1. In the occurrence of dental caries, the main role belongs to microorganisms {

1). actinomycetes

2). viruses

3) streptococcus\*

4) staphylococcus aureus

5) veillonella

2. With an abundant amount of soft plaque in the oral cavity, the saliva reaction is shifted to the side:

1) sour\*

2)alkaline

3)neutral

4)does not change

5)variable

3. In the occurrence of caries, an important role is played by the property of microorganisms:

1)antibiotic resistance

2) formation of organic acids\*

3) ability to cause dysbacteriosis

4) ability to colonize on the tooth surface

5) Isolation of exotoxins

4. The pH value of soft plaque, estimated as critical, is:

1) 3.5-4.0

2) 5.5-5.7\*

3) 6.5-7.0

4) 7.0-7.5

5) 9.5-10.0

5. The concentration of minerals in the enamel of the teeth is higher in the:

1) cervical

2) fissures and pits

3) tubercles and cutting edge\*

4) contact surfaces

5) the same in all parts of the tooth

6. The highest permeability of enamel is noted:

1) in the cervical region, pits, fissures\*

2) in the area of ​​the tubercles, the cutting edge

3) on contact surfaces

4) on the vestibular and lingual surfaces

5) the same in all areas of the enamel

7. Remineralization is:

1) partial restoration of the density of damaged enamel\*

2) loss of calcium, phosphorus, magnesium from the damaged subsurface area of ​​enamel

3) increasing the frequency of carbohydrate intake

4) destruction of the enamel structure under the action of organic acids

5) Bacterial invasion of periodontal tissue

8. The processes of mineralization and remineralization of the enamel are provided by the intake from the oral fluid:

1) proteins, vitamins

2) oxygen, hydrogen

3) calcium, phosphate, fluoride\*

4) proteins, oxygen

5) organic acids

9. A decrease in the concentration of mineral elements in saliva contributes to:

1) change in the viscosity of saliva

2) enamel remineralization

3) increasing the resistance of enamel to the action of acids

4) decrease in resistance of enamel to the action of acids\*

5) increase in the rate of plaque formation

10. Carbohydrate has the greatest cariogenic effect.

1) maltose

2) galactose

3) sucrose\*

4) glycogen

5) starch

11. The end product of sugar metabolism is:

1) dextran

2) organic acid\*

3) levans

4) glycans

5) glucose

12. According to WHO recommendations, the daily intake of sugar by preschool children should be:

1) 10

2) 20\*

3) 40

4) 50

5) 100

13. The following nutritional features contribute to the reduction of the risk of caries and the natural self-cleaning of the oral cavity:

1) Increased meal frequency

2) high content of sugars in food

3) eating mostly soft foods that do not require intense chewing

4) eating raw vegetables and fruits, solid dry food\*

5) Regular multivitamin intake

14. The main source of fluoride in the human body is:

1) food products

2) drinking water\*

3) air

4) drugs

5) vitamins

15. The optimum concentration of fluoride in drinking water in temperate regions is (mg/l):

1) 0.8

2) 1.2

3) 1.0\*

4) 1.5

5) 2.0

16. The local risk factor for caries is:

1) high fluoride content in drinking water

2) poor oral hygiene\*

3) comorbid somatic diseases

4) low fluoride content in drinking water

5) use of highly abrasive hygiene products

17. A high carbohydrate diet is one of the main risk factors for developing:

1) periodontal disease

2) dental caries\*

3) dental anomalies

4) inflammatory diseases of the maxillofacial region

5) diseases of the oral mucosa

18. After ingestion of sugars, their increased concentration in the oral cavity persists for (minutes):

1) 3-5

2) 10-15

3) 20-40\*

4) more than 2 hours

5) during the day

19. When soft foods containing a large amount of easily fermentable carbohydrates are taken:

1) hyposalivation\*

2) hypersalivation

3) decreased viscosity of saliva

4) increase in the concentration of mineral elements

5) quantitative and qualitative characteristics of saliva do not change

20. Mineralization ("maturation") of the enamel after teething is most active during (years):

1)2\*

2) 5

3) 10

4) 15

5) whole life

21. Staining of the focus of enamel demineralization with a solution of methylene blue occurs due to:

1) lowering the pH of plaque

2)increase 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

22. Most often, foci of enamel demineralization are localized on the crown of the tooth in the:

1) cutting edge

2) mounds of chewing surface

3) lingual surface

4) cervical area\*

5)no typical localization

23. In case of caries in the stain stage, predominantly loss of ions occurs from the damaged subsurface layer of enamel:

1) fluorine

2) carbonates

3) calcium\*

4) sodium

5) strontium

24. Caries in the stage of spots differentiate with:

1) wedge-shaped defect

2) fluorosis\*

3) medium caries

4) erosion of enamel

5) pathological abrasion of hard tissues of the tooth

25. Enamel demineralization begins in its layer:

1) superficial

2) subsurface\*

3) average

4)deep

5) simultaneously in all layers of enamel

26. In an area where the fluoride content in drinking water is less than half of the optimal dose, the most effective method of fluoride prevention of dental caries in children will be the use of:

1) sodium fluoride tablets\*

2) Fluoride mouth rinses

3) fluoride-containing toothpastes

4) fluorine varnish or fluorogel

5) 3% Remodent solution

27. Do not use toothpaste in areas with high levels of fluoride in drinking water.

1) calcium-containing

2) hygienic

3) fluoride-containing\*

4) with herbal supplements

5) with salt additives

28. The power lip of the toothbrush is intended for:

1) reduce toothbrush wear

2) penetration into interdental spaces and cleansing of the retromolar area\*

3) strengthening the mechanical impact of the brush on the tooth

4) cleaning only the retromolar space

5) Increased toothbrush wear

29. Superfloss is different from floss:

1) thick

2) the presence of a hard tip\*

3) size and length

4) higher thread quality

5) size in cross section

30. 1000 ppm fluoride toothpastes are recommended for children:

1) preschool age in the presence of a decompensated form of caries\*

2) school age in the presence of a decompensated form of caries

3) early age with low risk of dental caries

4) high risk of root caries (gingival recession)

5) adolescence in the presence of a compensated form of caries

31. At what stage of medical care should the population be informed about the impact of a healthy lifestyle on dental health:

1) receiving primary health care;

2) professional help;

3) specialized assistance;

4) at all stages\*

5) psycho-emotional help

32. What fluoride gels are intended for self-administration by the patient:

1) fluorine concentration - 500–1000 ppm;

2) fluorine concentration - 1000–5000 ppm;\*

3) fluorine concentration - 1000–10000 ppm.

4) fluorine concentration - 145–500 ppm

5) fluorine concentration — 0–145 ppm.

32. Specify the mechanism of action of fluorine:

1)slow down remineralization

2)acceleration of glycolysis

3)increase in enamel resistance\*

4) all of the above

5) acceleration of demineralization

33. For prophylactic treatment of the enamel of erupted permanent teeth in caries-susceptible children:

1) 30% silver nitrate solution

2) 10% calcium gluconate solution, 1-2% sodium fluoride solution\*

3) 2% baking soda solution

4) saforite

5) potassium iodide

34. Enamel permeability decreases under the action of:

1) ultraviolet irradiation

2) calcium gluconate, remodent\*

3) laser irradiation

4) carbohydrate food

5) citrus

35. For good oral hygiene, you must use:

1)toothbrushes and pastes

2)toothbrushes, pastes and flosses

3)toothbrushes, pastes, flosses and rinses\*

4)toothbrushes, pastes, flosses and chewing gum

5)toothbrushes, toothpaste, chewing gum

36. The intensity of caries of the patient's teeth is expressed:

1) the sum of carious, filled and removed teeth due to complications of caries in an individual\*

2)sum of carious and filled teeth in an individual

3) the ratio of the amount of carious, filled and removed teeth due to complications of caries to the age of the individual

4) the ratio of the sum of carious, filled and removed teeth due to complications of caries to the total number of teeth in an individual

5) the ratio of the amount of carious, sealed to the age of the individual

37. For the prevention of caries, rinsing with a 0.2% solution of sodium fluoride is carried out 1 time per:

1)2 weeks

2)week\*

3)day

4)six months

5) month

38. When carrying out the procedure of covering the teeth with fluoride-containing varnish, the first manipulation is performed:

1) cleaning teeth from plaque\*

2)application of fluoride varnish

3) drying of teeth

4)isolation from saliva

5) antiseptic treatment

39. Remineralizing agents include a solution:

1)hydrogen peroxide 3%;

2)methylene blue 2%;

3) sodium fluoride 2%;\*

4) sodium hypochlorite 1%.

