**Tests discipline "Dentistry" module "Cariesology and diseases of hard tissues of teeth"2 course (4 semester)**

**1. The minimum necessary area for organization of the office of a dental therapist is**

1) 10 sq. m

2) 12 sq. m

3) 14 sq. m \*

4) 6 sq. m

5) 20 sq. m

**2. For storing poisonous substances in the office of therapeutic dentistry, it is marked with the letter**

1) A \*

2) B

3) C

4) I

5) B

**3. Characteristic of light is most important for the preadaptation of the dentist's Vision**

1) light level

2) emission spectrum

3) uniformity at different points in the room \*

4) lack of glitter

5) there is no right answer

**4. Minimum Size for Supplementary Workplace in The Office inTherapeutic Dentistry**

1) 5 sq. m.

2) 7 sq. m.

3) 10 sq. m \*

4) 12 sq. m.

5) 15 sq. m.

**5. Windows in The Dental Office Are Oriented To**

1) south

2) north \*

3) east

4) west

5) southwest

**6. Type of Power Supply of theSfu Are Divided Into**

1) powered by AC power \*

2) powered by energy LEDs

3) powered by laser energy

4) all of the above is true

5) n is a correct answer

**7. To increase battery life, battery- type sfu is required**

1) to minimize the time of one-time polymerization of materials

2) minimize the time of one-time polymerization of materials

3) compliance with the "charge-discharge" mode of batteries \*

4) extra careful care of the condition of the fiber

5) all of the above is true

**8. Dual led are designed for**

1) for polymerizing material in small cavities

2) for polymerization of materials in orthodontic practice

3) only for caries diagnostics

4) for the simultaneous supply of the light flux to different surfaces of the tooth \*

5) n is the correct answer

**9. The survey includes**

1) life history

2) complaints

3) medical history

4) true 1) 2) 3) \*

5) palpation

**10. Examination of teeth is**

1) tapping on the tooth to determine the state of the periodontium

2) palpation to determine tissue swelling, compaction and mobility

3) assessment of the color and integrity of the enamel using a probe and a mirror \*

4) determination of the deviation of the tooth from the axis

5) determination of the reaction of the tooth to thermal stimuli

**11. Upon visual inspection, it is determined**

1) the presence of a carious cavity \*

2) the depth of the carious cavity

3) communication of the carious cavity with the pulp chamber

4) the presence of softened dentin

5) soreness of the bottom of the carious cavity

**12. Tools for primary examination in dental practice**

1) mirror, trowel

2) mirror, probe \*

3) mirror, tweezers

4) tweezers, probe

5) probe, corkscrew

**13. Probing allows you to determine**

1) the presence and depth of a carious cavity

2) the presence of softened dentin

3) soreness of the bottom of the carious cavity

4) the presence of communication of the carious cavity with the pulp chamber

5) everything above is true \*

**14. Palpation is**

1) tapping on the tooth to determine the state of the periodontium

2) palpation to determine swelling, thickening and mobility of tissues \*

3) assessment of the integrity of the enamel using a probe and a mirror

4) determination of the deviation of the tooth from the axis

5) determination of the reaction of the tooth to thermal stimuli

**15. Tooth percussion is**

1) tapping on the tooth to determine the state of the periodontium \*

2) palpation to determine swelling, thickening and tissue mobility

3) assessment of the color, integrity of the enamel using a probe and a mirror

4) determination of the deviation of the tooth from the axis

5) determination of the reaction of the tooth to thermal stimuli

**16. Percussion assesses the state of**

1) pulp

2) periodontal \*

3) enamels

4) dentine

5) oral mucosa

**17. Tooth mobility is**

1) tapping on the tooth to determine the state of the periodontium

2) palpation to determine swelling, induration, mobility of organs or tissues

3) assessment of the color, integrity of the enamel using a probe and a mirror

4) determination of the deviation of the tooth from the axis \*

5) determination of the reaction of the tooth to thermal stimuli

**18. Temperature test is**

1) palpation to determine swelling, induration, mobility of organs or tissues

2) assessment of the color, integrity of the enamel using a probe and a mirror

3) determination of the deviation of the tooth along the axis

4) determination of the reaction of the tooth to thermal stimuli \*

5) tapping on the tooth to determine the state of the periodontium

**19. Additional methods of examination in case of enamel caries (in the stage of stains)**

1) transillumination

2) luminescence

3) vital staining

4) true 1) 2) 3) \*

5) sounding

**20. The method of luminescent diagnostics is based on**

1) shadow formation when passing a beam of light \*

2) the features of fabrics to change color under the action of ultraviolet rays

3) the ability to respond to the action of an electric current

4) the ability to respond to temperature stimuli

5) determination of integrity and enamel

**21. Determination of the dental pulp reaction to thermal stimuli – this is**

1) percussion

2) sounding

3) electroodontometry

4) thermometry \*

5) radiography

**22. Electroodontometry is used for**

1) determining the state of the nerve endings of the pulp \*

2) determining the state of the nerve endings of the periodontium

3) determining the state of blood vessels

4) identifying denticles

5) there is no right answer

**23. Staining of the enamel demineralization focus with methylene blue solution occurs due to**

1) lowering the pH of dental plaque

2) increasing the permeability of enamel in the affected area \*

3) violations of the Ca / P ratio of enamel

4) destruction of the surface layer of enamel

5) colonization of bacteria on the tooth surface

**24. When examining the jaw, the lymph nodes are not palpated**

1) chin

2) submandibular

3) cervical

4) parotid

5) maxillary \*

**25.With reference, confirming the patient's life history,**

1) parental health

2) working conditions, everyday life, food

3) rest conditions

4) bad habits

5) everything above is true \*

**26. During the interview it is necessary**

1) establish trusting contact

2) determine the neuropsychic status of the patient

3) help the patient to present a medical history

4) analyze complaints, the course of development of the disease

5) everything above is true \*

**27. Methods for diagnosing caries in the stain stage are based on**

1) stability of enamel

2) decrease in enamel permeability

3) increasing the permeability of enamel \*

4) a change in the organic component of the enamel

5) change in the inorganic component of the enamel

**28. The diagnosis of caries in the spot stage is based on**

1) sensing the surface of the spot

2) drying and staining the carious stain \*

3) electroodontometry

4) thermometry

5) radiography

**29. Vital staining of teeth for the diagnosis of caries is carried out**

1)methylene blue \*

2) potassium permanganate

3) iodine preparations

4) erythrosine

5) brilliant green

**30. Therapeutic and diagnostic value of the medical card of a dental patient**

1) according to the records, they carry out medical measures \*

2) is a source of information about the causes of diseases

3) characterize the "face" of the institution, the level of medical work

4) may become the subject of legal proceedings

5) there is no right answer

**31. The legal significance of the medical record of a dental patient**

1) according to the records in it, diagnostic measures are carried out

2) is a source of information about the causes of diseases

3) characterize the "face" of the institution, the level of medical work

4) may become the subject of legal proceedings \*

5) there is no right answer

**32. The main function of saliva**

1) transport

2) protective

3) mineralizing \*

4) sensitive

5) plastic

**33. The main mineralizing protective factor of the oral fluid**

1) saliva saturated with calcium and phosphorus ions \*

2) pellicle

3) bicarbonate buffer in saliva

4) increasing the viscosity of the oral fluid

5) decrease in the viscosity of the oral fluid

**34. The main structural unit of enamel**

1) crystal of hydroxyapatite

2) enamel prism \*

3) strips Gunder-Shregera

4) dentinal tubules

5) processes of odontoblasts

**35. The greatest influence on the maturation of enamel has**

1) fluorine \*

2) molybdenum

3) strontium

4) calcium

5) magnesium

**36. The processes of mineralization and remineralization of enamel are provided due to the intake from the oral fluid**

