



Prosthodontic Department "I. POSTOLACHI"

TESTS

for final examinations on Prosthetic Dentistry  
for the V-th year students

CHIȘINĂU

1) C.S. The period of modeling the stomatognathic system corresponds:

- a)  to the Pre-natal period;
- b)  to the Postnatal period till 3 years;
- c)  3-6 years;
- d)  from 16 years and till the end of the life;
- e)  6-16 years.

2) C.S. Indicate criteria of classification of impression materials by I. Postolachi and Bîrsa:

- a)  Clinical properties of materials;
- b)  Physical properties of materials before their mixing;
- c)  Physical condition of material after hardening;
- d)  Physical condition of material during time of mixing;
- e)  Time of hardening.

3) C.S. The mode of polymerization of thermo-polymerization acrylates requires following conditions:

- a)  Slow heating up of a water bath (30-45 min) before boiling and boiling during 30-45 min;
- b)  Rapid warming up of a water bath and boiling during 30-45 min;
- c)  Gradual heating up of a water bath within 3 hours and boiling during 1 hour;
- d)  Gradual heating up of a water bath within 3 hours till the beginning of boiling;
- e)  Beginning the polymerization in water at temperature 50<sup>0</sup>.

4) C.S. Name of composition of gold alloy of 900 contains:

- a)  Gold- of 100 %;
- b)  Argent- of 14,0 %;
- c)  Gold - of 90,0 %;
- d)  Copper- of 16,0 %;
- e)  Palady – of 14,0 %.

5) C.S. «Inlay» concern to microprosthesis:

- a)  Extra-tissues
- b)  Intra-tissues
- c)  Intra- extratissues
- d)  Full
- e)  Cervical.

6) C.S. The Working model for manufacturing physiognomical porcelain (ceramic) crowns is realized from:

- a)  medical plaster with fixed stump from the same material
- b)  medical plaster with demountable stump from the same material
- c)  superplaster with fixed stumps
- d)  superplaster with demountable stumps
- e)  cemen-phosphat with with demountable stumps

7) C.S. Sandblasting the metal part of Porcelain-Fused-to-Metal crown is carried out for:

- a)  Maintenance of coupling ceramics with metal
- b)  Degreasing metal part
- c)  Reduction of thickness of metal part
- d)  Formations of necessary microapertures
- e)  Checking up quality of metal part

8) C.S. Post-tooth crown by Ilina-Markosjan consists from:

- a)  Crown, post and incrustation

- b)  Crown and post
- c)  Crown and incrustation
- d)  Crown with vertical grooves
- e)  Crown with horizontal grooves

9) C.S. Indicate the shape of pontic of removable dental bridge:

- a)  Bowls
- b)  Saddles
- c)  Semi-oval
- d)  Flat
- e)  Elongated

10) C.S. Retentive elements of the metal-acrylic bridgework, which provide connection between the aesthetic part and the cast one, can be represented by:

- a)  Mushrooms-like
- b)  Magnetic
- c)  Varnishes
- d)  Special glue
- e)  Silicate glue

11) C.S. The clinical picture of partial adentia depends on:

- a)  nature of food
- b)  frequency of food taken
- c)  topography of dental arch defect
- d)  peculiarities of breathing
- e)  oral hygiene

12) C.S. Partial removable dentures can be made:

- a)  Only at bilateral terminal defects of dental arches
- b)  Only at one-sided terminal defects of dental arches
- c)  Only at defect of dental arches in frontal area
- d)  Only at included defects of dental arches
- e)  At any types of partial adentia

13) C.S. The purpose of major connecting element in Partial Removable Arch Dentures is:

- a)  Fixation of artificial teeth
- b)  Connection of dental elements with saddles of prosthesis
- c)  Connection saddles prosthesis
- d)  Fixation of stabilizing and anchoring elements
- e)  Reducing the size of basis of prosthesis

14) C.S. Edge of functional-suction impression is placed:

- a)  Till to the zone of passive-mobile mucosa
- b)  In the limits of passive-mobile mucosa
- c)  In the limits of fixed mucosa
- d)  Exceeds the zone of passive-movable mucosa on 1-2mm
- e)  Exceeds the zone of passive-movable mucosa on 3-4 mm

15) C.S. Prosthetic plane is determined for:

- a)  Selection of artificial teeth
- b)  Arrangement of teeth in relation to alveolar process
- c)  Creation of vestibular curve of dental arch
- d)  Creation of occlusal curves of dental arches
- e)  Establishment of intimate contact between dental arches

16) C.S. Prosthetic field at total adentia on the upper jaw is represented by:

- a)  Alveolar process, maxillary tubercles, hard palate
- b)  Anatomical structures of mucosa in frontal zone
- c)  Soft palate
- d)  Anatomical structures of mucous membrane in lateral area
- e)  Anatomical structures of mucous membrane in distal zone

17) C.S. What does clinical examination of the patient in clinic of prosthetic dentistry include:

- a)  Radiography
- b)  Motivation
- c)  Elektrodontometry
- d)  Thermometry
- e)  Rheography

18) C.M. Indicate the component elements of TMJ:

- a)  Condyles
- b)  The wings of the sphenoid bone
- c)  Pterygoid muscles
- d)  Articular capsules
- e)  Articular discs

19) C.S. Buttresses on upper jaw are systematized in:

- a)  vertical
- b)  oblique
- c)  tangential
- d)  horizontal
- e)  mix

20) C.S. Functional predominance of masseter muscle lead to installation of stereotype of mastication:

- a)  vertical
- b)  horizontal
- c)  unilateral
- d)  bilateral
- e)  mix

21) C.M. Identify which metal alloys are used at manufacturing Metal-Fused-Ceramic prosthesis:

- a)  Vitalium
- b)  Stainless steel
- c)  Cr-Co
- d)  DequDent
- e)  Gaudent

22) C.M. Name possible etiology of dental crown lesions:

- a)  traumatic
- b)  physiological
- c)  from chemical action
- d)  congenital
- e)  artificial

23) C.M. By the relation with support tooth can be distinguished the following incrustations:

- a)  intratissues

- b)  extratissues
- c)  bidental
- d)  biological
- e)  intra-extratissues

24) C.M. Indicate the reason of beveling edges of cavity prepared for incrustation:

- a)  perfect marginal closing
- b)  enamel prisms protection
- c)  protect pulp
- d)  protection of gingival margin
- e)  protection of adjacent teeth

25) C.M. By the method of production technology artificial crowns can be made:

- a)  Stamping or casting
- b)  Polymerization
- c)  Bending
- d)  Sanding
- e)  Sculpture

26) C.M. Determine clinical-laboratory stages of full cast crowns manufacturing:

- a)  radiografy
- b)  preparation of tooth, getting impressions, protection
- c)  realization of gypsum model with removable teeth
- d)  realization of usual model
- e)  electroodontometry

27) C.M. Name components of classical ceramic used in dentistry:

- a)  Feldspar
- b)  Quartz
- c)  Syntetic material
- d)  Kaolin
- e)  Corundum

28) C.M. Artificial crowns made by casting can be:

- a)  With uniform thickness of the walls
- b)  With nonuniform thickness of the walls
- c)  Transparence
- d)  Easily stamped
- e)  Easily fusible

29) C.M. By manufacturing technique dental bridges are classified on:

- a)  from two pieces
- b)  full casted
- c)  stamped
- d)  by milling
- e)  by burning

30) C.M. Determine requirements for pontics:

- a)  bucco-oral size should be equal to that of natural teeth
- b)  to restore sagital curvature of dental arch
- c)  to present a wavy line between elements of aggregation
- d)  to restore the frontal curvature of the dental arch
- e)  to have expressed cusps of occlusal relief

31) C.M. By the size of alveolar process in partial edentia they are differentiated on:

- a)  narrow (till 5 mm)
- b)  very narrow
- c)  with medium width (5-8 mm)
- d)  satisfactory width
- e)  wide (more than 8 mm)

32) C.M. By the report of pontic with alveolar process bridge dentures are differentiated on:

- a)  Fixed
- b)  Pointed
- c)  Tangential linear
- d)  Semiovale
- e)  Ovale

33) C.M. Full casted metal dental bridge, as a rule, is indicated:

- a)  In frontal area of dental arches at the absence of one tooth
- b)  In frontal area of dental arches at the absence of two teeth
- c)  In lateral area of dental arches at the absence of one tooth and presence of intercalated defects
- d)  In lateral area of dental arches at the absence of two teeth and presence of intercalated defects
- e)  In lateral area of dental arches at the absence of one-two teeth and presence of terminal defects

34) C.M. The major connector in Partial Removable Skeletonized Denture may have applications:

- a)  bar, arch
- b)  pin
- c)  plates
- d)  band (dental-mucosal plaque)
- e)  attachment

35) C.S. Mix Metal-Fused-Porcelane and Metal-Acrylic artificial crowns with cast metal part are indicated:

- a)  on short teeth
- b)  on teeth with large destructions
- c)  on teeth with 3-rd degree of mobility
- d)  to people regardless of age
- e)  as unidental microprosthesis and as support element in dental bridges

36) C.S. Physiological Jacket crowns from acrylic or composite are indicated:

- a)  on frontal teeth with small crowns
- b)  on frontal teeth with big crowns
- c)  on frontal teeth with abraded till cervical area crowns
- d)  on lateral teeth
- e)  in partial edentia in frontal area

37) C.S. Edge of stamp artificial crown will extend in dental-gingival sulcus on:

- a)  0,2 - 0,3 mm
- b)  0,5 mm
- c)  0,8-1,0 mm
- d)  1,5 mm
- e)  2,0 mm

38) C.S. Vertical surfaces of tooth prepared under Jacket, M/C, M/A artificial crowns will be prepared to occlusal under the angle:

- a)   $0^{\circ}$
- b)   $2^{\circ} - 10^{\circ}$
- c)   $15^{\circ} - 20^{\circ}$
- d)   $25^{\circ}$
- e)   $30^{\circ} - 45^{\circ}$

39) C.S. Places on internal surface of acrylic crown that not permit (interfer) her insertion are determined:

- a)  vizually
- b)  with impression material
- c)  with occlusal paper
- d)  with hot wax
- e)  with probe

40) C.S. In mixed crown, according to scientists of USMF opinion (visions) as retention element is used:

- a)  buttons
- b)  transversal grooves
- c)  vertical grooves
- d)  trunchiulare holes
- e)  cylindrical holes

41) C.S. Indices of electric excitability of tooth in norm are equal to:

- a)  0,5-1 mkA
- b)  40-50 mkA
- c)  20-30 mkA
- d)  2-6 mkA
- e)  30-35 mkA

42) C.S. Consequence of clinical stages of metal stamp crowns includes:

- a)  getting impressios and teeth preparation
- b)  determination of CR, preparation of teeth, getting impressions
- c)  preparation of teeth, fixation of crowns
- d)  getting impressions, testing crowns
- e)  preparation of teeth, getting impressions, determination of CR, testing crowns, final testing and fixing

43) C.S. Clinical stages of manufacturing full casting crowns provide:

- a)  preparation, getting impressions, protection of wound dentin, testing crowns, final testing, fixing
- b)  getting impressions, testing crowns
- c)  final testing, fixing
- d)  getting impressions, tooth preparation
- e)  tooth preparation and fixing

44) C.S. Preparation of tooth in cervical area under full casting crown can be classified:

- a)  with supragingival wavy schoulder
- b)  with circular or mixt schoulder (partially schoulder or without schoulder)
- c)  tengential
- d)  subgingival wavy
- e)  undulate, at the level of gingiva

45) C.S. Sequence of clinical steps of acrylic crowns making provides:

- a)  getting impression and fixing the crown
- b)  tooth preparation and testing the crown
- c)  tooth preparation, obtaining impressions and testing the crown
- d)  testing and fixing the crown
- e)  tooth preparation, obtaining impressions, determination the color of acryl, testing and fixing the crown

46) C.S. Metal-Fused-Ceramic artificial crowns are indicated:

- a)  for children, with intact teeth
- b)  for healthy teeth, which will not be used as support in prosthetic treatment
- c)  for teeth with III-rd degree of mobility
- d)  for changing old modified in colour acrylic crowns
- e)  for teeth with small crowns, which can not be prepared on the deepness on 1,5mm

47) C.S. Identify in which cases are indicated substitution crowns:

- a)  in partial dental crowns lessions
- b)  in total dental crown lessions, when the root is situated on 1-2mm above the gingiva or at the level of gingiva
- c)  at modification of colour of tooth crown
- d)  in case of partial adentia
- e)  at total dental crown lessions, when the root is situated in the depth of alveolar process

48) C.S. Indicate in what areas are indicated cantelever dental bridges:

- a)  in frontal area at the absence of two teeth
- b)  in frontal area at the absence of one tooth
- c)  in frontal area at the absence of three teeth
- d)  in lateral area at the absence of premolars and molars on maxilla
- e)  in lateral area at the absence of premolars and molars on mandible

49) C.S. If vertical pressing force will be applied on the middle of dental bridge pontic, it will be transferred through support elements:

- a)  more on support tooth situated mesially
- b)  more on support tooth situated distally
- c)  equally on both teeth
- d)  only on teeth antagonists
- e)  only on alveolar prosses

50) C.S. Creation of parallelism at support teeth preparation in dental bridge manufacturing will be made by:

- a)  preparation under conical-shape to occlusal under the angle of  $0^\circ$
- b)  preparation under conical-shape to cervical area under the angle of  $5^\circ$
- c)  preparation under conical-shape to occlusal under the angle of  $30^\circ$
- d)  preparation under conical-shape to occlusal under the angle till  $10^\circ$
- e)  preparation under conical-shape to occlusal under the angle of  $45^\circ$

51) C.S. Determine on what deepness will be prepared support teeth in Metal-Fused-Ceramic dental bridges:

- a)  0,3 - 0,5 mm
- b)  0,6 - 1,0 mm
- c)  1,2 - 1,5 mm
- d)  2,0 mm
- e)  3,0 and more



52) C.S. Determine which is from enumerated intraoral symptom of partial adentia:

- a)  hypersalivation
- b)  hyposalivation
- c)  presence of gap in dental arch
- d)  pain in TMJ
- e)  dental crown lesion

53) C.S. Indicate what shape must have support tooth after preparation at soldering bridge denture manufacturing:

- a)  conical-shaped without desocclusion
- b)  conical-shaped with desocclusion
- c)  cylindrical-shaped with desocclusion on 0,3mm
- d)  cylindrical-shaped without desocclusion
- e)  conical-shaped with shoulder in cervical area

54) C.S. Cast Fix Partial Dentures are indicated at the presence of dental arch defects:

- a)  in frontal area when remained teeth have III-rd degree of pathological mobility
- b)  in case of intercalated reduced defects in lateral area, when remained teeth are healthy
- c)  in case of intercalated medium defects in lateral area, when remained teeth are mobile III degree
- d)  in case of terminal lateral defects
- e)  in adentia of all frontal teeth

55) C.S. Determine disadvantages of full cast dental bridges:

- a)  have increased durability
- b)  are made from one type of metal alloy
- c)  possibility of appearing galvanosis is reduced
- d)  necessity of deep preparation of support teeth
- e)  stages of manufacturing are reduced

56) C.S. Acrylic Fixed Partial Dentures are indicated in case of absence:

- a)  one premolar
- b)  one from frontal teeth
- c)  all incisors
- d)  central incisors
- e)  all frontal teeth

57) C.S. Preparation of support teeth at manufacturing acrylic Fixed Partial Denture:

- a)  as for stamp metal crown
- b)  as for equatorial crown
- c)  with or without shoulder and creation of parallelism between support teeth
- d)  as for telescopic crown
- e)  with proximal shoulder

58) C.S. Determine in what case are indicated metal-acrylic Fixed Partial Dentures with cast metal part:

- a)  in case of partial adentia in frontal area when support teeth have the high that permits their preparation in depth – 2,0 - 2,5mm
- b)  at presence of teeth with small natural tooth crowns
- c)  in bruxism
- d)  in case of pathological mobility of III-rd degree
- e)  in case of allergic reaction on acryl

59) C.S. Fixed partial Metal-Fused-Ceramic Dentures are contraindicated:

- a)  for patients till 18
- b)  in case of small intercalated partial adentia
- c)  in case of medium intercalated partial adentia
- d)  in case of pathological mobility of teeth I-st degree
- e)  at absence of canines

60) C.S. The most favorable shape of finishing line at Metal-Fused-Ceramic Fixed Partial Denture is:

- a)  right, right-bisected
- b)  under acute angle
- c)  under obtuse angle
- d)  under obtuse angle
- e)  under concave angle

61) C.S. Enumerate clinical steps of ceramic dental bridge manufacturing:

- a)  preparation of support teeth
- b)  examination of patient and getting impressions
- c)  examination of patient, preparation of support teeth, getting impressions and determination of color of ceramic
- d)  examination of patient and preparation of support teeth
- e)  preparation of support teeth and getting impressions

62) C.S. Name etiological factors of dental lesions:

- a)  traumatic
- b)  physiological
- c)  limited
- d)  congenital
- e)  artificial

63) C.M. Extraoral symptoms of dental crown lesions depend on:

- a)  mode of examination
- b)  type of disease
- c)  location of disease
- d)  extension of disease
- e)  depth of disease

64) C.M. Stability of micro-prosthesis, from biomechanical principles, depends on:

- a)  vitality of tooth
- b)  retentive qualities of prepared surfaces
- c)  retentive qualities of micro-prosthesis
- d)  qualities of instruments used for preparation
- e)  qualities of impression material

65) C.M. Name the methods of treatment of dental crown lesions:

- a)  reconstruction
- b)  conservation
- c)  covering
- d)  substitution
- e)  conservative

66) C.M. By the relationships of incrustation with tooth tissues incrustations can be:

- a)  intra-tissues (inlay)
- b)  extra-tissues (onlay)
- c)  bidental

- d)  biological
- e)  intra-extra-tissues (inlay-onlay)

67) C.M. Incrustations as mycro-prosthesis are indicated:

- a)  on temporal teeth
- b)  on permanent teeth
- c)  till 18 year
- d)  after 18 year
- e)  as support element

68) C.M. Stages of preparing cavity under inlay are:

- a)  opening the cavity
- b)  probing cavity
- c)  forming shape of cavity
- d)  radiography
- e)  preventive extention

69) C.M. Beveling margins of cavity prepared under inlay has the purpose:

- a)  perfect marginal closing
- b)  protection enamel prisms
- c)  pulp protection
- d)  protection of gingiva
- e)  protection of adjacent teeth

70) C.M. Crown-root incrustations are contraindicated:

- a)  on teeth without inflammation processes
- b)  on temporal teeth
- c)  on permanent lateral teeth
- d)  on vital teeth
- e)  on teeth with III-rd degree of mobility

71) . C.M. For providing stability and retention of incrustations at I class by Black it is necessary:

- a)  vertical walls of cavity must slightly divergate
- b)  vertical walls of cavity must much divergate
- c)  vertical walls of cavity must be hight
- d)  bottom of cavity must be horisontal
- e)  occlusal contour must be rounded

72) C.M. Name objective criteria in preparation of tooth under artificial crown:

- a)  preparation in the limits of enamel
- b)  creation of retentive shape of abutment
- c)  creation of necessary occlusal space
- d)  preparation with stripping islands of dentin
- e)  preparation with complete stripping dentin

73) C.M. Determine the preventive steps of pulp damaging at teeth preparation under mycro-prosthesis:

- a)  with permanent cooling
- b)  without permanent cooling
- c)  economic
- d)  interrupted
- e)  organoleptic

74) C.M. Esthetic ceramic and acrylic artificial crowns are contraindicated for teeth:

- a)  frontal
- b)  lateral
- c)  on high crowns
- d)  on short crowns
- e)  on changed in colour crowns

75) C.M. Define clinical-laboratory stages of artificial full cast crowns:

- a)  X-ray
- b)  preparation of tooth, getting impression and protection of wound dentin
- c)  getting models with removable teeth from supergypsum
- d)  getting usual model
- e)  determination of electrical excitability of tooth

76) C.M. Define methods of gingiva retraction at manufacturing Porcelane-Fused-to-Metal Dentures:

- a)  using cold-cure acrylic materials
- b)  using temporal crowns
- c)  using impregnated cotton fibers
- d)  using impression materials
- e)  using abrasive instruments

77) C.M. Name possible complications after teeth preparation under artificial crowns:

- a)  traumatic occlusion
- b)  pulpitis
- c)  pulp necrosis
- d)  pathological mobility
- e)  fracture of tooth abutment

78) C.M. Name possible complications after fixing mycro-prosthesis:

- a)  pulpitis
- b)  gingivitis
- c)  changing tooth position
- d)  pathological tooth mobility
- e)  headache

79) C.M. Post crowns by method of connection of post to crown can be:

- a)  monolit
- b)  labile
- c)  semilabile
- d)  full
- e)  elastic

80) C.M. Name the shape of cavity in the region of orifice of the root at manufacturing Post-construction by Ilina-Marcosean:

- a)  cubic
- b)  trapezoid
- c)  pyramidal
- d)  excavated
- e)  rectangular

81) C.M. Indicate principles of prosthetic treatment of dental crown lesions:

- a)  physical and functional
- b)  terapeutic, preventive and biological

- c)  functional and phonetic
- d)  biomechanical and homeostatic
- e)  ergonomical

82) C.M. Indicate the sequence of clinical stages of full casting artificial crowns:

- a)  tooth preparation, getting impressions and protection of wound dentin
- b)  getting impressions and testing artificial crowns
- c)  testing crowns, final testing and fixing the crowns
- d)  testing crowns and determination the color of crowns
- e)  preparation and fixation of crowns

83) C.M. Indicate advantages of artificial full cast crowns with non-uniform thickness of crowns:

- a)  good fixation due to tight contact of crown with abutment
- b)  resistant to abrasion
- c)  easy to remove after fixing
- d)  esthetic
- e)  easy to cut

84) C.M. Enumerate disadvantages of artificial metal-acrylic crowns on the base of stamp crowns:

- a)  restore esthetic
- b)  are used as support elements for fixed partial denture
- c)  possible toxic influence on periodontium tissues
- d)  need additional deep preparation of teeth
- e)  restore morphology and function of tooth

85) C.M. Indicate methods of getting double impressions at prosthetic treatment with Porcelane-Fused-to-Metal crowns:

- a)  getting impressions before tooth preparation
- b)  in two visits
- c)  in one stage
- d)  in two stages
- e)  in three visits

86) C.M. Clinical picture of partial adentia depends on:

- a)  number and topography of absent teeth
- b)  X-ray examination
- c)  doctor's attention
- d)  time passed after extraction
- e)  sequence of clinical examination of patient

87) C.M. Levelling prosthetic plane at preparation of prosthetic filed to prosthetic treatment with fixed partial denture is made by following methods:

- a)  physiotherapeutic
- b)  selective grinding the teeth
- c)  orthodontic
- d)  therapeutic
- e)  increasing the vertical dimension of occlusion

88) C.M. Indicate the main elements of centric occlusion:

- a)  vertical dimension of occlusion
- b)  neutral position of the mandible
- c)  relative rest position of the lower jaw

- d)  physiological interocclusal distance
- e)  vertical dimension of rest position of lower jaw

89) C.M. Vertical dimension of occlusion at I-st and II-nd clinical situation at determination of centric occlusion can be:

- a)  unchanged
- b)  increased
- c)  decreased
- d)  cross
- e)  frontal

90) C.M. Indicate clinical stages of Porcelane-Fused-to-Metal fixed partial dentures manufacturing:

- a)  getting preliminary impression for manufacturing temporal crowns
- b)  support teeth preparation and getting final impressions
- c)  protection of support teeth by temporal crowns
- d)  determination of hygienic index of oral cavity
- e)  models manufacturing

91) C.M. Indicate clinical stages of prosthetic treatment with full cast fixed partial dentures:

- a)  examination of patients, preparation of teeth, getting impressions, determination of centric occlusion and protection of wound dentin
- b)  testing support elements of fixed partial denture
- c)  getting impressions together with support elements and determination of centric occlusion
- d)  testing fixed partial denture and protection of wound dentin
- e)  determination of color of porcelain

92) C.M. Adhesive fixed partial denture is indicated at:

- a)  small lateral defects of dental arches
- b)  presence of intact teeth limiting defect of dental arch
- c)  presence of teeth migration in area of dental arch defect
- d)  short crowns of teeth limiting defect of dental arch
- e)  high crowns of teeth limiting defect of dental arch

93) C.M. Indicate intra-oral symptoms of partial adentia:

- a)  interruption of dental arch integrity by appeared defects
- b)  functional overloading or pathological abrasion of remained teeth
- c)  hypersalivation
- d)  hyposalivation
- e)  taste changes

