Test assignments in the discipline "Dentistry" for 4th year students.

1. Clasp prosthesis consists

1) from arch and artificial teeth

2) from archwire, artificial teeth and clasps \*

3) from the arch, artificial teeth, clasps and saddle part

4) from arc and clasps

5) from the arch and saddle parts

1. Clasp shoulder adheres to the tooth surface

1) at 1 point

2) at two points

3) at three points

4) along its entire length \*

5) does not fit

1. In the manufacture of clasp prostheses, materials are used to obtain impressions

1) solid crystalline

2) elastic \*

3) thermoplastic

4) crystallizing

5) there is no right answer

1. The arch of the clasp prosthesis on the lower jaw is located

1) at the necks of the teeth

2) in the middle of the distance between the necks of the teeth and the transitional fold of the mucous membrane of the floor of the mouth \*

3) at the transitional fold of the mucous membrane of the floor of the mouth

4) on the lingual surface of the teeth

5) at the transitional fold, squeezing the mucous membrane

1. Parallelometry is carried out

1) when fitting and checking the frame of the clasp prosthesis in the clinic

2) when fitting a cast frame on a model in a laboratory

3) when modeling the skeleton of a clasp prosthesis \*

4) at the stage of polishing and grinding of the clasp prosthesis

5) when duplicating a model

1. In the manufacture of a clasp prosthesis, after determining the central occlusion and parallelometry, the clinical stage follows

1) checking the design of a clasp prosthesis with artificial teeth

2) fitting and application of a finished clasp prosthesis

3) fitting the frame of the clasp prosthesis \*

4) clasp prosthesis correction

5) modeling the frame of the clasp prosthesis

1. Silic1 impression materials include

1) to crystallizing

2) to thermoplastic

3) to elastic \*

4) to hydrocolloid

5) to polyester

1. Central occlusion is determined by signs

1) facial, swallowing, dental

2) dental, articular, muscular \*

3) lingual, muscular, dental

4) dental, swallowing, facial

5) facial, lingual, articular

1. To determine the central occlusion, plaster models are delivered to the clinic

1) installed in the occluder

2) installed in the articulator

3) with wax bases and occlusal rollers \*

4) with wax bases and artificial teeth

5) with wax bases installed in the occluder

1. Apparatus that reproduce the movements of the lower jaw include

1) Articulator \*

2) functionographer

3) gnatodynamometer

4) parallelometer

5) esthesiometer

1. For double impressions, impression materials are used

1) solid crystalline

2) silic1 \*

3) alginate

4) thermoplastic

5) gypsum

1. Soldering fluxes are used

1) for cleaning soldered surfaces

2) to reduce the melting point of the solder

3) to increase the area of ​​soldered surfaces

4) to prevent the formation of an oxide film \*

5) for preliminary connection of parts to be brazed

1. Articular sign centric - articular head is - camping in relation to the articular tubercle

1) in the middle of the slope

2) at the base of the slope \*

3) on the top

4) on any part of the slope

5) in the distal glenoid fossa

1. Bilateral distally not limited dentition defect according to the Kennedy classification belongs to the class

1) First \*

2) the second

3) the third

4) fourth

5) the fifth

1. Unilateral distally not limited dentition defect according to the Kennedy classification belongs to the class

1) the first

2) the second \*

3) the third

4) fourth

5) the fifth

1. The defect in the dentition in the area of ​​the anterior teeth according to the Kennedy classification belongs to the class

1) the first

2) the second

3) the third

4) fourth \*

5) the fifth

1. Lower height difference of the face in a state of relative physiologic resting and closing dentition in central position - hydrochloric occlusion averages (in mm)

1) 0.5-1

2) 2-4 \*

3) 5-6

4) 7-8

5) 9-10

1. To prevent deformation of the wax base, it is strengthened

1) fast-hardening plastic

2) gypsum block

3) metal wire \*

4) increasing the thickness of the wax

5) composite material

1. The wax construction for determining the central occlusion is made

1) from sticky wax

2) from modeling wax

3) from base wax \*

4) from clasp wax

5) from modeling and clasp wax

1. When drawing landmarks for setting artificial teeth, the line lowered from the wing of the nose corresponds to

1) the medial surface of the canine

2) distal canine

3) middle of the canine \*

4) middle of the first premolar

5) placement of central and lateral incisors

1. With the maximum opening of the mouth, the articular heads of the lower jaw are set relative to the slope of the articular tubercle

