

THE MINISTRY OF HEALTH OF UKRAINE
THE HIGHER STATE EDUCATIONAL INSTITUTION OF UKRAINE
"UKRAINIAN MEDICAL STOMATOLOGICAL ACADEMY"

Approved
at the meeting of orthodontics department
« ____ » _____ 20 ____ y.
protocol № ____ by _____
Head of department _____ L.V. Smaglyuk

METHODICAL RECOMMENDATION
for independent work of students during the preparation
to practical lessons and on the lessons

Academic discipline	Orthodontics
Module №3	Children's dental prosthetics.
The theme of the lesson № 10	The control meaningful module №1
Course	V
Faculty	Preparation of foreign students

1. The relevance of the topic. Pediatric prosthetics is part of routine oral cavity sanitation in children since early extraction of temporary teeth violates the integrity of dental arches. This leads to impairment of the masticatory function, development of dento-gnathic deformities, and also diseases of the digestive organs. Defects of the teeth crowns and dental arches occupy a special place among dental diseases. This is connected with the characteristics of the children's organism which is actively developing. Unfortunately many professional dentists underrate the role of temporary teeth.

Dental injuries in children are more frequently observed as an independent type of traumas and much less frequently – in association with injuries of other parts of the face. In recent years doctors are encountering this pathology more often. An increase in the number of frontal teeth injuries in children, strangely enough, is connected with improvement in well-being of people, particularly popularization of such kinds of sport as hockey, football and others requiring power play.

The maxillofacial region is a part of the organism that dynamically changes in the process of development and growth. Changes in the functions of endocrine glands lead to disruption of metabolism, trophic disorders in tissues. The dental manifestations of some endocrine disorders are of great diagnostic importance, as they outpace the manifestations of the general clinical symptoms of the disease. To an orthodontist-dentist, it is very important to take into account the general condition of the orthodontic patient, to know the dental manifestations of hereditary diseases and syndromes. Early detection (together with a pediatrician, a geneticist) is necessary to determine the clinical prognosis and choose an adequate complex of treatment: therapeutic, orthodontic and surgical.

The knowing the congenital malformations of the face and jaws is necessary for doctors to correctly determine the clinical prognosis, the life forecast, and also the prognosis of regarding the professional suitability of the patient. In addition, an accurate diagnosis is important for determining the genetic prognosis for the patient's relatives during medical genetic counseling. In this case, the fate of many people, and not just one patient, depends on an accurate diagnosis.

2. Specific objectives:

To know the causes that contributes to the development of the separate teeth defects.

To know the features of the separate teeth defects.

To know the algorithm for examining patients with the separate teeth defects.

To know the classification of the separate teeth defects.

To be able to diagnose different clinical forms of the separate teeth defects.

To know the causes that contributes to the development of the separate teeth and dental arches defects.

To know the features of the separate teeth and dental arches defects.

To know the algorithm for examining patients with the separate teeth and dental arches defects.

To know the classification of dental arches defects.

To be able to diagnose different clinical forms of the separate teeth and dental arches defects.

To know the role of preventive measures in preventing early tooth extraction.

To know principles of child prosthetics.

To know the causes of defects in teeth and dentition in children of an innate nature.

To know tasks of child prosthetics.

To know classification of anomalies of individual teeth in children.

To know congenital malformations of the face and jaws accompanied by multiple or complete adentia.

To know stages of making full removable dentures.

Classification of fixed orthodontic appliances;

Design of fixed orthodontic appliances;

Indications of fixed orthodontic appliances various designs;

The principles of fixed orthodontic appliances operation;

Activation methods of fixed orthodontic appliances;

The principles of treatment with fixed technique;

The particular location of the braces on the teeth of various groups;

Methods of braces fixation;

Clinical management of patients at application of fixed technic;

Features of retention period in the treatment with fixed orthodontic appliances.

Classification of removable orthodontic appliances;

Design of removable orthodontic appliances;

Indications of removable orthodontic appliances various designs;

The principles of removable orthodontic appliances operation;

Activation methods of removable orthodontic appliances;

The principles of treatment with removable technique;

Features of retention period in the treatment with removable orthodontic appliances.

To explain the features of morphological and functional disorders of the dento-alveolar region associated with the pathology of the endocrine system.

To know a syndromic diseases and their manifestations in the oral cavity.

To explain the tactics of orthodontic treatment of patients with endocrine pathology.

To analyze the results of syndromic diseases differential diagnostics manifested in the oral cavity.

To explain the etiology and pathogenesis of the onset of congenital malformations of the face.

Explain the features of diagnosis and prevention of congenital malformations of the face.

To become acquainted with the principles of diagnosis of hereditary syndromes in orthodontics.

Analyze the clinical manifestations of the main hereditary syndromes.

3. Basic knowledge's, abilities, skills necessary for studying the topic (interdisciplinary integration)

Name of previous disciplines	Skills
1. Anatomy	To determine the deviation of the teeth hard tissues structure.
2. Propaedeutics of orthopedic somatology	To know the classification and features of dentures for separate teeth defects reconstruction.
3. Orthodontics	To know classification of malocclusion by Angle.
4. Prevention of dental diseases	The timing, order and sequence of permanent teeth eruption.
5. Pediatrics and Internal diseases	To know the features of clinical symptoms manifestations in endocrine diseases of children and adults. Be able to conduct differential diagnosis of various endocrine diseases.

4 Tasks for independent work during preparation to the lesson and on the lesson

- 1 A list of the main terms, parameters, characteristics that need to learn by the student during the preparation to the lesson:

Terms	Definition
1. Crown	Orthopedic appliance, microprosthetics, covering the crown part of the tooth or a separate part of the surface. Used to repair teeth defects that are not subject to less invasive treatments to change shape, position (rotation, dystopia), and color of teeth.
2. Inlays	Prostheses, which restore the anatomical shape of the tooth, filling the defect in its crown. The inlays are referred to as microprostheses and used to restore the shape and function of the crown part of the tooth, disrupted as a result of carious and non-carious lesions of the hard tissues of the teeth. Inlays are also used for locking fixation and as a support for fixed and removable dentures and splicing structures.
3. Pin crown-inlay	Is a permanent prosthesis that completely replaces the crown of the tooth and is strengthened in the root canal with a pin. This type of prosthesis is used for subtotal or complete destruction of the natural crown of the tooth, as an independent prosthesis, as well as for fixing non-removable prostheses, for example, bridges.
4. Bridge-liked denture	Type of denture for replacement of dentition defect.
5. Congenital malformation	Anomaly of intrauterine organ development
6. Ectodermal dysplasia	A collective concept embracing more than 150 congenital diseases characterized by hypo- or aplasia of ectodermal structures: hair, nails, skin, sebaceous glands and teeth.
7. Krist-Siemens-Turen' syndrome	Anhydrite hereditary ectodermal dysplasia
8. Papiyon-Lefevre' syndrome	Progression of the vertical destruction of the alveolar bone and the mobility of the teeth
9. Partial removable denture	This is a construction that is used when there is no part of the teeth, but the jaws still have healthy teeth. Such dentures help restore lost teeth and correct cosmetic defects.
10. Complete removable denture	This is a construction that is used when all teeth are absent. They are not physiological devices, since during the chewing process the load is transferred to the mucous membrane of the oral cavity, and through it to the alveolar processes and jawbone, and also the palate, which is not physiological. Such dentures help restore chewing function.
11. Trauma of the teeth	A violation of the anatomical integrity of the tooth and / or its connection with the periodontal tissues, leading to a reversible or irreversible loss of its functional properties. Traumas of the teeth are represented by a bruise, a crack, a fracture of the crown or root, damage to the rudiment of the tooth, dislocation

	of the tooth.
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12. Dislocation of the tooth	Is a permanent, pathological movement of the tooth relative to the alveolus, caused by violent mechanical action, which is accompanied by damage to the periodontal (connective tissue surrounding the tooth) and the neurovascular bundle of the tooth.
13. Fracture of the tooth	A serious mechanical injury of the tooth, leading to a violation of the anatomical integrity of the root of the tooth or its crown.
14. The appliance method of treatment	The method of providing treatment of malocclusion by using special apparatus – orthodontic appliances.
15. Metabolism.	Metabolism consists of two processes: assimilation (or anabolism) – the synthesis of compounds characteristic of the body and dissimulation (or catabolism) – the decomposition of substances and the removal of the products of this decay from the body. The totality of the assimilation (synthesis) processes and dissimulation (decay) forms the basis of life. Distinguish the general (external) metabolism, taking into account the intake of substances and their release, and the intermediate metabolism, which covers the transformation of these substances in the body.
16. Syndrome diseases in orthodontics.	Hereditary syndromes, which are characterized by typical manifestations in the maxillofacial area.
17. The congenital malformations.	Persistent morphological changes in the organ or the whole organism, beyond the limits of the variations of their structures. Congenital malformations occur in utero as a result of disruption of the embryo development.
18. The congenital malformations of the face.	Systemic disturbances within the first and second pharyngeal arches during the embryonic development of the child. Common to all syndromes is dysplasia and (or) underdevelopment of the tissues and organs of the face, entailing functional and aesthetic disturbances.
19. Coloboma	The oblique cleft of the face is a lateral slanting slit extending from the lower eyelid to the upper lip. The gap can be complete and incomplete. In the first case, it divides the tissues all the way and penetrates the oral cavity; In the second – it is limited to the area adjacent to the eye. Rarely there is a bilateral coloboma.
20. Macrostoma	The transverse cleft of the face is a defect in the corners of the mouth. The gap can be one-sided and two-sided; Its extent is different. Clinically, unusually large quantities of mouth are found. In some cases, from the corner of the mouth there is a scar to the ear. Muscles along the edge of the defect are underdeveloped, the mouth is not fully closed, so there is

	constant salivation.
21. Obturator	Special orthodontic devices-prostheses designed to close the defects of the palate. The obturator for the hard palate is a base plate covering the defect and strengthening through the clasps. The obturator for the soft palate is located in the region of the mobile tissues, which presents certain difficulties with respect to its fixation.
22. Syndrome	Complex of symptoms.