5) potassium iodide

40. The mechanism of action of fluorine-containing varnishes:

1) contribute to the formation of fluorapatites in enamel;\*

2) close the tooth from the effects of microflora;

3) prevent the penetration of plaque acids into the enamel;

4) destroy dental plaque

5) create a mechanical barrier

41. Clinical picture of initial caries:

1)multiple chalky spots, smooth and shiny, distributed over the entire surface

2)rough, matte, chalky spot with indistinct contours, stained with dyes\*

3) chalky or grayish-matte enamel, crowns are shortened

4) symmetric chalky spots, punctate depressions on the surface of the enamel, waviness, grooves

5) no correct answer

42. With an average caries, a defect is noted within:

1) enamels;

2) deep layers of dentin;

3) to the enamel-dentin border;\*

4) superficial layers of dentin

5) below the enamel-dentine border

43. The main clinical signs of dental fluorosis:

1) randomness of located spots, erosions, specks, pigmentation

2) symmetrical lesions on the teeth of the same name\*

3) lack of pigmentation on the teeth

4) presence of dentine hyperesthesia

5) multiple chalky spots

44. Enamel staining with a 2% solution of methylene blue is observed in case of disease:

1) fluorosis

2) hypoplasia

3) initial caries\*

4) hyperesthesia

5) pigmented plaque

45. The leading role in the development of caries belongs to:

1) Str.Salivaris

2) str. Mutans\*

3) lactobacilli

4) Str. sangius

5) Str. aureus

46. A change in the chemical composition of enamel during caries in the stain stage is accompanied by:

1) decrease in the microhardness of the outer layer of enamel more than the subsurface

2) a decrease in the microhardness of the outer layer of enamel is less than that of the subsurface\*

3)the same decrease in the microhardness of the outer and subsurface layers

4)increasing the microhardness of the outer layer more than the subsurface

5) the same increase in the microhardness of the outer and subsurface layers

47. Factors that increase the anti-carious effect of fluorides during preventive measures

1)a fairly high concentration of calcium in drinking water\*

2)high content of fluorides and water

3)lack of calcium in water

4)presence of sodium chloride to water

5) Eating a lot of carbohydrates

48. What sweeteners and products from them can be recommended for

dental caries prevention

1) xylitol, xylitol containing toothpastes, elixirs and chewing gums\*

2) saccharin in the composition of toothpastes.

3) saccharin in the composition of dental elixirs.

4) sweets with saccharin.

5) without xylitol

49. Specify the mechanism of action of fluorine:

1)slow down remineralization

2)acceleration of glycolysis

3)increase in enamel resistance\*

4) all of the above

5) acceleration of demineralization

50. Fluorine has the following functions

1)reduces the acid-forming properties of bacteria

2)increases re-reactivity of saliva

3)actively included in the enamel hydroxyapatite structure

4) is a catalyst for metabolic processes "enamel-saliva"

5) all listed\*

51. The prevalence of caries is:

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

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

3) number of new carious lesions per year

4) the presence of dentition on the proximal surfaces of the teeth

5) average number of filled teeth

52. The growth of caries is:

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

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

3) number of new carious lesions per year\*

4) the presence of plaque on the proximal surfaces of the teeth

5) average number of filled teeth

54. Common factors that influence the occurrence of caries:

1)climatic conditions\*

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

3) Diet and Drinking Water

4)protein food residues in the oral cavity

5) hereditary and somatic diseases

55. The main components of remineralizing therapy are:

1) sodium, magnesium

2) iodine, bromine

3) calcium, fluorine\*

4) iron, strontium

5) silver, gold

56. The effectiveness of remineralizing therapy depends on:

1) oral hygiene\*

2) patient work mode

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

4) temperature regime

5) Patient's gender

58. Enamel permeability increases under the action of:

1) traviolet light

2) calcium gluconate

3) Remodent

4) plaque\*

5) age-related changes

59. The caries detector is used to detect:

1) outer layer of carious dentin

2) secondary dentine

3) inner layer of carious dentin\*

4) tertiary dentin.

