3.5-year-old child has symmetrical face, the middle part is predominant in proportions, swallowing is infantile, breathing is nasal. In the oral cavity the dentition corresponds with the age norms, the sagittal fissure is 3 mm, every tooth in the lateral part has its antagonist, the lower teeth touch the hard palate. Miogymnastics with Dassa orbicularis oris activator is recommended. What function is normalized by this apparatus in the given case?
Lips closure
Chewing
Breathing
Speech
Swallowing

Parents of an 8-year-old child have made and appointment with an orthodontist. There are complaints of their child having trauma of oral mucosa. Objectively: decreased height of the face lower part, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisors fully cover the lower ones; cutting surface of the lower incisors make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification.
Deep traumatic overbite
Deep incisor overbite
Deep prognatic (roof-shaped) occlusion
Deep neutral occlusion
–

An 18-year-old patient with complaint of large diastem has made an appointment with prosthodontics specialist. Objectively: there is full lateral displacement of central incisors due to absence of the 12^{th} and 22^{nd} teeth. What instrument is the most advisable for moving the central incisors closer together?
Korkhaus appliance
Kalvelis appliance
Simple cotton ligature
Vasylenko appliance
Begg appliance

Parents of an 8-year-old girl are concerned that she is chewing food too slowly. Objectively: it is a period of transitional dentition. The first permanent molars has neutral relationship; sagittal fissure is 2 mm wide. The upper front teeth cover the lower ones by 2/3. Name the pathology.
Deeping of incisor overbite
Tooth –alveolar lengthening of the front teeth
Widening of the sagittal fissure
Tooth-alveolar shortening of the lateral teeth
Decrease of the lower face height

A 14-year-old girl complains of indistinct pronunciation that developed at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation didn`t reveal cleft palate. Uvula doesn`t move during pronunciation of sounds, its palpation does not cause gag reflex. What is the reason for indistinct pronunciation of sounds?
Paresis of the soft palate and uvula muscles
Hypertrophy of lingual tonsil
Deformation of the bite
Palatal slit
Adenoid vegetations

An 11-year-old girl complains of a cosmetic defect: the placement of the 23rd tooth is incorrect. Objectively: the face is symmetrical. The 24th tooth has buccal placement above the occlusion area. The space between the 22nd and 24th is 3mm. What additional examination is required?
All of the methods named below
Measuring the length of the dentition
Korkhaus analysis
X-ray examination
Pont analysis

What measurements are necessary to determine the width of dental arch according to the Pont`s method of analysis?
Crown width of four upper central incisors
Crown width of upper central incisors and the first premolars
Crown width of upper central incisors
Size of dentition frontal segment
Crown width of six upper front teeth

During examination of the 11-year-old child`s oral cavity the 23rd tooth vestibular position was detected. Correlation of the 16th and 46th is Angle class I, and 26th and 36th is Angle class II. The width of the 23rd crown is 8 mm. The dentition lacks 4 mm to place the 23rd properly. Front teeth occlusion is normal. Choose the optimal treatment approach.
Move the upper lateral teeth on the right side in distal direction, than move the canine into the correct place
Extract the canine; move the 24th and 25th teeth to replace the 23rd
Widen the upper and lower dentition, and move the canine into the correct place
Extract the first premolar, and move the canine into the correct place
Widen the upper dentition, and move the canine into the correct place

A 16-year-old female patient complains of a deformation and restricted mouth opening since birth. Objectively: the face is symmetrical, disproportionate,

there is a bird-like face symptom. The mouth opens up to 1 cm. The patient has an occlusal abnormality, namely deep incisal overbite. What pathology is found in this patient?
Micrognathia with congenital ankylosis
Mandibular protraction
Micrognathia with acquired ankylosis
Maxillary protraction
Prognathism

Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?
Anterior bite
Deep overbite
Prognathic bite
Open bite
Cross bite

A child is 13 years old. The third upper tooth is fully cut, but situated slightly above the occlusion surface. What kind of abnormal placement is it?
Supraversion
Oral
Infraversion
Vestibular
Torsoversion