94) C.M. By constructive peculiarities dental bridges are divided on:

- a)  removable
- b)  fixed
- c)  monolithic
- d)  soldering, demountable and atypical
- e)  cast

95) C.S. Indicate by what elements are represented prosthetic field at large partial adentia:

- a)  soft palate
- b)  mimic muscles
- c)  muscles moved lower jaw
- d)  active-movable mucosa
- e)  alveolar process and hard palate

96) C.S. Peculiarities of prosthetic field at large partial adentia depends on:

- a)  psychological status of patient
- b)  degree of oral cavity opening
- c)  topography and size of defects of dental arch
- d)  character of swallowing
- e)  type of bite

97) C.S. According to classification by Liund peripheric fibrosis zone of mucosa of prosthetic field on the maxilla at partial adentia is situated:

- a)  along alveolar process
- b)  in middle area of alveolar process
- c)  in the area of transversal palatal folds
- d)  in distal third of hard palate
- e)  in distal zones of maxillary tuberositis

98) C.S. Indicate types of maxillary tuberositis at partial adentia by Lejoyeux:

- a)  retentive
- b)  asymmetrical
- c)  waved-shaped
- d)  trapezoid
- e)  sharp

99) C.S. Cut out the base of Partial Removable Acrylic Denture on maxilla depends on:

- a)  interrelationships between clinical crown - clinical root of remained teeth
- b)  type of bite
- c)  age
- d)  size and topography of defect of dental arch
- e)  condition of teeth antagonists

100) C.S. From disadvantages of Partial Removable Acrylic Denture can be enumerated:

- a)  non elastic
- b)  has mucosal-bone support
- c)  disorders of nasal breathing
- d)  inexactly restoration of high of occlusion
- e)  provoke galvanization in the oral cavity

101) C.S. For fixation and stabilization of Partial Removable Acrylic Denture on maxilla the most effective clasps line is:

- a)  sagittal
- b)  diagonal
- c)  transversal
- d)  tangential
- e)  straight

102) C.S. Coming away (displacement) Partial Removable Acrylic Denture in vertical direction can be provoked by:

- a)  stick food
- b)  adhesion
- c)  atmospheric air during breathing
- d)  elasticity of the clasps' arms
- e)  gravity of the denture on the lower jaw

103) C.S. For decreasing negative influence of factors, that have influence on periodontium of remained teeth, at using Partial Removable Acrylic Denture it is recommended:

- a)  releasing periodontium of remained teeth from contact with the base of the denture
- b)  isolation palatal tori
- c)  decreasing the plate in the region of Post Dam Area
- d)  correct choosing acrylic material for denture manufacturing
- e)  using artificial porcelain teeth

104) C.S. Indicate the sign of increasing the vertical dimension of occlusion at testing the construction of Partial Removable Acrylic Denture at presence of unstable occlusion:

- a)  degree of oral cavity is limited
- b)  absence of contacts between teeth antagonists
- c)  negative spatula test
- d)  swallowing is not deregulated
- e)  phonetic test is positive

105) C.S. Checking vertical dimension of occlusion in time of testing Partial Removable Acrylic Denture is made by method:

- a)  examination
- b)  electronic
- c)  anatomic
- d)  anatomical-physiological
- e)  three-dimensional

106) C.S. Indicate the zone of prosthetic field at total adentia:

- a)  glandular
- b)  support
- c)  sliding
- d)  tasting
- e)  horizontal

107) C.S. Indicate support element of prosthetic field on the lower jaw at total adentia:

- a)  mandibular torus
- b)  alveolar process
- c)  retro-alveolar space
- d)  passive-movable mucosa
- e)  active-movable mucosa

108) C.S. Indicate manifestation of articular discs of TMJ at patients with total adentia:

- a)  thinning
- b)  thicken
- c)  not changed
- d)  are in subluxation condition
- e)  absent

109) C.S. Pliability of mucosa of prosthetic field on the upper jaw at total adentia by Gavrilov depends on:

- a)  thickness of cortical layer
- b)  thickness of spongy layer
- c)  glandular tissue
- d)  adipose tissue
- e)  the network blood vessels

110) C.S. Suction zone from distal margin of full denture on the upper jaw corresponds:



- a)  "A" line covered on 1-2mm
- b)  palatal tori situated distally
- c)  not correspond to "A" line on 3-4mm
- d)  distally on "A" line on 3-4mm
- e)  soft palate

111) C.S. Indicate the technique of checking stabilization of trial upper Complete Denture during trial-stage of treatment:

- a)  phonetic test
- b)  swallowing test
- c)  mastication test
- d)  pushing on occlusal surface of premolars and molars to the left – to the right
- e)  pushing on vestibular surface of premolars and molars to the left – to the right

112) C.S. Select indication to Complete Denture with metal base manufacturing:

- a)  well prominent alveolar process
- b)  allergic reaction to acrylic material
- c)  pathology of TMJ
- d)  chronic pathology of mucosa
- e)  glossalgia

113) C.S. Indicate the role of buffer zones on the upper jaw by E.Gavrilov:

- a)  provide fixation of the denture
- b)  provide circular valve
- c)  amortize mastication pressure
- d)  increase the degree of adhesion
- e)  increase mastication efficiency

114) C.S. Retro-alveolar space by Eisering determine fixation of Complete Denture when the thickness of his edge:

- a)  occupy this space completely
- b)  occupy this space partially
- c)  a little exceed this space
- d)  not reach this space
- e)  occupy this space completely or partially

115) C.S. Complete or total atrophy of alveolar process on the upper jaw at complete adentia with flat hard palate and slightly expressed maxillary tuberoses correspond to the following class by Schröder:

- a)  I
- b)  II
- c)  III
- d)  IV
- e)  V

116) C.M. Indicate extra-oral symptoms at large partial adentia:

- a)  half-opened mouth
- b)  preeminent zygomatic bone
- c)  zigzag-shaped opening the mouth
- d)  sinking upper lip
- e)  sinking the cheeks

117) C.M. Indicate intra-oral symptoms of large partial adentia:

- a)  decreasing lower third of the face

- b)  macroglossia
- c)  presence of large defects of dental arches
- d)  teeth migration
- e)  lowering angles of the mouth

118) C.M. Indicate factors determine the type of bone base of prosthetic field at partial adentia:

- a)  stereotype of mastication
- b)  functions of elevator lower jaw muscles
- c)  etiology of partial adentia
- d)  general condition of organism
- e)  structure of mucosa of alveolar process

119) C.M. Fixation and stabilization of Partial Removable Acrylic Denture on prosthetic field is provided by:

- a)  mechanical prefabricating elements
- b)  atmospheric pressure
- c)  correct alimentation
- d)  type of bite
- e)  anatomical formations of prosthetic field

120) C.M. Indicate the requirements regard to shoulder of wire clasp in Partial Removable Acrylic Prosthesis:

- a)  must have one contact in retention zone of the tooth
- b)  must have contact on the whole surface of retention zone of the tooth
- c)  must cover vestibular surface of the tooth till proximal surface
- d)  must cover  $\frac{1}{2}$  of vestibular surface of the tooth
- e)  end of the clasp must be directed to the gingiva

121) C.M. Indicate syliconic impression materials used at getting impressions at partial adentia:

- a)  Zeta-plus
- b)  Sielast
- c)  Gelin
- d)  Xantopren
- e)  Ortocor

122) C.M. Functional impressions used at manufacturing removable denture can be:

- a)  standard
- b)  compressive
- c)  dicompressive
- d)  partial
- e)  auxiliary

123) C.M. Indicate possible complications at getting impressions at patients with large partial adentia:

- a)  trauma of fibromucosa
- b)  the cavities forming in impression
- c)  getting unexactly impression
- d)  aspiration of impression material
- e)  swallowing impression material

124) C.M. Indicate the clasp used for fixation of Partial Removable Denture at large partial adentia class II by Kennedy from opposite to defect side:

- a)  Jackson
- b)  Ackers

- c)  telescopic
- d)  Kemeny
- e)  mucosal-alveolar

125) C.S. Indicate special systems for fixation of Partial Removable Arch Denture:

- a)  Acker' clasps
- b)  attachments
- c)  Bonwill' clasps
- d)  Rouch system clasps
- e)  Ney system clasps

126) C.M. Indicate elements of Partial Removable Arch Denture which oppose to denture balancing:

- a)  claw-like incisal rests
- b)  occlusal rests
- c)  artificial teeth
- d)  additional connecting elements
- e)  continuous clasps

127) C.M. Specify the types of alveolar processes at terminal defects of dental arches, according to the criteria by Elbrecht:

- a)  ascending
- b)  descending
- c)  concave
- d)  convex
- e)  triangular

128) C.M. Specify the clasps in Partial Removable Skeletonized Prosthesis recommended at bilateral included defects of dental arches when periodontal tissues of distally situated teeth are affected:

- a)  Acker
- b)  ring
- c)  continuous clasp
- d)  Kemeny
- e)  Ney №6

129) C.M. Indicate clinical stages of Partial Removable Skeletonized Prosthesis manufacturing:

- a)  getting impressions
- b)  improving conditions of the oral cavity
- c)  special preparation of the oral cavity
- d)  definition of centric occlusion
- e)  testing metal frame of the denture

130) C.M. Topography of surveying line depends on:

- a)  inclination of the model
- b)  presence of teeth migration
- c)  condition of teeth antagonists
- d)  anatomical shape of abutments
- e)  form of alveolar bone

131) C.M. Testing metal framework (skeleton, carcass) of Partial Removable Arch Denture provides:

- a)  testing the skeleton on the model
- b)  correction of clasps by beak pliers

- c)  sterilization of metal framework
- d)  correction of clasps by crampon pliers
- e)  testing carcass in the oral cavity

132) C.M. Indicate what aspects are checked in the oral cavity at testing trial Partial Removable Skeletonized Prosthesis:

- a)  occlusal relationships
- b)  limits of saddle parts
- c)  the quality of dental wax
- d)  shock-absorbing properties of the prosthesis
- e)  shape, color and arrangement of artificial teeth

133) C.M. Indicate types of defects of dental arches by topography:

- a)  lateral
- b)  frontal
- c)  frontal-lateral
- d)  circular
- e)  interrupted

134) C.M. Preventive principle of prosthetic treatment with Partial Removable Dentures provides:

- a)  health education
- b)  using hard food
- c)  using soft food
- d)  respecting oral hygiene
- e)  keeping the denture in warm water

135) C.M. Functional compressive impression by E. Gavrilov are received:

- a)  always
- b)  at using by the doctor compression
- c)  at applying muscles occlusal compression
- d)  only at big degree of pliability of mucosa
- e)  in case of medium degree of pliability

136) C.M. Indicate orienter of horizontal Kamper plane:

- a)  articular condyles - infra orbital foramen
- b)  articular condyles - intra-the nasal septum
- c)  tragus - nasal septum
- d)  the external auditory canal - base of the nose wing
- e)  articular tubercle – posterior nasal septum

137) C.M. Modeling vestibular relief and vertical dimension of occlusal rim on the upper jaw at complete adentia is performed in such away:

- a)  the upper lip slightly collapsed
- b)  the upper lip has an physiognomic position
- c)  the upper lip slightly protrudes
- d)  edge of occlusal rim is not visible under the upper lip
- e)  edge of occlusal rim protrudes on 1-2 mm below the upper lip

138) C.M. Köller distinguishes the following types of atrophy of alveolar process at complete adentia on the mandible:

- a)  unilateral atrophied
- b)  bilateral atrophied
- c)  undulating atrophied

- d)  with substantial atrophy in lateral area
- e)  with substantial atrophy in frontal area

139) C.M. Specify the types of edentulous alveolar processes on the maxilla proposed by Rândashu:

- a)  irregular
- b)  retentive
- c)  wave-like
- d)  unretentive
- e)  neutral

140) C.M. The first functional test by Herbst in obtaining the functional impressions at total adentia on the mandible provides:

- a)  act of swallowing
- b)  act of nasal breathing
- c)  act of mixed breathing
- d)  maximal mouth opening
- e)  moderate mouth opening

141) C.M. The degree of adhesion of complete prosthesis depends on:

- a)  exactly correspondence of the relief of inner surface of the prosthesis to the surface of the prosthetic field
- b)  type of restored occlusion
- c)  the layer of saliva between mucous membrane and inner surface of the prosthesis
- d)  vertical dimension of occlusion
- e)  foodstuffs

142) C.M. Specify functional tests by Herbst in obtaining functional impressions from the mandible at total adentia:

- a)  moderate mouth opening
- b)  swallowing and maximal mouth opening
- c)  extension tip of the tongue to the upper and the lower lip
- d)  rotational movements of the tongue
- e)  active movements of facial muscles

143) C.M. The neutral position of the mandible in relation to the upper jaw at determination of centric jaws' relationships at complete adentia is defined by:

- a)  tests for moving lower jaw forward
- b)  molar reflex by Sears
- c)  phonetic test
- d)  swallowing test
- e)  slowly opening the mouth cavity

144) C.M. Specify signs of reducing the vertical dimension of occlusion determined at verification of the design of complete prostheses:

- a)  senile expression
- b)  expression of the face is not changed
- c)  perioral folds are pronounced
- d)  perioral folds within normal limits
- e)  red border of the lips are reduced

145) C.M. Complete dentures on implants can be fixed by:

- a)  Dolder system
- b)  clasps' system

- c)  telescopic system
- d)  special pastes
- e)  special adhesives

146) C.M. Determine in what cases is indicated complete prostheses with elastic lining:

- a)  pronounced atrophy of alveolar processes
- b)  in atypical forms of alveolar processes
- c)  at parallel slopes of alveolar processes
- d)  at severe atrophy of mucosa of prosthetic field
- e)  at middle degree of pliability of mucosa

147) C.M. Christiansen phenomenon used for intra-oral inscription of lower jaw at manufacturing complete prostheses is used to create:

- a)  correct shape of dental arches
- b)  vestibular curvature of dental arches
- c)  groove - cusps contact between dental arches
- d)  sagittal - occlusal curves by Spee
- e)  transversal occlusal curves by Monson - Willson

148) C.S. Criteria of classification of pathological abrasion of teeth by Brock and Perieres are:

- a)  degree of abrasion
- b)  form of abrasion
- c)  shape and degree of abrasion
- d)  direction of abrasion
- e)  etiological factor

149) C.S. For compensated form of pathological abrasion of teeth by E. Gavrilov is characterized by:

- a)  physiological free inter-occlusal space is not changed
- b)  increasing free inter-occlusal space
- c)  reduction of free inter-occlusal space
- d)  reducing the vertical dimension of occlusion
- e)  increasing the vertical dimension of occlusion

150) C.S. Decompensated form of pathological abrasion free inter-occlusal space By E. Gavrilov is:

- a)  unmodified
- b)  reduced
- c)  increased
- d)  corresponds to minimal free space for function of speech
- e)  corresponds to maximal free space for function of speech

151) C.S. The height of the bite at compensated form of pathological abrasion by E. Gavrilov, saved due to:

- a)  vacant hypertrophy of alveolar processes
- b)  mastication function
- c)  atrophy of alveolar processes
- d)  swallowing function
- e)  continuous process of teeth eruption

152) C.S. In generalized form of compensated pathological abrasion of teeth the patients will indicate or not the complaints indicating functional disorders of TMJ:

- a)  pain in the joint
- b)  noises the joint

- c)  joint jump
- d)  crepitation
- e)  does not present complaints

153) C.S. Secondary traumatic occlusion is developed in conditions when:

- a)  increasing occlusal forces in static occlusion due to increasing the vertical dimension of centric occlusion by mycro-prostheses
- b)  occlusal forces in static occlusion are not increased, but is observed decreasing the reserve forces of periodontal tissues of respective teeth
- c)  on healthy periodontal tissues affect horizontal traumatic forces emanating from the occlusal relief of mycro-prostheses
- d)  on healthy periodontal tissues affect high-intensity forces emanating from the occlusal relief of mycro-prostheses
- e)  is not respected dental hygiene

154) C.S. The tasks of temporal immobilization of teeth:

- a)  recovering vertical dimension of occlusion
- b)  recovering function of TMJ
- c)  elimination of periodontal tissue trauma
- d)  elimination of interdental spaces
- e)  removing dentin hyperesthesia

155) C.S. Diagnosis of premature contacts is carried out by using:

- a)  diagnostic models
- b)  articulating paper
- c)  occlusiogram
- d)  gypsum powder
- e)  alginate impression materials

