Topic 1.1. The history of the development of dental (dental) implantology.

Level 1

Tests.

1.The term "osseointegration" was introduced by

1) P.I.Branemark\*

2) N.N.Znamensky

3) G.B.Brahman

4) H.E.Brukel

2.The requirements for the implant include everything except

1) do not injure the surrounding tissue around the implant

2) do not cause allergic reactions

3) have corrosion resistance and be bioinert

4) be reusable\*

3.The shape of the implant body applies to everything except

1) cylindrical

2) cone-shaped

3) spherical

4) push buttons\*

4. Endoosal implantation

1) requires a certain height, alveolar process and installation is performed in the bone tissue \*

2) using a metal button-shaped implant into the mucous membrane on the alveolar processes.

3) using magnets in the transitional fold to achieve the valve zone and retention of removable dentures.

4) at the first stage, an impression is taken from the bone and an individual implant is made.

5. The causes of bone atrophy include everything except

1) various inflammatory processes, in a long period

2) incorrect removable prosthetics

3) congenital pathological processes structure of the jaws

4) improper nutrition\*

6. Implantation planning

1) diagnostic model.

2) Orthopantomogram or CAT scan.

3) Determination of the diameter and number of implants.

4) that's right\*

7. Bioinert materials include

1) Stainless steel.

2) Chromocobalt alloys.

3) Titanium, zirconium \*

4) Hydroxyapatite.

8. Biotolerant materials include

1) Stainless steel.

2) Titanium and its alloys \*

3) Zirconium.

4) Tricalcium phosphate.

9. Local contraindications for dental implantation include

1) Localized periodontitis.

2) Pathological erasability of the hard tissues of the teeth with a decrease in the height of the bite.

3) The absence of one tooth.

4) Complete adentia \*

10. The founder and developer of implants of plate design is considered

1) Karl Mish.

2) Charles Babush.

3) Marcel Mirgazizov.

4) Per-Ingvar Branemark \*

11. The decision on implantation is made on the basis of

1) clinical studies and radiological studies

2) laboratory research

3) functional research

4) that's right\*

12. Most widely used in the clinic

1) intraosseous screw implants

2) intraosseous plate and screw implants\*

3) intra-mucosal implants

4) subperiosteal implants

13. Anatomical structures that should be taken into account when performing

intraosseous implantation on the lower jaw

1) chin holes \*

2) tool holes

3) zygomatic process

4) maxillary sinus

14. Dental implantation can be engaged in

1) all doctors

2) only orthopedic dentists

3) dentists are surgeons of the highest category

4) highly qualified dentists. Having sufficient practical experience and having passed specialization\*

15. Usually after implantation surgery is prescribed

1) cold on the operation area

2) analgesics

3) antibiotics

4) all options are correct\*

Topic 1.2. Anatomical and morphological prerequisites of dental implantation.

Level 1

Tests.

1. Factors affecting osseointegration

1) primary stabilization of the implant, contact between the implant and bone tissue, contact with blood\*

2) implant material, bone overheating, implant width

3) bone quality, epithelial germination, implant pitch

4) load, implant length

2. Stages of bone tissue healing

1) stage of inflammation, proliferation, regeneration\*

2) the stage of restructuring, restoration

3) the stage of hematoma formation, regeneration

4) the stage of restructuring, proliferation

3. Classification of postoperative defects of the upper jaw

1) without defects and deformations of border areas, in combination with defects and deformations of border areas

2) partial, full, two-sided

3) partial, full, soft tissues

4) all of the above \*

4. Indications for dental implantation include

1) end defects of the dentition

2) limited defects included

3) pregnancy

4) single dentition defect included\*

5. Relative contraindications to dental implantation include everything except

1) lack of sanitation of the oral cavity

2) gingivitis

3) marginal periodontitis

4) tuberculosis\*

6. The presence of an integration zone causes a low level of loss of the alveolar bone in the first year after implantation on

1) 0.5 mm\*

2) 0.1 mm

3) 0.8 mm

4) there is no right answer

7. Overheating of the bone during surgery can lead to cell death and denaturation of collagen to a temperature above

1) 58°C\*

2) 47°C

3) 32°C

4) there is no right answer

9. Industrial pure titanium, introduced into specially prepared bone tissue, forms a strong connection with it

1) Osseointegration\*

2) osteoinduction

3) osteosynthesis

4) glazing

10. Surgical method of increasing the size of the alveolar process on the HF

1) alveoloplasty

2) osteotomy

3) anthropoplasty

4) sinus lifting\*

11. Fibrous integration of the implant is

1) strengthening of the implant in the connective tissue

2) the presence of a fibrous layer between the implant and the bone\*

3) epithelial attachment to the implant surface

4) placing the implant under the periosteum

12. Implants are being sterilized

1) in an autoclave

2) in a dry-air sterilizer

3) in an autoclave or in a dry-burning cabinet\*

4) by chemical method

13. Endodonto-endossal implants can be manufactured

1) made of titanium\*

2) stainless steel

3) made of chromium-cobalt alloy

4) 900 Gold

14. During implantation, it should be taken into account

1) the condition of the dental system

2) the size of the defect of the dentition and the degree of atrophy

3) common diseases

4) all of the above factors\*

15. Which parts of the jaws are suitable for intraosseous implantation

1) only the alveolar process

2) the frontal part of the upper and lower jaw

3) all parts of the jaws in which the implant can be placed without the risk of damage to certain anatomical structures\*

4) the basal parts of the jaws within the location of the dentition

Section 2. Diagnosis and planning of dental implantation.