1) calcium, phosphates, fluorides \*

2) proteins, vitamins

3) oxygen, hydrogen

4) proteins, oxygen

5) organic acids

**37. Tertiary (irregular) is formed in**

1) the process of tooth development

2) as a result of calcification of dentinal tubules

3) the formed tooth in the process of function

4) response to the action of an external factor (in pathological conditions) \*

5) there is no right advice

**38. Contents of the dentin tube**

1) the process of odontoblast

2) nerve fiber

3) dentin fluid

4) true 2) 3) \*

5) intertubular dentin

**39. The pathological process of hard tissues of teeth, which develops after their eruption, in which demineralization and proteolysis occur, followed by the formation of a defect under the influence of external and internal factors is**

1) hypoplasia

2) erosion

3) abrasion

4) caries \*

5) fluorosis

**40. The basis of the modern theory of caries**

1) physical and chemical theory

2) biological theory

3) chemical-parasitic theory \*

4) trophoneurotic theory

5) biochemical

**41. The prevalence of caries is**

1) the average number of teeth affected by caries and its complications

2) the percentage of people with carious, filled and extracted teeth \*

3) the number of new carious lesions per year

4) the average number of teeth affected by caries

5) the average number of filled teeth

**42. The intensity of caries is**

1) the average number of teeth affected by caries and its complications \*

2) the percentage of people with carious, filled and extracted teeth

3) the number of new carious lesions per year

4) the average number of teeth affected by caries

5) the average number of filled teeth

**43. The increase in caries is**

1) the average number of teeth affected by caries and its complications

2) the percentage of people with carious, filled and extracted teeth

3) the number of new carious lesions per year \*

4) the average number of teeth affected by caries

5) the average number of filled teeth

**44. The property of microorganisms which plays an important role in the occurrence of caries is**

1) release exotoxins

2) antibiotic resistance

3) the ability to cause dysbiosis

4) adaptation to changing environmental conditions

5) the formation of organic acids \*

**45. Demineralization of enamel begins in its layer**

1) superficial

2) subsurface \*

3) simultaneously in all layers

4) deep

5) there is no right answer

**46. ​​Local cariogenic factors**

1) climatic conditions

2) change in the quantity and quality of the oral fluid \*

3) diet and drinking water

4) fluoride content in drinking water

5) hereditary and somatic diseases

**47. The leading role in the development of caries belongs**

1) Str . Salivaris

2) Str . Mutans \*

3) Lactobacillus

4) Str . sangius

5) Str. aureus

**48. A pathological effect on the pulp leads to the formation of**

1) tertiary dentin \*

2) enamels

3) cell cement

4) primary dentin

5) irregular dentin

**49. General cariogenic factors are**

1) malnutrition

2) drinking water low in fluoride

3) somatic diseases

4) hereditary predisposition

5) everything above is true \*

**50. For the implementation of cariogenic factors, it is necessary to take into account**

1) factor surprises Torr

2) the fact op duration \*

3) f actor surprise

4) factor of short duration

5) sequencing factor

**51. The carious process develops when**

1) equilibrium of re- and demineralization

2) the predominance of demineralization

3) lack of remineralization \*

4) dysmineralization

5) there is no right answer

**52. The interaction between cariogenic flora and carbohydrate causing a low resistance of dental tissues leads to the development of**

1) non-carious lesions

2) caries \*

3) periodontal disease

4) diseases of the oral mucosa

5) dysbiosis

**53. Caries resistance is the resistance to action of**

1) acids

2) alkalis

3) cariogenic factors \*

4) abrasive factor

5) temperature factors

**54. Immune zones of the tooth are**

1) fissures and grooves on the teeth

2) the cervical third of the visible crown of the tooth

3) chewing surfaces of teeth

4) tubercles, equator and vestibular surfaces of teeth \*

5) palatine and lingual surfaces of teeth

**55. The level of resistance of the body to the carious process is reduced by**

1) dental plaque

2) diseases associated with dysregulation of metabolic processes in the body \*

3) carbohydrates and food proteins

4) insufficient fluoride content in drinking water

5) is true all, the above listed.

**56. At the initial caries in the enamel occurs**

1) destruction of enamel matrix protein

2) demineralization and remineralization \*

3) demineralization of enamel

4) on Rushen communication between the protein components of enamel

5) resorption of enamel

**57. The main risk factor causing caries**

1) high content of fluoride in drinking water

2) poor oral hygiene \*

3) concomitant diseases

4) social factor

5) poor nutrition

**58. In case of caries of enamel, a loss of ions occurs from the subsurface layer of enamel**

1) fluorine

2) carbonates

3) calcium \*

4) sodium

5) strontium

**59. Classification of carious cavities according to Black is**

1) according to the clinical course

2) by the depth of the lesion

3) topographic \*

4) geographical

5) by the number of affected teeth

**60. Basis for Black's classification**

1) localization of caries on the surface of the tooth

2) clinical course

3) topography of carious cavities \*

4) the depth of the lesion

5) methods of treatment

**61. According to the classification of Black, class IV is the cavity located on**

1) the contact surface of molars and premolars

2) the contact surface of the incisors and canines without violating the incisal edge

3) the contact surface of the incisors and canines with a violation of the angle and incisal edge\*

4) in the cervical region of all groups of teeth

5) on the tubercles and cutting edges of the contact surface of the incisors and canines

**62 . According to Black's classification, class I are carious cavities located**

1) in the fissures of molars and premolars \*

2) on the contact surface of molars

3) in the cervical region of molars

4) on the contact surface of the canines

5) on the contact surface of the premolars

**63. According to Black's classification, class III is carious cavities located on**

1) the contact surface of the premolars

2) the vestibular surface of the incisors

3) the contact surface of the incisors and canines \*

4) chewing surface of molars

5) the chewing surface of premolars

**64. According to Black's classification, class II is carious cavities located on**

1) contact surface of molars \*

2) the contact surface of the canines

3) the buccal surface of the molars

4) the medial surface of the incisors

5) the lateral surface of the incisors

**65. On the Black classification, class I is a cavity located**

1) on the contact surface of 2.3 teeth

2) on the front surface of 2.7 teeth

3) in the blind fossa of 1.2 tooth \*

4) on the vestibular surface of 3.1 teeth

5) in the cervical region

**66. Cavity on the contact surface of the tooth 3.3 below the equator of the tooth according to Black's classification is class**

1) 1

2) 2

3) 3 \*

4) 4

5) 5

**67. cavity located in chewing surface of the tooth 3.8 according to the Black’s classification is class**

1) 1 \*

2) 2

3) 3

4) 4

5) 5

**68. Class according to Black's classification in the localization of a carious cavity on the distal surface of the tooth 2.6**

1) I

2) II \*

3) III

4) IV

5) V

**69. Class according to Black's classification with localization of a carious cavity on the medial surface of the tooth 4.3**

1) I

2) II

3) III \*

4) IV

5) V

**70. Black class for localization of a carious cavity in the blind fossa of the tooth 1.1**

1) I \*

2) II

3) III

4) IV

5) V

**71. What is the OMS’s classification of enamel caries (ICD-10)**

1) K02.0 \*

2) K02.1

3) K02.2

4) K02.3

5) K02.6

**72. What is the OMS’s classification of dentin caries (ICD-10)**

1) K02.0

2) K02.1 \*

3) K02.2

4) K02.3

5) K02.6

**73. What is the OMS’s classification of caries of cement (ICD-10)**

1) K02.0

2) K02.1

3) K02.2 \*

4) K02.3

5) K02.4

**74. What is the OMS’s classification of interrupted caries (ICD-10)**

1) K02.0

2) K02.1

3) K02.2

4) K02.3 \*

5) K02.5

**75. Code according to ICD - K02.0 corresponds to**

1) destructive changes in enamel and dentin with the transition of the enamel-dentin border