A 9-year-old child has a symmetrical maxillary diastema with crown divergence. The relationship of the lateral teeth is neutral. In the anterior segment the depth of incisal overbite is 1/3 of the crown height. What appliance can be used for simultaneous treatment of diastema and crown divergence?
Maxillary plate with spring arms
Maxillary plate with protraction springs
Bracket system with Andrew`s straight-wire
Maxillary plate with vestibular arch
Standard edgewise technique

In a 7-year-old child the right mandibular molars overlap the maxillary molars, there are no other occlusion abnormalities. Size and shape of the lower dental arch are normal. Specify the appliance for the treatment of this abnormality:
Upper-jaw appliance with a sector expansion screw
Upper-jaw appliance with a middle expansion screw
Upper-jaw appliance with a right guide plane
Angle`s coil spring
Upper-jaw appliance with a left guide plane

An 11-year-old boy had been diagnosed with a 6 mm wide diastema of type 2 (by Khoroshilkina F.I. classification). To normalize the incisor position, the Korkhaus appliance was used. What kind of movement is facilitated by this appliance?
Bodily movement
Torque
Rotation
Intrusion
Extrusion

Clinical examination of a 10-year-old girl`s oral cavity revealed an 11 mm gap in a sagittal plane, the contact of the lateral maxillary teeth with the front mandibular teeth, mesiobuccal cusps of the 16 and 26 tooth located on the cusps of the 35 and 45 tooth. What additional examination method will allow to make a definitive diagnosis and specify clinical form of malocclusion?
Profile teleroentgenography
Anthropometric measuring of jaw models
Determining morphological facial index
Clinical functional test
Orthopantomography

A child is 11 years old. Examination of the oral cavity revealed that the front maxillary teeth completely overlap the mandibular ones. Lateral teeth in the sagittal and transversal planes have a normal contact. The child has been diagnosed with a deep overbite. This abnormality is typically accompanied by the dysfunction of:
Chewing, biting off
Swallowing, biting off
Speech, chewing
Biting off, breathing
Breathing, swallowing

Examination of a 12-year-old child revealed a significant increase in the size of the jaws, presence of gaps between the teeth, tongue enlargement, disproportionate skeletal growth. This pathology has been caused by the dysfunction of the following gland:
Pituitary
Sex
Thyroid
Pancreas
Parathyroid

Preventive examination a 6-year-old child revealed that the child had deciduous dentition, direct incisor contact in the frontal segment, no gaps between teeth;

contact of homonymous canines and molars; abrasion of masticatory tubercles of the molars. The child`s condition corresponds with the following period:
Physiological wear of deciduous dentition
Stable deciduous dentition
Mixed dentition
Exfoliation
Development of deciduous dentition

Examination of a 7-year-old child revealed that all temporary maxillary molars were extracted. Mandibular incisors were in contact with the palatal mucosa. What is the optimal doctor`s tactics?
Fabrication of a removable laminar claspless denture for the maxillary teeth restoration
Check-ups once a year until the eruption of permanent teeth
Fabrication of a removable denture with clasp fixation for the maxillary teeth restoration
Check-ups every six months until the eruption of permanent teeth
Fabrication of an orthodontic device for the treatment of deep overbite

Parents of a 5-year-old child consulted an orthodontist about mispronunciation of sounds by the child. Objectively: the child`s face is unremarkable. The patient has deciduous dentition. There are 1-1.5 mm gaps in the frontal segment from 53 to 63. Occlusion in the sagittal and transversal planes is normal. What type of Frankel`s functional regulator is used to treat the above –described malocclusion?
Type IV
Type III
Type I
Type II

Parents of a 10-year-old boy consulted an orthodontist about misalignment of the 21 tooth. Objectively: the 21 tooth is in a vestibular position, there is enough space for it in the dental arch. What additional methods of examination should be applied to specify the treatment plan?
X-ray
Masticaciography
Pont`s index measuring
Paralleling
Korkhaus index measuring