Topic 2.1. Diagnostics and implantation planning.

Competence of PC-9, OPK-5

Level 1

Tests.

1. Types of surgical templates that are used for implantation

1) support on the bone \*

2) reliance on teeth

3) reliance on the mucous membrane

4) reliance on muscles

2. What material are surgical templates not made of

1) synthetic polymer\*

2) transparent photopolymer

3) composite materials

4) vulcanized rubber

3. Requirements for surgical templates

1) durable

2) elastic

3) tight fit to the oral cavity

4) transparent\*

4. What kind of snapshot is needed when making surgical templates using CAD/CAM

1) orthopantomogram

2) dental snapshot

3) MRI

4) KLKT\*

5. What are the types of surgical templates for dental implantation

1) pilot drill

2) any drill bit

3) the key of the implant

4) full protocol\*

6. The type of bone according to Lekholm and Zarb, in which almost the entire jaw consists of a homogeneous compact bone

1) 1 type\*

2) type 2

3) type 3

4) type 4

7. The type of bone according to Lekholm and Zarb, in which a thick layer of compact bone surrounds the central mass of dense spongy bone

1) 1 type\*

2) type 2

3) type 3

4) type 4

8. The type of bone according to Lekholm and Zarb, in which a thin layer of cortical bone surrounds the central mass of the movable spongy bone

1) 1 type

2) type 2

3) type 3

4) 4 type\*

9. To restore the dentition of the second molars with complete adentia with non-removable prosthetics are used

1) 4 implants\*

2) 6 implants

3) 8 implants

4) the number of implants corresponds to the number of roots of missing teeth

10. Anatomical structures that should be taken into account when performing intraosseous implantation on the upper jaw

1) mousetrap appendages

2) paranasal sinuses\*

3) coronal processes

4) the inner oblique line

11. The minimum recommended ratio of the intraosseous and intraoral parts

of the endossal implant

1) 1 2

2) 1 1\*

3) 1 3

4) 2 1

13. Two-stage implantation of intraosseous implants is carried out

1) in order to achieve osseointegration\*

2) to reduce postoperative trauma

3) to prevent fibrous integration

4) with poor bone regeneration abilities

14. Subperiosteal implantation is indicated when there is

1) terminal defect of the dentition with a well-defined alveolar process

2) bilateral terminal defect of the dentition with a well-defined alveolar process

3) sharp atrophy of the alveolar process in the complete absence of teeth \*

4) defect of one tooth with a well-preserved alveolar process

15. The implant material must have such properties as

1) non-toxic

2) lack of antigenic properties

3) biological stability

4) all of the above\*

Section 3. Surgical techniques of dental implantation.

Topic 3.1. Surgical techniques of dental implantation.

Level 1

Tests.

1. The clinical conditions for performing a one-stage implantation are

1) Bone type D1 or D2

2) adequate bone width and height

3) the presence of adjacent teeth\*

4) all answers are correct\*

2. Additional factors, for the installation of the implant without folding the flap, everything except

1) the presence of a larger area of keratinized tissue

2) having a larger bone width\*

3) no indentations of indentations by means of a puncher

4) the length of the implant is less than 6mm

3. Indications for planting bone materials

1) holes after tooth extraction

2) bone defects\*

3) wide alveolar ridge

4) sinus lifting

4. Problems arising when using two-stage implantation

1) bone-mucosal loss after extraction\*

2) absence of changes in the external contours of the face

3) reducing to a minimum the use of osteoplastic material

4) there are no periods of adentia

5. Advantages of planting bone materials before installing implants

1) promotes the installation of longer implants

2) promotes the installation of more implants

3) increasing orthopedic capabilities\*

4) long-term implant placement

6. What determines the tightening force of the screw fixing the suprastructure to the implant

1) Tactile sensations of the doctor.

2) The degree of mobility of the suprastructure.

3) Instructions for the use of elements of the implant system.

4) The readings of the torque wrench \*

7. What is the evidence of the effect of "sinking" during the formation of the implant bed on the upper jaw

1) About perforation of the maxillary sinus \*

2) About perforation of the nasal cavity.

3) About the perforation of the undercut wall of the alveolar process.

4) About the tool going beyond the bone tissue.