156) C.S. Indicate peculiarities in using dental bridges at periodontal lesions:

- a)  occlusal relief is characterized by well-defined cusps
- b)  occlusal relief is made flat
- c)  occlusal relief has slightly expressed cusps
- d)  in lateral areas the pontic of prosthesis is convex
- e)  in lateral area the pontic of prosthesis is located in a straight line

157) C.S. Indicate what forces according to the theory of occlusal equilibrium by Godon act on every tooth of dental arch and ensure his stability:

- a)  the forces arising during swallowing
- b)  the force from alveolar process and the force exerted by the teeth antagonists
- c)  the force determined by the muscle tonicity
- d)  the force from peri-oral muscles
- e)  the forces generated during mastication

158) C.S. Triangle symptom typical for migration of teeth:

- a)  vertical
- b)  medial
- c)  vestibular
- d)  oral
- e)  around their axis

159) C.S. Determine what treatment is indicated at vertical migration of teeth:

- a)  orthodontic treatment
- b)  physiotherapy

- c)  immediate treatment
- d)  premature treatment
- e)  late treatment

160) C.S. Indicate the purpose of orthopedic and prosthetic interventions in arthrosis of TMJ:

- a)  elimination of physiological diastema
- b)  eliminating physiological thremma
- c)  elimination of factors causing overloading the component elements of TMJ
- d)  elimination of factors causing respiratory tract overloading
- e)  normalization of nasal breathing

161) C.S. At differential diagnosis of osteoarthrosis and occlusive-articulation dysfunctional TMJ syndrome the character of muscles' pain is defined by:

- a)  extra-oral examination
- b)  intra-oral examination
- c)  blocking motor branches of the trigeminal nerve
- d)  probing TMJ
- e)  percussion of TMJ

162) C.S. Indicate what from objective symptoms it is characteristic for toxic stomatitis caused by the presence of metal dentures in the oral cavity:

- a)  microglossia
- b)  disturbance of swallowing
- c)  physiognomic disturbances
- d)  presence of the field oxide solder film in soldering area of prosthesis
- e)  presence of nonuniform inter-dental contacts

163) C.S. Neuro-muscular restructuring in orthodontic treatment of occlusal anomalies at adults is carried out using:

- a)  palatal plate with inclined plane
- b)  fixed apparatus
- c)  removable apparatus
- d)  functional devices with a screw
- e)  devices with extra-oral traction

164) C.S. Prosthetic treatment on implants is more favorable in situations when:

- a)  prosthetic reconstruction is based only on natural teeth
- b)  prosthetic reconstruction is based only on implants
- c)  prostheses is based on natural teeth and implants, but the number of implants exceeds the number of natural teeth
- d)  the number of natural teeth exceeds the number of implants
- e)  the number of natural teeth equal to the number of implants

165) C.M. By Brock are distinguished the following types of abrasion of teeth:

- a)  within the enamels
- b)  formation of dentin islands
- c)  in the enamel-dentin limits
- d)  disturbance of occlusal relief
- e)  in the limits of tooth equator and more

166) C.M. According to classification proposed by Perieres III-rd degree of pathological abrasion is characterized by:

- a)  appearing not connected between each other dentin islands
- b)  appearing connected between each other dentin islands



- c)  exposed dentin throughout occlusal surface
- d)  tooth cavity opening
- e)  abrasion in the limits of enamel

167) C.M. Pathological abrasion "ad palatum" by Barandun is characterized by:

- a)  occlusal surface of lower molars has opposite inclination to occlusal curves Monson-Wilson
- b)  is formed in all types of bites
- c)  is formed in deep bite
- d)  occlusal surface of molars and premolars is erased in the horizontal plane
- e)  occlusal surface of molars and premolars is erased with distal inclination

168) C.M. Physiological abrasion is characterized by:

- a)  abrasion in the limits of enamel
- b)  appearing dentin islands
- c)  complete denudation of dentin
- d)  abrasion of cusps and destruction of occlusal relief
- e)  perforation of tooth cavity

169) C.M. According to classification proposed by E. Gavrilov the following forms of pathological abrasion of teeth are distinguished:

- a)  combined
- b)  compensated
- c)  decompensated
- d)  initial
- e)  developed

170) C.M. According to classification proposed by A. Shcherbakov etiological factors of pathological abrasion of teeth can be:

- a)  functional insufficiency of hard tissues of teeth
- b)  functional insufficiency of the dental pulp
- c)  functional teeth overloading
- d)  functional overloading TMJ
- e)  exposure of ultraviolet radiation

171) C.M. Abnormal abrasion can cause changes in:

- a)  tooth pulp
- b)  periodontium
- c)  muscles of the tongue
- d)  bottom of the oral cavity
- e)  TMJ

172) C.M. Specify the symptoms of pathological abrasion of teeth:

- a)  taste disturbances
- b)  morphological changes of tooth crowns
- c)  repositioning the tongue
- d)  pain from thermal stimuli
- e)  pain at mouth breathing

173) C.M. Complications of periodontal tissues during pathological abrasion are manifested by:

- a)  phenomena of hypercementosis
- b)  symptoms of teeth welding
- c)  extension of periodontal ligaments and tooth mobility
- d)  extension of periodontal ligaments and maintaining stability of tooth

e)  distal migration of teeth

174) C.M. Symptoms of Kosten syndrom are:

- a)  headaches
- b)  unilateral dislocation of articular condyles
- c)  TMJ cracks
- d)  TMJ pain
- e)  pain during swallowing

175) C.M. Specify the types of traumatic occlusion:

- a)  primary
- b)  secondary
- c)  combined
- d)  oblique
- e)  tangential

176) C.M. Indicate in what cases primary traumatic occlusion appear:

- a)  healthy periodontal tissues
- b)  damaged periodontal tissues
- c)  periodontal tissues congested by micro-prostheses
- d)  periodontal tissues uncluttered,
- e)  micro-prostheses are situated in infra-occlusion

177) C.M. Indicate the cases in which appear secondary traumatic occlusion:

- a)  damaged periodontal tissues
- b)  healthy periodontal tissues
- c)  bridges and micro-prostheses increase vertical dimension of centric occlusion
- d)  bridges and micro-prostheses are situated in infraocclusion
- e)  bridges and micro-prostheses not increase vertical dimension of centric occlusion, but have exprite occlusal relief

178) C.M. Tasks of orthopedic-prosthetic treatment of periodontal lesions are:

- a)  recovering occlusal equilibrium
- b)  recovering morpho-functional unity of dento-alveolar apparatus at the presence of diastema and thremma
- c)  eliminating inflammatory processes
- d)  recovering morphological and functional integrity of dental arches at the presence of defects of dentition
- e)  recovering bone of alveolar process

179) C.M. Specify requirements to splinting system:

- a)  provide immobilization of teeth in all directions
- b)  provide immobilization of teeth in most important direction - transversal
- c)  does not injure marginal periodontal
- d)  not be removable
- e)  does not block the movement of the mandible

180) C.M. Selective grinding of primary contacts by Jankelson provides:

- a)  first visit - grinding of the first group of contacts
- b)  first visit - grinding of the first and second groups of contacts
- c)  second visit - grinding of the second group of contacts
- d)  third visit - grinding of the third group of contacts
- e)  sequence of premature contacts grinding depending on the number of class contact does not matter

181) C.M. Define indications for selective grinding of premature contacts:

- a)  preservation of interproximal contacts after grinding
- b)  total removing interproximal contacts
- c)  removing barriers blocking movement of propulsion mandible
- d)  remove obstacles blocking the lateral movement of the mandible
- e)  reducing the vertical dimension of occlusion

182) C.M. Appreciate indications to selective grinding:

- a)  using small size abrasive tools with a small granulation
- b)  using medium and large size of abrasive tools
- c)  using abrasive tools with big granulations because grinding of performed more quickly and efficiently
- d)  ground surfaces must be well polished
- e)  is not obligatory to make polishing the grounded-surface

183) C.M. Immediate Partial Removable Acrylic Dentures are made conforme the following tecknologies:

- a)  teeth which will be extracted will be cut out from the model, whith removing 2-3 mm from the alveolar process
- b)  first of all the teeth will be extracted, then will be taken impression and on the model will be removed the layer of gypsum from alveolar process equal to 2-3mm
- c)  teeth that will be extracted are cut out on the level of cervical are from preliminary model
- d)  initially extracted teeth will be restored by PRAD after 7 days
- e)  PRAD is made directly in the oral cavity

