

№n/n	Text of question	A text of answer	B text of answer	C text of answer	Д text of answer	E text of answer	corect answer
1	To the doctor orthodontist directed to consult a child 2 years with a diagnosis of left-sided complete cleft upper lip and alveolar bone. How many processes participate in the formation of alveolar bone of the upper jaw.	One outgrowth	Two outgrowth	Three outgrows	Four outgrows	Five outgrows	C
2	On the advice of a doctor, orthodontist came parents with a child 7 years. On examination revealed: scar deformity of the upper lip on the right, post heyloplastyc. How many processes participate in the formation of the upper lip	One outgrowth	Two outgrowth	Three outgrows	Four outgrows	Five outgrows	C
3	On the advice of a doctor orthodontist sent child of 4 years. Clinical examination found: face symmetrical, proportional, no pathological changes. In the intraoral examination revealed cleft palate. How many processes participate in the formation of the hard palate	One outgrowth	Two outgrowth	Three outgrows	Four outgrows	Five outgrows	B

4	On the advice of a physician directed orthodontist child 2 years old. Clinical examination found: face symmetrical, proportional, no pathological changes. In the intraoral examination revealed cleft palate. How many processes participate in the formation of the soft palate.	One outgrowth	Two outgrowth	Three outgrows	Four outgrows	Five outgrows	B
5	An examination of the newborn diagnosed oblique facial cleft left. Name the bones that are involved in the formation of the facial skull	Nasal zygomatic, tear, maxillary mandibular,	Nasal, zygomatic mandibular,	Nasal, zygomatic tear, maxillary	tear, maxillary mandibular,	maxillary mandibular,	A
6	Clinical examination newborn diagnosed, congenital anomaly backs and wings of the nose. Which gill arch develops nose.	First	second	third	fourth	fifth	A
7	In the clinic the doctor - orthodontist approached parents with a child 6 years for checkups. In the mouth: the frontal area marked scissors contact incisors, distal surface of the second temporary molars are in	During the formation of temporary occlusion	Period of stability temporary occlusion	Period involution temporary occlusion	Early mixed bite	Late mixed bite	B

	the same plane. The teeth in the dental arch are tightly without gaps. Define to which period of occlusion is described clinical picture..						
8	For preventive examination to a pediatric dentist asked parents with a child 20 months. How many teeth there in a temporary occlusion	24	26	20	32	16	C
9	In the clinic the doctor - orthodontist approached parents with a child 6 years with complaints availability gaps between frontal teeth of the upper and lower dental arch. OBJECTIVE: symmetrical face, nasal - labial folds are mild. In the mouth: the frontal area - direct contact incisors, diastema, tremas. There stertist cutting edge tools, and masticatory tubercles lateral teeth. Value milk canines - neutral. Symptom Tsylinskoho. Which period of formation of bite is this clinical picture	During the formation of temporary occlusion	Period of stability temporary occlusion	Period involution temporary occlusion	Early mixed bite	Late mixed bite	C
10	In the clinic the doctor-	During the	Period of stability	Period involution	Early mixed bite	Late mixed bite	B

	turned orthodontist to consult parents with a child 4 years. What is the period of formation of occlusion is defined in the child in the classic terms.	formation of temporary occlusion	temporary occlusion	temporary occlusion			
11	When preventive examinations in patients 5 years of absence is defined central incisor on the lower jaw. Which group of teeth missing in temporary occlusion.	Premolars	Molars	canines	Central incisor	Lateral incisors	A
12	Clinical examination of the patient 6 years defined symptom Tsylinskoho. This symptom is characterized by the ratio of teeth	Value distal surfaces of the second temporary molars	Value incisors	Value canines	Value first premolars	Value of first molars	A
13	In the clinic turned 18 in patient complaints of improper position of the teeth on the lower jaw. What stage of recovery increase bite should occur in this patient	First	Second	Third	Fourth	Fifth	Д
13	Clinical examination of patient B. defined eruption 14 and 24 teeth. Which period of formation bite meets the clinical picture	During the formation of temporary occlusion	Period of stability temporary occlusion	Period involution temporary occlusion	Early mixed bite	Late mixed bite	E