4.2. Theoretical questions to the lesson:

1. Name congenital and acquired causes of dental arch defects.
2. Substantiate the necessity of dental arch defects prosthetics in children.
3. Enumerate the functions of temporary and permanent teeth. Indicate if there any differences between them.
4. What teeth, temporary or permanent, perform more functions?
5. What dento-gnathic deformities may develop as a result of early loss of temporary teeth?
6. Who was the first to scientifically substantiate the necessity of pediatric dental prosthetics?
7. Why can't remaining teeth compensate the functions lost in children with dental arch defects?
8. Name classifications of dental crown defects in children.
9. What is the "total defect" of a tooth?
10. Name indications for making crowns.
11. What denture constructions replace tooth crown defects?
12. What classifications concern tooth crown defects?
13. Enumerate the main indications for application of standard metallic crowns.
14. Enumerate the main indications for application of celluloid caps during temporary teeth restoration.
15. What instruments are used to adjust standard crowns on temporary teeth?
16. Individual metallic crowns. Their advantages and stages of making.
17. Name the stages of making thin-walled individual crowns.
18. Alloys of what metals are used to make metallic crowns?
19. How can one make celluloid caps for temporary teeth restoration?
20. Name the classifications used in inlay production.
21. Enumerate indications for making inlays.
22. Substantiate advantages of inlays over fillings.
23. Enumerate indications for making Ilyina-Markosian's pin crowns.
24. Into what groups are inlays classified?
25. What materials are needed to make inlays?
26. Enumerate general indications and contraindications for making pin crowns.
27. Enumerate indications for making Richmond's pin crown.
28. Name the advantages of Katz' pin crown.
29. Describe Akhmedov's pin crown.
30. Name classifications of dental crown defects in children.
31. What is the "total defect" of a tooth?
32. Name indications for making crowns.
33. What denture constructions replace tooth crown defects?
34. What classifications concern tooth crown defects?
35. Enumerate the main indications for application of standard metallic crowns.
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37. What instruments are used to adjust standard crowns on temporary teeth?
38. Individual metallic crowns. Their advantages and stages of making.
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40. Alloys of what metals are used to make metallic crowns?
41. How can one make celluloid caps for temporary teeth restoration?
42. Name the classifications used in inlay production.
43. Enumerate indications for making inlays.
44. Substantiate advantages of inlays over fillings.
45. Enumerate indications for making Ilyina-Markosian's pin crowns.
46. Into what groups are inlays classified?
47. What materials are needed to make inlays?
48. Enumerate general indications and contraindications for making pin crowns.
49. Enumerate indications for making Richmond's pin crown.
50. Name the advantages of Katz' pin crown.
51. Describe Akhmedov's pin crown.
52. Into what groups does S.I. Tril subdivide all dentures depending on their functionality?
53. Who was the first to offer prophylactic supporting appliances-dentures?
54. What does E.M. Gofung offer in case of early extraction of a temporary molar?
55. Name the components of K.N. Shamsiyev's fixed prophylactic device.
56. What are the common and different features of K.N. Shamsiyev's and S.I. Tril's extensible dental bridge constructions?
57. When are whole cast dental bridges without abutment teeth preparation indicated according to S.I. Tril?
58. Clinical and biological substantiation of pediatric prosthetics.
59. Congenital malformations of the teeth.
60. Congenital malformations of the jaw (cleft of the upper lip, alveolar process and palate)
61. The nature of morphological, aesthetic, functional disorders in multiple and complete adentia.
62. Features of making complete removable dentures in children.
63. Stages of making complete removable dentures.
64. Orthopedic constructions, which are used in children with congenital malformations of the jaws (obturators).
65. WHO classification of dental traumas.
66. What complications may be caused by an acute trauma of temporary teeth?
67. When is the use a sling-splint indicated?
68. What is dental fracture?
69. What dental cracks are differentiated?
70. What is dental dislocation?
71. What is dental contusion?
72. When is teeth replantation conducted?
73. How can one fix biological bandages on the teeth?

74. Is fracture healing possible in teeth and in what cases?
75. Classification of fixed orthodontic appliances.
76. Indications for use of orthodontic appliances fixed constructions.
77. Contraindications to the use of fixed orthodontic appliances.
78. Characteristics of the fixed functional directing orthodontic appliances.
79. Characteristics of the fixed mechanical orthodontic appliances.
80. The instruments used in the treatment with Edgewise technic.
81. Retaining ring and the support tube.
82. Characteristics of the braces. Methods of fixation. The particular location on the different teeth groups.
83. Vestibular bows used in the treatment with Edgewise technic.
84. Retention period in the treatment of fixed orthodontic appliances.
85. Classification of removable orthodontic appliances.
86. Indications for use of orthodontic appliances removable constructions.
87. Contraindications to the use of removable orthodontic appliances.
88. Characteristics of the removable functional orthodontic appliances.
89. Characteristics of the removable mechanical orthodontic appliances.
90. Retention period in the treatment of removable orthodontic appliances.
91. The influence of thyroid gland diseases on the development of the dento-alveolar apparatus.
92. The effect of adrenal cortex diseases on the development of the dento-alveolar apparatus.
93. Influence of pancreatic diseases on the development of the dento-alveolar apparatus.
94. Disturbance of metabolism and its effect on the development of the dento-alveolar region.
95. Morphological disorders in the dento-alveolar apparatus associated with the pathology of the endocrine system.
96. Functional disorders in the dento-maxillary apparatus associated with the pathology of the endocrine system.
97. Shereshevsky-Turner syndrome.
98. Cruson Syndrome.
99. The syndrome of Albright.
100. Syndrome of the Staton-Capdepon.
101. The Papiyon-Lefevre syndrome.
102. Give statistics of the congenital cleft lip and palate prevalence.
103. List exogenous and endogenous factors that influence the formation of maxillofacial pathology.
104. What period of embryonic development is critical for cleft lip and palate formation?
105. Explain the difference between an isolated and end-to-end cleft.
106. Measures to prevent congenital malformations of children's faces.
107. List the morphological disorders with various congenital malformations of the face.

108. List functional impairments for various congenital malformations of the face.
109. List the aesthetic disorders with various congenital malformations of the face.
110. What are the main principles of complex treatment of patients with congenital facial malformations?

4.3. Practical works (task) which are executed at the lesson:

Identification of risk factors for development of separate teeth defects.

Definition of risk groups for development of separate teeth defects.

Determination of the prognosis of progenic occlusion.

Collect anamnesis of the disease of an orthopedic patient with defects in hard tissues of the tooth crown.

Describe and classify possible deviations from the norm in the dento-alveolar system with defects in the hard tissues of the crown of the tooth.

Correctly put the corresponding previous diagnosis for defects in hard tissues of the tooth crown.

To conduct a clinical examination.

To find out the age of the child, given the history.

To determine the period of bite formation.

To pay attention to the distinctive features of temporary and permanent teeth (color, crown size, erosion of tubercles, shape, etc.).

To define the defect of individual teeth based on an assessment of the patient's photo or clinical examination.

To diagnose according to the appropriate classification of anomalies of teeth.

To assign the appropriate design to replace the defect.

To draw a complete removable denture base on the models.

To draw up a treatment plan, to make the impression.

Identification of risk factors for development of DADs.

Definition of risk groups for development of DADs.

Collect anamnesis of the disease of an orthopedic patient with DADs.

Describe and classify possible deviations from the norm in the dento-alveolar system with DADs.

Correctly put the corresponding previous diagnosis for patient with DADs.

Identification of risk factors for development of dental injuries.

Definition of risk groups for development of dental injuries.

Collect anamnesis of the disease of an orthopedic patient with dental injuries.

Describe and classify possible deviations from the norm in the dento-alveolar system with dental injuries.

Correctly put the corresponding previous diagnosis for patient with dental injuries.

To select the most efficient design of fixable orthodontic appliance for the treatment of different types of dento-alveolar anomalies;

To activate the fixed orthodontic appliance;

To apply and correct the fixed orthodontic appliances.

To select the most efficient design of removable orthodontic appliance for the treatment of different types of dento-alveolar anomalies;

To activate the removable orthodontic appliance;

To apply and correct the removable orthodontic appliances.
 To determine the signs of teeth hard tissues violations.
 To determine signs of periodontal tissue violations.
 To determine the signs of the oral cavity mucosal disorders.
 To identify anomalies of teeth, dentition and bite.
 To draw up a plan for the prevention of dento-alveolar anomalies in endocrine diseases, metabolic diseases.
 To master the method of curating a patient with endocrine diseases and metabolic diseases.
 To be able to plan preventive orthodontic measures in patients with diseases of the endocrine system and metabolism.
 To be able to differentiate syndrome diseases manifested in the oral cavity (Shereshevsky-Turner, Cruson, Albright, Staton-Capdepon, Papiyon-Lefevre).
 To identify the type of congenital malformation of a person, make a diagnosis, choose a method of treatment and the sequence of treatment measures.
 To conduct an examination of the face, the vestibule of the oral cavity, the mouth proper in patients with congenital malformations of the face.
 To characterize the bite in three planes in patients with congenital malformations of the face.
 To be able to remove impressions from patients with clefts for manufacturing of obturators, protective plates, preforming apparatus.

The content of the topic:

Methodical recommendation 1-9.

Materials for self-control:

- A. Tasks for self-control (tables, diagrams, drawings, graphs):
1. to sketch in the album the drawings with tooth crown defects classification;
 2. to sketch in the album the drawings with different types of dentures for tooth crown defects removing.
 3. to sketch in the album the drawings with DADs classification;
 4. to sketch in the album the drawings with different types of dentures for DADs removing.
 5. to sketch in the album different types of obturators.
 6. to sketch in the album the drawings with partial and complete removable dentures.
 7. to sketch in the album the drawings with classification of dental injuries.
 8. To draw the fixed orthodontic appliances.
 9. To draw the removable orthodontic appliances.
 10. To draw a structured logical scheme of the activity in the album.
 11. To draw in the album a scheme of embryonic development of the maxilla-facial region.
 12. To draw in the album a scheme of morphological disorders with various defects of the maxillofacial region.
 13. Draw in the album a scheme of functional disorders with various defects of the maxillofacial region.