5) irregular dentin

60. Caries recurrence is:

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

2) new carious lesions developing adjacent to a filling in a previously treated tooth

3) medium-sized carious cavity filled with food debris, carious dentin

4) extensive deep carious cavity with a large amount of softened dentin

5) carious process in permanent teeth

61. The main mineralizing protective factor of the oral fluid is:

1) saliva supersaturated with calcium and phosphorus ions\*

2) pellicle

3) bicarbonate buffer in saliva

4) increased viscosity of the oral fluid

5) decrease in the viscosity of the oral fluid

62. To reduce caries susceptibility, it is prescribed orally

1) lactate or calcium gluconate\*

2) methyluracil

3) bactrim

4) lactobacterin

5) interferon

63. In order to prevent caries in children, diet should be limited

1)cottage cheese

2) apples

3) candy\*

4) vegetables

5) meat

64. Mineralization of milk teeth begins :

1) in the first half of fetal development

2) in the second half of fetal development\*

3) in the first half of the year after birth

4) in the second half of the year after birth

5) immediately after birth

65. Mineralization of the first permanent molars begins :

1) at the end of the intrauterine period or in the first weeks after birth\*

2) in the second half of the year after birth

3) in the second year of life

4) at 2-3 years old

5) at 4-5 years old

66. In which of the following groups of children aged 7 years are indications for primary prevention of dental caries?

1) I degree of activity

2) II degree of activity

3) III degree of activity

4) children with KPU \*

5) healthy children

67. For an objective assessment of the effectiveness of oral hygiene, the most suitable

1) Fedorov-Volodkina staining index

2) selected individually\*

3)simplified WHO index

4) full WHO index

5) WHO Periodic Index

68. In which of the following groups of children aged 12 years are there indications for primary prevention of caries in permanent teeth

1) 1 degree of caries activity

2) II degree of caries activity

3) III degree of caries activity

4) children with KPU 0\*

5)healthy children

69. An indicator characterizing the effectiveness of planned sanitation is

1) increase in % previously sanitized

2)decrease in the percentage of those in need of sanitation

3) reduction in the number of complicated caries per 1000 examined

4) reduction in the number of removed permanent teeth per 1000 examined

5) all\*

70. During a visit at 16-18 weeks gestation, it is recommended

1)determination of the hygiene index

2)supervised brushing, professional hygiene

3)dental education

4)a conversation about the need for prevention to improve oral health

5) all correct\*

71. To determine the methods of effective individual prevention of dental caries, it is advisable to include

1)study of dental plaque

2)study of hard tissues of teeth

3)saliva study

4) all of the above\*

72. The need to streamline the intake of sweets is evidenced by

1)increased rate of plaque deposition

2) elevated sugar levels in saliva after exercise persist for a long time\*

3) pH of saliva is rejected to the acid side

4) high enamel permeability

5)all listed indicators

73. Fluorine has the following functions

1)reduces the acid-forming properties of bacteria

2)increases re-reactivity of saliva

3)actively included in the enamel hydroxyapatite structure

4) is a catalyst for metabolic processes "enamel-saliva"

5) all listed\*

74. Caries recurrence is

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

2)new carious lesions developing adjacent to a filling in a previously treated tooth

3) medium-sized carious cavity filled with food debris, carious dentin

4)extensive deep carious cavity with a large amount of softened dentin

5)carious process in permanent teeth

75. Caries in the stain stage is characterized by

1) enamel necrosis

2) Violation of the formation of enamel

3)surface demineralization

4) subsurface demineralization\*

5) hypermineralization

76. To reduce inflammation in periodontal tissues in pregnant women, it is advisable to use toothpastes with

1)hydroxyapatite

2)tin fluoride

3)herbal supplements\*

4)aminofluoride

5)fluorapatite

77. Dental education for pregnant women includes

1)lectures on the function of the salivary glands

2) talk about oral hygiene\*

3) training in the removal of tartar

4) home hygiene talks

5) Conversations about healthy eating

78. Professional oral hygiene in pregnant women is recommended at intervals of (months)

1)1

2)3\*

3) 2

4) 6

5) 9

79. Prevention of periodontal disease in pregnant women includes

1)fluorination of milk

2)professional oral hygiene\*

3)taking pills containing fluoride

4)fluorination of drinking water

5)salt fluoridation

80. health education for pregnant women is recommended during the first 20 weeks of pregnancy