14	In the hospital the doctor asked the patient orthodontist in the first period alternating occlusion. For the first period, alternating occlusion is characterized by:	Eruption of the first permanent molars and incisors change	Eruption of the first permanent molars and canines change	Eruption of the first permanent molars and premolars	Eruption of first and second permanent molars;	Eruption of the premolars	A
15	When preventive examinations in patients 5 years of determined flat occlusal plane. Occlusal curve in alternating bite changes in these planes	Sagittal and transversal	Sagittal and vertical	Vertical and transversal	Orbital and vertical	Orbital and transversal	A
16	Clinical examination of the patient 6 years determined in the absence of dental arch mandibular first permanent molars. Space for molars in the mandible is formed by:	Medial displacement of teeth and bone resorption on the anterior surface of the branches of the lower jaw	Growth in alveolar ridge width	Growth of the body of the mandible	Presence of physiological diastolic and tremas	Replacement of temporary molars to premolars	A
17	Clinical examination of the patient 5 years determined in the absence of dental arch maxillary first permanent molars. Space for molars on the upper jaw is formed by:	Abrasion humps deciduous teeth	Medial displacement of the mandible	Availability of diastemas and tremas	Growth alveolar bone resorption in length and in the area of the tuberculum maxila	Changes of temporary molars to premolars	Д

18	Clinical examination of the patient K. set fourth stage of physiological recovery bite that occurs during teething:	Third permanent molars	The first permanent molars	Second permanent molars	Permanent canines	Second permanent molars and canines	A
19	Clinical examination of the child 5 months determined retarded growth of the upper jaw. Type the growth of the upper jaw after birth due to:	Surface activity	Intra-cartilaginous activity	Periosteal activity	Intramembranym ossification	Hyperplasia and hypertrophy	Д
20	In the clinic approached parents with a child 8 years with complaints of violations of the formation face. Objectively, there is a lag in the growth of the upper jaw. The first factor that determines the growth of the jaws are:	Displacement of the mandible	The shift of the upper jaw	Biological growth tendencies	Erase of deciduous teeth	No abrasion of teeth.	C
21	In the clinic appealed patient 20 years complains on aesthetic flaws as enlarged distal face, beveled chin. How many theories that contribute determinants Craniofacial Development you know?	3	1	4	2	5	A
22	In the clinic turned 18 in patient complaints of	Having bad habits	Displacement of the mandible	The shift of the upper jaw	Reducing bite	The normal function of masticatory	E

	aesthetic disadvantage as asymmetry face. The factor that determines the growth of the jaws are:					muscles	
23	In the clinic approached parents with a child 9 years of complaints convex profile face. What factors ensured the development of the upper jaw:	oral breathing	By surface reconstruction	Somatic swallowing	Infantile swallowing	Temporal type of chewing	B
24	In the clinic approached parents with a child 10 years with complaints of hypoplasia of the mandible. Based on TRH study diagnosed mandibular micrognathia. Mandible grows in length by:	Nasal breathing	Somatic swallowing	Masseterical type of chewing	Temporal type of chewing	Periosteal bone apposition back of branches	E
25	In the analysis of control and diagnostic models of the jaws patient B. a breach of the first switch occlusion by Andrews. And the key occluded by Andrews describes:	Right Mesial-distal slope of crowns	Right-fisure-cusps contact between the first permanent molars of both jaws	Right vestibulo-oral slope crowns	Lack of rotation around the axis of the teeth	Concave of the spee curve	B
26	Clinical examination of the patient K. '22-defined disorders fissuring cusps contact between the teeth of the upper and lower	The lower central incisor and upper last molar	The upper central incisor and upper last molar	The lower central incisor and lower last molar	The upper central incisor and lower last molar	Third lower permanent molars	A

	jaws. One by one antagonist at physiological constant occlusion are:						
27	Clinical examination of patients diagnosed in '17 orthognatic bite. orthognatic bite different from orthogenic value in this plane:	Nasal	Sagittal	Transversal	Frankfurt	vertical	E
28	A clinical examination of the patient pp.22 years defined the second key violation optimal occlusion by Andrews. Second key to occlusion E. Andrews describes:	Right fisure cusps contact between the first permanent molars of both jaws	Right Mesia-distal slope crowns	Right vestibular-oral slope crowns	Lack of rotation around the axis of the teeth	Concave of the Spee curve	B
29	When analyzing control and diagnostic models defined inraction depth incisal overlap.. At physiological constant occlusion upper incisors overlap the lower:	Up to 1/3 the height of the lower incisor crowns	over the entire height of crown	the full height of the crown of the lower incisors	from 1/2 to 2/3 the height of the crown	1/3 the height of the crown of the lower incisors	E
30	Clinical examination of the patient N. '28 defined violation transversal occlusal curve. Transversal occlusal curve formed by:	Different heights crowns (1 to 8)	Different levels of buccal and oral tubercles lateral teeth	No gaps between permanent teeth	Different heights buccal and oral tubercles lateral teeth	Cissors contact of frontal teeth	B
31	In patient clinic appealed	Passport,	Passport and	biological and	Tooth and Bone	Passport and dental	A