2) damage to the exposed surface of the tooth root in the cervical region

3) the presence of a dark pigmented spot within the enamel (focal demineralization of the enamel)

4) discoloration (matte surface) or texture (roughness) of the enamel in the absence of a carious cavity \*

5) there is no right answer

**76. Code according to ICD - K02.1 corresponds to**

1) discoloration (matte surface) or texture (roughness) of the enamel in the absence of a carious cavity

2) destructive changes in enamel and dentin with the transition of the enamel-dentin border \*

3) damage to the exposed surface of the tooth root in the cervical region

4) the presence of a dark pigmented spot within the enamel (focal demineralization of the enamel)

5) there is no right answer

**77. Code according to ICD - K02.2 corresponds to**

1) discoloration (matte surface) or texture (roughness) of the enamel in the absence of a carious cavity

2) destructive changes in enamel and dentin with the transition of the enamel-dentin border

3) damage to the exposed surface of the tooth root in the cervical region

4) the presence of a dark pigmented spot within the enamel (focal demineralization of the enamel) \*

5) there is no right answer

**78. Code according to ICD - K02.3 corresponds to**

1) discoloration (matte surface) or texture (roughness) of the enamel in the absence of a carious cavity

2) damage to the exposed surface of the tooth root in the cervical region \*

3) the presence of a dark pigmented spot within the enamel (focal demineralization of the enamel)

4) destructive changes in enamel and dentin with the transition of the enamel-dentin border

5) there is no right answer

**79. The diagnosis "deep caries" corresponds to the diagnosis according to ICD-10 to**

1) enamel caries

2) dentin caries \*

3) caries of cement

4) pulp hyperemia

5) recurrent caries

**80. Most often, foci of enamel demineralization are localized in the area of**

1) incisal

2) bumps of the chewing surface

3) lingual surface

4) fissures and cervical area \*

5) there is no typical localization

**81.Clinical picture of dentin caries**

1) wedge-shaped defect in the area of the tooth necks

2) rounded defect on the convex part of the vestibular surface of the crown

3) defect with signs of demineralization, rough bottom and walls\*

4) white spot or yellow tint on the enamel surface

5) no right answer

**82. Dentine pain is due to**

1) direct chemical action on nerve’s closure tooth pulp

2) exposure to exposed dentinal tubules communicating with the pulp of the tooth \*

3) direct mechanical action on the nerve endings of the dental pulp

4) the factor of interstitial pressure in the periapical region

5) none of the above

**83. Complaints of dentin caries on**

1) a sense of soreness

2) aesthetic defect

3) short-term pain only from chemical irritants

4) Short time pain from thermal, chemical and mechanical stimuli \*

5) cosmetic defect

**84. The main signs of the lesion focus in case of enamel caries**

1) surface roughness and defect within the enamel \*

2) a defect within the mantle / peri-pulp dentin

3) a rounded defect on the vestibular surface with a smooth bottom

4) wedge-shaped defect with smooth surfaces

5) multiple yellow spot in all enamel surfaces

**85. The main signs of the lesion focus in dentin caries**

1) defect within the mantle / peri-pulp dentin \*

2) a rounded defect on the vestibular surface with a smooth bottom

3) wedge-shaped defect with smooth surfaces

4) white spot or yellow tint in all enamel’s surfaces

5) defect within the enamel

**86. Complaints enamel caries with at**

1) pain when biting on a tooth

2) continued pain from stimuli temperature

3) a feeling of soreness, short-term pain from temperature and chemical irritants \*

4) wedge-shaped defect with smooth surfaces

5) aesthetic defect

**87. Recurrence of caries is**

1) in the renewal of the process with incomplete removal of the carious lesion \*

2) carious lesions next to the filling in a previously treated tooth

3) defect on the vestibule of the bright surface

4) a defect in the shape of a wedge in the cervical region

5) carious process in permanent teeth

**88. Signs allowing to diagnose "dentin caries"**

1) the defect is located in the surface layers of the enamel

2) a feeling of soreness, to temporary pain from chemical irritants

3) pain from thermal stimuli, quickly passes after removal of the stimulus, cavity in the deep layers of dentin, painful probing throughout the bottom \*

4) long painafter removing the stimulus, sensing painful at one point

5) carious cavity communicates with the cavity of a tooth, pain offline is

**89. The differential diagnosis of caries in the stain stage is carried out with**

1) acute pulpitis

2) erosion of enamel

3) acid necrosis

4) fluorosis and hypoplasia \*

5) dentin caries

**90. Differences between initial caries and enamel erosion are**

1) typical localization of the defect, staining with methylene blue solution, softening of the affected areas \*

2) lack of staining with vital dyes, solid bottom of the defect

3) defect only on the vestibule of the bright surface

4) wedge-shaped defect with smooth surfaces

5) carious process in permanent teeth

**91. Differential diagnosis of dentin caries is carried out with**

1) caries in the stage of stains

2) chronic granulomatous periodontitis

3) a destructive form of fluorosis

4) chronic pulpitis \*

5) hypoplasia

**92. The reversibility of the process of focal demineralization is associated with**

1) increasing the permeability of enamel

2) loss of calcium ions from the damaged area

3) preservation of the organic base of the enamel \*

4) the formation of a pellicle on the enamel surface

5) an increase in the viscosity of saliva

**93. Remineralizing therapy is a technique which consist in**

1) filling

2) aesthetic restoration

3) artificial saturation of enamel with mineralizing components \*

4) saturation of enamel with organic components

5) an increase in the viscosity of saliva

**94. Treatment of caries without preparation is carried out at**

1) generalized process

2) caries of cement

3) in the stage of a white spot \*

4) stalled caries

5) dentin caries

**95. Conservative caries treatment involves**

1) necrosectomy

2) mummification

3) remineralization \*

4) demineralization

5) restoration

**96. The main components of remineralizing therapy are**

1) sodium, magnesium

2) iodine, bromine

3) calcium, fluorine \*

4) iron, strontium

5) silver, gold

**97. When forming a carious cavity, take into account**

1) topography of the tooth cavity

2) stage of carious lesion

3) caries activity

4) localization of the carious cavity

5) all of the above \*

**98. The use of calcium hydroxide in dentin caries is based on**

1) antibacterial effect

2) anti-inflammatory and odontotropic action \*

3) the ability to inhibit the action of bacterial enzymes

4) desensitizing effect

5) a change in the reaction towards acidification of the environment

**99. The effectiveness of remineralizing therapy depends on**

1) patient gender

2) oral hygiene \*

3) patient operating mode

4) the time of the therapy procedures (morning, afternoon, evening)

5) temperature control

**100. To carry out remineralizing therapy, a solution is used**

1) 10% calcium gluconate \*

2) 5% iodine

3) 1% chlorhexidine

4) 3% hydrogen peroxide

5) 10% lisetol

**101. The effectiveness of remineralization can be judged by**

1) an increase in the growth of caries

2) reduce the growth of caries

3) the appearance of new white carious spots

4) stabilization or disappearance of white spots of enamel \*

5) reduce gum inflammation

**102. Medicines for remotherapy**

1) 3% remodeling

2) 10% calcium gluconate solution

3) 2% sodium fluoride solution

4) fluoride varnish

5) everything above is true \*

**103. The effect of local fluorization is based on**

1) a decrease in the solubility and permeability of enamel, the formation of fluoroappatite \*