1)2 times a month

2)1 time per month\*

3)3 times a month

4)weekly

5)2 times a week

81. Antenatal prophylaxis of dental diseases begins

1)from 22-23 weeks of pregnancy and continues until childbirth

2) at the stage of pregnancy planning and continues until childbirth\*

3)from 28 weeks of pregnancy and continues until childbirth

4)from the moment pregnancy is diagnosed and continues until childbirth

5) from the moment of birth and lasts up to 1 year

82. Endogenous prevention of caries in deciduous teeth is most appropriate to carry out in

1) in the third year of life

2) antenatal period\*

3) the first half of the first year of life

4) second half of the first year of life

5) at the stage of pregnancy planning

83. The most appropriate period for primary endogenous prevention of caries in milk incisors is

1) the first half of the first year of life

2) second half of the first year of life

3)antenatal\*

4)preschool

5)at the stage of pregnancy planning

84. For antenatal caries prevention, pregnant women are recommended

1)flossing

2)fluorine varnish

3)R.O.C.S. Medical Minerals

4)ergocalciferol\*

5)GC Tooth Mousse

85. The optimal form of drug release for endogenous prevention of caries in children of the first year of life

1) drops\*

2) powders

3) chewable tablets

4) capsules

5) paste

86. The RDA of children's toothpastes should not exceed

1) 30

2) 50\*

3) 70

4) 100

5) 145

87. For the absorption of calcium by the body, a vitamin is needed:

1)A

2)B

3) D\*

4)C

5) E

88. Causes of focal enamel demineralization

1) excessive fluorine content in the environment

2) inflammatory process in the developing follicle

3) plaque microorganisms and simple dietary carbohydrates\*

4)mechanical trauma to the developing follicle

5)excessive content of simple carbohydrates in food

89. Massage of the interdental papillae can be performed

1) mono-bundle brush

2) softwood toothpick

3)soft floss

4) irrigator\*

5) fingers

90. Anti-caries toothpaste with phosphates and calcium salts belongs to the class

1)simple

2)combined\*

3)complex

4)hygienic

5)no correct answer

91. Responsible for the implementation of the prevention program

1)chief dentists of various levels\*

2)power structures

3)education management

4)Rospotrebnadzor

5)chief doctors

92. When grouping children into preventive groups, it is taken into account

1) hygienic condition of the oral cavity

2)prevalence of caries

3)intensity of caries\*

4) state of periodontal tissues

5)Logistics

93. The effectiveness of primary prevention of caries is

1) stabilization of the carious process

2)reduction in the number of complicated forms of caries

3)improved oral hygiene

4) increase in the number of children with intact teeth\*

5)increase in RMA index

94. Hygiene education of the child should begin

1)from 2 years old\*

2)during the eruption of the first permanent tooth

3)3-4 years

4) for first graders

5)since birth

95. Dental education for pregnant women on the prevention of AIA in children includes

1) detection of carious teeth

2)recommendations on how to use a pacifier\*

3) talks about the function of the salivary glands

4) home hygiene talks

5)selection of personal hygiene products

96. Dental education for pregnant women on caries prevention in children includes

1) talks about the function of the salivary glands

2) home hygiene talks

3)recommendations for limiting sugar in the diet of children\*

4)recommendations for compliance with the regime

5) selection of personal hygiene products

97. Visually oriented children for the most effective oral hygiene education

1)detailed explanation of the material

2)composing puzzles and logical problems

3) the presence of colorfully designed visual aids\*

4)careful training of skills on models and in the oral cavity

5)presence of illustrations

98. Modern methods of clinical objective assessment of oral hygiene

1)external inspection

2) definition of hygiene index

3) determination of the presence of tartar

4)determined by scraping off plaque\*

5)no correct answer

99. Mark the reason for the high index of oral hygiene in gingivitis

1) Incorrectly chosen toothpaste.

2) poor-quality cleaning of teeth due to pain and bleeding gums.\*

3)Incorrectly chosen toothbrush.

4) the general condition of the patient.

5)no correct answer

100. Mark the reason for the high index of oral hygiene in hyperesthesia of the child

1)incorrectly chosen booty brush

2) the wrong toothpaste

3) Incorrect brushing of teeth.

4) poor-quality cleaning of teeth due to pain.\*

5)all answers are correct