li>1) reinforced on two crowns soldered together</li> <li>2) with one-sided support</li> <li>3)sliding</li> <li>4)solid</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>16. PECULIARITIES OF MANUFACTURING TEMPORARY METAL CROWNS FOR PRIMARY MOLAR.</p> <ol style="list-style-type: none"> <li>1) the edge of the crown is located in the gingival groove, 1 mm deeper than the gingival margin</li> <li>2) crowns are thin-walled</li> <li>3) the edge of the crown reaches the gingival margin</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>4) separation of teeth is carried out with rubber rings or metal ligatures</p> <p>5) the tooth is prepared from all surfaces in order to accurately restore the anatomical shape of the crown</p>	
<p>17. TYPE OF PROSTHETICS FOR EARLY REMOVAL OF THE CENTRAL INCISION IN THE UPPER JAW IN REPLACEMENT BITE?</p> <p>1) removable plate prosthesis with an artificial tooth in the area of the defect</p> <p>2) bridge prosthesis</p> <p>3) metal-ceramic crown supported on the implant</p> <p>4) pin tooth</p> <p>5) Removable plate orthodontic appliance with an artificial tooth</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>18. WHAT THE DESIGN FEATURES OF PROSTHESES ARE NOT RELATED TO:</p> <p>1) growth</p> <p>2) the length of the defect</p> <p>3) the age of the child</p> <p>4) floor</p> <p>5) bite type</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>19. CONTRAINDICATIONS FOR DENTAL PROSTHETICS IN CHILDREN:</p> <p>1) developmental delay</p> <p>2) mental illness during an exacerbation</p> <p>3) inflammatory diseases of the oral cavity</p> <p>4) tooth wear</p> <p>5) the presence of three</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>20. DESIGN FEATURES OF PROSTHESES USED IN CHILDREN, ALLOWING TO COMPENSATE THE GROWTH OF THE FACIAL SKELETON:</p> <p>1) Increasing the size of the teeth</p> <p>2) Elongation of the basis of the prosthesis</p> <p>3) Screws</p> <p>4) Sliding mechanisms</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>Theme "Congenital pathologies of the development of the facial skeleton."</b></p>	
<p>1. OPERATING ON CONGENITAL CLEFT HARD AND SOFT PALATE AT AGE:</p> <p>1) 1-2 years</p> <p>2) 4-6 years old</p> <p>3) 10-12 years old</p> <p>4) 18-20 years old</p>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>2. TERM OF USE OF THE PROTECTIVE PLATE WHICH IS PRODUCED BEFORE URANOPLASTY:</p> <ol style="list-style-type: none"> <li>1) 1-2 weeks</li> <li>2) 3-4 weeks</li> <li>3) 4-6 weeks</li> <li>4) 6-8 weeks</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>3. WHO IS THE AUTHOR OF THE STANDARD SET OF PREFORMED ORTHOPEDIC DEVICES:</p> <ol style="list-style-type: none"> <li>1) Clockwork</li> <li>2) Sharova</li> <li>3) Ilyina-Markosyan</li> <li>4) Ryabov</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>4. IN CHILDREN WITH CONGENITAL CLEFT LIP, ALVEOLAR PROCESS AND PALATE, ORTHODONTIC TREATMENT IS CARRIED OUT:</p> <ol style="list-style-type: none"> <li>1) before surgery</li> <li>2) after surgery</li> <li>3) both before and after surgery</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>5. NO TYPES OF CLEFTS OF THE HARD AND/OR SOFT PALATE ARE DIFFERENT:</p> <ol style="list-style-type: none"> <li>1) full</li> <li>2) chronic</li> <li>3) unilateral</li> <li>4) bilateral</li> <li>5) through</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>6. THE MOST COMMON DENTAL-JAW ANOMALIES OCCURRING IN PATIENTS WITH NON-UNIONS OF THE HARD PALATE:</p> <ol style="list-style-type: none"> <li>1) micrognathia of the lower jaw</li> <li>2) micrognathia of the upper jaw</li> <li>3) mesial bite</li> <li>4) distal bite</li> <li>5) narrowing of the upper dentition</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p>7. FUNCTIONS PERFORMED BY THE PROTECTIVE PLATE PRODUCED BEFORE URANOPLASTY?</p> <ol style="list-style-type: none"> <li>1) holding a protective bandage after uranoplasty</li> <li>2) formation of the arch of the hard palate</li> <li>3) isolation of the postoperative wound</li> <li>4) restoration of aesthetics</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