8. Directed tissue regeneration is

1) Creating optimal conditions for the growth and maturation (development) of organotypic bone tissue in the area of bone defects using membrane technology.

2) Combining osteoinductive and ostoconductive materials in order to optimize reparative processes in the area of bone defects \*

3) The use of titanium mesh for selective germination of bone tissue into the defect cavity.

4) Isolation of the defect from the surrounding structures by poor platelet plasma.

9. Biotolerant materials include

1) Stainless steel.

2) Titanium and its alloys \*

3) Zirconium.

4) Tantalum.

10. Contact osteogenesis is

1) The process of regeneration of bone tissue around the implant \*

2) The process of bone tissue regeneration directly on the implant surface.

3) Restoration of bone sections after injury.

4) Inadequate mineralization of the organic bone matrix with normal skeletal mass.

11. Indications for implantation are

1) complete absence of teeth

2) end defects of dentition

3) loss of one tooth

4) all of the above\*

12. Name the elements of the subperiosteal implant

1) vestibular branch\*

2) palatine arch

3) sublingual arch

4) oral offshoot

13. Which cellular elements belong to the bone tissue

1) osteoblasts

2) osteocytes

3) ostoclasts

4) all of the above elements\*

14. Possible bone tissue reactions to injury include

1) formation of fibrous tissue

2) sequestration

3) osseointegration

4) all of the above\*

15. During implantation, the reaction of bone tissue is affected

1) bone tissue reparative abilities

2) implant material

3) the shape of the implant

4) all of the above factors\*

Topic 3.2. Types of reconstructive interventions on the jaw bones and their technique

carrying out.

Level 1

Tests.

1. The bone-plastic material must have the following properties

1) promote revascularization of the defect zone

2) provoke an immune response from the body

3) possess osteoconductive properties\*

4) prevent neoplasm

2. The main mechanisms of bone tissue formation when using osteoplastic materials

1) osteoinduction

2) osteoconduction

3) osseointegration\*

4) osteoporosis

3. What are the methods of bone grafting

1) technique of directed tissue regeneration

2) by planting a bone block\*

3) by sinus lifting

4) Filatov's stem

4. What may be the complications of bone grafting

1) exposing the membrane through the seam line\*

2) sequestration of bone block sites

3) bone tissue recovery of more than 50 percent

4) restoration of the width of the alveolar process

5. Complications during sinus-lifting surgery

1) rupture or perforation of the inner Schneider membrane\*

2) pain, swelling, minor bleeding

3) formation of a fistula

4) sinusitis.

6. The use of implants allows

1) restore chewing function

2) restoring the proportions of the face

3) restoration of speech functions

4) all answers are correct\*

7. The height of the bone tissue at the site of the intended implantation and the condition of the remaining teeth are determined using

1) orthopantomography

2) computed tomography\*

3) lateral cephalography

4) intraoral periapical radiography

8. The choice of the shape, design and size of the implant is not determined depending on

1) type of adentia

2) the patient's wishes\*

3) prosthesis designs

4) height and width of bone tissue

9. Currently, to increase the atrophied alveolar process is used

1) rubber

2) hydroxylapatite\*

3) polyuritan

4) nylon

10. After implantation, the sutures are removed

1) after 3 weeks

2) after 7-8 days\*

3) after 2-3 days

4) after 10-12 days

11. What method is carried out during the sterilization of titanium implants

1) alcohol treatment

2) formalin treatment

3) 3% hydrogen peroxide solution

4) dry-air method\*

12. To stop bleeding in a bone wound, use

1) cold saline solution

2) aminocaproic acid

3) hydrogen peroxide 3%

4) all of the above\*

13. Most often used for implantation

1) conduction anesthesia\*

2) application anesthesia

3) neuroleptanalgesia

4) mask anesthesia

Section 4. Prosthetics on implants.

Topic 4.1. Orthopedic stage of implantological treatment

Tests.

1. Options for fixing the body of the removable implant prosthesis

1) push-button lock mount\*

2) beam type lock fastening

3) screw fixation

4) fixation on cement

2. The main difference between prosthetics with two-stage implantation is

1) in the removal of the impression

2) crown fixation

3) modeling of wax composition

4) in the manufacture of the working model, laboratory analogues are used-implant negatives\*

3. What is the name of the technique of removing the impression from the implant in which after removing the impression, the impression transfer remains screwed to the implant

1) "closed spoon"\*

2) "open spoon"

3) "combined spoon"

4) "functional spoons"

4. Orthopedic construction is used for 2 implants in the area of the frontal teeth on the upper jaw

1) rod with parallel walls, removable prosthesis without support

2) removable dentures on a round rod with a pore on the gum\*

3) prostheses with extended base, removable and conditionally removable

4) removable dentures with a shortened dental row on a round rod

5. Tools for orthopedic stage of dental implantation

1) impression material

2) the cap is cast

3) abutment straight, angular\*

4) cement

6. What determines the tightening force of the screw fixing the suprastructure to the implant

1) Tactile sensations of the doctor.