2) improving the tropism of the tooth

3) bactericidal action of fluorine

4) strengthening the protein matrix of enamel

5) changing the pH of saliva

**104. The most preferred treatment for enamel caries**

1) grinding off the affected enamel

2) excision of the affected enamel followed by filling

3) restoration of the mineral composition of the enamel \*

4) all of the above

5) none of the above answers

**105. Treatment plan for dentin caries**

1) anesthesia, preparation, antiseptic treatment, permanent filling

2) anesthesia, preparation, antiseptic treatment, base pad, permanent filling

3) anesthesia, preparation, antiseptic treatment, curative pad, base pad, permanent filling \*

4) antiseptic treatment, healing pad, base pad, permanent filling

5) preparation, antiseptic treatment, permanent filling

**106. The system of preparation of cavities on the G. Black**

1) mechanical processing followed by filling with glass ionomer cements

2) minimal invasive intervention

3) preventive expansion of the carious cavity to intact areas \*

4) removal of all caries-affected tissues

5) does not require the creation of a "box-like" cavity

**107. Features of preparation of deep carious cavity**

1) the formation of sheer walls

2) formation of a flat bottom

3) formation of the bottom depending on the depth of the lesion and the topography of the tooth cavity \*

4) preservation of demineralized, softened dentin at the bottom of the cavity

5) finishing the edges of the enamel

**108. Stages of preparation of a carious cavity**

1) anesthesia, necrectomy, finishing

2) anesthesia, expansion of the carious cavity, necrectomy

3) expansion of the carious cavity, necrectomy, finishing

4) opening of the carious cavity, necrectomy, formation of the bottom and walls of the carious cavity, finishing \*

5) pain relief, necrectomy, shaping

**109. Necrectomy is**

1) removal of overhanging edges of enamel that do not have support on dentin

2) creating the best conditions for fixing the filling material

3) final removal of the affected tissues of enamel and dentin \*

4) removal of pigmented dentin from the bottom and walls of the carious cavity

5) smoothing the edges of the enamel

**110. Finishing is**

1) removal of softened / pigmented dentin from the bottom and walls of the carious cavity

2) removal of overhanging edges of enamel that do not have support on dentin

3) smoothing the edges of the enamel \*

4) the final removal of the affected tissues of enamel and dentin

5) etching enamel

**111. The opening of a carious cavity is**

1) removal of softened and pigmented dentin from the bottom and walls of the carious cavity

2) removal of overhanging edges of enamel that do not have support on dentin \*

3) creating the best conditions for fixing the filling material

4) the final removal of the affected tissues of enamel and dentin

5) there is no right answer

**112. The first stage of preparation of the carious cavity**

1) antiseptic treatment

2) necrectomy

3) the formation of a carious cavity

4) disclosure of the carious cavity \*

5) etching

**113. The formation of a carious cavity is**

1) the final removal of the affected tissues of enamel and dentin

2) smoothing the edges of the enamel

3) removal of overhanging edges of enamel that do not have support on dentin

4) creating the best conditions for fixing the filling material \*

5) there is no right answer

**114. Expansion of the carious cavity is**

1) removal of softened and pigmented dentin from the bottom and walls of the carious cavity

2) removal of overhanging edges of enamel that do not have support on dentin

3) creating the best conditions for fixing the filling material

4) the final removal of the affected tissues of enamel and dentin \*

5) etching the carious cavity

**115. Insufficient removal of necrotic dentin from the bottom and walls of the carious cavity can lead to**

1) to accidental opening of the tooth cavity

2) breakdown of the wall of the carious cavity

3) recurrence of caries \*

4) acute pulpitis

5) pulp necrosis

**116. Basically the first principle of the formation of cavities by Black**

1) creation of additional sites

2) excision of the overhanging edges of the cavity

3) preventive expansion of the cavity

4) creating a box-shaped cavity \*

5) complete excision of necrotizing dentin

**117. Tunnel method of preparation of a class II carious cavity allows to**

1) with form contact point

2) keep the natural contact point \*

3) preserve the chewing surface

4) preserve tooth pulp

5) maintain the contact surface of the adjacent tooth

**118. The principle of formation, aimed at preventing recurrence of caries**

1) creation of additional platforms and retention points

2) excision of the overhanging edges of the enamel

3) box-shaped cavity

4) preventive expansion of the cavity \*

5) maximum sparing of tooth tissues

**119. Dissection of a class II cavity without bringing it to the chewing surface is carried out in the case of a carious cavity.**

1) below the equator of the tooth with good access \*

2) above the equator in the absence of access

3) below the equator in the absence of access

4) above the equator with good access

5) above and below the equator with good access

**120. Physical method of preparation of hard tooth tissues**

1) using the "Carisolve " system containing a mixture of amino acids and sodium hypochlorite

2) using the Sonic flexhand piece

3) using rotary and hand instruments

4) due to the action of a powerful focused stream of particles of alpha-alumina

5) using an erbium laser \*

**121. Removal of the softened dentin of the carious cavity is performed**

1) with a diamond bur at a speed of 400,000 rpm

2) with an excavator \*

3) a ball-shaped bur with a rotation speed of 4500 rpm

4) a diamond bur with white marking with a rotation speed of 100,000 rpm

5) a reverse cone bur with a rotation speed of 4500 rpm

**122. Removal of dense carious dentin is performed**

1) with a diamond bur at a speed of 400,000 rpm

2) an excavator

3) a ball-shaped bur with a rotation speed of 4500 rpm \*

4) diamond bur with white marking at 4500 rpm

5) a reverse cone bur with a rotation speed of 4500 rpm

**123. The criterion for the final preparation of the carious cavity is the presence of**

1) softened dentin at the bottom of the carious cavity

2) P & G mental type dentin walls of cavity

3) dense dentin on the bottom cavity, coloring caries detector

4) light dense dentin on the bottom and walls of the carious cavity without staining with a caries detector \*

5) pigmented dentin on the walls and softened dentin at the bottom of the carious cavity

**124. A caries detector is used to detect**

1) the outer layer of carious dentin

2) secondary dentine

3) the inner layer of carious dentin \*

4) tertiary dentin.

5) irregular dentin

**125. System preparation cavities of the G. Black**

1) preventive expansion of the carious cavity to intact areas \*

2) removal of all tissues affected by caries - the principle of "biological expediency"

3) does not require the creation of a "box-like" cavity

4) minimal invasive intervention

5) there is no right answer

**126. System for preparation of carious cavities according to I.G. Lukomsky**

1) preventive expansion of the carious cavity to intact zones   "prolongation to prevent"

2) removal of all tissues affected by caries - the principle of "biological expediency" \*

3) does not require the creation of a "box-like" cavity

4) minimal invasive intervention

5) there is no right answer

**127. Air-abrasive preparation of hard tooth tissues**

1) using rotary and hand instruments

2) using the "Carisolve " system containing a mixture of amino acids and sodium hypochlorite

3) using the "Sonicflex" handpiece

4) due to the action of a powerful focused stream of particles of alpha-alumina \*

5) using an erbium laser

**128. An additional cavity in tooth 1.1 is formed on the surface**

1) medial

2) distal

3) vestibular

4) palatine \*

5) lingual

**129. Mechanical method of preparation of hard tooth tissues**

1) due to the action of a powerful focused stream of particles of alpha-alumina

2) using an erbium laser

3) using rotary and hand instruments \*

4) using the "Carisolve " system containing a mixture of amino acids and sodium hypochlorite