5) restoration of speech	
8. DEFECTS OF THE HARD PALATE ARE DIFFERENT: 1) front 2) rear 3) side 4) median	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
9. PIERRE ROBIN SYNDROME IS MADE OF: 1) micrognathia of the lower jaw 2) complete or hidden cleft palate 3) exophthalmos 4) hypotrichosis 5) mitral valve prolapse	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
10. OF THE LISTED AUTHORS SUGGESTED THEIR METHOD OF MANUFACTURING THE UPPER JAW RESECTION PROSTHESIS WITH COMPLETE TEETH LOSS: 1) Kelly 2) Sharova 3) Ryabov 4) Rogozhnikov	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
11. FOR SOFT PALATE DEFECTS COMPLICATED BY Cicatricial Changes in Muscles, the following are used: 1) palatal base plate 2) Pomerantseva-Urbanskaya obturator 3) arc prosthesis 4) preformed plate	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
12. COMPONENTS OF THE OBTURATOR: 1) fixing 2) main 3) Obturating 4) Rotating	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
13. ETIOLOGICAL FACTORS OF ACQUIRED DEFECT: 1) trauma 2) tumors 3) a consequence of inflammatory processes 4) gunshot wounds 5) heredity	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.
14. COLLINS SYNDROME IS	UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.

<p><b>CHARACTERISTIC OF:</b></p> <ol style="list-style-type: none"> <li>1) Coloboma of the lower eyelids</li> <li>2) Underdevelopment of the jaws</li> <li>3) Hyperdentia</li> <li>4) Hypertelorism</li> <li>5) Cleft palate</li> </ol>	
<p><b>15. FRANCESCETTI SYNDROME IS CHARACTERISTIC OF:</b></p> <ol style="list-style-type: none"> <li>1) Bilateral underdevelopment of the facial skull</li> <li>2) Unilateral underdevelopment of the facial skull</li> <li>3) Atresia of the ear canal</li> <li>4) Uneven asymmetry</li> <li>5) Uniform asymmetry</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>16. PIERRE ROBIN SYNDROME IS CHARACTERISTIC FOR:</b></p> <ol style="list-style-type: none"> <li>1) Underdevelopment of the lower jaw</li> <li>2) Tongue ptosis</li> <li>3) Hypotrichosis</li> <li>4) Deafness</li> <li>5) Cleft palate</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>17. CRANIOFACIAL DYSOSTOSIS OF CRUZON IS CHARACTERISTIC FOR:</b></p> <ol style="list-style-type: none"> <li>1) Autosomal dominant type of inheritance</li> <li>2) Autosomal recessive type of inheritance</li> <li>3) Boat-shaped skull</li> <li>4) Hypoplasia of the middle zone of the face</li> <li>5) Macrognathia of the upper jaw</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>18. FUNCTIONAL DISTURBANCES OCCURRED IN PALATE DEFECTS IN COMMUNICATION WITH THE NOSE CAVITY:</b></p> <ol style="list-style-type: none"> <li>1) speech distortion</li> <li>2) increased sweating</li> <li>3) violation of the act of swallowing</li> <li>4) hearing loss</li> <li>5) weight gain</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
<p><b>19. IN THE TREATMENT OF CHILDREN WITH CONGENITAL LIP AND HARD PALATE PARTICIPATION PARTICIPATE:</b></p> <ol style="list-style-type: none"> <li>1) maxillofacial surgeon</li> <li>2) orthodontist</li> <li>3) dermatologist</li> <li>4) speech therapist</li> <li>5) ophthalmologist</li> </ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>

<p>20. CAN A BABY WITH A PARATOUS NON-FUSION BE PROVIDED IN THE Maternity Hospital?</p> <ol style="list-style-type: none"><li>1) using a bottle with soft suction nipples</li><li>2) fabrication of a preformed obturator plate</li><li>3) making a mouth guard</li><li>4) production of a collapsible orthopedic apparatus</li></ol>	<p>UK-1, GPC-5, PC-1, PC-2, PC-6, PC-7.</p>
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**Sample answers:**