14. Draw in the album a scheme of aesthetic disorders with various defects of the maxillofacial region.

B. Tasks for self-control:

1. The most common cause of hard tissues defects of teeth and dentitions are:
caries and its complications

non-carious defects

trauma

primary adentia

inflammatory processes of the jaws

2. Premature loss of teeth in children leads to the following complications:

all answers are correct

the development of secondary deformities of dentition

the formation of flat face with loss of the frontal teeth

reducing the height of the bite with loss of the lateral teeth

functional disorders

3. By T. V. Sharova and G. I. Rogozhnikov, there are the following number of teeth and dentition destruction stages:

4

3

2

5

6

4. Determine the character of damage at the I stage of teeth and dentition destruction:

partial defect of the tooth crown without pulp damage

significant or complete defect of the tooth crown with pulp damage

the dentition length defects is one or two teeth

defects of dentition large extent, the complete absence of teeth

intact teeth

5. For the restoration of temporary teeth hard tissues at the I stage of teeth and dentition destruction used:

thin-walled prosthetic crowns

inlays

pin teeth

veneers

aesthetic restoration

6. To restore hard teeth tissues at the I stage of teeth and dentition destruction in the period of change of teeth is used:

thin-walled prosthetic crowns

inlays

pin teeth

veneers

all answers are correct

7. To restore hard teeth tissues at the I stage of teeth and dentition destruction in the permanent dentition period is used:

all answers are correct

veneers

inlays

different types of artificial crowns

aesthetic restoration

8. The peculiarities of dental crowns in children include:

all answers are correct

physiological teeth separation

the crown should not go into the gingival groove

use of thin-walled crowns

teeth dissect only in the incisor region or cusps region

9. By appointment the crowns can be:

all answers are correct

fixing

restoring

splinting

supporting

10. Permanent artificial crowns are used for:

restoration of hard dental tissues defects

fixation of orthodontic appliances

splinting of mobile teeth

the contents of medicines

coating of teeth, which serve as a support for the clasps

11. Crowns on upper central incisors are components of the following orthodontic appliance:

Korkhaus

Eisenberg-Herbst

Angle

Ainsworth

Pozdnyakova

12. Crowns on upper central incisors are components of the following orthodontic appliance:

Katz

Eisenberg-Herbst

Angle

Ainsworth

Pozdnyakova

13. The crown on the canine, second premolar and first permanent molars is part of the following orthodontic appliance:

Pozdnyakova

Eisenberg-Herbst

Katz

Angle

Ainsworth

14. Crowns on first permanent molars is part of the following orthodontic appliance:

Angle

Eisenberg-Herbst

Katz

Pozdnyakova

Ainsworth

15. Determine the character of the damage at stage II of the destruction of the teeth and dentition:

significant or complete defect of the tooth crown with pulp damaging

partial defect of the tooth crown without pulp damaging

the defects of the dentition with the length is one or two teeth

defects of dentition large extent, the complete absence of teeth

intact teeth

16. At the complete destruction of the tooth crown shows the making:

pin tooth

artificial crowns

inlays

veneers

microdentures

17. Determine the character of the damage at stage III of the destruction of the teeth and dentition:

the defects of the dentition with the length is one or two teeth

significant or complete defect of the tooth crown with pulp damaging

partial defect of the tooth crown without pulp damaging

defects of dentition large extent, the complete absence of teeth

intact teeth

18. Determine the character of the damage at stage IV of the destruction of the teeth and dentition:

defects of dentition large extent, the complete absence of teeth

the defects of the dentition with the length is one or two teeth

significant or complete defect of the tooth crown with pulp damaging

partial defect of the tooth crown without pulp damaging

intact teeth

19. Dental defect can be classified using the following classifications:

all answers are correct

Betelman

Kennedy

Vasilenko-Tril

Demner-Lpihin

20. Interdental spacer is used to:

save the space for the premolars at the premature loss of deciduous molars

save the space for the permanent incisors in case of its premature loss

replacement of dentition defect 1 tooth length

replacement of dentition defect 2 teeth length

replacement of dentition defect of more than 3 teeth length

21. For replacement of dentition defects apply the following types of prostheses:

bridges, partial, immediate

inlays, pin teeth

the obturator, protective plate

inlays, artificial crowns

post resection dentures

22. In some of these syndromes orthodontic treatment involves the fabrication of complete removable denture with double dentition?

Stanton-Capdepon

Crouzon

Turner

Down

Eshler

23. An adult with a temporary tooth in the dental arch, with III degree retention of the permanent tooth, you must:

maintain the temporary tooth, dispensary observation, X-ray examination 1 time in a year

orthodontic treatment

dental prosthetics

reiththerapy

extraction of impacted permanent tooth

24. The first dentition defects group by Demner-Lepichin classification includes:

limited dentition defects (one, bilateral)

end defects where there are two or more adjacent teeth on two sides

end defects when missing one or more teeth with one side

limited dentition defects in the frontal part

the crown defects of teeth

25. The second dentition defects group by Demner-Lepichin classification includes:

single, bilateral end defects with the absence of two or more adjacent teeth

unilateral end defects with the one tooth absence

included defects of the dentition (single, bilateral)

included defects of dentition in the frontal part

included defects of dentition, bilateral

26. Early child prosthetics should not be:

complex

effective

preventive

simple

warning harmful habits

27. Interdental spacer is used for:

- teeth displacement prevention
- the tooth displacement medially
- the tooth displacement distally
- the bite increasing
- the bite decreasing

28. Identify the main cause of teeth loss in children:

- trauma
- caries and its complications
- adentia
- impacted teeth
- inflammation of the bones

29. What complication may occur in children with premature loss of temporary teeth?

- all answers are correct
- violation of height teeth formation process
- the teeth inclination to the defect direction
- dentition shortening
- uneven growth of the jaws

30. What's the feature of the partial dentures design in children?

- all answers are correct
- the presence of the expansive element
- the absence of artificial gums
- increased base part
- teeth put on protects

31. The special features of children's prosthetic crowns are:

- the edge of the crown does not go under the gum, preparation chewing surface of the tooth
- the edge of the crowns comes under the gum
- preparation of all surfaces of the tooth
- dissection of the tooth chewing surface
- the edge of the crowns comes under the gum on 2 mm

32. If you have a 6-year-old child of malocclusion and dentition defect, you must:

- no correct answer
- manufacturing appliance-denture
- prosthetics
- orthodontic treatment
- orthodontic treatment, and then prosthetics

33. What distinguishes the design of the partial removable prosthesis on the upper jaw for children?

- the border of the basis comes to line "A"
- reduction of the prosthetic bed
- the clasps presence
- dentures are made without polymerization

there is no correct answer

34. At 7-12 years of age it is recommended to replace preventive dentures at least:

once in a year

two times in a year

once in 2 years

once in 2.5 years

once in 3 months

35. At the children's prosthetic construction choosing take into account:

all answers are correct

the character of the dentition defect

the presence of harmful habits

emotional state

age of the patient

1. What violations are forming as a result of early loss of deciduous teeth without preventive prosthodontics?

all answers are correct

impaired integrity of the dentition

the establishment of the height of the bite delayed growth of the jaw area

the formation of pathologic occlusion

appear harmful tongue habits

2. To restore hard teeth tissues in stage I of destruction in the mixed dentition period is used:

thin-walled crowns

inlays

veneers

cap-faceted crowns

all answers are correct

3. To restore hard teeth tissues in stage I of destruction in the permanent dentition period is used:

all answers are correct

veneers

inlays

different types of artificial crowns

aesthetic restoration

4. The peculiarities of dental crowns in children include:

all answers are correct

physiological separation

the crown must not go into the gingival groove

use of thin-walled shells

teeth dissect only in the region of the cutting edges and cusps of posterior teeth

5. By appointment of the crown are divided into:

all answers are correct

fixing

restoring

splinting

supporting

6. Permanent artificial crowns is used for:

the reconstruction of defects of hard tissues of teeth

fixing orthodontic devices

splinting of mobile teeth

the contents of medicines

coating of teeth, which serve as a support for the clasps

7. Fixation by M. A. Napadov it is advisable to apply under the following conditions:

low crowns of the teeth

the high crowns of the teeth

a pronounced equator

when malocclusion combining with a dentition defect

the correct answer is no

8. The child of 10 years is specified multiple adentia – there are no temporary molars in both jaws. What prosthesis should be used?

sliding partial plate dentures

sliding bridges dentures

maintain-spacer dentures

dentures

in prosthetics there is no need

9. What is the design of the prosthesis shown the boy is 10 years, which has removed 11,21 teeth, the space between the lateral incisors is 10-12 mm.

sliding removable laminar prosthesis

bridge

the prosthetic implant after the age of 18 years

denture

a removable prosthesis with artificial teeth 11,21

10. To the emergence of some anomalies of the dentition can result in the removal of 55, 54, 64, 65 teeth in a child of 7 years?

shortening of the dentition

the extension of the dentition

elongation of dentition

the growth delaying

the narrowing of the dentition

11. Within what time removable laminar denture needs replacement in a patient 7 years?

6-8 months

12-16 months

16-20 months

20-24 months

16-18 months

12. Determine the nature of the damage in stage III of the destruction of the teeth and dentition:

defects in the dentition length of one or two teeth

significant or complete defect of the tooth crown with damage to the pulp

partial defect of the tooth crown without damaging the pulp

defects of dentition large extent, the complete absence of teeth

intact teeth

13. Determine the nature of the damage in IV stages of tooth decay and dentition:

defects of dentition large extent, the complete absence of teeth

significant or complete defect of the tooth crown with damage to the pulp

defects in the dentition length of one or two teeth

partial defect of the tooth crown without damaging the pulp

intact teeth

14. Determine the nature of the damage in stage I the destruction of the teeth and dentition:

partial defect of the tooth crown without damaging the pulp

significant or complete defect of the tooth crown with damage to the pulp

defects in the dentition length of one or two teeth

defects of dentition large extent, the complete absence of teeth

intact teeth

15. Define tactic of doctor, if 7-year-old revealed that the temporary molars of the upper dentition removed, the lower incisors are in contact with the mucosa of the palate.

prosthetics and orthodontic treatment

replacement of defects of the upper dentition

treatment of deep bite

no need treatment

dynamic monitoring until eruption of permanent teeth

16. What changes in the dentoalveolar region can arise after the removal of the 36 tooth in a child 12 years with orthognathic bite?

all answers are correct

mesial displacement of 37 and the distal displacement 34

teeth convergence of crowns of teeth 37 and 34

will not have significant changes

appears the spaces between the frontal teeth

17. When you want to develop a prosthetic baby 4 years with unilateral terminal defect of the upper dentition length of tooth 2?

before the eruption of the first permanent molars
after determining the defect of dentition

in 5 years

in 7 years

in 8 years

18. What prosthesis should be used in a child of 10 years with no temporary molars on both jaws?

sliding partial lamellar dentures

bridges sliding dentures

sliding prostheses

prosthesis - spacers

in prosthetics, there is no need

19. What is the design of the prosthesis shows a boy of 10 years with remote 11, 21 teeth, the space between the lateral incisor is 10-12 mm.