5) using the "Sonicflex" handpiece

**130. The form of preparation of the 1st class carious cavity is determined**

1) material for permanent filling

2) features of natural depressions in which caries develops \*

3) drug treatment

4) the shape of the preparation bur

5) the emotional state of the patient

**131. With the braid enamel under 45 ° is generated for**

1) increase adhesion and mask line \*

2) pain relief

3) reducing the toxicity of the material

4) elimination of the smeared layer

5) increasing the hydrophobicity of the enamel

**132. Preparation of a class I carious cavity involves**

1) maximum preservation of enamel on the chewing surface

2) partial opening of the fissure

3) full disclosure of fissures \*

4) maximum expansion of the carious cavity

5) excision of tubercles

**133. The contact surface is the surface of the tooth facing to the side**

1) lingual

2) vestibular

3) palatine

4) adjacent tooth \*

5) to the antagonist tooth

**134. The bottom of the cavity in dentin caries of class 1 according to Black is formed**

1) flat

2) oblique

3) stepwise

4) convex

5) repeating the curvature of the pulp cavity \*

**135. The length of the additional (support) platform for class II**

1) 0.5-1.0 mm below the enamel-dentin junction

2) is formed based on the principle of biological expediency

3) not less than 1/2 of the length of the main carious cavity \*

4) is equal to the width of the main cavity

5) there is no right answer

**136. The width of the additional (support) platform for the class II**

1) is equal to the width of the main cavity \*

2) 0.5-1.0 mm below the enamel-dentin junction

3) not less than 1/2 of the length of the main carious cavity

4) is formed based on the principle of biological expediency

5) there is no right answer

**137. The depth of the additional (support) platform for class II**

1) is formed based on the principle of biological expediency

2) must be at least ½ of the length of the main carious cavity

3) should be equal to the width of the main cavity

4) should be 0.5-1.0 mm below the enamel-dentin junction \*

5) there is no right answer

**138. MODP - this is a cavity which is formed in case of caries damage**

1) the distal surface of the tooth

2) the medial surface of the tooth

3) distal and medial surfaces of the tooth \*

4) the vestibular / palatal surface of the tooth

5) the cervical area of ​​the tooth

**139. Resistant shape of the cavity provides**

1) resistance of the dental structures remaining after preparation to chewing load \*

2) improving the shape of the tooth and solving aesthetic problems

3) the best interaction between filling material and dental structure

4) all of the above

5) there is no right answer

**140. Absolute isolation from saliva is achieved by using**

1) cotton rolls;

2) rollers and saliva ejector;

3) mini-lady, rollers, saliva ejector;

4) cofferdam (raberdam) \*

5) matrices and wedges.

**141. The wall of cavity class I tooth 1.6 facing the oral cavity is**

1) palatine \*

2) vestibular

3) lingual

4) medial

5) distal

**142. When preparing a class V carious cavity, there is no stage**

1) disclosure \*

2) preventive expansion

3) necrectomy

4) formation

5) finishing

**143. The curative pad is applied**

1) pointwise to the area of ​​the cavity bottom closest to the pulp \*

2) to the bottom and walls of the carious cavity, repeating the contours of the cavity

3) to the bottom of the cavity to the enamel-dentin border

4) on the walls of the carious cavity

5) to the edge of the carious cavity

**144. When the treatment is completed, the healing pad is covered**

1) insulating gasket \*

2) gauze bandage

3) permanent filling

4) temporary filling

5) fluoride varnish

**145. Long-term odontotropic effect in the composition of the medicinal pad is provided**

1) hydroxyapatite

2) fluorapatite

3) calcium gluconate

4) sodium fluoride

5) calcium hydroxide \*

**146. Eugenol in the medical pad violates**

1) adhesion process of zinc phosphate cement

2) polymerization and adhesion processes of composites\*

3) adhesion of silicophosphate cement

4) the color of restauration

5) the durability of the seal

**147. Technique of chemomechanical preparation (ART-technique):**

1) removal of all tissues affected by caries.

2) chemical and mechanical treatment of the carious cavity, followed by filling with glass

ionomer cements \*

3) minimal invasive intervention

4) does not require the creation of a "box-like" cavity

5) preventive expansion of the carious cavity to intact zones.

**148. Tooth filling is**

1) manipulation of periodontal tissues

2) manipulation for restoration of form and function of tooth\*

3) once dentistry cases studying treatments tooth and surrounding tissues

4) pathological process in hard tissues of teeth

5) manipulations with tooth pulp

**149. For the correct selection of the color of the restorative material,**

1) pre-etching

2) selective grinding

3) removal of plaque from the tooth surface \*

4) pain relief

5) bright light illumination

**150. The correct selection of the color of the restoration material is carried out at**

1) halogen light

2) artificial lighting in the evening

3) perfectly dried tooth surface

4) neutral daylight \*

5) bright sunlight

**151. Glass ionomer cement pad can be acid etched after being fixed through**

1) 1 min

2) 2 minutes

3) 3 minutes

4) 4 min \*

5) 10 min

**152. Acid etching of enamel is used for**

1) creating mechanical adhesion

2) removing plaques from the enamel surface

3) creating a site of microretention \*

4) creating chemical adhesion

5) improving the physical and mechanical properties of the material

**153. Filling of carious cavities is possible**

1) tunneling method

2) sandwich technique \*

3) stepbask

4) crowndown

5) remineralization

**154. Non-carious lesions of the teeth include**

1) enamel damage

2) pathological erasure

3) enamel hypoplasia

4) fluorosis

5) everything above is true \*

**155. Pathology of dental hard tissues arising during their development**

1) tooth erosion

2) hypoplasia, enamel hyperplasia, fluorosis \*

3) acid necrosis

4) wedge-shaped defect

5) pathological abrasion

**156. Causes of local enamel hypoplasia**

1) mother's illness during pregnancy

2) illness of the child after birth

3) traumatic damage to the tooth germ \*

4) pulpitis of a milk tooth

5) bad habits of the mother during pregnancy

**157. Possible changes in local enamel hypoplasia**

1) a stain, a depression on the enamel \*

2) obliteration of the tooth cavity

3) "grooved" teeth

4) damage to the enamel of all molars and anterior teeth

5) "plaster" teeth

**158. Factors of development ofenamel hypoplastic system**

1) chronic periodontitis of a milk tooth

2) fluoride intoxication

3) diseases that disrupt mineral metabolism during the formation of enamel \*

4) transmission of pathology of hard tissues by inheritance

5) multiple caries of milk teeth

**159. According to the clinical manifestation of systemic hypoplasia, it is possible to determine**

1) heredity

2) the timing of the eruption of the affected group of the tooth

3) the age at which the child suffered from the causative disease \*

4) diseases leading to the formation of hypoplasia

5) the area where the child lived during the formation of the bison

**160. Hypoplasia of hard tissues of teeth is**

1) an endemic disease caused by intoxication with fluoride in excess of its content in drinking water

2) a developmental defect, consisting in the underdevelopment of the tooth or its tissues

3) fusion, fusion and bifurcation of teeth

4) violation of enamel formation, expressed by a systemic violation of the structure and mineralization of milk and permanent teeth \*

5) progressive loss of tooth tissues (enamel and dentin) of insufficiently elucidated etiology

**161. Clinical characteristics of tooth enamel in systemic hypoplasia**

1) staining the crowns of teeth in yellow

2) change in the color of the enamel of the teeth of different periods of mineralization in different

parts of the tooth crown

3) symmetrical spots and defects on the crowns of teeth of the same period of mineralization \*

4) chalk-like spots in the cervical region of the slopes of different periods of mineralization

5) fragile enamel

**162. Clinical characteristics of enamel in tetracycline teeth**

1) staining of dental crowns yellow / gray \*

2) changes in the color of the enamel of the teeth of different periods of mineralization

3) symmetrical spots and defects on the crowns of teeth of the same period of mineralization