Section 1

Section 2

Topic 1	Theme 2	Theme 3	Theme 4	Topic 1	Theme 2
1-2	2	3	4	1-2	2
2-3	1-1	1-3.4	1-2	1-2	1-3
3-1	2-1	2-2.3	2-1	2-1	2-4
4-3	3-2	3-1.4	3-1	3-4	3-3
5-1,2,3	4-1.4	4-1,2,4	4-3	4-1	4-3
6-1.2	5-2.5	5-2.3	5-3	5-1.2	5-2.4
7-1.3	6-2.5	6-2,3,5	6-1	6-3.4	6-1.3
8-1,2,1	7-1.3	7-1,3,4	7-2	7-1.2	7-2,3,5
9-4.5	8-1.2	8-4.5	8-1	8-	8-1.3
10-2.3	9-3.4	9-1	9-4	1,2,3,4	9-1,2,4
11-2.5	10-1.2	10-1	10-1	9-1.2	10-
12-4	11-2	11-2	11-1	10-1.2	1,2,3
13-3	12-1.2	12-2	12-3	11-	11-
14-2	13-2	13-4	13-1	1,2,3,4	1,2,3
15-2.3	14-4	14-2	14-1	12-1.3	12-
16-1,3,5	15-1	15-3	15-2	13-2.4	1,2,5
17-1.3	16-3	16-3	16-2	14-3.4	13-1
18-1.3	17-3	17-1	17-3	15-2.4	14-
19-1.4	18-3	18-1	18-2	16-	1,3,4
20-1.3	19-1	19-1	19-3	1,2,3,4	15-1.2
	20-2.4	20-1	20-2	17-4.5	16-2
				18-1.2	17-2.3
				19-2.4	18-1.3
				20-	19-
Theme 3	Section 3	Theme	Theme	1,3,5	2,3,4
1-3					20-1.5

2-4	Topic 1	2	e 3		
3-3	1-2	1-3	1-1.2		
4-3	2-1	2-1	2-1		
5-1,2,3,4	3-3	3-2	3-1	Theme	
6-3.4	4-2	4-	4-1	4	
7-1,2,4	5-	1,2,3,5	5-1.4	1-3	Theme
8-1.3	1,2,3,4	5-1.4	6-	2-3	5
9-1,2,4	6-3.5	6-2.3	1,3,4	3-1	1-2
10-1,2,3	7-1,2,4	7-1.3	7-	4-2	2-2
11-1,2,3	8-1,2,5	8-	1,2,3	5-1.3	3-3
12-1,2,3,4	9-2.5	1,4,5,6	8-2.5	6-1.5	4-2
13-1,3,4	10-1.2	9-2.4	9-	7-1,2,4	5-1,3,4
14-1,2,3	11-1.2	10-2.3	2,4,5	8-1.2	6-2.4
15-1	12-	11-1.2	10-	9-1.2	7-3.4
16-1.2	1,2,3,4	12-3.5	2.4	10-	8-3.4
17-2.3	13-1.3	13-3.4	11-	1,2,3	9-3.5
18-3.4.5	14-2.3	14-4.5	2.3	11-1.3	10-
19-3.5	15-3.4	15-2.3	12-	12-2.3	1,2,3,4
20-3.4	16-	16-	1,2,4	13-2.4	11-3.4
	1,2,3	1,2,4	13-	14-3.5	12-
Theme 6	17-1.3	17-	1.3	15-2.5	1,3,4
1-1	18-1.2	1,3,5	14-	16-	13-1.4
2-1	19-2.3	18-3.4	1,2,3	1,2,3	14-2.4
3-3	20-2.3	19-2	15-	17-	15-2.5
4-1,2,4		20-1.3	1.5	1,2,5	16-2
5-1,3,4	Theme		16-	18-1.2	17-
6-1,2,3	7		1.4	19-2.4	1,4,5
7-1,2,3,4	1-2		17-	20-1.3	18-1.5
8-1,2,4,5	2-2		1.3		19-1.4
9-1.3	3-2		18-		20-



10-2.5	4-3	2.4	2.3.5
11-3.5	5-2.5	19-	
12-1,2,3,4	6-2,3,5	1,3,5	
13-1,3,4,5	7-1,2,3	20-	
14-1,2,3	8-1,3,4	1,2,3	
15-1,2,4	9-1,2,5		
16-2,3,4	10-1.3		
17-1.5	11-2		
18-1.4	12-1.3		
19-2.3	13-		
20-3.4	1,2,3,4		
	14-		
	1,2,4,5		
	15-		
	2,3,4		
	16-		
	1,2,5		
	17-		
	1,3,4		
	18-		
	1,3,4		
	19-		
	1,2,4		
	20-1.2		