sliding removable laminar prosthesis

a removable prosthesis with artificial teeth 11,21

bridges sliding dentures

prosthetics on implants after the age of 18 years

denture

20. Select the design of the prosthesis to a child 12 years of age, who is crowding 12, 11, 21 teeth, dentition defect in the area 22 of the tooth on the panoramic radiography is no rudiment of the tooth 22.

sliding removable partial laminar

denture bridges with unilateral fixation

prosthesis-spacer

sliding bridge

bridge denture with bilateral fixation

21. To the emergence of some anomalies of the dentition can result in early removal of 55, 54, 64, the teeth of the child 7 years?

shortening of the dentition

the extension of the dentition

elongation of dentition

the growth delaying

the narrowing of the dentition

22. What construction of prosthesis is desirable to make 11-year-old girl with traumatic defect of the crown 21 of tooth?

restorative crown on a post-and-core tab

tab

thin-wall crown

cap – faceted crown.

pin tooth

23. Rise to some pathology in the vertical plane may result in early removal of deciduous molars in both jaws have a child of 7 years?

reducing the height of the bite

shortening of the dentition

the extension of the dentition

elongation of dentition

the narrowing of the dentition

24. What construction of prosthesis is recommended for children 5 years of age with bilateral end defect of the dentition of both jaws?

sliding partial lamellar denture

denture

bridge

full removable laminar prosthesis

in prosthetics, there is no need

25. Select rational design of a dental prosthesis to a child 14 years of age with a full broke off of the 11 tooth crown, root of tooth 11 protrudes 2-3 mm above the level of the gums, and the radiographs revealed no pathology.

pin tooth

ceramic veneers

bridge

a removable partial denture

denture

26. During a routine inspection in a child 14 years of age revealed the absence of 53 and 63 teeth, gaps the size of 8 mm. Determine the tactics of doctor?

dynamic monitoring until eruption of teeth 13 and 23

manufacturing of removable partial denture

manufacturing of dental bridges

manufacturing preventive prosthesis-spacer

manufacturing micro-dentures

27. What method of treatment will help normalize the occlusion of the patient 28 years old with secondary adentia 34 and 44 teeth and dentoalveolar elongation of 14 and 24 teeth on 1/3 of the height of the crowns.

instrumental and prosthetic

prosthetic

surgical

instrumental and surgical

all answers are correct

28. What impression material should be used in a patient 8 years for a removable denture?

alginate

thermoplastic

crystalizable

silicone

otology

29. Within what time require replacement of a removable partial prosthesis in a patient 7 years?

6-8 months

12-16 months

16-20 months

20-24 months

16-18 months

30. Some preventive design rational to make the girl of 5 years missing 64 and 65 of the teeth?

sliding removable partial denture

interdental prosthesis-spacer

dentures

bridge

a removable partial denture

31. Select the most optimal design for replacement of defect of dentition of a teenager 17 years with edentulism 15 tooth.

adhesive bridge

metal-ceramic bridge

metal-plastic bridge

plastic bridge

cantilever prosthesis

32. What assistance should be provided to patient 12, who lost 11, 12, 21, 22 teeth 2 years ago due to injury, space for 4 incisors enough.

making removable appliance-prosthesis

the manufacturing of partial removable denture

the manufacturing of partial removable prosthesis

the production of immediate dentures

dentures with implants

33. Select a rational design of the prosthesis have a 17-year-old with the destruction of more than $\frac{2}{3}$ of the crowns of 12, 11, 21 and 22 teeth. On the radiograph: root canals are sealed, the pathological changes are absent.

crowns on a post-and-core tab

veneers

pin tooth

inlays

metal-ceramic crowns

1. The maxillofacial area is formed from:

the first branchial arches pair

the second branchial arches pair

the third branchial arches pair

the fourth branchial arches pair

all answers are correct

2. The face formation and fusion of the processes that constitute it, ends on the following dates:

7 weeks

on the 6th week

5 week

on the 8 week

9 week

3. From primary palate tissues are formed:

the middle part of the upper lip and upper jaw

the nasal septum

the lateral part of the upper lip and upper jaw

the wings of the nose

the root of the nose

4. From the secondary palate tissues are formed:

the soft palate

the middle part of the upper lip and upper jaw

the lateral part of the upper lip and upper jaw

the wings of the nose

incisal bone

5. The birth of a child with innate defects you must send the message to the following institution:

center for the treatment of children with innate maxillofacial defects

the department regional hospital

city children's clinic

regional children's hospital

regional dental clinic

6. At birth the child with upper lip and palate cleft defect to the hospital are invited:

surgeon-dentist and orthodontist

surgeon-dentist and therapeutic-dentist

dentist and cosmetic dentist

cosmetic dentist and therapeutic-dentist

cosmetic dentist and orthodontist

7. At birth the child with upper lip and palate cleft defect should address the following issues:

all answers are correct

stages of treatment

the timing of surgical interventions

the place of surgical interventions

breast feeding

8. Classification of morphological, functional and aesthetic disorders in congenital cleft defects proposed:

F. Khoroshilkina and G. Granchuk

L. Ilyina-Markosian and A. Kibkalo

Ziebert-Malygin

F. Khoroshilkina and L. Zubkova

T. Sharova and G. Rogozhnikov

9. Functional abnormalities in the hard and soft palate cleft defects are as follows:

all answers are correct

the impaired chewing function and swallowing

the breathing disorders

tension of facial muscles and swallowing

snuffling during the speech

10. Morphological disorders at the hard and soft palate cleft defects are as follows:

all answers are correct

deformation of the upper dentition

anomalies of the frontal teeth location

deep incisal overlapping

a defect or scarring in the palate

11. Aesthetic disorders at the at the hard and soft palate cleft defects are as follows:

all answers are correct

flattening of the lips

violation of the contour of the vermillion border

deformation of the wing of the nose

postoperative scar, residual defects

12. Depending on the extent of anatomical changes there are the following forms of the upper lip cleft defect:

a hidden, incomplete and complete

symmetrical, asymmetrical

median, lateral

congenital, acquired

hidden, clear

13. Dysfunction of sucking in the newborn with isolated upper lip cleft defect caused by:

all answers are correct

violation of the closing of the lips

the leakage of the oral cavity

trouble swallowing

the lips shortening

14. Floating obturator is made in the following cases:

when the soft palate cleft defect

when the soft and 1/3 hard palate cleft defect

with the full hard palate cleft defect

the upper lip and palate cleft defect

when alveolar bone cleft defect

15. Ilyina-Markosyan obturator applies in the following cases:

when hard and soft palate cleft defect

when the upper lip cleft defect

when alveolar bone cleft defect

when unilateral cross non-complete upper lip and palate cleft defect

when bilateral non-complete upper lip and palate cleft defect

16. What is the Passavan cushion?

muscle roller, which is formed by the contraction of the pharyngeal constrictor

transverse palatine folds

muscle roller, which is formed by the contraction of the muscles of the tongue

cushion mucous in the palatal and lingual arches

cushion mucous in the palate-pharyngeal arches

17. In the manufacture of which design it is important to get a print Passavan cushion?

the obturator

nipples for feeding

protective plate

reforming plate

all answers are correct

18. Which function is not peculiar to the protective plate?

separation of oral and nasal cavity

protection of the tissues of the palate after uranoplasty

the formation of the palate arch

fixation of dressings

all answers are correct

19. Due to some properties for the production of prints for the cleft defects of the upper lip and palate use thermoplastic materials?

less risk of aspiration

the speed of hardening

does not shrink

pleasant taste

the absence of contraindications to the use

20. With what age children with developmental disabilities are subject to dispensary observation?

from the moment of birth

6 months

1 year

3 years

6 years

21. What are the deadlines for completed follow-up of children with upper lip cleft defect at the orthodontist?

after the completion of the permanent dentition

after nose correction

after changing the frontal teeth

after cheiloplasty

after conducting uranoplasty

22. Orthopedic prosthesis with double dentition is used in:

the permanent dentition

the period of formed temporary occlusion

the late period of the mixed occlusion

the early period of the mixed occlusion

the period of involution of temporary occlusion

23. What are the most significant factors leading to the development of congenital defects of the facial skeleton:

all answers are correct

toxemia of pregnancy

influenza, respiratory viral infections, rubella in a pregnant

the use of drugs during pregnancy

smoking, alcoholism

24. Which aesthetic typical violations at the upper lip cleft defect?

the defect of the upper lip

concave facial profile

upper lip protruding

a wide nasal base

convex facial profile

25. The child of 2 years congenital hard and soft palate cleft defect, which achieves the cutting of the hole. What is the most likely diagnosis?

complete hard palate cleft defect

isolated hard palate cleft defect

partial hard palate cleft defect

the correct answer is missing

hidden hard palate cleft defect

26. Determine the timing of uranoplasty with incomplete cleft palate.

12-18 months

5-7 months

8-10 months

11-12 months

3-6 months

27. In the maternity ward invited the orthodontist. A newborn child full hard and soft palate cleft defect. What should the orthodontist in this case?

to prime south preformative Sharova plate

to make a palatal plate

to make the Kez' obturator

to make the Ilyina-Markosyan' obturator

to make the Chusovskaya' obturator

28. Treatment of patients with congenital the upper lip and palate cleft defects should be:

integrated

speech therapy, orthodontic

surgical, orthodontic

orthodontic, orthopedic,

orthodontic

29. The use of any design until it is expedient in 9-month-old child with congenital the upper lip and palate cleft defect? Cheiloplasty conducted at 8 months of age.

Chusovskaya
Ilyina - Markosyan
Rubeznaya
Sharova
Mac-Neil

30. Select a rational design of the prosthesis for a 4-year old child diagnosed with incomplete hard and soft palate cleft defect.

Ilyina-Markosyan' obturator
preformative Sharova plate
protective plate
Kez' obturator
Chusovskaya' obturator

31. For taking impressions children 2 years through left-side the upper lip and palate cleft defect to produce the floating obturator is necessary to apply:

S - shaped spatula
individual spoon
standard metal spoon
standard plastic spoon
straight spatula

32. What impression material is required for making prints the child with non-complete upper lip and palate cleft defect to produce the floating obturator?

stems
stomalgin
Repin
gypsum
syelast

33. A child born with incomplete the hard palate cleft defect, shows the fabrication of the obturator. What is the optimal timing of the use of the obturator?