2) The degree of mobility of the suprastructure

3) Instructions for the use of elements of the implant system.

4) The readings of the torque wrench. \*

7. What is an abutment

1) Suprastructure \*

2) The transition module.

3) An analogue of the implant.

4) Locking screw.

8. For the manufacture of a dental prosthesis on implants, the removal of impressions is practiced

1) 2-stage technique with a basic and corrective layer \*

2) Plaster with an individual rigid spoon.

3) Alginate impression mass with a standard rigid spoon.

4) Individual rigid spoon with silicone mass in an open or closed way.

9. Removable dentures for two implants are fixed

1) Lock ball-shaped push-button\*

2) Magnetic

3) Beam mounting

4) Telescopic

10. Removable dentures for 2-4 implants

1) Lock ball-shaped push-button

2) Magneti

3) Beam mounting\*

4) Telescopic

11. The most favorable load on the implant is

1) vertical load

2) along the axis of the implant\*

3) lateral load in the neck area

4) lateral load in the area of the top of the head

12. The use of acrylic teeth in osteointegrated implants for

overload protection

1) not enough

2) depending on the width of the dental arch

3) maybe\*

4) unanswered

13. During implantation, it should be taken into account

1) the condition of the dental system

2) the size of the defect of the dentition

3) the degree of atrophy

4) all of the above factors\*

14. Pre-preparation of the metal implant head in the oral cavity

1) it is permissible with abundant cooling with the use of coffee cream \*

2) absolutely unacceptable

3) permissible in exceptional cases

4) permissible on the upper jaw

15. Recommended axis of placement of push-button clamps of the subperiosteal

implant

1) transverse in the frontal section

2) transverse in the middle section

3) transverse in the distal part

4) diagonal\*

Section 5. Complications of dental implantation

Topic 5.1. Prevention and treatment of dental implantation complications

Competence of PC-8, OPK-5

Level 1

Tests.

1. Complications during the surgical stage of dental implantation include everything except

1) The drills are not cooled or their rotation speed is not observed

2) late complication of peri-implantitis\*

3) The diameter of the mucotome is smaller than the diameter of the dental moment

4) Non-compliance with the surgical protocol

2. It is strictly forbidden to use for hygienic measures

1) metal tools and scalers\*

2) hard toothbrush

3) using cleansing tablets

4) alcohol-free rinses

3. Causes of fracture of the screw fixing the prosthesis or abutment

1) Poor comparison of the abutment and the implant

2) Occlusive problems, insufficient provision of the prosthesis to the abutment or inadequate choice of prosthetics \*

3) Incorrect manufacture of a bridge prosthesis

4) Disintegration of the implant

4. Algorithm for correcting the occurrence of mucositis or pe1riimplantitis

1) Perform a connective tissue graft transplant, replacing a titanium abutment with a zirconium or ceramic one.

2) Saw the frame, fix the parts, solder in the laboratory

3) Eliminate etiological factors (poor hygiene, inadequate in relation to the underlying mucous geometry of the prosthesis).Pay attention to the "pockets" around the natural teeth. Perform flap surgery with gingivoplasty. The possibility of carrying out an event on bone regeneration \*

4) Removal of the implant with a trepan, after 2-6 months to install a larger diameter implant.

5. Late complications due to the load on the dental implant include everything except

1) peri-implantitis

2) fracture of the dental implant\*

3) peri-implantitic ostitis

4) the edges of the crown are poorly fitted to the neck of the implant

6. Causes of complications during the surgical stage of dental implantation

1) Lack of consideration of anatomical features, non-compliance with the rate of introduction of dental implants\*

2) Poor fixation of the prosthesis on the implant

3) Rigid simultaneous fixation of the prosthesis on movable teeth with an implant

4) Edema

7. Errors in prosthetics, leading to complications

1) Incorrect preparation of the supporting parts

2) Peri-implantitis\*

3) Serious hemostasis disorders, exacerbation of chronic forms of diseases

4) Non-compliance with the surgical protocol

8. What is of great importance in the process of rehabilitation of patients after dental implantation

1) Reliable osseointegration

2) Contact osteogenesis

3) The more implants, the less pressure on each of them

4) Oral hygiene\*

9. Which metal tools are strictly forbidden to use for hygienic activities

1) Tweezers, probe, mirror

2) Metal scalers and depurators\*

3) Curetygracy, Langera.