A patient is 12 years old. He has been undergoing orthodontic treatment for pseudo prognathism with Angle`s fixed appliance for 10 month. What is the optimal duration of the retentive period?
6 months
12 months

3 months
20 months
10 months

A 7,5–year-old child has square dental arches of both jaws, the relationship between the canines and the first permanent molars corresponds with Angle`s class I. Specify the dental anomaly according to Kalvelis classification:
Anomaly of dental arch development
Malocclusion
Anomaly of the dental arch shape
Anomalies of jaw size
Anomalies of individual teeth

A 13–year-old child has been taken to an orthodontist. Objectively: the child has permanent dentition. The 13 tooth with mesio-distal dimensions of 8.9 mm erupted vestibularly outside the dental arch, the interval between the 14 and 12 tooth is 9.2 mm. Select a rational plan of treatment:
Expansion of the dental arch and moving the 13 tooth
Extraction of the 14 tooth, moving the 13 tooth in the distal direction into the dental arch
Finger massage of the 13 tooth
Extraction of the 13 tooth
Moving the 13 tooth into its proper place in the dental arch

Parents of a 6,5–year-old boy consulted an orthodontist about no contact between the front teeth. The child has a bad habit of sucking his tongue. Objectively: there is a symptom of multiple pits in his chin when the lips are closed, speech disturbance, between the front teeth there is a vertical gap up to 8 mm. Specify the occlusion anomaly:
Overbite
Mesial bite
Distal bite
Cross bite
Open bite

During examination of a 5–year-old child the orthodontist revealed no wear of teeth, no trem and diastem, orthogenic occlusion. Which of the following symptoms in a 5–year-old child is a sign of future teeth overcrowding?
Absence of diasthem and trem
Absence of mesial step in the region of second temporary molars
Absence of wear of teeth
Orthogenic occlusion
Orthognathic bite

Examination of a 5–year-old child revealed reverse overlap of the incisors and canines. What is the most effective way of abnormal bite prevention at this age?
Treatment with an orthodontic appliance
Vestibular plate
Myogymnastics
Selective grinding of milk teeth tubercles
Tongue frenulum plasty

Parents of a 6–year-old girl consulted an orthodontist about protrusion of the lower jaw. The child looks like his father. Objectively: the child has primary bite, there are diastema and trema on both jaws, reverse incisal overlap of front teeth, the sagittal gap is up to 3mm, the lateral parts are characterized by mesio-occlusion. Ilyina-Markosyan test for the distal displacement of mandible is negative. What principle of treatment will be most effective?
To stimulate the growth of maxilla in sagittal direction
To start orthodontic treatment after the second dentition is completed
To delay the growth of mandible in sagittal direction
No to start treatment until the end of transitional dentition
The treatment is not required

Preventive examination of a 5–year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?
Cross bite
Deep overbite
Open bite
Prognathic bite
Anterior bite

Floating obturators (Case`s, Chasovskaya`s etc.) for the defects in the hard and soft palate are fabricated according to impressions obtained by means of S-shaped spatula. Which impression material is used in this case?
Plaster
Dentafol
Orthocor
Stomalgin
Stens

A patronage nurse visited a newborn baby. Examination revealed the shortened lower part of the face, the backward-sloping chin, missing teeth, the retroposed lower jaw. What is the number of dental follicles in each jaw of a newborn baby?
16
14
18
12

10

A 7–year-old child has protruding chin, the lower lip overlaps the upper one. There are diastema and trema between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angle`s class III relation, sagittal gap is 3mm. The correct doctor`s tactics will be to:
Use Bruckl`s appliance
Use Angle`s apparatus
Use Bynin appliance
Use Schwartz appliance
Recommend a complex of myogymnastic exercises

Preventive examination of a 5–year-old child revealed half-open mouth, difficult closing of lips, primary occlusion, 4 mm sagittal gap, homonymous canines and second molars. The upper dental arch is V-shaped, the lower one is trapezoid. Both dental arches in primary occlusion should have the following shape:
Semicircle
Quadrangle
Triangle
Semiellipse
Parabola