2-3 years
3-4 years
5-6 years

at any age

in the nursing home

34. Select rational treatment design child's 12 years with adentia 12 and 22 teeth and a complete treatment of malocclusions, which arose due to bilateral complete upper lip and palate cleft defect.

sliding laminar partial removable denture

adhesive bridge prosthesis

cantilever bridge

bridge with two pillars

denture

35. An appliance should make 4-year old child with the alveolar process and palate cleft defect for dental prosthetics after veloplasty for defect closure of the hard palate?

obturator

plate with screw

Bynkin kappa

the Ainsworth appliance

the Andresen appliance

1. In the clinic of orthodontics addressed the parents of 5-year-old child with complaints of the absence of the lower lateral teeth, slow mastication. From the anamnesis: the temporary lower molars have been removed with regard to complicated caries at 3 years. Objectively: the lower third of the face shortened, supramental fold is deep, the lower lip is slightly twisted, thickened. Absence of 85, 84, 74, 75. Signs of distal occlusion complicated with deep formation. What method of treatment is leading in the first stage?

prosthodontic

biological

instrumental

surgical

instrumental and surgical

2. The child of 6 years revealed the absence of all the upper molars. The lower incisors are in contact with the palate mucous membrane. Determine the tactics of doctor.

to make a removable partial denture for the upper and lower jaw

the medical intervention is not needed

to produce the orthodontic device to treat malocclusion

to observe every six months until the eruption of permanent teeth

to observe 1 year before the eruption of permanent teeth

3. The preventive examination of the child 10.5 years old revealed the absence of 53 and 63 teeth. The visible deviations in the development of the dentition is not revealed. Determine the tactics of doctor.

physiological change, medical intervention is not needed

to make a removable partial denture

to produce preventive maintainers

to observe every 3 months before the eruption of permanent teeth

to observe 1 year before the eruption of permanent teeth

4. The boy 5 years as a result of caries complications were removed second molars.

For the treatment was made removable dentures. Through what period of time it is necessary to replace dentures?

after 0.5 years

after 1 year

after 1.5 years

after 2 years

after 2.5 years

5. In what period of time the physiological change milky teeth are considered to be prematurely deleted:

a 1 year or more before physiological change

a 2 months before the physiological change

a 5 months before the physiological change

a 7 months before the physiological change

a 8 months before the physiological change

6. The preventive examination of the child 4.5 years revealed premature the absence of all the upper molars. The lower incisors are in contact with the mucous membrane of the palate. Determine the tactics of doctor?

to make a removable partial denture

to make orthodontic appliance for the deep bite treatment

to observe one time in a year before the permanent teeth eruption

to observe every six months until the permanent teeth eruption

the intervention of a doctor is not necessary

7. What prosthesis design should be selected at the multiple adentia in the early period of mixed dentition?

partial dentures

bridges

clasp dental prosthesis

does not need prosthetics

complete dentures

8. The child 12 years old no 31 and 41, the gap between the 32 and 42 - 10 mm.
Choose a rational denture design of the prosthesis.

sliding partial removable plate prosthesis

maintainers

clasp dental prosthesis

bridge

sliding mikro dentures

9. At what age recorded the highest number of dentition defects in children?

8 years

5 years

10 years

12 years

15 years

10. For some classification to determine the dentition defects in children?

by Trill

by Voznyuk

by Kennedy

by Agapov

by Betel'man

11. What etiological factor contributes to the development of dentition defects in children?

dental caries

disorder of miodynamical balance

anomalies of soft tissues attachment

the degree of teeth roots formation

tongue parafunction

12. What method of treatment it is advisable to use in children in the mixed occlusion period in the treatment of the frontal dentition defect?

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

13. What method of treatment should be used at the unilateral included defect in the lateral area with the loss of 2 teeth?

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

14. What method of treatment should be used at the unilateral included defect in the lateral area with the loss of 3 teeth?

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

15. What method of treatment should be used in the restoration of the bilateral included dentition defect in the posterior area when the loss of 3 teeth?

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

16. The features of artificial teeth setting in frontal area in children removable prostheses are next:

without artificial gums
by dentoalveolar fixing
using vestibular arc

on artificial gums

with the help of a metal frame

17. Radlinsky modules include the repair of:

the lateral dentition defect

the frontal defect of the lower dental arch

the restoration of the defect in first permanent molars area

the frontal defect of the upper dental arch

the permanent lateral teeth defect

18. During preventive child 5 years old examination the first and second temporary lower left molars it was revealed. To determine the stage of the dentition destruction:

third

second

fourth

first

fifth

19. During preventive child 5 years old examination the first and second temporary lower left molars it was revealed. To choose the denture design for defects replacement.

a removable partial denture

bridge denture with bilateral support

bridge denture with unilateral support

spacer

sliding bridge

20. In the clinical examination of 8 years old patient discovered a included defect in the left lower jaw area 74, 75. To determine the stage of dentition destruction:

third

second

fourth

first

fifth

21. In the clinical examination of 8 years old patient discovered a included defect in the left lower jaw area 74, 75. To choose the denture design for defect replacement:

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

22. An appointment to the orthodontist asked parents with a child 5 years with complaints of aesthetic defect. The diagnosis of mesial occlusion, and limit the defect of dentition on the upper jaw on both sides. No second temporary molars. To determine the stage of destruction of the dentition.

third
second
fourth
first
fifth

23. An appointment to the orthodontist asked parents with a child 5 years with complaints of aesthetic defect. The diagnosis of mesial occlusion, and limit the defect of dentition on the upper jaw on both sides. No second temporary molars. To determine the stage of destruction of the dentition. To choose the denture design for replacement of defects.

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

24. A child 8 years old with unilateral terminal lower jaw defect at the left side. 75,74 missing teeth. To determine the stage of dentition destruction.

third
second
fourth
first
fifth

25. A child 8 years old with unilateral terminal lower jaw defect at the left side. 75,74 missing teeth. To choose the denture design for defects replacement.

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support

spacer

sliding bridge

26. On reception to the doctor the orthodontist sent a child of 4 years in which the result of complicated caries removed 84 tooth. To determine the stage of dentition destruction:

third

second

fourth

first

fifth

27. On reception to the doctor the orthodontist sent a child of 4 years in which the result of complicated caries removed 85 tooth. What kind of denture you want to use in this case?

a removable partial denture

bridge denture with bilateral support

bridge denture with unilateral support

spacer

sliding bridge

28. The clinic contacted the parents with a child 5 years with complaints of teeth absence in the lower jaw. Diagnosis 1 group of dentition defects by Demner-Lepihyn. To determine the stage of dentition destruction.

third

second

fourth

first

fifth

29. The clinic contacted the parents with a child 5 years with complaints of teeth absence in the lower jaw. Diagnosis 1 group of dentition defects by Demner-Lepihyn. To choose the denture design for defects replacement.

a removable partial denture

bridge denture with bilateral support

bridge denture with unilateral support

spacer

sliding bridge

30. The clinic contacted the parents with 8 years old child with complaints of second temporary molars absence at the left side of mandible. The result is a mesial shift of first permanent molar. To choose the denture design for defects replacement.

spacer
bridge denture with bilateral support
bridge denture with unilateral support
partial removable denture
sliding bridge

31. As a result of operative intervention, the patient K., 13 years removed 13 and 14 teeth. To determine the stage of dentition destruction.

third
second
fourth
first
fifth

32. As a result of operative intervention, the patient K., 13 years removed 13 and 14 teeth. To choose the denture design for defects replacement .

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support
spacer
sliding bridge

33. The patient N. 10 years old determined the upper jaw dentition defect. The diagnosis: primary adentia of 12,22 teeth. To determine the stage of dentition destruction.

third
second
fourth
first
fifth

34. The patient N. 10 years old determined the upper jaw dentition defect. The diagnosis: primary adentia of 12,22 teeth. To choose the denture design for defects replacement.

a removable partial denture
bridge denture with bilateral support
bridge denture with unilateral support

spacer

sliding bridge

35. Patient K., 11 years old there has been a primary adentia 15 and 25 teeth. To determine the stage of dentition destruction.

third

second

fourth

first

fifth

1. According to Chuprinina and Anikienko classification traumatic damages include:

dislocation of the tooth

fractures of the jaws

fractures of the maxilla alveolar process

fracture of the mandible alveolar process

fracture of the zygomatic bone

2. According to Chuprinina and Anikienko classification traumatic damages include:

tooth damage

partial loss of the alveolar bone

complete loss of maxilla body

fractures of the jaws

partial loss of teeth

3. According to Chuprinina and Anikienko classification traumatic damages include:

fracture of the tooth crown

fractures of the jaws

fractures of the mandible alveolar process

complete loss of maxilla body

fracture of the maxilla alveolar process

4. According to Chuprinina and Anikienko classification traumatic damages include:

fracture of the tooth root
complete loss of the alveolar bone
fractures of the jaw
fracture of the alveolar process
partial loss of teeth

5. According to Chuprinina and Anikienko classification traumatic damages include:

fracture of the neck of the tooth
complete loss of the alveolar bone
fractures of the jaw
partial loss of the alveolar bone
partial loss of teeth

6. According to Chuprinina and Anikienko classification root fracture of the tooth happens:

horizontal
combined
difficult
comminuted
multycomminuted

7. According to Chuprinina and Anikienko classification a tooth luxation can be:
longitudinal

cross
oblique
combined
incomplete

8. According to Chuprinina and Anikienko classification a tooth luxation can be:
full

comminuted
longitudinal

cross

oblique

9. According to Chuprinina and Anikienko classification a tooth luxation can be:

impacted

oblique

longitudinal

cross

comminuted

10. By level of the frontal teeth damage are distinguished:

five degrees

two degrees

four degrees

three degrees

the six degrees

11. By level of frontal teeth impaction the I degree of tooth crown shortening is:

1 mm

6 mm

3 mm

4 mm

5 mm

12. By level of frontal teeth impaction the III degree of tooth crown shortening is:

3 mm

1 mm

6 mm

4 mm

5 mm

13. The child is 11 years old. Complaints traumatic broke off of the 11 tooth crown.

What pin tooth design most rational to eliminate this defect?