4) Dental excavators

10. Treatment of complications after the installation of dental implants

1) Antibiotic therapy, detoxification of the implant surface, regeneration of damaged bone tissue\*

2) Active physical activity, diet

3) Removal of the implant

4) Peri-implantitis

11. Is it mandatory to use a sterile cooling solution during implantation surgery

1) Mandatory\*

2) the solution may be non-sterile

3) only disinfection of the solution is necessary

4) sterile solution is used only for subperiosteal implantation

12. Which implant integration system can be used in the clinic

1) bone integration\*

2) fibrous integration

3) bone and fibrous integration

4) there are no instructions

13. The distribution of the chewing load on the implant is determined by

1) the location of the supports

2) the rigidity of the prosthesis

3) the rigidity of the implant material

4) all options are correct\*

14. Complications caused by incorrect prosthetic design with support for implants are

1) overload of the implant

2) fracture of the implant

3) overload of the supporting teeth

4) all options are correct\*

15. Implantation complications include

1) perforation of the bottom of the maxillary sinus

2) implant exposure

3) formation of fistulas

4) all options are correct\*

Interim certification

(credit )

Test control

1. The first material suitable for implantation and osteosynthesis was

1) molybdenum steel \*

2) stainless steel

3) cobalt chromium alloy

4) silver-palladium alloy

2. In what year was the first time Strock implanted a screw implant into the hole of a removed tooth

1) 1930

 2) 1939 \*

3) 1940

4) 1925

3. What type of implants was proposed by the Swedish dentist N. Dahl in the early 40s

1) subperiosteal implant \*

2) screw implant

3) plate implant

4) zygomatic

4. Titanium refers to

1) biomaterials

2) bioinert materials \*

3) biotolerant materials

4) biocompatible

5. The distance between the implants and adjacent teeth should be

1) 1 mm

2) 15 mm or more \*

3) at least 5 mm

4) 3mm

6. Which part of the implant is shown in the figure



1) Abutment

2) A plug screw \*

3) The body of the implant

4) The implant head

5) Fixing screw for connecting the abutment to the implant body.

7. Which part of the implant is shown in the picture



1) Abutment \*

2) Plug screw

3) The body of the implant

4) The implant head

8. What does the term "secondary stabilization of the implant" mean

1) Physiological mobility of the implant

2) the 1st day after surgery – there is no mobility

3) 21st day after surgery – no mobility \*

4) 14th day after surgery - no mobility

9. For how long is it most advisable to leave the implant on the upper jaw closed

1) 1 year

2) 15 years

3) 3 weeks

4) 6 months\*

10. Bioinert materials include

1) Stainless steel.

2) Chromocobalt alloys.

3) Titanium, zirconium \*

4) Hydroxyapatite.

11. The position of the intraosseous implant shoulders in relation to the cortical plate is as follows

1) the shoulders are located at the level of the cortical plate

2) above the cortical plate

3) below the cortical plate by 2-3 mm

4) above the cortical plate by 2-3 mm

5) depending on the condition of the bone\*

12. To undergo regular monitoring of the patient who has received treatment with the help of implantation

1) not required

2) depending on the patient's desire

3) required during the first year

4) regular monitoring is required \*

5) required within the first six months

13. After implantation, the sutures are removed

1) after 3 weeks

2) after 7-8 days \*

3) after 2-3 days

4) after 10-12 days

5) after 4-5 days

14. Overestimation of the height of the lower part of the face during prosthetics based on implants

1) acceptable in all cases

2) unacceptable in all cases \*

3) it is unacceptable only in the complete absence of teeth

4) acceptable when relying on an implant and natural teeth

5) acceptable when using the implant as an intermediate support

15. Indications for implantation are

1) complete absence of teeth

2) end defects of dentition

3) loss of one tooth

4) unsatisfactory fixation of the removable prosthesis

5) all of the above\*

16. Contraindications to implantation include

1) endocrine diseases \*

2) syphilis

3) hemophilia \*

4) violation of calcium metabolism

5) all of the above

17. Osseointegration of the implant is

1) tight strengthening of the implant

2) placement of the implant in the bone tissue

3) tight contact between the newly formed bone tissue and the implant surface \*

4) the presence of fibrous tissue between the implant and the bone

5) epithelial lining between the implant and the bone

18. Two-stage implantation of intraosseous implants is carried out

1) in order to achieve osseointegration \*

2) to reduce postoperative trauma

3) to prevent fibrous integration

4) with poor bone regeneration abilities

5) in order to improve the functional effect

19. If the implant is placed incorrectly in the bone, complications such as

1) bleeding

2) mobility of the implant

3) phlegmon

4) resorption of bone tissue around the implant

5) all of the above \*

20. Reason of the implant loss is

1) poor oral hygiene

2) irrational nutrition

3) unsatisfactory chewing load

4) metabolic disorders

5) all of the above factors \*

21. Advantages of the dental implantation method

1) duration of treatment

2) the cost of the service

3) there is no need to dissect teeth bordering on the defect \*

4) healing potential

22. Disadvantages of removable prosthetics

1) high cost

2) complexity of manufacturing

3) the ability to enhance the atrophy of the alveolar ridge \*

4) short duration of treatment

23. The number of levels of solving implantological problems according to the method of Professor M.Z. Mirgazizov

1) 3 \*

2) 4

3) 2

4) 6

24. The most appropriate X-ray examination when planning dental implantation

1) orthopantomogram (OPTG)

2) cone-beam computed tomography (CBCT) \*

3) multispiral computed tomography (MSCT).