	M. 17 years. What distinguishes between types of age:	biological, dental and bone	dental	bone			
32	In the hospital the patient turned 18 years for orthodontic treatment. Established early permanent occlusion. For "dental age" of possible definitions:	Type of child development	Sex of Child	The number of deciduous teeth	Condition of root resorption of deciduous teeth	The number of permanent teeth	A
33	In the hospital the patient turned 23 years old, which conducted a subjective test. Sat "subjective examination of the patient contains:	Passport data of the patient and medical history	Passport data of the patient and the history of life	Passport and patient complaints	These patient and review	Passport patient complaints, history of life and disease	E
34	In the clinic appealed patient MM '32 with complaints of aesthetic drawback. History of the disease to determine:	State functions	Type face	Duration and dynamics of disease	Proportionality of the face	Condition bite	C
35	In the clinic approached parents with a child 8 years with complaints of improper placement of teeth on the upper jaw. For "dental age" of possible definitions:	Type of child development	Sex of Child	The number of deciduous teeth	condition root resorption of deciduous teeth	General health	A
36	When preventive examinations in child	Type of child development	Sex of Child	The number of deciduous teeth	The patient's age at birth	Psychotype of patient	Д

	diagnosed 7 years: 1 class Engle, tortocclusion 11.21. By "passport under" possible definitions:						
37	Clinical examination of the patient K. placements frenulum of the upper lip at a distance of 3 mm from the edge of the gum. Normal or Easy bridle lips should be located at a distance from the gingival margin:	1 mm	2 mm	3 mm	4 mm	5 mm	Д
38	In the clinic patient turned LA in '27 with complaints of improper placement of teeth on the upper jaw. Based on clinical examination to determine such part of the diagnosis:	Morphological	Morphological, etiologic and aesthetic	esthetic	Functional	Etiologic	В
39	Patient N. '12 was conducted to determine the depth threshold mouth. For Obraztsov normal depth threshold mouth is:	2-4mm	5-7mm	8-10mm	10-12mm	15-20mm	В
40	Clinical examination of patient M. Must is assessed bite. Characteristic bite given in the following	Basal, sagittal, nasal	Prosthetic,sagital	Transversal, frontal, occlusion	Orbital, vertical, nose	Sagittal, vertical, transversal;	Е

	areas:						
41	Clinical examination of the patient P. 8 years defined bridle the tongue is attached close to the tip, there is a symptom of "heart" in his ascent. How many types of bridles tongue isolated Horoshylkina:	2	3	4	5	6	Д
42	In a clinical evaluation of the patient B. '23 set: face proportionate, symmetrical. Calculated flattened zygomatic arch . When flattened zygomatic arches face seems:	Wide	narrow	usual	Very narrow	Very wide	В
43	Patient C. '28 anthropometric survey conducted face. When conducting anthropometry using the following fields	Mid-sagittal, ear-orbital, frontal	Mid-sagittal, horizontal, vertical;	Mid-sagittal, occlusion, frontal	Mid-sagittal, vertical, transversal	Mid-sagittal, nose, basal	Д
44	Patient P. '22 anthropometric survey conducted face Measured distance between points trichion and gnation called	Physiognomic face height	Physiognomic height of upper face	Morphological height upper face	Morphological face height	Morphological average height of the face	А
45	Patient P. '27 was the measurement between points zy-zy. What parameter measured in this	The width of the head	The width of the upper jaw	The width of the face	The width of the mandible	Longitudinal head size	С