4) chalky spots in the cervical region of the teeth

5) erasing hard tissues to the neck without opening the tooth cavity

**163. Anomaly of the development of the tooth is**

1)endemic disease caused by an infusion of fluorine in case of excess keeping it in drinking water

2) the course of development, which consists in underdevelopment of the tooth or its tissues

3) splitting, fusion and splitting of the teeth \*

4) progressive loss of tissues of the teeth (enamel and dentin) is not sufficient to determine the etiology

5) violation of the enamel transformation, expressing the systemic violation of the structure and the minimization of milk and permanent teeth

**164. Fluorosis is**

1) fusion, fusion and bifurcation of teeth

2) a developmental defect, consisting in the underdevelopment of the tooth and its tissues

3) an endemic disease caused by intoxication with fluoride in excess of its content in drinking water \*

4) violation of enamel formation, expressed by a systemic violation of the structure and mineralization of milk and permanent teeth

5) progressive loss of tooth tissues (enamel and dentin) of insufficiently elucidated etiology

**165. Clinical form of fluorosis**

1) bowl-shaped

2) chalk-speckled \*

3) furrowed

4) "plaster" teeth

5) "grooved" teeth

**166. The cause of endemic fluorosis is**

1) increased content of fluoride in drinking water \*

2) lack of calcium in the child's body

3) lack of fluoride intake in the child's body

4) systemic diseases of the mother during pregnancy

5) an infectious disease of a child in the first year of life

**167. Clinical manifestations of fluorosis**

1) a pigmented spot and a depression in the enamel of one tooth

2) spots, strokes and crusts on the surface of the enamel of teeth of different periods of mineralization \*

3) sloughing of enamel with exposed dentin on all teeth

4) chalky spots in the cervical region of the teeth

5) grooves parallel to the incisal edge

**168. Complaints with fluorosis**

1) nocturnal dental pain

2) cosmetic defect \*

3) pain from temperature irritants

4) pain when biting on a tooth

5) radiating pain

**169. Dashed form of fluorosis**

1) well-defined chalky spots without stripes

2) small chalky stripes - strokes \*

3) outlined pigmented spots and specks on the background of matte enamel

4) against the background of pronounced pigmentation of the enamel, there are areas with its absence

5) change in the shape of the crown due to erosive destruction and abrasion

**170. The spotted form of fluorosis is characterized by**

1) well-defined chalky spots without stripes \*

2) small chalky stripes - strokes

3) outlined pigmented spots and specks on the background of matte enamel

4) against the background of pronounced pigmentation of the enamel, there are areas with its absence

5) change in the shape of the crown due to erosive destruction and abrasion

**171. Cretaceous-speckled form of fluorosis**

1) well-defined chalky spots without stripes

2) small chalky stripes - strokes

3) outlined pigmented 3 spots and specks against the background of matte enamel \*

4) against the background of pronounced pigmentation of the enamel, there are areas with its absence

5) change in the shape of the crown due to erosive destruction and abrasion

**172. Factors contributing to the development of dental erosion**

1) dietary (eating a lot of citrus fruits and their juices)

2) a disease accompanied by increased acidity of gastric juice, the use of drugs

3) endocrine diseases

4) true 1) 2) 3) \*

5) exposure to acids in an industrial plant

**173. Erosive form of fluorosis**

1) well-defined chalky spots without stripes

2) small chalky stripes - strokes

3) outlined pigmented spots and specks on the background of matte enamel

4) against the background of pronounced pigmentation of the enamel, there are areas with its absence \*

5) change in the shape of the crown due to erosive destruction and abrasion

**174. Clinical signs of chemical necrosis of teeth at the initial stage**

1) complaints about teeth "sticking" when the jaws are clenched, the enamel shine is lost \*

2) wear of all teeth

3) the shape and size of the teeth are not changed, hyperesthesia

4) partial loss of teeth, the bite is reduced by 3-4 mm

5) The characteristic features not available

**175. Systemic hypoplasia is differentiated from**

1) fluorosis

2) superficial caries

3) erosion of hard tooth tissues

4) wedge-shaped defect

5) caries in the white spot stage \*

**176. Clinic of generalized form of dentin hyperesthesia**

1) hyperesthesia of more than 25% of existing teeth to various types of stimuli \*

2) sensitivity of individual carious teeth

3) sensitivity in the area of ​​one tooth when touched

4) sensitivity in the area of ​​2-3 erosions

5) sensitivity of 15% of teeth to chemical factors

**177. Increased abrasion of teeth is promoted by**

1) bruxism

2) defective development of enamel and dentin

3) malocclusion

4) eating rough food

5) everything above is true \*

**178. Risk factors for a wedge-shaped defect**

1) eating acidic foods

2) enhanced cleaning of teeth with a hard toothbrush

3) exposure of the necks of the teeth

4) endocrine disorders

5) is true all, the above listed \*

**179. Tooth erosion is**

1) fusion, fusion and bifurcation of teeth

2) a developmental defect, consisting in the underdevelopment of the tooth and its tissues

3) violation of enamel formation, expressed by a systemic violation of the structure and mineralization of milk and permanent teeth

4) an endemic disease caused by intoxication with fluoride in excess of its content in drinking water

5) progressive loss of tooth tissue (enamel and dentin) of insufficiently elucidate etiology \*

**180.Clinical picture of tooth erosion**

1) a defect with signs of demineralization, rough bottom and walls

2) wedge-shaped defect at the necks of the teeth

3) a rounded defect on the most convex part of the vestibular surface \*

4) surface roughness and defect within the enamel

5) spots of white or yellowish tint on the entire surface of the enamel

**181. In case of erosion, enamel is mainly affected**

1) anterior teeth and premolars of the upper jaw \*

2) molars and premolars of the lower jaw

3) premolars and anterior teeth of the lower jaw

4) anterior teeth of the upper and lower jaws

5) premolars and molars of the upper jaw

**182. Defect of damage to hard tissues of teeth with wedge-shaped defect**

1) rounded, with a smooth dense bottom, the edges of the enamel are smoothed

2) loss of oval-shaped tissue on the vestibular surface

3) spots of white or yellowish tint on the entire surface of the enamel

4) loss of triangular tissue in the cervical region of the vestibular (palatal-lingual) surface \*

5) smooth loss of tissue of the vestibular surface

**183. Characteristics of a defect in the defeat of hard tissues of teeth with vertical abrasion**

1) rounded, with a smooth dense bottom, the edges of the enamel are smoothed

2) rounded bottom is soft, surrounded by a white enamel rim

3) loss of oval-shaped tissue on the vestibular surface

4) loss of triangular tissue in the cervical region of the vestibular (palatine-lingual) surface