An 8–year-old boy complains of improper arrangement of teeth. Examination at an orthodontic clinic revealed broad, tight, low-attached upper lip frenulum. Broad frenulum and its low attachment may cause:
Diastema
Narrowing of the upper dentition
Protrusion of the upper front teeth
Elongation of the upper dentition
Shortening of the upper dentition

A boy is 10 years old. His face is symmetric and proportional. He presents with mouth breath. Examination of the oral cavity revealed saddle-like shape of dental arches and high arched palate. Upper first molar relationship (Angle`s key to occlusion) remains intact. What is the most likely diagnosis?
Narrowing of dental arches
Distal occlusion
Widening of dental arches
Mesial occlusion
Elongation of dental arches

External examination of a 7–year-old child revealed: thickening of nose bridge, semi-open mouth, dry lips. Mouth corners are peeling. Anamnesis data: the

child sleeps with open mouth. Examination of oral cavity revealed no changes. What dispensary group will this child fall into?
The second
The first
The fourth
The third
–

An orthodontist monitors a 4–year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?
Standard Schonherr`s vestibular screen
Rudolph`s appliance
Vestibular and oral Kraus` screen
Andresen-Haupl activator
Frankel`s function regulator

A12–year-old patient complains about an aesthetic defect. Objectively: the lower third of face is shortened, upper frontal teeth overbite the lower teeth by 3/3 of height, exhibit oral inclination, lateral parts all along exhibit cusp-to-cusp relationship between the antagonists; Angle`s class II malocclusion (joining of the upper permanent molars) is also present, malocclusion is observed in the following planes:
In sagittal and vertical
In vertical
In transversal
In sagittal
In transversal and vertical

A 9-year-old boy presents with face asymmetry due to the chin displacement to the left. When the third Il`ina-Marcosian diagnostic test is performed, face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?
Habitual displacement of mandible
Ankylosis of the temporomandubular joint
Bilateral narrowing of the maxillary dental arch
Unilateral hypoplasia of mandible
Unilateral narrowing of the maxillary dental arch

Intraoral examination of a 5-year-old boy revealed primary occlusion, diastema and trema, worn tubercles and cutting surfaces of teeth. The distal surfaces of the second lower molars are anterior to the distal surfaces of the second upper molars. This stage of of primary occlusion is called:

Aging
Eruption
Stable occlusion
There is no correct answer
Formation

A 10-year-old girl complains of an aesthetic defect. She has a history of sucking her right thumb till the age of 7. Objectively: the height of the lower third of face is somewhat reduced. There is a 9mm gap in sagittal direction between the upper and lower incisors, Engle`s class 2. As a result of Eschler-Bittner test the girl`s face appears at first better, then worse. What clinical form of occlusal anomaly is most likely?
Maxillary macrognathia and mandibular micrognathia
Maxillary macrognathia
Maxillary prognathism with lateral compression
Mandibular retrognathia
Mandibular micrognathia

Analysis of a 10-year-old boy`s jaw models revealed that occlusal plane of the frontal maxillary teeth was of concave form, its lateral parts were convex. Form of the alveolar process also represents deformation of dental arches. The upper jaw is of saddle-like form with abrupt narrowing in the region of premolar teeth. What type of bite is it?
Open
Cross
Mesial
Deep
Distal

After a preventive orthodontic examination a 9-year-old child was diagnosed with mesial occlusion. The treatment of this pathology involves application of an apparatus with mechanic action. What working element is to be applied in the apparatus intended for the correction of this pathology?
Screw or spring
Screw and bite plate
Occlusal applications
Elastics and buccal shields
Inclined plane

A 17-year-old patient consulted an orthodontist about improper position of an upper canine. Objectively: permanent occlusion, class I Angle`s relationship of the first molars, the 13 tooth has vestibular position above the occlusion line, there is a 6.5 mm gap between the 14 and 12 teeth. What period of orthodontic treatment will reduce the time of lidase phonophoresis therapy?
Active period