	area:						
46	During the anthropometric survey of patient Ts '21 held measuring the distance between the points and the nasion subnasale. What is measured in determining this parameter:	Morphological facial height	The height of the upper face	The height of the nose	Physiognomic face height	The width of the nose wings.	C
47	Patient M. '18 held definition of index by Izard. this index determines:	The shape of the face	The width of the face	The height of the face	The width of the cheekbones	The angle of the mandible	B
48	Patient R. '16 held measurement control diagnostic models by Pont. To determine the width of the dentition in the mandibular premolar region used the following measuring points:	The middle intertubercular fissures first premolars	Contact point between the premolars	Mesial tubercle	Distal tubercle	The middle intertubercular fissures second premolars	B
49	Patient S. 32y.o. conducted measurement control diagnostic models Nance. What are the dental arch determined by this method	The length of the dental arch	The width of the dental arch	Proportionality incisors of the upper and lower jaw	The depth of the vault of the sky	The length of the front section of the upper dental arch	A
50	On admission to the orthodontist directed child 9 years. Discovered mouth breathing, vestibular	Hawlay	Korkhaus;	Pont;	Tonn;	Gerlach;	C

	deviation maxillary incisors, narrow dental arches of the upper and lower jaw. What method of study should apply to determine the narrowing of dental arches						
51	In the analysis of control and diagnostic models patient Z. '23 determined amount of 4 upper incisors - 35 mm. What do derived indicators	Absolute macrodontia	Absolute mikrodontia	Relative macrodontia	Relative mikrodontia	Proportionality incisors preserved	A
52	Patient P. '24 held control measurement and diagnostic models by Korkhaus. Length of the frontal area of? the upper jaw over lower at ortognatic bite into	1 mm	2 mm;	3 mm	4 mm;	5 mm.	B
53	Patient A. '33 designed morphometry control and diagnostic models by Pont. What are the dental arch determined by this method	The width of the dental arch	Length of the dental arch	Length of the anterior parts of the dental arch	Proportionality of incisors	The depth of the vault of the sky	A
54	Absolute mikrodontia of incisor teeth of supramaxilla diagnosed, if SI is evened:	30 mm	27,3 mm	28 mm	20 mm	15 mm	C
55	What method is it necessary to take	Pont-Gerlach	Tonn-Gerlach-Malygin	Korkhaus	Nance-Korkhaus	Howes-Snagina	B

	advantage of, to define the proportion of incisor teeth of upper and lower jaw?						
56	A patient 15 years appealed to the doctor-orthodontist with complaints about crowding of teeth in the front area of upper and lower jaws.	method of Tonn-Gerlach;	method of Gerlach	method of Snagina	Hawley-Herber-Herbst	Tonn-Gerlach-Malygin	C
57	Patient T. '21 designed the study by Hawley-Herber-Herbst The chart to measure Mesia-distal dimensions:	Central incisor	Central and lateral incisors	central, lateral incisors and canines	incisors, canines and first premolars	incisors, canines and first premolars	C
58	Patient SM '13 conducted research proportionality segments dental arches. What are the parameters estimated size of the frontal segment	Distance between distal surface of the canines	distance between mesio-distal surface lateral incisor	distance between mesio-distal surface of the first premolar	distance between mesioo-distal surface of the second premolar	distance between mesio-distal surface of the central incisors	B
59	Patient A. 8 years assigned clinical functional tests with fibers of wool. What is the purpose of conducting this study:	Determine the type of swallowing	determine the type of breathing disorders	Identify linguistic features	determine violations occlusion	Identify violation chewing	B
60	Patient G. 9 years to refine functional disorders conducted palatohrafiyu.	Determine the type of swallowing	determine the type of breathing disorders	Identify linguistic features	determine violations occlusion	Identify violation chewing	C

	What is the purpose of this study used						
61	In a laboratory patient P. '10 budo used rinopnevmometr. To determine which features oral use this device	Breathing	Swallowing	language functions	Functions closing lip	chewing function	A
62	Patient A. '10 conducted at clinical examination test rod. To determine which functions use this study	Language functions	Functions closing lips	Breathing	Swallowing	chewing function	C
63	When conducted clinical functional test Ghenca patient Ts 9 years duration breath on exhalation was 15 sec. In the normal course of Ghenca the sample is determined by:	10-20 s	15-30 s	20-30 s	25-40	20-40 s	C
64	In clinical functional test rod in patient 7 years duration defined breath 15 sec. What is normally the time of this study	10-20 s	15-30 s	20-30 s,	30-60 s	20-40 s	D
65	Patient S. '11 held indirectly palatohrafy. If this study prints exploring	On the palate	the tongue	on the artificial palate	to palate and tongue	on the painted artificial sky	E
66	Among the surveyed children in kindergarten № 15 found the child with speech disorders as	Pain in the temporomandibular jaw joint	disease periodontal tissue	cleft palate	absence of teeth	disease otolaryngology	C