by Ilyina - Markosyan

by Richmond

by Katz

by Parshina

by Davis

14. To the hospital asked parents with a child of 4 years old with complaints of aesthetic defect. According to mother the child fell while walking on the street. Objectively: in the sagittal and vertical planes the change is not detected, the upper right central incisor is mobile and in infraposition state is 2 mm relative to the tooth on the opposite side. On the radiograph the root and the crown is undamaged. Diagnosis of traumatic damage according to the WHO:

tooth luxation incomplete

uncomplicated fracture of the crown

fracture of the tooth crown

minor structural damage

complete luxation of the tooth

15. To the hospital asked parents with a child of 4 years old with complaints of aesthetic defect. According to mother the child fell while walking on the street. Objectively: in the sagittal and vertical planes the change is not detected, the upper right central incisor is mobile and in infraposition state is 2 mm relative to the tooth on the opposite side. On the radiograph the root and the crown is undamaged. Choose the treatment tactics in this case:

peace and observation by tooth state

pulling to the dental arch

the extraction of a tooth

endodontic treatment

to use the retentive kappa

16. Celluloid caps at the crown tooth part trauma in the enamel-dentine side is used for:

restoration

splinting

fixing a biological dressing

whitening

bite increasing

17. What is the term for a fixed kappa with an incomplete permanent tooth luxation:

for 1 month

for 2 months

for 2 weeks

do not conduct splinting
for 6 months

18. At fracture of a tooth enamel-dentine area with a pulp opening needs:

pulp extirpation

pulp amputation

biological method of treatment

using a biological dressing and composite restoration

inlay making

19. In acute trauma of temporary teeth in most cases happens:

fracture of the crown on the gingiva level

tooth luxation

root fracture

teeth are not damaged

the breaking away of the alveolar process

20. Electroodontorritability at the trauma can be defined:

in the permanent teeth with the formed root

in the permanent teeth with unformed root

temporary teeth with the formed root

it is impossible to determine in the children

temporal teeth with the unformed root

21. What is a bruised tooth?

closed mechanical teeth and soft tissues damage without violation of their anatomic integrity

open mechanical teeth and soft tissues damage without violation of their anatomic integrity

damages as a result of which the tooth is displaced in the direction partially or fully extends beyond the hole

damage, where the tooth does not move, but only damaged it with a soft tissues

break off the tooth crown at a different level

22. What is a luxation of the tooth?

damage, in which the tooth is displaced in the direction partially or entirely extends beyond the hole

a closed mechanical damage to the teeth and soft tissues without violation of their anatomic integrity

open mechanical teeth and soft tissues damage without violation of their anatomic integrity

a complete separation of a tooth from hole

partial separation of the tooth from hole

23. What is the fracture of a tooth?

it is a complete separation of the hard tissues of the tooth

this is an incomplete fracture of a tooth without departing parts

partial separation of the tooth from hole

open mechanical teeth and soft tissues damage without violation of their anatomic integrity

closed mechanical teeth and soft tissues damage without violation of their anatomic integrity

24. What is a cracked tooth?

incomplete fracture of a tooth without departing parts

closed mechanical teeth and soft tissues damage without violation of their anatomic integrity

damages as a result of which the tooth is displaced in the direction partially or entirely extends beyond the hole

damages for which the tooth does not move, only the soft tissue of the tooth

it is a complete separation of the hard tissues of the tooth

25. To the hospital asked parents with a child of 5 years old with complaints of aesthetic defect. According to mother the child fell while walking on the street. Objectively: in the sagittal and vertical planes the change is not detected, the upper right central incisor is mobile and infraposition state is 2 mm relative to the tooth on the opposite side. On the radiograph the root and the crown is undamaged. Choose the treatment tactics in this case:

peace and observation by tooth state

pulling to the dental arch

the extraction of a tooth

endodontic treatment

to use the retentive kappa

26. The patient 10 years after a transport accident. On clinical examination installed: crowns 11 and 21 teeth is shortened in relation to the adjacent teeth 2 mm on the radiograph the roots of the incisors are formed of roots located outside the hole. The diagnosis of traumatic injury

impacted luxation

fracture of the teeth

tooth injury

complete luxation of the teeth

crack teeth

27. The patient 10 years after a transport accident. On clinical examination installed: crowns 11 and 21 teeth is shortened in relation to the adjacent teeth 2 mm on the radiograph the roots of the incisors are formed of roots located outside the hole. To determine the degree of shortening of the teeth crowns.

2 degree

1 degree

3 degree

4 degree

5 degree

28. To the hospital asked parents with a child of 8 years old with complaints of aesthetic defect. According to mother the child fell while walking on the street. Objectively determined broke off of the cutting edge 22 tooth without pulp exposure. On the radiograph root without damage. The diagnosis of traumatic injury:

uncomplicated fracture of the crown

incomplete dislocation of the tooth

fracture of the tooth crown

bruise with minor structural damage

complete tooth luxation

29. To the hospital asked parents with a child of 8 years with complaints of aesthetic defect. According to mother the child fell while walking on the street. Objectively determined broke off of the cutting edge 22 of the tooth without pulp exposure. On the radiograph root without damage. To determine the tactics of treatment:

restoration

remineralization therapy

clinical supervision

the protective crowns making

splinting of the tooth 22

30. The patient 9 years after suffering a transport accident. On clinical examination installed: broke off crowns of 11 and 12 teeth with pulp exposure, a radiograph the roots of the incisors are in the stage of the unformed apex. The diagnosis of traumatic injury by Chuprinina and Anikienko:

fracture of the tooth crown in the area of enamel and dentin with the opening of the tooth cavity

fracture of the crown in the area of the enamel

fracture of the tooth crown in the area of enamel and dentin without opening the cavity of the tooth

bruise with minor structural damage

uncomplicated fracture of the crown

31. The patient 9 years after suffering a transport accident. On clinical examination installed: broke off crowns of 11 and 12 teeth with pulp exposure, a radiograph the roots of the incisors are in the stage of the unformed apex. To determine the tactics of treatment.

endodontic treatment

pulling in the dental arch

the extraction of a tooth

peace and observation by tooth

the use of retentive splint

32. To the hospital asked parents with a child 10 years old complaining of spontaneous pain in the tooth on the upper jaw. According to mother the child fell while walking on the street. Objectively: the upper left central incisor is slightly movable, the reaction to thermal stimuli is positive, the pulp sensitivity to electric current is reduced. On the radiograph the root and the crown is undamaged. The diagnosis of traumatic injury.

bruise with minor structural damage

fracture of the crown in the enamel area

fracture of the tooth crown in the enamel and dentin area without opening the cavity of the tooth

fracture of the tooth crown in the enamel and dentin area with the opening of the tooth cavity

uncomplicated fracture of the crown

33. To the hospital asked parents with a child 10 years old complaining of spontaneous pain in the tooth on the upper jaw. According to mother the child fell while walking on the street. Objectively: the upper left Central incisor is slightly movable, the reaction to thermal stimuli is positive, the pulp sensitivity to electric current is reduced. On the radiograph the root and the crown is undamaged. To determine the tactics of patient's management:

peace and observation by tooth

endodontic treatment

pulling in the dental arch

the extraction of a tooth

the use of retentive splint

34. For a consultation with the orthodontist asked parents with a child 9 years with complaints of aesthetic defect. According to the parents the child was in a car accident. The examination found a large traumatic injury of teeth on the upper and lower jaws on the right – broke off crowns of teeth without pulp exposures from the canine to the first permanent molar damages. The diagnosis of traumatic injury.

fracture of the tooth crown in the enamel and dentin area without opening the cavity of the tooth

fracture of the crown in the enamel area

bruise with minor structural damage

fracture of the tooth crown in the enamel and dentin area with the opening of the tooth cavity

uncomplicated fracture of the crown

35. For a consultation with the orthodontist asked parents with a child 9 years with complaints of aesthetic defect. According to the parents the child was in a car accident. The examination found a large traumatic injury of teeth on the upper and lower jaws on the right – broke off crowns of teeth without pulp exposures from the canine to the first permanent molar. To determine the treatment tactics.

restoration

remineralization therapy

clinical supervision

the protective crowns making

splinting of the tooth 22

1. Guide crown by Katz's mechanism of action is:

functional-directive appliance

appliance of mechanical action

functional-acting appliance

appliance of combined action

retentional appliance

2. The purpose of the crown Katz is a device:

treatment

preventive

retention removable

treatment and prevention

retention fixed

3. Inclined biting crown by Katz represents:

crown with the inclined plane

crown with biting plane

crown with occlusal plane

crown with an inclined and biting plane

crown with Rudolph's loops

4. Inclined biting crown by Katz is indicated for:

palatal tooth position with a space at dental arc

1-2 degrees of the teeth crowding

vestibular tooth position with a space at dental arc

distal tooth position with a space at dental arc

3-rd degree of teeth crowding

5. The appliance by Isenberg consists of:

support crowns and vestibular beams with hooks for elastics

appliance on the upper jaw, crowns on first permanent molars and vestibular arc

supporting crowns on first permanent molars and vestibular arc

appliance on the lower jaw, crowns on first permanent molars and vestibular arc

support crowns at the second permanent molars and the vestibular arc

6. The Herbst proposed to include in the Isenberg appliance following elements:

palatal tangent beams

rings on the premolars

vestibular arc

palatal arch

hooks at the canines

7. The Isenberg applied used for:

oral displacement of the anterior teeth and for the expansion of the upper dentition

oral inclination of the anterior teeth

mesial movement of the anterior teeth

distal movement of anterior teeth

for expansion of the dentition

8. Appliance by Korkhaus fixed at:

crowns or rings at the central incisors

crowns or rings at the canines

crowns or rings at the premolars

crowns or rings at the first permanent molars

crowns or rings at the second permanent molars

9. Appliance by Korkhaus used to treat the following abnormalities:

diastema

vestibular position of teeth

palatal position of the tooth

distal displacement of the tooth

distal bite

10. The active elements of the appliance by Korkhaus are:

beams or hooks

hand-shaped spring

Z-springs

half-arches

clamp

11. The active elements in the appliance by Korkhaus it is necessary to soldered closer to:

depending on the teeth position

distal surface of the crown

mesial surface of the crown

middle of the crown

gingival edge of the crown

12. For the bodily lateral displacement of incisors at appliance by Korkhaus used:

the vertical beams with hooks

the hooks

the vertical tubes and springs by Coffin

the horizontal ravine

the tangential beams

13. The appliance by Pozdnyakova for treatment of:

vestibular position of canine with presence of space in the dental arch more than $\frac{2}{3}$

vestibular position of canine with presence of space in the dental arch

torsion of canines

vestibular position of canine with presence of space in the dental arch to $\frac{1}{3}$ the size of a crown

vestibular position of canine with presence of space in the dental arch is less than $\frac{1}{3}$