Passive period
Petention period
Preparatory period
–

An orthodontist monitor a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?
Standard Schonherr`s vestibular screen
Frankel`s function regulator
Andresen-Haupl activator
Vestibular and oral Kraus`screen
Rudolph`s appliance

A 6.5-year-old child has a gap 2.5-3 mm large between frontal teeth from canine to canine. Relationship of the first permanent molars complies with Angle`s class I. Specify the severity degree of bite deformation:
I degree
III degree
II degree
V degree
IV degree

Parents of a 12-year-old child consulted an orthodontist about improper position of the child`s upper teeth. Objectively: the face is narrow, elongated; the developing occlusion is present (temporary second molars). The 13 and 23 teeth are located beyond the dental arch, they deviate to the lips above the occlusal plane, there is a 2.5 mm gap between the 12 and 14 teeth, and a 1.5 mm gap between the 22 and 24 ones, 45°rotation the 33 and 43 teeth is present. Choose the most rational method of treatment:
Extraction of the premolars and relocation of the canines
Expansion of dental arches in the region of canine apices
Compact osteotomy and expansion of dental arches
All the answers are wrong
Extraction of temporary premolars and expansion of dental arches

A 13-year-old girl has presented with gingival haemorrhage and mobility of the front teeth over the last month. Objectively: gingival mucosa around the lower incisors and canines is edematous, hyperemic, bleeds on touch. There is grade 1 tooth mobility, periodontal pockets are 3 mm deep. Orthopantomogram shows the resorption of interalveolar septa by 1/3 of their height. There is crowding of the lower front teeth. Hygiene index is 4.2. The patient has to consult the following specialist:

Orthodontist
Neuropathologist
Haematologist
Endocrinologist
Gastroenterologist

A child was born with schistasis of alveolar process, hard and soft palate. The optimal way to feed the child before the surgery will be through:
Obturator
Enteric feeding tube
Spoon
–
Baby bottle nipple

Preventive examination of a 5-year-old child reveales the infantile swallowing. The bad habit of thrusting the tongue between the teeth may cause the following complication:
Incomplite eruption of the front teeth
Narrowing of the upper dental arch
Narrowing of the lower dental arch
Broadenning of the upper dental arch
Broadenning of the lower dental arch

An 18-year-old patient presented to the orthopedic department with complaint of a large diastema. Objectively: bodily lateral movement of central incisors induced by the missing 12, 22 teeth. What is the optimal appliance for moving the central incisors together?
Korkhaus apparatus
Begg appliance
Vasilenko apparatus
Cotton apparatus
Kalvelis apparatus

An 8-year-old child is found to have convex facil profile, forced closing of lips, sagittal gap of 7 mm. Eschler-Bittner test produces some face improvement. This abnormality can be eliminated by means of Frankel type regulator. What is the mechanism of action of this device?
Normalization of labial, buccal, and lingual pressure as well as of mandible position
Normalization of upper front teeth position by means of vestibular bar
Normalization of mandible position and growth by means of intermandibular traction
Maxillary expansion by means of a screw
Inhibition of maxilla growth in the sagittal direction

External examination of a 9-year-old child revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?
Supraocclusion
Distal occlusion, complicated with deep bite
Mesial occlusion
Dentoalveolar mandibular lengthening
Dentoalveolar maxillary lengthening

Examination of a 9-year-old child revealed protrudent chin, the lower lip overlapping the upper lip. There is diastema between the lower incisors, the lower incisors overlap the upper ones by 2/3 of crown height. Sagittal fissure is 3 mm. Specify the treatment tactics:
Brueckl`s appliance
Myogymnastics complex
Bynin`s guard
Angle`s sliding appliance
Schwartz`guard

A child was born with body weight at a rate of 3200g and body length at a rate of 53 cm, 9 points on Apgar score. It was the first physiological delivery. What position of child`s mandible is usually observed after birth?
Physiological retrogenia
Central occlusion
Direct relation
Posterior occlusion
Physiological progenia