1) at the base

2) and lower third

3) in the middle

4) at the top \*

5) in the upper third

1. With lateral movement, the articular head of the lower jaw on the side of the shear moves

1) down

2) forward

3) around its own axis \*

4) down and forth

5) down, forward and around its own axis

1. The most reliable method for determining the height of the lower part of the face is

1) anatomical

2) anatomical and physiological \*

3) anthropometric

4) physiological

5) photographic

1. At the stage of checking the design of the prosthesis, the lack of contact between artificial teeth and their antagonists in the presence of correct closure of natural teeth is associated with an error in determining the central occlusion

1) lateral shift fixation

2) sagittal shift fixation

3) discharge of the wax base with occlusal ridges from the mucous membrane at the moment of closing the jaws \*

4) with incorrect selection of artificial teeth

5) with displacement of the lower jaw forward when determining the occlusion

1. The presence of tubercle contact of the lateral artificial teeth with antagonists, and in the frontal area - separation at the stage of design verification is associated

1) with incorrect selection of artificial teeth

2) with displacement of the lower jaw forward when determining occlusion \*

3) with displacement of the lower jaw to the side when determining the occlusion

4) discharge of the wax base with occlusal ridges from the mucous membrane at the moment of closing the jaws

5) lateral shift fixation

1. Lack of contact between natural antagonist teeth in the presence of tight fissure-tubercular contact of artificial teeth at the stage of checking the design of the prosthesis is associated

1) with incorrect selection of artificial teeth

2) with deformation of the wax base with occlusal rollers at the stage of determining the central occlusion

3) with insufficient pressing of the wax on the occlusal roller when fixing the central occlusion \*

4) discharge of the wax base with occlusal ridges from the mucous membrane at the moment of closing the jaws

5) lateral shift fixation

1. Various positions of the lower jaw in relation to the upper

1) Articulation\*

2) occlusion

3) bite

4) interalveolar height

5) lower face height

1. For the first correction after the clasp prosthesis is applied, the patient should be invited

1) the next day

2) on the second day

3) on the third day\*

4) in case of pain

5) in 12 hours

1. The clinical equator of a tooth on a plaster model is determined using

1) copy paper

2) parallelometry \*

3) radiography

4) orthopantomography

5) rheography

1. The anatomical equator of the tooth coincides with the clinical

1) Sometimes\*

2) always

3) never

4) when the model is tilted forward

5) when the model is tilted back

1. When the model is tilted forward on the parallelometer table, the rear edge of the model

1) below the leading edge of the model

2) above the leading edge of the model \*

3) flush with the leading edge of the model

4) mark with a chemical pencil

5) not taken into account when paralleling

1. To locate the line of sight at the anterior teeth of the upper jaw from the vestibular surface closer to the gum with parallelometry, choose

1) front tilt of the model

2) rear tilt of the model \*

3) horizontal position of the model

4) right tilt of the model

5) left tilt of the model

1. When plotting the line of sight on a plaster model using a parallelometer, the tip of the lead should be at

1) clinical equator

2) anatomical equator

3) in the middle of the tooth crown

4) tooth necks \*

5) occlusal surface of the tooth

1. The common equatorial line is crossed by

1) occlusal patch

2) retention part of the clasp \*

3) keeper

4) claw process

5) basis limiter

1. The occlusal piece is located

1) between the line of sight and the neck of the tooth

2) in the support z1 \*

3) in the retention z1

4) strictly in line of sight

5) crosses the line of sight

1. The most important line in the arrangement of the elements in the support-holding clasp is

1) longitudinal axis of the tooth

2) anatomical equator line

3) vertical line

4) clinical equator line \*

5) gingival margin

1. The general line drawn along the coronal part of the teeth on the working model with parallelometry is usually called

1) undercut line

2) anatomical equator line

3) line of sight \*

4) gingival margin

5) vertical line

1. The part of the surface of the tooth crown located between the line of sight

and the gingival margin is called

1) undercut z1

2) occlusal area

3) retention area \*

4) safety z1

5) clasp z1

1. The function of the occlusal patch is

1) in tooth splinting

2) in holding the prosthesis

3) in the redistribution of chewing load \*

4) in the displacement of the prosthesis

5) isolating the chewing load

1. Location of the occlusal patch

1) in the area of ​​the tooth neck

2) in the anatomical equator

3) in the intertubular groove of premolars and molars \*

4) dental cusp

5) true 3), 4)