	nonunion. With which diseases is a speech disorder.						
67	When examined children's resthouse in N. boy 8 years identified violations pronunciation whistling sounds. Etiologic factor interdental stigma can be	Low attachment bridles upper lip	shallow mouth	cross bite	Deep bite	Open bite	E
68	Patient C. '12 physician speech therapist assigned record sounds and words. Which research method used for this purpose	Palatohrafy	Fonohrafy	radiography	electromyography	photometry	B
69	Patient S. '10 appointed functional tests Frenkel. For detection of violations assigned this study	Seat lips	tongue Regulations	Regulations cheeks	soft palate	masticatory muscles	A
70	In clinical functional test with a breath of water in patient J. 7 years defined symptom "thimble". What does it mean	Interventional swallowing	infantile swallowing	Mouth breathing	Hypertonus of actually chewing muscles	Hypertonicity oftemporalis muscle	B
71	Clinical examination of the patient Z. 8 years defined infantile type of swallowing. At what age infantile type of swallowing should be transformed into somatic	3 years	5 years	2 years	6 years	9 years	A

72	To determine the functional impairment patient A. '15 appointed linhvodynamometriyu. This research method allows to determine:	Participation in swallowing facial muscles	Participation in swallowing	chewing muscle	definition muscle pressure tongue in the middle of the mouth	position of the tongue in the oral cavity of the patient's ability to swallow food lump	C
73	Patient K. 23 years after clinical examination diagnosed III class Engle. To establish the final diagnosis of the patient assigned additional research method TRG. When transcription TRH Schwartz conducted by studying the following parameters:	cranio-, drive-and profylometrychnyh	cranio-, drive-and anthropometric,	profile-, drive-and physiognomic	anthropo-, photo-and Profilometric	profile-drive and morphometric	A
74	The patient 25 years for determining the shape anomalies TRG conducted the study. Conducting side TRG shown in anomalies in these areas:	Sagittal and vertical	sagittal and transversal	sagittal occlusion	sagittal and Frankfurt	sagittal and bow	A
75	Patient C. '18 held TRG study. With proper conduct of the lateral TRG produced a skull image:	1: 5	, 1: 4	1.3	1: 2	1: 1	E
76	Patient P. '24 for establishing shape abnormalities appointed TRG study. In a side TRG X-ray beam directed to:	chin	nose tip	nose	angle of the mandible	middle ear canal	E

77	Patient G. '16 for planning orthodontic treatment designed TRG study. According to Schwartz distinguish the following forms of malocclusion:	Profilometric, gnatic and physiognomic	anthropometer-on, and photometric profilometrych district	cranial, and gnatic anthropometer district	gnatic, dental-alveolar and mixed	Cefal;ometric and kefalometric	D
78	Patient T. '19 to refine the shape anomalies Grade 3 Angle held TRG study. The analysis identified increasing facial angle. It shows:	Makrognaty of mandible	maxilla micrognatic	Retroofas	Anteofas	macrodontia teeth	D
79	When analyzing patient TRG F. '19 determined to increase the angle horizontally. It shows:	Makrohnatic mandible	maxilla micrognatic	Retrohenic mandibular articular heads	Infraposition	Supraposition articular heads	D
80	After the clinical examination and additional research methods patient N. '23 was installed by Zibert-Malygin complexity of treating 26 points. Determining the degree of complexity required for orthodontic treatment:	Treatment plan	Determination of aesthetic treatment prognosis	Character morphological violations	The duration of orthodontic treatment	Determining the direction of the design system	D
81	Patient A. 9 years diagnosed rickety open bite 2 degrees of complexity. Etiological diagnosis is established on part of the data:	Radiographic studies	Photometric studies	Biometric Research	Antropometrych Studies	Clinical examination	E