Preventive examination of a 6-year-old child revealed temporary teeth bite. Upper and lower dental arches are trapeziformed. Upper incisors overlap lower incisors more than by 2/3. Incisors and second molars are in the same relation. There is no space between frontal teeth. Upper dental arch is bigger than lower dental arch by the cheek tubercle size. Bite abnormality is observed in the following planes:
Sagittal and vertical
Sagittal and frankfurt
Sagittal and lateral
Sagittal and occlusal
Sagittal and nasal

The 12, 22 teeth of an 8-year-old child are missing. There is not enough space in dentition for them. X-ray picture shows no tooth germs. The 12 tooth of the

child`s father is missing and the 22 tooth is conoid. What is the reason for such pathological changes?
Hereditary adentia
Extraction of teeth
Rachitis
Caries
Trauma

Parents of a 4-year-old child complain about speech defect, namely lallation. Examination shows limited tongue movements, when the tongue is moved forward it turns down, the lower edge of tongue frenulum is positioned in front of the submandibular salivary ducts, the frenulum is thin and transparent. Specify the terms of operative intervention:
After making the diagnosis
After eruption of permanent molars
After complete development of maxillofacial bones
After formation of permanent occlusion
After eruption of permanent incisors

A 12-year-old patient was diagnosed with open bite and dentoalveolar elongation of lateral part of mandible. What construction of apparatus is required?
Upper jaw appliance with occlusal rest seats
Angle`s sliding face bow
Herbst appliance
Upper jaw appliance with a face bow
Extraoral face bow

A 5-year-old child was found to have missing upper molars. Lower incisors are in contact with the mucous membrane of palate. Specify the doctor`s tactics:
Fabricate a removable laminar denture
Fabricate an orthodontic appliance for the treatment of closed bite
Medical intervention is not needed
Examine the child every 6 months until the eruption of permanent teeth
Examine the child once a year until the eruption of permanent teeth

Parents of a 7-year-old child addressed a hospital with complaints of the child having no permanent teeth in the front area of the mandible. Anamnesis states that the first deciduous teeth erupted at the age of 11 months. Objective clinical examination revealed the following: appearance is without changes, milk occlusion; there are physiological diastemas and tremas; edge – to - edge incisor contact. What preliminary diagnosis can be made according to Kalvelis classification?
Retarded eruption
Hypoplasia]

Dystopia
Supernumerary tooth
Adentia

Parents of a 4-year-old child have made an appointment with an orthodontist for preventive examination of the child. In the oral cavity: scissor bite is observed in the front area in the place of incisor contact; distal surfaces of the second temporary molars are sitauted in one plane. Teeth in the dental arch are placed tightly, without intervals. Determine, what period of occlusion development is described:
Stability of temporary occlusion
Formation of temporary occlusion
Involution of temporary occlusion
Late stage of developing occlusion
Early stage of developing occlusion

A 22-year-old patient addressed an orthodontist with complaints of incorrect teeth placement on the upper jaw. The appearance is without changes. Occlusion is permanent. The first molar relation is of the 1st type according to Angle`s classification. Analysis of the control diagnostic models revealed the disturbance of the Andrews` second key of optimal occlusion of the 12 and 22 teeth. The patient suffers from:
Angulation of the maxillary teeth
Cusp-to-fissure contact between the first permanent maxillary and mandibular molars
Axial rotation of the teeth
Maxillary teeth contact
Spee curve concavity

A 14-year-old girl complains of indistinct pronunciation that showed up at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation did not reveal cleft palate. Uvula does not move during pronunciation of sounds, its palpation does not cause gag reflex. What is the cause of indistinct pronunciation of sounds?
Paresis of the soft palate and uvula muscles
Palatal slit
Deformation of the bite
Hypertrophy of lingual tonsil
Adenoid vegetations

A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastemas and tremas between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars

demonstrate Angle`s class III relation. Sagittal gap is 3 mm. The correct doctor`s tactics will be to:
Use Bruckl`s appliance
Use Schwartz appliance
Recommend a complex of myogymnastic exercises
Use Angle`s apparatus
Use Bynin appliance