14. The appliance by Pozdnyakova represents the following structure:

crown on the canine and soldered crowns on second premolar and first molar with a beams or hooks for traction

crowns on the canines with the beams or hooks for traction

crowns on first permanent molars with a beams or hooks for traction

crowns on the incisors and first molars with a beams or hooks for traction

crowns on the incisors with a beams or hooks for traction

15. Appliance by Angle consists of:

arc, crowns on first molars, tubes, ligatures, nuts, hooks

arc, crowns on premolars, tubes, nuts, ligatures

crowns on first permanent molars with a beams or hooks for traction

crowns on the canine and soldered crown on the second premolar and the first molar with a beams or hooks for traction

crowns on the central incisors

16. Stationary arc by Angle designed for:

intrusion and extrusion of teeth

dental arch expansion

narrowing of the dental arch

lengthening of the dental arch

shortening of the dental arch

17. The expansive arc by Angle is also called:

expansive

lengthening

narrowing

protractive

retraction

18. Position of expansive arc by Engle according to dental arch is:

not touch to teeth in areas to extension

adjoined to the front and lateral teeth

touched the vestibular surfaces of the posterior teeth

shape of semiellipses

adjoined to the lateral teeth

19. The design of the bracket is represented by the following elements:

the slot

the rod

the rod tangent

frontal biting plate

inclined biting plane

20. The orthodontic wire, used in the treatment of braces appliances, is manufactured:

from titanium-nickel

manganese

molybdenum

chromium

copper

21. For fixation of a fixed appliance are used:

crowns

the clasps

vestibular arc

dentoalveolar fixation

oral arc

22. A device for determining of bracket location is:

the positioner

simmetrograf

caliper

anthropometr

rhinopneumometr

23. Before establishing the supporting part of the fixed appliance requires:

physiological separation

preparation of lateral teeth approximal surfaces

preparation of lateral teeth tubercles

sealing of fissures

hygiene of the oral cavity

24. Program of the tooth movement in:

the slot of the bracket

the wire cross-section

the thickness of the bracket base

the thickness of the ligature

the diameter of the wire

25. Flex-arc is also called:

weaved

vestibular

lingual

palatal

oral

26. When choosing a method of treatment with fixed appliances should be considered:

age of patient

patient's attitude to treatment

address

history of disease

mental development

27. The mechanism of appliance by Isenberg's action is:

mechanical action

functional-directing appliance

appliance of combined action

functional-acting appliance

appliance of functional-combined action

28. The purpose of the Isenberg appliances is a device for:

treatment

preventive

retention removable

treatment and prevention

retention fixed

29. Appliances by Korkhaus' mechanism of action is:

mechanical action

functional-directing appliance

appliance of combined action

functional-acting appliance

appliance of functional-combined action

30. The purpose of the Korkhaus appliances is a device for:

treatment

preventive

retention removable

treatment and prevention

retention fixed

31. The appliance by Pozdnyakova' mechanism of action is:

mechanical action

functional-directing appliance

appliance of combined action

functional-acting appliance

appliance of functional-combined action

32. The purpose of the Pozdnyakova appliances is a device for:

treatment
preventive
retention removable
treatment and prevention
retention fixed

33. Stationary wire by Angle' mechanism of action is:

mechanical action
functional-directing appliance
appliance of combined action
functional-acting appliance
appliance of functional-combined action

34. The purpose of the Angle appliances is a device for:

treatment
preventive
retention removable
treatment and prevention
retention fixed

1. The elements of the mechanical actions do not include:

inclined planes
expanding screws
expanding springs
vestibular arcs
hand-shaped pushers

2. The uniform narrowing of the dental arch are used screw the next design:

bilateral (universal)
U-shaped
trapezoidal

V-shaped

three-dimensional

3. For shortening and narrowing of the upper dental arch treatment is used the next design of screws:

three-dimensional

V-shaped

trapezoidal

two-dimensional

U-shaped

4. Vestibular arc is also called:

retractional

distalising

mesialising

protracting

positional

5. Location of vestibular arc on the surface of the tooth depends on:

angle of the tooth vestibular inclination

group of teeth

direction of the teeth moving

the number of floating teeth

the availability of space in the dental arch

6. Hand-shaped spring with a loop used for:

mesio-distal movement of the teeth

vestibular displacement of the teeth

oral movement of teeth

extensions of the dentition

lingual movement of the teeth

7. To expanding springs include:

english pin-shaped
fingerlike
S-shaped
oval

hand-shaped

8. In the manufacture of laminar apparatus to the upper jaw, it is expedient to the following location of clasp lines:

diagonally
longitudinally
transversal
sagittal
vertically

9. In the manufacture of laminar apparatus on the lower jaw in appropriate to the following location of clasp lines:

transversally
longitudinally
diagonally
sagittal
vertically

10. Fixation by M. A. Napadov used under the following conditions:

low teeth crowns
high teeth crowns
well expressed equator
when combining the malocclusion with a defect of dentition
when a distal occlusion

11. To expansion of the lower dental arch, use the following screw:

bilateral (universal)
three-dimensional
fan-shaped

U-like

triple

12. As a pusher it is possible to use the following design of the screw:

U-like

three-dimensional

fan-shaped

universal

three-chamber

13. To eliminate the protrusion of the frontal teeth is used:

vestibular arc

palatal arch

spring by Coffin

protactive spring

spring by Kalvelis

14. To eliminate retrusion of frontal teeth used:

protactive spring

english pin-shaped spring

palatal arch

vestibular arc

lateral arc

15. For mesio-distal movement of teeth is used:

hand-shaped springs

oval spring

the pushers

vestibular arc

stoppers

16. To eliminate vestibular inclination of the lateral incisors is used:

vestibular arc with a pressing loops
 vestibular arc with two semicircular curves
 vestibular arch with M-shaped curves
 vestibular arc by Doroshenko
 vestibular arch with X-shaped bends
 17. To correction of canines vestibular position used:
 vestibular arch with M-shaped curves
 vestibular arc by Doroshenko
 vestibular arc with two semicircular curves
 multi-unit vestibular arc
 triangular vestibular arc
 18. To correction the palatal inclination of one of the upper incisors used:
 protactive spring
 spring by Coffin
 hand-shaped spring
 vestibular arc with a pressure loop
 arch with M-shaped curves
 19. The mechanism of occlusal biting plane is:
 correction of dentoalveolar height
 the repositioning of the lower jaw relative to the upper
 vestibular displacement of the teeth
 stimulation of the jaw growth
 lingual teeth movement
 20. The springs for the teeth mesio-distal movement include:
 hand-shaped spring
 spring by Coffin
 spring by Kalvelis

S-shaped spring

spring by Kaller

21. An inclined biting plane is simulated at a 45° angle in the case of:

oral inclination of the frontal teeth

correct inclination of the frontal teeth

vestibular inclination of the frontal teeth

in the presence of diastemata and three in the frontal portion

the presence of malocclusion in the frontal portion

22. The appliances of mechanical action include:

the appliance on the lower jaw with vestibular arch and a screw

the activator by Andersen-Goyple

the appliance on the lower jaw with occlusal overlays

the appliance by Brukl-Reichenbach

the regulator functions by Frenkel

23. Vestibular arch with two semicircular bends is activated:

once in two weeks

once a month

once in two months

every day

every 3 days

24. Each activation of the orthodontic screw is:

one turn

a half-turn

two turns

a quarter turn

three turns

25. S-shaped spring is activated by:

stretching
relocation
unwinding
compression
cutting

26. Vestibular arch with M-shaped curves are used for:
palatal inclination of canines, which were erupted of a dental arch
lateral displacement of the incisors
mesial movement of canines
distal movement of the canines
lingual canines' movement

27. Z-spring is used for:
oral inclined anterior teeth treatment
mesio-distal movement of the teeth
vestibular inclined of the teeth
expansion of the upper dentition
extension of the lower dentition

28. For the expansion of the upper dentition is used:
spring by Coffin
spring by Doroshenko
spring with a curl
spring by Collier
spring by Betelman

29. Spring by Collier applied for:
expansion of the lower dentition
expansion of the upper dentition
mesio-distal movement of teeth

vestibular-oral movement

oral inclination of the anterior teeth

30. For uniform expansion of the upper dentition is used:

two springs by Coffin, open in opposite directions

english pin-shaped spring open forward

spring by Coffin, opened forward

spring by Coffin, opened distally

springs by Betelman, opened in opposite directions

31. To distal movement of one or two molars are used:

skeletal screw Π -like pin

Z-spring

spring with a curl

palatal arch

english pin-shaped spring, opened forward

32. Screw by Wize refers to the next group of screws:

entramaxillary action

changing of the dental arches transversally dimensions

changing the sagittal dimensions of dental arches

changing the location of the groups of teeth

changing the location of the individual teeth

33. Oral arc is used for:

fixation and vestibular displacement of the anterior teeth

fixation and oral inclination of the anterior teeth

fixation and medial displacement of the teeth

fixation of distal movement of the teeth

mesio-distal movement of the lateral teeth

34. Vestibular arc with a pressure loops is used:

abnormal inclination of one of the frontal teeth

anomalous position of all anterior teeth

abnormal location of one of the molars

protrusion of the frontal teeth

mesiocclusion all of the frontal teeth

35. Frontal biting plane is designed for:

increasing of the pressure on the teeth and alveolar process in the anterior part and separation of occlusion in lateral areas

increasing of the pressure on the teeth and alveolar process in the lateral portions and separation of occlusion in the frontal part

stimulating of the jaws apical bases development in transversalen direction

delaying of the jaws apical bases development in transversalen direction

increasing of the pressure on the teeth and alveolar process in the lateral portions and without separation of occlusion in the frontal portion