1. The recess on the occlusal surface for the occlusal patch should be

1) square

2) dovetail

3) flat

4) spoons \*

5) triangular

1. The area of ​​the location of the retention part of the clasp shoulder

1) anatomical equator

2) occlusal area

3) gingival area \*

4) in the area of ​​the occlusal patch

5) in the area of ​​fissure

1. Changing the location of the arch on the upper jaw depends

1) from the desire of the patient

2) from the topography of the dentition defect

3) from aesthetic requirements

4) from the severity of the torus of the hard palate

5) true 2), 4) \*

1. Functional purpose of the arch of the splinting prosthesis

1) redistribution of chewing pressure \*

2) retention of the prosthesis

3) teeth splinting

4) prevention of pathological abrasion

5) fixation of a removable bridge

1. The telescopic crown is used for

1) fixation of the cantilever bridge

2) teeth splinting

3) prevention of pathological abrasion

4) fixation of a removable bridge \*

5) increasing the height of the lower part of the face

1. Equatorial crowns are used for

1) fixation of the cantilever bridge

2) teeth splinting \*

3) fixation of the clasp prosthesis

4) fixation of a removable bridge

5) restoration of the oral surface of the tooth

1. Duplication of working models is performed using

1) thiokol mass

2) hydrocolloid mass \*

3) refractory mass

4) agar agar

5) alginate

1. With the direct method of plastering, after opening the cuvette, at its base there are:

1) plaster model

2) artificial teeth and clasps

3) plaster model, artificial teeth, clasps \*

4) artificial teeth, plaster model

5) plaster model, clasps

1. The combined method of plastering is used if

1) the anterior teeth are placed on the inflow, and the lateral 1s - on the artificial gum \*

2) artificial teeth are placed on the gums and clasps are in ne - leading part of the prosthesis

3) a complete removable denture is made

4) the fixing elements are supporting-holding clasps

5) the lateral teeth are placed on the inflow, and the front teeth on the artificial gum

1. The body of the retaining clasp is located

1) on the oral surface of the tooth

2) on the approximal surface of the tooth \*

3) on the vestibular surface of the tooth

4) in the basis of the prosthesis under the artificial teeth

5) in the base of the prosthesis along the border

1. Doug partial denture is positi1d relative to the mucous hull - ki

1) never touching \*

2) always lightly touching

3) always snug

4) lightly touching when chewing

5) tight when chewing

1. The outgrowth of the retaining clasp should be located:

1) between the equator and the gum

2) between the equator and the occlusal surface

3) on the vestibular surface of the tooth

4) in the area of ​​the slope of the alveolar ridge from the oral side

5) in the center of the alveolar ridge in the base under the artificial teeth \*

1. 228. Types of clasp lines

1) vertical, diagonal, transverse

2) lateral, anterior, sagittal

3) diagonal, distal, medial

4) transverse, diagonal, sagittal \*

5) sagittal, vertical, lateral

1. 229. For the manufacture of cast clasps, alloys are used

1) based on silver

2) silver-palladium

3) 900 gold

4) 750 gold with platinum \*

5) titanium

1. 230. The retaining clasp consists of

1) shoulder, process

2) process, occlusal lining

3) occlusal onlay, branches

4) branches, body, occlusal lining

5) shoulder, body, process \*

1. Requirements for a wax base with occlusal rollers

1) made from modeling wax, tight fit to the prosthetic bed

2) a snug fit to a prosthetic box, below the natural occlusive roller - governmental teeth

3) occlusal cushion below your natural teeth, matching borders ba - sis of the prosthesis

4) the occlusal roller below and narrower than natural teeth

5) tight fit to the prosthetic bed, compliance with the boundaries of the prosthesis base \*

1. . When setting the teeth in the articulator, the occlusions are adjusted

1) side left, side right

2) side right and left, front

3) front, center

4) central

5) central, front, side \*

1. The orientation of the central incisors in the upper jaw  
   is the location

1) the wings of the nose

2) frenulum of the upper lip

3) lines of the aesthetic center of the face \*

4) filterrum of the upper lip

5) nasolabial folds

1. When setting the teeth in the occluder, the occlusions are adjusted

1) side left, side right

2) side right and left, front

3) front, center

4) central \*

5) central, front, side

1. To transfer the inner surface of the denture base projection lan - Single mucosal injury prosthetic bed (during correction) is used

1) carbon paper

2) pumice powder

3) GOI paste

4) alginate impression mass

5) special liquid marker (bio-ink) \*

1. To accelerate adaptation to the removable denture after its application, it is recommended

1) remove the prosthesis several times during the day

2) for the first 3 days, wear the prosthesis only at night

3) use the prosthesis only while eating

4) use a prosthesis during the day and take off at night in the first week

5) use a prosthesis during the day and do not take it off at night for the first week \*