A 2.5-year-old boy has been delivered to an oral surgery. The patient has the upper lip cleft into three fragments, the palate is whole. Specify the period when cheiloplasty should be performed:
6-10 months
20-24 months
3-5 months
15-19 months
12-14 months

What impression material is used to obtain impressions for making orthodontic appliances?
Ypeen
Orthocor
Stomaflex
Sielast
Repin

In the district dispensary center for children with cleft lip and palate a child was diagnosed with congenital incomplete cleft upper lip on the left with malformed cutaneo-cartilaginous portion of the nose. What dispensary group does the child belong to?
First
Fifth
Second
Fourth
Third

A mother of a newborn complains that the child cannot be breastfed. After objective examination the child was diagnosed with complete submucous cleft palate. What surgical procedure should be prescribed and when is the optimal time for such a surgery?
Cheiloplasty, 4-6 months
Uranostaphyloplasty, 6-7 months
Staphyloplasty, 10 years
Uranostaphyloplasty, 4-6 years
Uranoplasty, 1 year

An orthodontist has been addressed by parents of a 5-year-old child. The child has the 54 tooth extracted, all the other deciduous teeth are present. The doctor made a thin-wall crown for the 55 tooth with interdental wedge to the 53 tooth. What is the purpose of such treatment?
Prevention of dentition malformation
Restoration of masticatory efficiency
Acceleration of permanent tooth eruption
Aesthetical restoration
Deceleration of permanent tooth eruption

Preventive examination of the oral cavity of a 9.5-year-old child revealed bilateral cross bite without displacement of the lower jaw. What biometric method of dentition model investigation should be applied in this case?
Pont index
Gerlach index
Tonn index
Korkhaus index
Schwarz index

A boy is the 10 years old. He complains of sloped chin and impaired mastication. Anamnesis states formula feeding. Objectively: correlation of the 6^{th} teeth is of the Angles II class. Sagittal fissure is 7 mm. Eshler-Bittner test is positive. What is the most likely diagnosis?
Progenia, mandibular macrognatia
Prognathism, maxillary macrognatia
Prognathism, distal mandibular displasment
Retrusion of the lower jaw frontal area
Protrusion of the upper jaw frontal area

A 7 year-old child has protruding chin, the lower lip overlaps the upper one. There are diastema and tremata between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angles class III relation. Sagital gap is 3 mm. The correct treatment tactics would be to:
Use Bruckl's appliances
Use Angles slider appliance
Recommended a complex of myogymnastic exercises
Use Schwartz’s appliance
Use Bynin’s appliance

During preventive examination a 5-year-old child was found to have insufficient physiological attrition on tubercles of the deciduous canines. What treatment tactics should a doctor choose?
To shave off the retained canine tubercles
Medical examination once a month until the incisors are replaced

No medical intervention is necessary
Medical examination every 6 month until the canines are replaced
Medical examination every 6 month until the incisors are replaced

Parents of an 8-year-old child have made and appointment with an orthodontist. There are complaints of their child having traumas of oral mucosa. Objectively: decreased height of the lower face, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisor fully cover the lower ones; cutting surface of the lower incisor make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification:
Deep traumatic overbite
Deep incisor overbite
Deep prognatic (roof-shaped) occlusion
Deep neutral occlusion

Preventive examination of a 5 year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?
Anterior bite
Open bite
Deep overbite
Cross-bite
Prognathic bite

A 1-month-old child has problems with breastfeeding, insufficiently gains weight. On examination a doctor made the diagnosis of abnormal attachment of the tongue frenulum. What method of surgical treatment should be chosen in this case?
Transversal dissection of the frenulum
Limberg's relocation of triangular flaps
Lingual frenulectomy
Vestibuloplasty
Diffenbach's frenuloplasly