25. Dental implantation is

1) the introduction of artificial support in the jaw tissue as a tooth replacement\*

2) installation of a temporary prosthesis

3) one of the methods of orthopedic treatment

4) the introduction of artificial support in the prosthesis

26. Type of bone tissue according to C. Mich, corresponding to a loose and thin compact substance of bone

1) D1

2) D2

3) D3

4) 4\*

27. The main feature of the classification of defects in the dentition of Professor Mirgazizov M.Z. is

1) assessment of the quality of bone tissue

2) segmental approach to the analysis of the state of the alveolar processes \*

3) assessment of the volume of bone tissue during dental implantation.

28. Advantages of implants over conventional prosthetics

1) modern type of treatment

2) more cost-effective treatment

3) implants allow you to restore the dentition without damaging adjacent healthy teeth \*

4) patients like it

29. What are the signs of osseointegration

1) immobility of the implant (ankylosis) \*

2) ingrowing of bone into metal

3) connection of bone with metal

4) there are no signs of bone resorption on the visiography

30. Name of the group of osteoplastic materials donated by animals

1) xenogenic \*

2) allogeneic

3) alloplastic.

4) autogenic

31. The patient has an idiopathic disease with progressive damage to the periodontal tissues, is implantation with a metal implant possible

1) there are absolute local contraindications\*

2) there are no contraindications to surgery

3) there are relative local contraindications

32. In accordance with the criteria for the effectiveness of dental implantology 5 years after prosthetics on implants

1) 5% of implants have mobility

2) in all implants, the level of bone support in the coronary zone decreases by an average of 2 mm

3) in all implants, the surrounding mucous membrane atrophies

4) in 85% of implants

33. Smoking of the patient when planning orthopedic treatment with dental implantation

1) is a relative contraindication\*

2) is a local contraindication

3) does not affect the choice of treatment method

4) is an absolute contraindication

34. The most common implant designs in modern implantology

1) subcostal

2) intraosseous screw \*

3) intra-mucous membranes

4) transcendental

35. In the complete absence of teeth on the upper jaw, a statement is necessary for the manufacture of a non-removable structure

1) 4-6 implants

2) 2-4 implants

3) 6-8 implants

4) 8-10 implants\*

36. The most common technology of surface treatment of titanium implants

1) titanium plasma coating

2) mechanical milling

3) sandblasting

4) combination of sandblasting and acid treatment \*

37. Orthopedic beam fixed structure splints

1) 2-4 implants\*

2) 6-8 implants

3) 8-10 implants

4) 1-2 implants

38. The main requirement for the manufacture of a prosthesis on implants

1) the prosthesis must transfer the load to the implant along its vertical axis\*

2) the prosthesis must transfer the load to the implant along its horizontal axis

3) the prosthesis should transfer the load to the implant along the horizontal and vertical axis

39. After intraosseous implantation, the following postoperative complications may develop

1) mobility of the implant

2) bone resorption

3) postoperative wound edema\*

4) trigeminal neuralgia

40. Indications for implantation

1) complex treatment of periodontitis

2) comprehensive treatment of dental deformities

3) non-removable prosthetics of included and terminal defects of teeth \*

4) splinting of movable teeth

41. The main condition for direct implantation into the hole of the removed tooth

1) preservation of the vestibular wall of the well

2) the absence of inflammatory manifestations in the periodontal of the removed tooth \*

3) the presence of bone tissue to deepen the alveolar well

4) absence of resorption of interdental bone septa

42. Intraosseous titanium implants can be covered with a layer

1) hydroxyapatite

2) gold

3) tricalcium phosphate\*

4) aluminum oxides

43. In the complete absence of teeth on the lower jaw, a statement is necessary for the manufacture of a non-removable structure

1) 4-6 implants

2) 8-10 implants

3) 2-4 implants

4) 6-8 implants \*

44. Alloys are used for the manufacture of the implant

1) aluminum

2) chrome-nickel

3) titanium\*

4) chromium-cobalt

45. The most common technology for increasing the volume of bone tissue

1) enlargement of the alveolar ridge by bone autoblocks

2) distraction of bone tissue

3) orthodontic root extension with bone block

4) enlargement of the alveolar ridge with osteoplastic materials using membranes \*

46.The most optimal bone structure for implantation is characterized by the following type of jaw according to the classification of S. Misch