1. The frame of the clasp prosthesis consists of

1) arcs, clasps

2) arcs, branches

3) arcs, clasps, branches \*

4) arcs, clasps, branches, base

5) arches, clasps, branches, base, artificial teeth

1. The reasons for the unsuitability of the frame of the clasp prosthesis are

1) sensation of a foreign body in the mouth when fitting and applying the frame

2) the large length of the frame and the complexity of its design

3) no gap between the arch and the mucous membrane \*

4) the appearance of increased salivation

5) the use of clasps of different types

1. The degree of atrophy of the alveolar process (alveolar part) is determined by the level of the apex of the ridge in relation to

1) transition fold \*

2) the necks of natural teeth

3) the occlusal surface of natural teeth

4) antagonistic teeth

5) interalveolar distance

1. One of the disadvantages of alginate impression materials

1) plasticity

2) elasticity

3) toxicity

4) fast shrinkage \*

5) long setting time

1. Thermoplastic impression materials include

1) plaster

2) stomalgin

3) stens \*

4) repin

5) stomaflex

1. Classification of retaining clasps by design

1) dental, dentoalveolar, alveolar

2) metal, plastic

3) rigid, semi-movable, articulated

4) bent, cast, polymerized

5) 1-shoulder, two-armed, crossover, multi-link \*

1. Classification of clasps according to the method of connection with the basis of the prosthesis

1) dental, dentoalveolar, alveolar.

2) metal, plastic

3) rigid, semi-movable, articulated \*

4) bent, cast, polymerized

5) 1-shoulder, two-armed, crossover, multi-link

1. Classification of clasps by function

1) dental, dentoalveolar, alveolar

2) metal, plastic

3) rigid, semi-movable, articulated

4) holding, supporting-holding \*

5) 1-shoulder, two-shouldered, crossover, not much

1. The line connecting the abutment teeth on which the clasps are located

1) pupillary

2) prosthetic

3) guide

4) overview

5) clasp \*

1. Paralleling method

1) arbitrary, tilt model \*

2) functional, aesthetic

3) physiological, guiding

4) straight, anatomical

5) indirect, semi-physiological

1. Silic1 impression materials include

1) gypsum, repin, stens

2) stomalgin, thiokol, gelin

3) wall, plaster, repin

4) repin, xanthoprene, wall

5) stomaflex, xanthoprene, optosil \*

1. The form of increased wear of hard tissues of teeth depends on:

1)   patient age

2)   type of bite \*

3)   jaw size

4)   forms of dentition

5)   tooth size

1. To differentiate between compensated and decompensated forms of increased wear of hard tissues of teeth, it is necessary:

1)   make diagnostic models

2)   fill in odontoparodontogram

3)   measure the difference between the height of the lower part of the face at physiological rest and in the central occlusion \*

4)   conduct EDI

5)   to conduct an x-ray examination of the teeth

1. The microhardness of the enamel is:

1)   390 N / mm2 \*

2)   120 N / mm2

3)   80 N / mm2

4)   50 N / mm2

5)   200 N / mm2

1. The depth of the damage to the hard tissues of the teeth at the III degree of increased abrasion reaches:

1)   up to 1/3 of the crown length

2)   from 1/3 to 2/3 of the crown length

3)   up to 1/4 of the crown length

4)   from 1/3 to 1/2 of the crown length

5)   from 2/3 of the length of the crown to the neck of the tooth \*

1. With increased wear of the hard tissues of the teeth, the tooth cavity:

1)   decreases \*

2)   at the onset of the disease increases, then decreases

3)   does not change

4)   increases

5)   at the onset of the disease decreases, then increases

1. An additional method for studying patients with a decompensated form of increased wear of hard tissues of teeth is (are):

1)   TMJ tomography \*

2)   allergy tests

3)   Analysis of urine

4)   blood chemistry

5)   clinical blood test

1. The depth of damage to the hard tissues of the teeth at the II degree of increased abrasion reaches:

1)   from 1/3 to 2/3 of the crown length \*

2)   from 2/3 the length of the crown to the neck of the tooth

3)   up to 1/3 of the crown length

4)   from 1/3 to 1/2 of the crown length

5)   up to 1/4 of the crown length

1. The absence of a decrease in the height of the lower part of the face with a certain form of increased tooth wear is due to:

1)   protruding teeth

2)   growth of the alveolar processes of the jaws \*

3)   changes in the relationship of TMJ elements

4)   the formation of replacement dentin

5)   displacement of the lower jaw

1. The form of increased wear of the hard tissues of the teeth, in which the vestibular and (or) oral surfaces of the teeth are affected, is called:

1)   decompensated

2)   horizontal

3)   mixed

4)   compensated

5)   vertical \*

1. The form of increased wear of the hard tissues of the teeth, which is characterized by the absence of a decrease in the height of the lower part of the face, is called:

1)   mixed

2)   horizontal

3)   vertical

4)   compensated \*

5)   decompensated

1. An external examination of patients with a decompensated form of increased tooth wear reveals:

1)   asymmetry of the face

2)   hyperemia of the skin

3)   Bird's face

4)   deepening of nasolabial and chin folds \*

5)   pallor of the skin

1. The author of the classification of increased wear by the prevalence of the pathological process is:

1)   Courland \*

2)   Kopeikin

3)   Grozovsky

4)   Bushan

5)   Doinikov

1. The depth of damage to the hard tissues of the teeth with I degree of increased weariness reaches:

1)   from 1/3 to 1/2 of the crown length

2)   (b) from 2/3 the length of the crown to the neck of the tooth

3)   1/2 to 2/3 crown length

4)   up to 1/3 of the crown length \*

5)   from 1/3 to 2/3 of the crown length

1. With horizontal increased abrasion of hard tissues of teeth, the shape of the erasure facets:

1)   crater-like \*

2)   stepped

3)   oval

4)   rounded

5)   wedge-shaped

1. A complication of increased tooth wear is:

1)   fluorosis

2)   Vincent's gingivostomatitis

3)   occlusive-articulatory dysfunctional syndrome \*

4)   caries

5)   wedge defect

1. The etiological factor of increased abrasion associated with functional overload of the teeth:

1)   chemical action of alkalis

2)   chemical action of acids

3)   nutritional deficiency

4)   exposure to hygiene products

5)   bruxism \*

1. Denticles are formed in:

1)   tooth root cement

2)   tooth enamel

3)   periodontium

4)   tooth pulp \*

5)   TMJ joint capsule

1. The crater-like shape of the erasure facets is due to:

1)   the presence of bad habits \*

2)   changes in the chemical composition of the oral fluid \*

3)   restructuring of the myotatic reflex

4)   the difference in microhardness of enamel and dentin

5)   partial secondary absence of teeth

1. The form of increased abrasion of the hard tissues of the teeth, in which the vestibular and (or) oral surfaces of the teeth are affected, is called:

1) mixed;

2) vertical; \*

3) compensated;

4) decompensated;

5) horizontal.

1. At grade II and III decompensated odds - we increased abrasion necessary stage of treatment:

1) therapeutic;

2) orthodontic;

3) surgical;

4) orthopedic;

5) 1 + 2 + 3 + 4; \*

1. With the I degree of increased tooth wear, the application is indicated:

1) plate prostheses;

2) tabs;

3) pin structures with subsequent crown coverage;

4) artificial crowns;

5) 1 + 2 + 4; \*

1. With the loss of enamel of the incisal edge of the teeth or masticatory tubercles, abrasion:

1) decreases;

2) increases; \*

3) does not change.

4) stops

5) decreases and stops

1. Etiological factors of increased wear and tear associated with functional overload of teeth:

1) nutritional deficiency;

2) bruxism;\*

3) exposure to hygiene products.

4) tooth mobility

5) increased gag reflex

1. Exogenous etiological factors of increased wear, leading to functional insufficiency of hard dental tissues:

1) bite pathology;

2) chemical action of acids and alkalis; \*

3) partial adentia;

4) bruxism.

5) violation of ealogenesis

1. With increased abrasion hard tooth tissues degree I orthopedic treatment pro - usual:

1) in 1 stage; \*

2) in 2 stages;

3) in 3 steps.

4) in 4 stages

5) in 5 steps

1. To differentiate the compensated form of increased abrasion of hard tissues of teeth from the decompensated 1, it is necessary:

1) measure the difference between VNOL at physiological rest and in central occlusion; \*

2) to conduct an x-ray examination of the teeth;

3) conduct EDI;

4) make diagnostic models.

5) to carry out parallelometry

1. With horizontal increased abrasion of hard tissues of teeth, the shape of the abrasion facets:

1)   wedge-shaped;

2)   crater-shaped; \*

3)   stepped.

4)   different

5)   vertical

1. An external examination of patients with a decompensated form of increased tooth wear reveals:

1) deepening of nasolabial folds, senile facial expression; \*

2) asymmetry of the face;

3) "Bird" face.

4) center line offset

5) chronic trauma to the upper lip