1. The diseases of the endocrine system include:

hypothyroidism

rickets

rubella

hypovitaminosis

measles

2. The diseases of the endocrine system include:

diabetes mellitus

scarlet fever

rubella

hypervitaminosis

avitaminosis

3. The diseases of the endocrine system include:

hyperthyroidism

measles

rubella

rickets

avitaminosis

4. The metabolic disorders include:

deficiency

scarlet fever

addison's disease

measles

diabetes

5. The metabolic disorders include:

rickets

hyperthyroidism

rubella

hypothyroidism

Addison's disease

6. The metabolic disorders include:

hypervitaminosis

diabetes mellitus

diffuse toxic goiter

measles

congenital adrenoguenitalny syndrome

7. The childhood infectious diseases are:

scarlet fever

Addison's disease

rickets

hypervitaminosis

scurvy

8. The childhood infectious diseases are:

rubella

rickets

diabetes mellitus

hyperthyroidism

avitaminosis

9. The childhood infectious diseases are:

measles

diffuse toxic goiter

rickets

addison's disease

congenital adrenoguenitalny syndrome

10. The endocrine diseases include:

congenital adrenoguenitalny syndrome

scarlet fever

rickets

avitaminosis

scurvy

11. The metabolic disorders include:

scurvy

addison's disease

measles

scarlet fever

hypothyroidism

12. The diseases of the endocrine system include:

Addison's disease

rubella

rickets

scurvy

scarlet fever

13. With diffuse toxic goiter observed:

early mineralization of crowns in permanent teeth

incompetents of dental age to chronological

multiple caries of deciduous teeth

late eruption of deciduous teeth

development of giant teeth

14. The backlog of bone age from chronological is observed with:

hypothyroidism

hypoglycemia

agranulocytosis

hyperthyroidism

diabetes

15. Accelerate the timing of permanent teeth germs development with:

gigantism

agranulocytosis

hyperthyroidism

diabetes

sickle cell anemia

16. With cerebro-pituitary dwarfism observed:

microstomia

impacted teeth

delayed eruption of teeth

violations of the microhardness of the dentin

macrostoma

17. Prevention of dentoalveolar anomalies in cretinism does not include the use of:

corticosteroids

iodized salt

calcium

vitamin A

vitamin D

18. Congenital hypothyroidism delayed eruption of temporary teeth:

for 1-2 years

for 4-5 years

for 6-7 years

for 3-5 years

for 3-4 years

19. For congenital hypothyroidism is determined by the delay of the permanent teeth' roots formation:

for 2-3 years

for 4-5 years

for 6-7 years

for 1-2 years

for 3-4 years

20. Most common lesion of hard tissues in the early hypofunction of the parathyroid glands is:

enamel hypoplasia

caries

wedge-shaped defect

hyperplasia of enamel

no enamel

21. Increase the size of the lower jaw branches and deformation of occlusion occurs when:

acromegaly

gigantism

agranulocytosis

hyperthyroidism

diabetes

22. Rachitic lower jaw has the form:

trapezoid

triangle

semi-circle

semi-ellipse

parabola

23. Specific prevention of rickets in healthy children may begin:

from the 2nd month of life

the 1st week of life

from the 1st month of life

the 2nd week of life

the 1st year of life

24. Specific prevention of rickets to preterm infants can begin:

the 2nd week of life

the 1st week of life

with 2-month of life

from the 1st month of life

the 5th week of life

25. Disease by Itsenko-Kushinga in the jaw bones causes:

osteoporosis

the majority of them

desquamation

osteonecrosis

osteomyelitis

26. Hypoparathyroidism in children often causes:

tetany and spasmophilia
ataxia and hemophilia
spazmalgia and hemostasis
dyskinesia and mononucleosis
atony and myxedema

27. Lack of steroid hormone of the adrenal cortex cortisone causes the development of the jaw bones:

osteoporosis
osteonecrosis
osteomalacia
osteosarcoma
osteomyelitis

28. Early onset of diabetes in the oral cavity appears:

dryness, burning of the mucous membranes
hypersensitivity of mucous membranes, increased salivation
multiple caries, necrosis of the hyperplastic of the tongue papillae
recession of the gums and multiple cankers
disease of periodontal tissues and early loss of milk teeth

29. Growth hormone is:

secreted by the anterior lobe of the pituitary gland, controls the growth of the skeleton

allocated the middle lobe of the pituitary gland affects the eruption of teeth

allocated posterior lobes of the pituitary gland, affects the order of the teething

secreted by the hypothalamus, influences the degree of mineralization of the teeth

secreted by the adrenal glands affects the proliferation of osteoblasts

30. Under the influence of an excessive amount of estrogen (female sex hormone) the child is:

premature cessation of bone growth and delayed of teeth eruption

accelerated development of the skeleton and dental system

reducing the amount of calcium and phosphorus in the blood

osteoporosis and delay of eruption of temporary teeth
 development of periodontal tissues and early loss of milk teeth

31. Lack of the vasopressin hormone secretion (diabetes insipidus) leads to:
 dryness in the mouth and constant feeling of thirst
 multiple tooth decay, necrosis of the tongue hyperplastic papillae
 hypersensitivity of mucous membranes, excessive salivation
 diseases of periodontal tissues, early loss of milk teeth
 incompetents of dental age to chronological

32. Hypoparathyroidism (lack of parathyroid hormone) in the mouth causes:
 paresthesia of the mucous membranes and odontalgia
 violations of the microhardness of dentin and enamel
 periodontal diseases, early loss of teeth
 accelerated development of the skeleton and dental system
 termination of bone growth and delayed eruption of teeth

33. With gigantism permanent teeth are:
 not amended
 increasing
 delaying
 lengthening
 shortening

34. Cushing's disease of pituitary origin results in the development:
 obesity and osteoporosis
 alopecia and brittle nails
 cachexia and osteonecrosis of bones
 hypercementosis of roots and rudiments of teeth
 osteomalacia and tetany

35. When the adrenal cortex and the thyroid gland functioning beginning?

at the 8-12 week of fetal development

at the 18-22 week fetal development

at the 5-7 weeks of intrauterine development

by the end of the 5th month of fetal development

at the 6th month of fetal development

1. Optimal age for the unilateral upper lip cleft plastic is:

2.5-3 months

2-3 years

6-7 years

4 months. -12 months

4-5 months

2. Optimal age for the bilateral upper lip cleft plastic is:

3-5 months

4 months. -12 months

2,5-3 months

2-3 years

1-2 years

3. Optimal age for uranoplastic in accordance with Poltava dental school is:

3-6 years

1-3 years

4-6 months

12-14 years

7-8 years

4. Preforming appliances to the children during the period used:

aging of temporary occlusion

forming of temporary occlusion

early temporary occlusion

neonatal period

permanent dentition

5. Protective appliances are used:

after rhinoplastics

prior to rhinoplastics

before cheiloplastics

before uranoplastics

after cheiloplastics

6. Obturators are used:

before uranoplastics

prior to rhinoplastics

after rhinoplastics

after uranoplastics

together with uranoplastics

7. Floating obturator called by:

Kez

Swersey

Ilyina-Markosian

Kingsley

Martin

8. Orthopedic prosthesis with redundant dentition is used in:

period of temporary occlusion involution

the early period of the temporary occlusion

the period of formed temporary occlusion

the late period of the temporary occlusion

the permanent dentition

9. Apparatus for downgrading the palatine process consists of:

the four parts

one part

two parts

three parts

five parts

10. The impression for fabrication of the floating obturator is made by:

s-shaped spatula

partial impression spoon

full impression of the spoon

gypsoblok

individual impression spoons

11. Infants aging time of the first obturator must not exceed:

1-2 months

1-2 years

3 - 4 months

3-5 years

6-10 months

12. After two years of age, the obturator should be replaced each:

10-12 months

4-6 months

2-3 years

1-2 months

4-5 years

13. Formation of the maxillofacial region in the embryo begins:

in the fourth week

on the fifth week

in the first week

on the seventh week

on the sixth week

14. From the primary palate is formed:

uvula

nasal septum

the middle part of the upper lip

lateral areas of the upper jaw

cheek

15. Of the primary palate are formed:

the middle part of the upper lip

maxillary bone

the soft palate

the tongue

lateral areas of the upper lip

16. The Maxillofacial region is formed:

from the first pharyngeal arch

from the second pharyngeal arch

from the third pharyngeal arch

from the fourth pharyngeal arch

from the fifth pharyngeal arch

17. The primary palate is formed by:

medial condyle

maxillary processes

mandibular branches

medial condyle

all answers are correct

18. The secondary palate is formed:

palatine processes

all answers are correct

mandibular branches

frontal process

forward process

19. Ossification of the lower jaw ends:

to the first year of life

to six months of embryonic development

in the third month

to nine months of embryonic development

to six months of life

20. Formation of the mandibular body alveolar part in the embryo occurs:

in the seventh month

in the first month

in the third month

in the fourth month

in the sixth month

21. Formation of the maxillary body alveolar part in the embryo occurs:

in the seventh month

in the first month

in the third month

in the fourth month

in the sixth month

22. Accretion of the mandibular body alveolar part occurs:

until the fourth month of newborn period

until the third month of newborn period

until the sixth month of newborn period

until the eighth month of newborn period

until the first month of newborn period

23. Accretion of the maxillary body alveolar part occurs:

until the fourth month of newborn period

until the third month of newborn period

until the sixth month of newborn period

until the eighth month of newborn period

until the first month of newborn period

24. To the exogenous factors that lead to congenital malformations of the maxillofacial area include:

ambient temperature

viral embryopathy

hypoxia

radiation effects

teratogenic poisons

25. To endogenous factors that lead to congenital malformations of the maxillofacial region does not apply:

age of parents influence

hormonal diskrescue

biological inferiority of gametes

heredity

teratogenic poisons

26. From the secondary palate is formed:

the soft palate

incisor bone

filtrum

frontal part of the upper alveolar process

alveolar processes

27. Duration of neofetal period is:

3 months

5 months

6 weeks

2 weeks

7 weeks

28. Severe malformations to chromosomal aberrations or mutant genes generated in the period:

embryo

implantation

neofetal

fetal

germinal

29. Formation of hypoplasia and aplasia of the fetus occurs at the stage of development:

implantation

neofetal period

fetal period

embryonic period

germinal period

30. In the first half of pregnancy pregnant feeding in the course of the day should be:

4 times

6 times

3 times

8 times

5 times

31. In violation of the dental system formation of the fetus an important role such external factors:

compression of the abdominal wall tight clothing

duration of daylight

temperature of the environment

duration of a meal

wrong mode of the day

32. To prevent venous stasis in the lower extremities and development of thrombophlebitis pregnant needs to move:

every 2 hours

every 6 hours

every 5 hours

every 4 hours

every 3 hours

33. Allowable weight during pregnancy is:

9-13 kg

5-6 kg

3-5 kg

6-9 kg

8-10 kg

34. High-calorie diet of the pregnant woman with an average body weight approximately should be:

2400 kcal/ day

1200 kcal/ day

3500 kcal/ day

2000 kcal/ day

4500 kcal/ day

35. Recommended dose of vitamin C during pregnancy is:

80 mg

50 mg

100 mg

120 mg

150 mg

36. Daily necessity of free fluid for pregnant is:

1.0-2.0 l
0.5-1.0 l
2,0-2,5 l
2,5-3,0 l
3,0-3,5 l

Literature

Main:

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Additional:

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