184) C.M. Vertical migration of teeth with absence of teeth antagonist can be:

- a)  together with alveolar process
- b)  without changes in the alveolar bone
- c)  with respiratory disorders
- d)  with dereglation of taste
- e)  with direglation of swallowing

185) C.M. E. Gavrilov classifies migration of teeth as:

- a)  vertical migration of the upper or lower teeth
- b)  vertical simultaneous migration of the upper and lower teeth
- c)  spontaneous migration
- d)  combined migration
- e)  equilibrated migration

186) C.M. Define medial migration of teeth:

- a)  corpuscular
- b)  with slope
- c)  central
- d)  eccentric
- e)  superrfacial

187) C.M. Prosthetic treatment of horizontal migration of teeth when the teeth limiting defect of dental arch have inclination of 45 degrees, is made with the help of bridges:

- a)  soldered
- b)  cast
- c)  atypical with clusp Askers
- d)  atypical with telescopic system
- e)  bridges are contraindicated

188 C.M. Specify the etiological factors of TMJ disorders:

- a)  biprognatic occlusion
- b)  decompensated generalized form of pathological abrasion of teeth of the II degree
- c)  generalized compensated form of pathological abrasion of teeth of the II degree
- d)  trauma of mandible because falling
- e)  nocturnal bruxism

189) C.M. Specify the clinical forms of damages of TMJ by Kalamkarov and Petrosova:

- a)  arthritis
- b)  osteolysis
- c)  osteosclerosis
- d)  arthrosis
- e)  combined form

190) C.M. Differential diagnosis of arthritis and osteoarthritis of the TMJ is determined basing on the presence of characteristic radiographic signs:

- a)  for arthritis joint space evenly narrowed
- b)  in osteoarthritis articular process is deformed
- c)  in arthritis articular process is absent
- d)  in arthrosis all components of the TMJ will be present
- e)  articular fissurae is increased

191) C.M. Active clinical form of occlusive-articulatory dysfunction syndrome of TMJ caused by the absence of posterior teeth is characterized by:

- a)  absence of complaints from TMJ
- b)  presence of TMJ cracks
- c)  presence of crackments in the joint
- d)  muscle's tiredness
- e)  speech disorders

192) C.M. Select from proposed units proposed for limiting oral cavity opening in treatment of habitual dislocation of the mandible:

- a)  Petrosova unit
- b)  Schwarz apparatus
- c)  Khodorovich-de Burgonsky unit
- d)  Karghaus apparatus
- e)  Haupl apparatus

193) C.M. Specify the instruments that determine indices of microcurrents between prosthesis and fibro-mucosa:

- a)  PH-meter
- b)  microamperometer
- c)  gnatodinamometr
- d)  mycrovoltmeter
- e)  parodontometr

194) C.M. By E. Gavrilov traumatic stomatitis caused by removable dentures is characterized by:

- a)  the presence of inflammatory process
- b)  by the presence of chronic ulcers
- c)  absence of inflammatory process
- d)  disorders of occlusion
- e)  presence of pain in TMJ

195) C.M. Specify the methods of clinical examination of adults with dental-maxillary anomalies:

- a)  inspection
- b)  panoramic radiography
- c)  palpation of TMJ
- d)  tomography of TMJ
- e)  biometry of diagnostic models

196) C.M. Necessary value for disocclusion between implant and natural teeth antagonists should be:

- a)  0,0 microns;
- b)  of 100 microns;
- c)  300 microns;
- d)  500 microns;
- e)  1,0-1,5 mm.

197) C.M. Specify particularities of dental bridges on implants in lateral areas of dental arches:

- a)  presence of well pronounced occlusal relief
- b)  presence of expressed occlusal relief
- c)  occlusal relief is flat
- d)  occlusal surface of the pontic of bridge denture should not exceed the occlusal surface of premolar
- e)  occlusal surface corresponds to the size of the absent teeth

198) C.M. Specify the features of clinical examination of patients in determining the indications for implants using:

- a)  orthopantomography of maxillo-facial zone
- b)  palpation masticatory muscles
- c)  studying interocclusal relationships in the region of defects of dental arches
- d)  palpation of the TMJ
- e)  definition mastication efficiency

199) C.M. Specify the particularities of metal-ceramic bridges on implants:

- a)  occlusal relief has a high, rounded cusps
- b)  occlusal relief has cusps weakly expressed in the high, rounded
- c)  occlusal surface of dental bridge is in disocclusion of 0,1 mm
- d)  occlusal surface of dental bridge is in disocclusion of 1mm
- e)  occlusal surface of dental bridge is in supraocclusion

200) C.M. The design of the prosthesis on implants can be characterised as:

- a)  integral
- b)  demountable
- c)  removable
- d)  elastic
- e)  plastic

**201) Functional loading of dental implants can be done in following terms:**

- A. Immediate;**
- B. Early;**
- C. Contemporary;
- D. Conventional;**
- E. Pre-implantar.

**202) Immediate implant restoration means:**

- A. Application of full contact provisional crown;
- B. Screwing of healing abutment;
- C. Application of cover screw;
- D. Application of interim crown without occlusal and proximal contacts;**
- E. Application of definitive crown.

**203) Progressive functional loading means:**

- A. Implant and peri-implant bone loading 11 months after placement;
- B. Implant and peri-implant bone loading with half-physiognomic crowns;
- C. Implant and peri-implant bone loading 3 months after placement;
- D. Application of provisional under-dimensioned crown after osseointegration period gradually getting it into occlusion with time;**
- E. Staged loading of periimplant bone after osseointegration period.

**204) The delayed loading of dental implants means:**

- A. Between 7 days and 2-3 months after implant placement;
- B. Immediately after implant placement or within 7 days;
- C. Implant loading 2-3 months after placement;
- D. The term delayed functional loading does not exist;
- E. The implant loading 6 months after placement.**

**205) The immediate loading terms of implants has to be:**

- A. Within 1 week after implant placement;**
- B. Between 7 days and 2-3 months;
- C. Implant loading 2-3 months after its placement;
- D. Immediate loading is an absolute contraindication;
- E. Six months after implant placement.

**206) The early terms of implant loading are:**

- A. Within first two weeks after implant placement;
- B. Between 7 days and 2 months after implant placement;**
- C. Implant loading 2-3 months after its placement;
- D. Immediate loading cannot be used;
- E. Six months after implant placement.

**207) The healing abutment can be placed immediately after implant insertion in cases like:**

- A. One step implant placement;**
- B. Monolithic;
- C. Two-piece implants;**
- D. Post-extraction implant placement;**
- E. In two surgical steps.

**208) Monolithic (one-piece) dental implants can be considered as:**

- A. One step placement;**
- B. Two step placement;
- C. One stage implant;**
- D. Two stage implants;
- E. Are exposed to oral environment during healing.**

**209) In the category of one-stage implants can be included:**

- A. One step implant placement;**
- B. Two step implant placement;
- C. Two-piece dental implants;**

- D. **Monolithic implants;**
- E. **Are exposed to oral environment during healing.**

**210) In the category of two-stage dental implants can be included:**

- A. One-step implant placement;
- B. **Two-step implant placement;**
- C. **Two-piece dental implants;**
- D. Monolithic (one-piece dental implants);
- E. **Are isolated from the oral cavity environment during osseointegration.**

**211) Two-piece dental implants can be considered as:**

- A. **One surgical step placed implants;**
- B. **Two surgical steps placed implants;**
- C. **One-stage implants;**
- D. **Two-stage implants;**
- E. **Can be exposed to oral environment.**

**212) Immediate implant loading can be done when:**

- A. The insertion torque is lower than 25N/cm;
- B. **The Periotest indices are negative;**
- C. **The insertion torque is higher than 45 N/cm;**
- D. **ISQ index is higher than 75;**
- E. Periotest index is higher than +8.