5) smooth loss of tissue of the vestibular surface \*

**184. External factors that change the color of the tooth**

1) long-term use of tetracycline antibiotics

2) food products and medicinal substances for rinsing the mouth \*

3) pulp hemorrhage

4) chronic periodontitis

5) endodontic treatment

**185. Pain sensitivity in case of hyperesthesia of hard tooth tissues of the 1st degree**

1) pain in an intact tooth from the action of hot

2) pain in an intact tooth from the action of sour and sweet \*

3) pain when biting on a tooth

4) pain from touching

5) spontaneous pain, in the form of seizures

**186. One of the f ac tori of enamel erosion**

1) eating acidic foods \*

2) highly visual oral hygiene products

3) reducing the amount of fluoride in drinking water

4) work in acid shops

5) bruxism

**187. For obturation of dentinal tubules with the aim of decreasing sensitivity, inject**

1) silicon dioxide, silicon dioxide, chemically precipitated chalk

2) compounds of fluorine, calcium, strontium \*

3) sodium lauryl sulfate, sodium lauryl sarcosinate, alcohol

4) sorbitol, glycerin, propylene glycol

5) mint, chelite

**188. Differential diagnosis of a wedge-shaped defect is carried out with**

1) hyperesthesia

2) fluorosis

3) caries \*

4) hypoplasia

5) acid necrosis

**189.Increasing the efficiency of filling tooth erosion requires**

1) a longer etching of the surface than with caries \*

2) preparation with carbide burs only

3) the use of filling materials without pre-etching

4) remineralizing therapy

5) filling only with glass ionomer cements

**190. Erosion filling materials**

1) microfilled composites

2) hybrid composites

3) nanocomposites

4) JRC

5) everything above is true \*

**191. Recommendations for patients with erosion of tooth enamel**

1) restriction of citrus fruits in the diet \*

2) rinsing the mouth with alkaline solutions

3) limiting the intake of foods rich in carbohydrates

4) predominantly vertical movements of the toothbrush

5) application of tooth powder

**192. Methods for the treatment of hyperesthesia**

1) remineralizing therapy

2) filling sensitive areas

3) Novocain blockade

4) a gentle diet that excludes sour

5) everything above is true \*

**193. Preparations for local treatment of hyperesthesia**

1) Oral B Sensitive

2) fluocal F

3) fluoride varnish

4) belagel F

5) everything above is true \*

**194. Polymeric cements include**

1) silicate

2) silicophosphate

3) glass ionomer \*

4) visphat

5) zinc phosphate

**195. Positive properties of JRC**

1) anti-carious action

2) good chemical adhesion to tooth tissues

3) high biocompatibility with tooth tissues

4) minimal shrinkage

5) everything above is true \*

**196. Types of glass ionomer cements**

1) fixing (for fixing orthopedic structures)

2) restorative (for fillings and restorations of dental crowns)

3) lining

4) all of the above \*

5) there is no right answer

**197. Indications for the use of glass-ionomer cement**

1) filling of class I carious cavities

2) filling of carious cavities of the IV class

3) filling of cavities of the II class

4) filling cavities III.V classes, erosions and wedge x defects \*

5) restoration of the tooth crown

**198. The connection of carboxylate groups of a polymer acid molecule with calcium of hard dental tissues provides adhesion**

1) zinc phosphate cement

2) silicophosphate cement

3) glass ionomer cement \*

4) silicate cement

5) polyalkinoate

**199. Finishing the glass ionomer cement filling should be carried out through**

1) 6 hours

2) 12 hours

3) 18 hours

4) 24 hours \*

5) 48 hours

**200. Metallic filling materials are**

1) glass ionomer cements modified by the addition of metal

2) amalgams and gallium-based materials \*

3) cements modified by the addition of metal

4) materials based on acrylic and epoxy plastics

5) materials with composite components: organic monomers and inorganic fillers

**201. What materials are referred to as polymeric**

1) materials with composite components: organic monomers and inorganic fillers

2) glass ionomer cements modified by the addition of metal

3) amalgams and gallium based materials

4) polymer modified cement

5) materials based on acrylic and epoxy plastics \*

**202. What materials are referred to as composite**

1) amalgams and gallium based materials

2) glass ionomer cements modified by the addition of metal

3) materials based on acrylic and epoxy plastics

4) polymer modified cement

5) materials with composite components: organic monomers and inorganic fillers \*

**203. Classification of composites by the size of filler particles**

1) micro-filled, macro-filled, mini-filled, hybrid \*

2) micro-filled, not filled

3) for filling anterior teeth, for filling chewing surfaces, universal

4) regular (medium) density, high density (packable), low density (flowable, liquid)

5) personal, of the above mentioned

**204. Classification of composites by clinical purpose**

1) micro-filled, macro-filled, mini-filled, hybrid

2) for filling anterior teeth, for filling chewing surfaces, universal \*

3) only for filling chewing surfaces

4) regular (medium) density, high density (packable), low density (flowable, liquid)

5) personal, of the above mentioned

**205. Classification of composites by density (consistency, viscosity)**

1) micro-filled, macro-filled, mini-filled, hybrid

2) for filling anterior teeth, for filling chewing surfaces, universal

3) regular (medium) density, high density (packable), low density (flowable, liquid) \*

4) regular density

5) personal, of the above   mentioned

**206. Microfilled composites (microfilled) are characterized by**

1) high strength and low shrinkage, but have low abrasion resistance and poor color fastness

2) polish well, but have low strength and high coefficient of thermal expansion \*

3) high strength and abrasion resistance, but poorly polished

4) high strength and abrasion resistance, but poorly polished

5) low strength and washable

**207. Macro-filled composites (macrofilled) are characterized by**

1) high strength and low shrinkage, but have low abrasion resistance and poor color fastness\*

2) polish well, but have low strength and high coefficient of thermal expansion

3) high strength and abrasion resistance, but poorly polished

4) high strength and abrasion resistance, but poorly polished

5) low strength and washable

**208. Hybrid composites are characterized by**

1) low strength and washable

2) high strength and low shrinkage, but have low abrasion resistance and poor color fastness

3) polish well, but have low strength and high coefficient of thermal expansion

4) high strength and abrasion resistance, but poorly polished

5) high strength and abrasion resistance, and also well-polished \*

**209. The basis of modern composites is**

1) epoxy resin

2) polyacrylic acid

3) phosphoric acid

4) BISGMA \*

5) phosphoric acid

**210. Macro-filled composites**

1) 8-45 μm (60% filling) \*

2) 1-5 microns (70% filling)

3) 0.4-0.8 μm (45% filling)

4) 0.05-5 microns (50% filling)

5) up to 3.5 microns (55-60% filling)

**211. Cements are**

1) amalgams and gallium based materials

2) glass ionomer polymer modified cement

3) materials based on acrylic and epoxy plastics

4) cements modified by the addition of metal \*

5) materials with composite components: organic monomers and inorganic fillers

**212. For the restoration of anterior teeth use**

1) amalgam

2) silicophosphate cement

3) silicate cement

4) composites of chemical and light curing \*

5) polycarboxylate cement

**213. Time to remove (wash off with water) acid gel**

1) 10 s

2) 20 s

3) 30 s

4) 40 s

5) corresponds to the etching time \*

**214. Finishing of amalgam filling is carried out**

1) immediately after filling

2) after 24 hours \*

3) after 48 hours

4) after 72 hours

5) after 1 week

**215. Wear and color fastness is ensured**

1) preservation of the surface layer inhibited by oxygen

2) conditioning the enamel

3) grinding and polishing \*

4) using an adhesive system

5) filling using caps

**216. Etching, conditioning of dentine is carried out for:**

1) enhancing the bactericidal properties of composites

2) strengthening the edge fit

3) removing the smeared layer \*

4) forming a hybrid layer

5) keeping the smeared layer

**217. When a chemical composite is cured, polymerization shrinkage occurs in the direction**

1) the bottom of the carious cavity

2) etched enamel

3) light source

4) periphery

5) center \*

**218. The greatest biocompatibility with hard tissues is possessed by**

1) ormokers \*

2) flowable composites

3) packable composites

4) microhybrids

5) macrophiles

**219. The adhesive (adhesive agent, bond, bonding agent) is intended**

1) for filling (sealing) fissures on the chewing surface of molars and premolars

2) to establish a connection between tooth tissues and filling material \*

3) to protect the exposed surface of the tooth root from external influences

4) for filling edge gaps, cracks and scratches on the surface of the filling

5) there is no right answer

**220. A primer is a substance**

1) with high wetting ability, facilitating penetration into pores and depressions of dentin and enamel of filling material \*