1) D1

2) D2 \*

3) D3

4) D4

47. Recommended axis of placement of push-button clamps of the subperiosteal implant

1) transverse in the frontal section

2) transverse in the middle section\*

3) transverse in the distal section

4) diagonal

48. What is the minimum number of implants for installing a non-removable prosthesis in a toothless upper jaw

1) 6

2) 5

3) 4

4) 8\*

49. Relative contraindications to the use of implants

1) ceramic crowns

2) the index of destruction of the occlusal surface of the tooth is 80%

3) multiple caries

4) precancerous diseases of the oral cavity\*

50. The average period of engraftment of intraosseous implants on the upper jaw is

1) 3 months

2) 6 months\*

3) 2 months

4) 1 year

51. What should be the gap between the supporting part of the implant and the antagonist tooth

1) at least 3 mm\*

2) there may not be a gap

3) not more than 1 mm

4) 5 mm

52. What is the minimum number of implants for installing a non-removable prosthesis in a toothless lower jaw

1) 6\*

2) 5

3) 4

4) 8

53. What impression mass is used when taking impressions during prosthetics based on implants

1) all of the above

2) polyvinylsiloxane, polyester materials\*

3) thermoplastic mass

4) alginate materials

54. For how long is the gum shaper installed

1) 1 week

2) 14 days\*

3) 15 months

4) 1 month

55. The number of implants to be installed must correspond to

1) The number of missing teeth\*

2) 2 times less than the number of missing teeth

3) More missing teeth

4) At the discretion of the doctor

56.What is the minimum number of implants for installing a non-removable prosthesis in a toothless lower jaw

1) 6\*

2) 5

3) 4

4) 8

57. What is the minimum number of implants for installing a non-removable prosthesis in a toothless upper jaw

1) 6

2) 5

3) 4

4) 8\*

58. What is included in the preoperative preparation of the patient before surgery on the tissues of the oral cavity

1) Oral sanitation and oral hygiene training\*

2) Removal of all teeth

3) Selective grinding of teeth and alignment of the occlusal surface

4) Replacement of all seals

59. The number of implants to be installed must correspond to

1) The number of missing teeth\*

2) 2 times less than the number of missing teeth

3) More missing teeth

4) At the discretion of the doctor

60. For the manufacture of non-removable orthopedic structures with screw fixation are used

1) standard abutment

2) individual abutment\*

3) corner abutment

61. Subperiosteal implantation is indicated when there is

1) sharp atrophy of the alveolar process in the complete absence of teeth\*

2) terminal defect of the dentition with a well-defined alveolar process

3) defect of one tooth with a well-preserved alveolar process

4) bilateral terminal defect of the dentition with a well-defined alveolar process

62. The following materials are used in intraosseous implantology

1) bioactive

2) biotolerant\*

3) bioneutral

4) bioinert

63. The average period of engraftment of intraosseous implants in the lower jaw is

1) 2 months

2) 6 months

3) 3 months\*

4) 1 year

64.For the manufacture of a non-removable orthopedic structure with screw fixation,[edit]

Choose ONE correct answer

1) standard abutment

2) corner abutment

3) individual abutment\*

4) temporary abutment

65. Alloys are used for the manufacture of the implant[edit]

Choose ONE correct answer

1) titanium\*

2) aluminum

3) chrome-nickel

4) chromium-cobalt

66. For how long is the gum shaper installed

1) 14 days\*

2) 15 months

3) 1 month

4) 1 week

67. During intraosseous implantation on the upper jaw, the following complications may develop

1) perforation in the nasal cavity

2) perforation in the maxillary sinus\*

3) nerve damage

4) bleeding is incorrect

68.According to the configuration of the intraosseous part, the following type of dental implants are not distinguished