**213) For impression with open tray in two-piece dental implants the following components and technique can be used:**

- A. **Direct impression transfers;**
- B. **Indirect impression transfers;**
- C. Two step impression technique;
- D. **One-step impression technique with monophasic material;**
- E. **One step double impression technique.**

**214) For impression with closed tray in two-piece implants the following components and technique can be used:**

- A. Direct impression transfers;
- B. **Indirect impression transfers;**
- C. Double-step impression technique;
- D. One-step impression technique;
- E. **One-step double impression technique.**

**215) For impression on two-piece dental implants the following can be used:**

- A. **Direct impression transfers;**
- B. **Indirect impression transfers;**
- C. Double step impression technique;
- D. **One step impression technique with monophasic impression material;**
- E. **One step double impression technique.**

**216) For impression on monolithic (one-piece) dental implants can be used:**

- A. Direct impression transfers;
- B. Indirect impression transfers;
- C. **Impression copings;**
- D. **Two step double impression technique;**
- E. **One step double impression technique.**

**217) The superstructures on implants can be fixed by:**

- A. **Screwing;**
- B. Welding;
- C. **Cementation;**
- D. Gluing;
- E. By mechanical friction (cold welding).

**218) The recommended force for abutment fixation ranges between:**

- A. 10-15 N/cm;
- B. 16-25 N/cm;
- C. **25-30 N/cm;**
- D. 35-40 N/cm;
- E. More than 45 N/cm.

**219) The major disadvantages of cemented retained implant prostheses are:**

- A. **The possibility of cement overflowing in periimplant space;**
- B. The abutment access hole projects on esthetic visible parts;
- C. The possibility of occlusal surface disturbance;
- D. **More complicated professional maintenance;**
- E. **More frequent biological complications.**

**220) The main advantages of cemented retained implant prostheses are:**

- A. The possibility of cement overflowing in the periimplant space;
- B. **The abutment access hole does not disturb the esthetics;**
- C. **Functional equilibrated occlusal surface;**
- D. More complicated professional maintenance;
- E. More frequent biological complications.

**221) The main disadvantages of screw retained implant prostheses are:**

- A. The possibility of cement overflowing in periimplant space;
- B. **The projection of abutment access hole on visible esthetic parts;**
- C. **The possibility of occlusal surface modification;**
- D. More complicated professional maintenance;
- E. More frequent biological complications.

**222) The main advantages of screw retained implant supported prostheses are:**

- A. **The cement overflow in the periimplant tissue is impossible;**
- B. The abutment access hole does not influence the esthetics;
- C. The occlusal surface is functionally equilibrated;
- D. **The professional maintenance over time is easier;**
- E. **The biological complications are statistically less.**

**223) The minimum distance between the implant and adjacent teeth is:**

- A. 2-3mm;
- B. 1-0.5mm;
- C. 0.5-1mm;
- D. **1.5-2 mm;**
- E. Does not matter.

**224) The minimal mesial-distal length of the edentulous span for a 4 mm diameter implant must be:**

- A. 3-4 mm;
- B. 8-9 mm;
- C. **7 mm;**
- D. 5-6 mm;
- E. 11 mm.



**225) The secondary stability is defined as:**

- A. Mechanical stability during implant insertion;
- B. Mechanical stability after osseointegration period;
- C. Biological stability after osseointegration period;**
- D. Biological stability after implant insertion;
- E. Biological stability obtained during the osseointegration period.

**226) Primary implant stability is defined as:**

- A. Mechanical stability obtained during implant insertion;**
- B. Mechanical stability after osseointegration period;
- C. Biological stability after osseointegration period;
- D. Biological stability after implant insertion;
- E. Biological stability obtained during the osseointegration period.

**227) The term superstructure in dental implantology means:**

- A. Implant;
- B. Implant prostheses;**
- C. Fixation screw;
- D. The element connecting the implant and prosthesis;
- E. Healing abutment.

**228) The term infrastructure in dental implantology means:**

- A. Implant;**
- B. Implant prostheses;
- C. Fixation screw;
- D. The element connecting the implant and prosthesis;
- E. Healing abutment.

**229) The prosthesis fixation (connection) on implant can be:**

- A. Solely on implant;
- B. Implant-to-teeth connection;
- C. Cemented;**
- D. Screwed;**
- E. Combined.**

**230) Implant prostheses can have the support:**

- A. Solely on implant;
- B. Implant-to-teeth connection;**
- C. Cemented;
- D. Screwed;
- E. Combined.

**231) Depending on the way of prostheses fixation on implants the following prostheses are known:**

- A. Fixed;**
- B. Removable;**
- C. Demountable;**
- D. Combined;**
- E. Temporary.

**232) The following impression techniques are use in implant prosthodontics:**

- A. Monophasic impression;
- B. One-step double impression (sandwich);**
- C. Two-steps double impression;**
- D. Direct;**

E. **Indirect.**

**233) The method of permanent abutment fixation can be realized by:**

- A. Telescopic systems;
- B. Precise attachments;
- C. Swing-lock systems;
- D. Cementing;
- E. **Screwing.**

**234) The healing abutment fixed immediately after implant placement aims to:**

- A. Immediate implant loading;
- B. Early implant loading;
- C. **Creation of prosthetic emergence profile;**
- D. **Creation of periimplant emergence profile;**
- E. **Avoidance of second surgical step.**

**235) The choice of implant abutment depends on:**

- A. Edentulism type;
- B. Topography of the breach;
- C. **Implant insertion angle;**
- D. **Type of prosthesis fixation;**
- E. **Type of prosthesis support.**

**236) Depending on the type of implant placement, the last can be divided in:**

- A. Monolithic;
- B. Two-piece;
- C. **One-stage;**
- D. **Two stage;**
- E. Lamellar.

**237) Depending on the relation to the bone, the screw type implant is:**

- A. Intramucosal;
- B. Subperiosteal;
- C. Endosseous and subperiosteal;
- D. **Endosseous;**
- E. Intracortical.

**238) The implant placement one year after extraction is considered to be:**

- A. Conventional;
- B. Conventional-delayed;
- C. Immediate;
- D. Early;
- E. **Late.**

**239) The prostheses applied during osseointegration period are considered to be:**

- A. Permanent;
- B. Temporary;
- C. **Interim;**
- D. Conventional;
- E. Immediate.

**240) The prostheses made for the period until the permanent prostheses are done are called:**

- A. Permanent;
- B. **Temporary;**

- C. Interim;
- D. Conventional;
- E. Immediate.

241) Osteointegration depends on;

- a. Implant surface**
- b. Bone quality & quantity**
- c. Existing vascularization**
- d. Vicious habits
- e. Proper prosthesis**

242) Electromyography registers:

- a) movement of the lower jaw
- b) TMJ movement
- c) biopotentials of the muscles of the maxillofacial region**
- d) hemodynamics of the muscles of the maxillofacial region
- e) movement of the lower jaw and movement of the TMJ

243) At the oral type of breathing is formed:

- a) deep incisal occlusion
- b) reverse incisal disocclusion
- c) vertical incisal disocclusion**
- d) mesial occlusion
- e) cross occlusion

244) The exobuccal clinical examination includes the evaluation of:

- a. ATM and mouth opening**
- b. Occlusal analysis
- c. The harmony of the different floors of the face**
- d. Vertical Occlusion Dimension**
- e. The smile line**

245) The role of normalization of occlusion during implantation:

- a) one of the main parameters affecting the success of treatment**
- 2) does not affect the result of implantation
- 3) may affect the outcome in some patients
- 4) no great importance is attached to the elimination of occlusal disorders
- 5) influences on the result of treatment in patients with concomitant pathology

246) One of the most important clinical signs of a fracture of the mandible&gt;

- a) violation of the bite with closed jaws**
- b) inability to close the mouth
- c) deep overlap of the lower teeth by the upper
- d) distal shift of the lower jaw
- e) inability to close lips

247) A more expedient design of the obturator in the complete absence of the upper jaw is

- a) hollow, air obturator**
- b) the obturator is massive, monolithic
- c) the obturator is made in the form of a thin plate
- d) varied obturator design
- e) floating obturator

248) The endobuccal clinical examination includes the evaluation of:

- a) Soft parts
- b) aesthetic evaluation**
- c) periodontal balance**
- d) occlusal analysis**
- e) prosthetic examination**

249) Fixed prosthetic restorations on implants must meet the following criteria:

- a. **The cervical limit on the structure should be located supragingivally**
- b. **The implant should be located in an area without excessive muscle tension**
- c. **It is good to have a keratinized gum band around the implants**
- d. The cervical limit on the structure should be located subgingivally
- e. Creating a dense collagen flap

250) Indicate the reasons leading to incorrectly healed fractures

- a) **incorrect juxtaposition of fragments**
- b) insufficient fixation of fragments
- c) violation of oral hygiene
- d) the use of remedial gymnastics
- e) violation of the diet