82	In the hospital the patient turned 15 years complaining of incorrect position of teeth on the upper jaw. How many components should orthodontic diagnosis	One	Two	Three	Four	Five	C
83	Patient S. '24 defined asymmetrically narrowed shape of the upper dentition. Morphological diagnosis of the set on the basis of:	Radiographic studies	Photometric studies	Biometric Research	Antropomet magical research	Functional Studies	C
84	Patient K. 8 years diagnosed prognathic distal occlusion. We analyze therapeutic measures for Zibert-Malygin. The first group of therapeutic interventions for this method include:	Correction form dentition	Installing the mandible in the correct position	Normalization of chewing function	normalization of swallowing	Reducing the size of the teeth of the upper jaw	A
85	Patient M. '18 held TRG study to determine the shape anomalies. In a hnatometriyi the photo affixed point PNS, which is located at	Most posterior point located on the front of the circuit apical base of the mandible	Top of the anterior nasal spine spine	posterior nasal top	most posterior point located on the front of the circuit apical base of the mandible	middle door in the sella turcica	B
86	Patient M. '16 held TRG study to determine the shape anomalies. In the picture marked lines FH, which passes through:	Anterior and posterior nasal spine	point of intersection of the median plane of the cranial bumps	Chewing least three molars	lowest point external ocular region and the highest point in the ear canal along the	lower contour of the body of the mandible	D

87	Patient C. '19 held TRG study to determine the shape anomalies. In the picture marked lines SpP, which means:	The plane of the skull base plane	plane base maxillary	mandibular plane	base of the nose	occlusal plane	B
88	In a study in patients TRG O. '23 defined the ratio of body of the mandible to the length of her arms. What should be the norm, this ratio:	5:3	7:5	7:3	7:4	1:1	B
89	Patient MG 11 for selecting design staff appointed to decide the bone age is determined by:	X-ray wrist pin	intra oral radiographs	panoramic radiograph	dental computed	tomography image	A
90	The patient, 19 years is a radiography of the temporomandibular joint by Parm. Indications for this study are:	Abnormalities of the structure of hard tissues	Anomalies of the individual teeth	Pathology periodontal tissue	pathology occlusion associated with displacement of the mandible laterally	Anomalies form dentition	D
91	Patient S. '10 ordered a radiography palatal suture. If any orthodontic pathology shows the use of this method:	Anomalies form	dentition anomalies	bridle attachment of the upper lip bite pathology in the sagittal plane	Pathology bite in the vertical plane	Pathology bite in trasverzal-plane	B
92	Patient G. '12 appointed research method that allows to determine bone age. On what basis is determined by the X-ray peak growth of the child:	Ends mineralization horohopodibnoyi bone	epiphysis and diaphysis connecting	radial epiphysis and diaphysis connecting	the medial phalanx of the 3rd finger appears sesamopodibna bone epiphysis and diaphysis	Dimensions proximal phalanx of the 2nd finger are the same	D

93	Patient LA in '18 diagnosed retynovani 13 and 23 teeth. Which research method should be used in this situation to determine surgical intervention on opening crowns	Dental radiography	MRI diagnostics	Computer Diagnostics	Ortopantomohrafiy	a radiographs- ma by Parm	C
94	D. The patient after a clinical examination to diagnose the classification Engle. According to the classification E. Angle distinguish the following anomalies:	Anomalies of individual teeth	dentition and bite I, II1, II2, III classes	sagittal, transversal, horizontal anomalies,	anomalies of the jaws relative value occlusal plane	Anomalies of the jaws on the plane of the skull base	B
95	Patient J. '12 the ratio of first permanent molars diagnosed with 1st class Angle. Value first permanent molars E.Angle called:	Key occlusion	sagittal key	Standing key	variable key Small	key occlusion	A
96	Patient Ts '10 diagnosed Engle class. At a ratio of teeth diagnosed by E.Angle.	first permanent molars	second permanent molars	permanent second premolars	first permanent premolars	permanent canines	A
97	Patient Diary 8 years diagnosed with 1st class Engle, labial occlusion 11 and 21 teeth. The term "labial occlusion" corresponds to this position of teeth:	palatal inclination	buccal inclination	lingual inclination	inclination labial	lingual slope	E

98	Patient N. '10 diagnosed with 1st class Angle, tortooklyuziya 11 and 21 teeth. The term "tortooclusion" corresponds to this position of teeth:	below the occlusal plane	rotation around the axis	above occlusal plane	labial inclination	the palatal slope	B
99	Patient S. '11 diagnosed - 1st class Angle. How many groups of anomalies dentition determined in the first class:	4	5	6	9	7	E
100	Patient A. '13 diagnosed Group 2 anomalies Katz. The function of muscles affected by this anomalies:	Reduced function of the external lateral pterygoid muscle	lateral pterygoid function increased muscle function	actually increased masticatory muscle function properly	Reduced masticatory muscle function	Increased temporal muscle	A