2) providing adhesion of the composite and dentine (base pad)

3) dissolving mineral structures of enamel

4) for the treatment of enamel hyperesthesia

5) Return all, the above listed

**221. Bond is a substance**

1) with high wetting ability, facilitating penetration into pores and depressions of dentin and enamel of filling material

2) providing adhesion of the composite and dentine (base pad) \*

3) dissolving mineral structures of enamel

4) for the treatment of enamel hyperesthesia

5) all of the above is true

**222. Universal adhesive system (2 in 1) is designed for**

1) micromechanical adhesion with acid-etched enamel

2) bonding to wet dentin both mechanically and chemically

3) bonding with enamel and dentin \*

4) bonding to dentin mechanically

5) adhesion to tooth tissues, metal, plastic, ceramics

**223. A significant disadvantage of composite materials**

1) frequent chips

2) color change

3) not convenience when introduced into the cavity

4) violation of marginal fit

5) polymerization shrinkage \*

**224. A contraindication to the use of photo-composites is**

1) exudative inflammation of the marginal gums, bleeding

2) subgingival spread of caries

3) poor oral hygiene

4) true 1) 2) 3) \*

5) intolerance to ultraviolet rays

**225. The result of the volumetric shrinkage of the photo-composite**

1) marginal gap (debonding)

2) fractures of the walls of the tooth

3) discoloration of tooth tissues

4) inflammation of the gingival margin

5) true 1) and 2) \*

**226. The smeared layer is**

1) is formed on the surface of dentin during the preparation of tooth tissues \*

2) is formed by the penetration of the adhesive system into the dentinal tubules and intercollagen space

3) is formed on the surface of dentin during filling

4) is formed on the enamel surface during the preparation of tooth tissues

5) a thin layer of liquid - "effusion" is formed on the surface of the composite as a result of shrinkage

**227. The hybrid zone**

1) is formed on the surface of dentin during the preparation of tooth tissues

2) is formed when the adhesive system penetrates into the dentinal tubules and intercollagen space \*

3) is formed on the surface of enamel and dentin during filling

4) a thin layer of liquid - "effusion" is formed on the surface of the composite as a result of shrinkage

5) is formed on the surface of dentin during filling

**228. The shrinkage of the light-cured composite occurs to the side**

1) light source \*

2) tooth cavity

3) vestibular

4) oral

5) medial

**229. Oxygen Inhibited Layer (SIG)**

1) is formed on the surface of dentin during the preparation of tooth tissues

2) is formed by the penetration of the adhesive system into the dentinal tubules and intercollagen space

3) a thin layer of liquid - "effusion" is formed on the surface of the composite as a result of shrinkage \*

4) is formed on the enamel surface during the preparation of tooth tissues

5) there is no right answer

**230. Micro-retention of filling material is**

1) fixation of the filling due to the convergence of the walls of the carious cavity

2) fixation of filling material in retention points

3) penetration of the adhesive and filling material into the micro-spaces of the etched enamel \*

4) fixation of filling material due to adhesion

5) fixing the seal by means of pins, posts

**231. Advantages of photocomposite filling materials**

1) matching the color and transparency of the enamel and dentin of the tooth

2) color fastness

3) high abrasion and compression strength

4) sufficient time to simulate the restoration

5) all of the above \*

**232. Advantages of the Compomer**

1) micro-retention due to hybridization of dentin and enamel bonding

2) the release of fluorine ions

3) increased wear resistance

4) true   1) 2) 3) \*

5) polymerization shrinkage

**233. The cause of post-filling pain when working with composites**

1) too long etching

2) the formation of an edge gap

3) over drying dentin

4) damage to the pulp during preparation or bacterial invasion of the pulp

5) Return all, the above listed \*

**234. The reason for the depressurization of the photocomposite seal is**

1) simultaneous polymerization of large volumes of photocomposite

2) irrational direction of the light beam

3) improper formation of a carious cavity

4) the use of glass ionomer cement as a gasket

5) true 1) 2) \*

**235. To improve the quality of the marginal fit of the fillings,**

1) grinding the surface of the filling

2) polishing the surface of the filling

3) post bonding

4) remotherapy of adjacent areas

5) everything above is true \*

**236. When filling with composite materials, the bevel of the enamel is formed in order to**

1) increasing the adhesion area \*

2) the chemical bond of the composite material with enamel;

3) uniform distribution of the load on the tooth tissue;

4) improving the polishing of the composite;

5) improving the long-term results of filling.

**237. The effect of mimicry in a composite depends on**

1) bonding systems;

2) composition and time of etching;

3) correct formation and filling of the cavity;

4) on the shape, size and type of filler \*

5) from the time of hardening.

**238. The most "valuable" qualities of flowable composites**

1) high strength

2) excellent aesthetic characteristics

3) high elasticity, thixotropy \*

4) low polymerization shrinkage

5) high spatial stability.

**239. Thixotropy is**

1) the ability to crystallize

2) the ability to polymerize

3) the ability to remineralize

4) the ability to drain on an inclined surface

5) the ability not to drain on an inclined surface \*

**240. The positive properties of microfiles**

1) good polish ability and glossy surface durability

2) high color stability

3) elasticity

4) low abrasive wear

5) everything above is true \*

**241. Generation V adhesive systems provide secure adhesion**

1) enamel and composite

2) dentine and composite

3) dentin and compomer

4) glass ionomer and composite

5) all of the above is true \*

**242. Light is used to cure the photocomposite**

1) sunny

2) ultraviolet

3) halogen with a wavelength of 400 - 500 nm \*

4) infrared

5) red

**243. Requirements for temporary filling materials**

1) harmlessness in relation to hard tissues of the tooth and tissues of the endo- and periodontal system

2) indifference to drugs

3) easy introduction into the carious cavity and removal from it

4) tightness of closure

5) all of the above is true \*

**244. When filling carious cavities with composites, an insulating pad covers**

1) bottom of the cavity \*

2) cavity walls

3) the bottom and walls of the cavity

4) the edges of the cavity

5) the bottom and walls of the cavity to the dentine-enamel joint

**245. When filling carious cavities with amalgams, an insulating strip closes**

1) the bottom of the cavity

2) cavity walls

3) the edges of the cavity

4) bottom and walls of the cavity

5) the bottom and walls of the cavity to the dentino- enamel joint \*

**246. Properties of JRC preventing their use when filling cavities of the 2nd class**

1) low toxicity

2) the ability to release fluoride ions into surrounding tissues

3) fragility \*

4) low polymerization shrinkage

5) chemical adhesion to hard tooth tissues

**247. When using one- and two-component adhesive systems, it is necessary**

1) Wipe off enamel and dentin for 15 sec.

2) etching enamel for 30-60 seconds

3) etching enamel and dentin for 30-60 sec.

4) etching enamel for 30 sec., And dentin for 15 sec. \*

5) doesn't matter

**248. The base gasket (base layer of the seal) is**

1) thick layer (more than 1 mm) of lining material \*

2) a thin layer of insulating material applied to the bottom (if necessary, walls) of the carious cavity

3) insulating varnishes (liquid liners)

4) all of the above

5) there is no right answer

**249. Plan for the treatment of tooth enamel erosion**

1) filling with composite materials

2) referral to the orthopedic office for dental prosthetics

3) examination by a related specialist, followed by remineralizing general and local therapy and dental filling \*

4) filling with cements

5) treatment of defects with fluorine-containing preparations

**250. Rational choice of permanent material is based on**

1) age characteristics of the structure of hard tissues of the tooth

2) the degree of caries activity

3) these physical and mechanical properties of the material used

4) the location of the cavity on the surface of the tooth and the depth of the carious process

5) all the above are true \*