1) cylindrical

2) spherical\*

3) plate

4) screw

69. DYNAMIC MONITORING OF PATIENTS WITH DENTURES ON DENTAL IMPLANTS IS CARRIED OUT

1) 1 time in 6 months\*

2) 1 time in 4 months

3) 1 time in 2 years

4) 1 time in 2 months

70. THE MOST COMMON CAUSES OF DENTAL IMPLANT LOSS INCLUDE

1) inflammatory complications\*

2) osteomyelitis of the jaw

3) allergic reaction

4) electroplating

71. WHEN PROSTHETICS ARE SUPPORTED BY IMPLANTS, THE HEIGHT OF THE LOWER PART OF THE FACE IS OVERESTIMATED

1) unacceptable in all cases\*

2) acceptable in all cases

3) it is unacceptable only in the complete absence of teeth

4) acceptable when relying on an implant and natural teeth

72. THE IMPLANT IS INSTALLED ON THE LOWER JAW AFTER TOOTH EXTRACTION AT LEAST AFTER (MONTHS)

1) 3\*

2) 6

3) 8

4) 12

73. THE IMPLANT IS INSTALLED ON THE UPPER JAW AFTER TOOTH EXTRACTION AT LEAST AFTER (MONTHS)

1) 6\*

2) 8

3) 12

4) 3

74. THE HEALING OF BONE TISSUE AROUND THE IMPLANT IS CALLED

1) primary osseointegration\*

2) synostosis

3) osteofixation

4) intraosseous stabilization

75. SMOKING OF THE PATIENT WHEN PLANNING ORTHOPEDIC TREATMENT WITH DENTAL IMPLANTATION

1) is a relative contraindication\*

2) is a local contraindication

3) does not affect the choice of treatment method

4) is an absolute contraindication

76. DYNAMIC MONITORING OF PATIENTS WITH DENTURES ON DENTAL IMPLANTS IS CARRIED OUT

1) 1 time in 6 months\*

2) 1 time in 4 months

3) 1 time in 2 years

4) 1 time in 2 months

77.WHEN PROSTHETICS ARE SUPPORTED BY IMPLANTS, THE HEIGHT OF THE LOWER PART OF THE FACE IS OVERESTIMATED

1) unacceptable in all cases\*

2) acceptable in all cases

3) it is unacceptable only in the complete absence of teeth

4) acceptable when relying on an implant and natural teeth

78. What is included in the preoperative preparation of the patient before surgery on the tissues of the oral cavity

1) Oral sanitation and oral hygiene training\*

2) Removal of all teeth

3) Selective grinding of teeth and alignment of the occlusal surface

4) Replacement of all seals

79. Classification of implants

1) subperiosteal\*

2) Long

3) Short

4) transcendental

80. Classification of implants

1) zirconium

2) intramuscular\*

3) Titanium

4) Steel

81.Advantages of screw implants compared to cylindrical ones (PC-5, PC-7)

1) good primary fixation

2) it is possible to produce a one-time functional load\*

3) Easier to install

4) Easier in the prosthetics process

82. Advantages of screw implants compared to cylindrical ones (PC-5, PC-9)

1) intercortical fixation improves the primary fixation of the screw implant\*

2) with the same diameter and surface structure, the outer area of the screw implant is larger

3) Easier to install

4) Easier in the prosthetics process

83. Dynamic monitoring of patients with dentures on dental implants is carried out (PC-5, PC-7)

1) 1 every 6 months\*

2) 1 time in 4 months

3) 1 time in 2 years

4) 1 time in 2 months

84. When prosthetics are supported by implants, the height of the lower part of the face is overestimated

1) unacceptable in all cases\*

2) acceptable in all cases

3) it is unacceptable only in the complete absence of teeth

4) acceptable when relying on an implant and natural teeth

85. The number of implants to be installed must correspond to

1) The number of missing teeth\*

2) 2 times less than the number of missing teeth

3) More missing teeth

4) At the discretion of the doctor

86. What is the minimum number of implants for installing a non-removable prosthesis in a toothless lower jaw

1) 6\*

2) 5

3) 4

4) 8

87.What is the minimum number of implants for installing a non-removable prosthesis in a toothless upper jaw

1) 6

2) 5

3) 4

4) 8\*

88. What is included in the preoperative preparation of the patient before surgery on the tissues of the oral cavity

1) Oral sanitation and oral hygiene training\*

2) Removal of all teeth

3) Selective grinding of teeth and alignment of the occlusal surface

4) Replacement of all seals

89. After what period of time after bone grafting, dental implantation is indicated

1) after 6 months\*

2) after 5 months

3) after 8 months

4) after 3 months

90. After what period of time after dental implantation is the installation of the gum shaper shown

1) after 4 months\*

2) after 5 months

3) after 8 months

4) after 3 months

91. After what period of time after the opening of the implant orthopedic treatment

1) after 1 month\*

2) after 5 months

3) after 8 months

4) after 3 months

92. Fibrous integration of the implant is

1) STRENGTHENING OF THE IMPLANT IN THE CONNECTIVE TISSUE

2) THE PRESENCE OF A FIBROUS LAYER BETWEEN THE IMPLANT AND THE BONE\*

3) EPITHELIAL ATTACHMENT TO THE IMPLANT SURFACE

4) PLACEMENT OF THE IMPLANT UNDER THE PERIOSTEUM

93. Which teeth can be included in the bridge prosthesis when using implants

1) any

2) with mobility of 11 degrees

3) stable teeth

4) there are no recommendations

94. The permissible rate of bone resorption around the screw implant in each subsequent year after the first year of operation is

1) 15 mm

2) 22 mm

3) 0.2 mm

4) 0.02 mm

95. The minimum safe distance to the wall of the mandibular canal when placing dental implants in the lateral parts of the mandible is

1) 0.5 mm

2) 1 mm

3) 10 mm

4) 2 mm

96. The tightening force of the screw fixing the suprastructure to the implant is determined by

1) tactile sensations of the doctor

2) the degree of mobility of the suprastructure

3) instructions for the use of elements of the implant system

4) the readings of the torque wrench

97. Preparation of the bed for screw or cylindrical implants should be carried out with specially designed drills with the following rotation speed, rpm

1) 200-300

2) 500-800

3) 1000-1500

4) at the speed recommended by the manufacturer