During examination of a 5 year-old child the orthodontist revealed no wear of teeth, no tremata and diastemata, orthogenic occlusion. Which of the following symptoms detected in the 5-year old child is a sign of future teeth overcrowding?
Absence of tremata and diastemata
Absence of mesial step in the region of second temporary molars
Orthognathic bite
Absence of wear of teeth
Orthogenic occlusion

A girl is 8 years old. She complains of impaired mastication. Objectively: on examination of the oral cavity the cutting edges of her lower incisors touch the palatine mucosa in the frontal area; the upper frontal teeth overlap with the lower ones by full height of their crowns. On the lower jaw the occlusal curve of the front teeth is markedly concave. Make the provisional diagnosis:
Deep bite
Open bite
True prognathism
Cross bite
False prognathism

A 5-year-old child has bad habit of sucking on his tongue. At the front area there is a small vertical fissure up to 2 mm in size. Neutral closure is observed in the lateral areas of the jaws. The child is diagnosed with open traumatic bite of the I degree. A vestibulobuccal shields was prescribed for treatment. What is the function of the appliance in the given case?
Treatment and prevention
Treatment
Prevention
Passive
Retention

An orthodontist has registered for regular check-ups a 3,5-year-old child, who has a bad habit of finger sucking and presents with infantile swallowing. On examination: milk occlusion, direct contact of incisors. What preventive appliance would be optimal in this case?
Schonherr's standard vestibular plate
Vestibule-buccal shield
Frankel's functional regulator
Janssen's bionator
Rudolf's plate with loops

A girl is 8 years old. She complains of impaired mastication. Objectively: on examination of the oral cavity the cutting edges of her lower incisors touch the palatine mucosa in the frontal area; the upper frontal teeth overlap with the lower ones by full height of their crowns. On the lower jaw the occlusal curve of the front teeth is markedly concave. Make the provisional diagnosis:
Deep overbite
Open bite
False prognathism
True prognathism
Cross bite

A boy is 10 years old. He complains of sloped chin and impaired mastication. Anamnesis states formula feeding. Objectively: corellation of the 6th teeth is of the

Angle's II class. Sagittal fissure is 7 mm. Eschler-Bittner test is positive. What is the most likely diagnosis?
Prognathism, distal mandibular displacement
Prognathism, maxillary macrognathia
Retrusion of the lower jaw frontal area
Progenia, mandibular macrognathia
Protrusion of the upper jaw frontal area

After adenotonsillectomia it is necessary to break the mouth breathing habit in a 4-year-old child. The orthodontist recommends application of an oral vestibular shield (Kerbitz' vestibular plate). Vestibular shield facilitates training of the following muscle:
Orbicular muscle
Temporal muscle
Masseter muscle
Lateral pterygoid muscle
Medial pterygoid muscle

What denture constructions should be chosen in the cases of multiple adentia during the initial period of occlusion change?
Removable partial denture
Dental bridge
Clasp-retained (bugel) removable partial denture
No denture is necessary
Removable complete denture

How often should the dentures be replaced in children during the period of milk occlusion according to Ilyina-Markosian?
Every 6-8 months
Every 8-10 months
Every 10-12 months
Every 12-16 months
Every 16 months

A child is 8 years old. There are complaints of congested upper incisors. Objectively: the first molars closure is of Angle's I class, frontal overbite is orthognathic. The 12 and 22 teeth erupt palatinally with space deficiency of 2/3 of the tooth crown. The 11 and 21 teeth are 10 mm each in cross-section. The child has inherited father's facial type with prognathism and macrodontia of the central incisors. Choose the preventive treatment, considering this hereditary pathology:
Hotz serial extraction to reduce the dental arch
Jaw expansion to provide the space for the 12 and 21 teeth
Massage of the 12 and 21 teeth area to stimulate their eruption
Extraction of the 12 and 21 teeth to reduce the dental arch

Shave off the approximal surfaces of the 11 and 21 to provide the space for the 12 and 22 teeth

A 5-year-old child has bad habit of sucking on his tongue. At the front area there is a small vertical fissure up to 2 mm in size. Neutral closure is observed in the lateral areas of the jaws. The child is diagnosed with open traumatic bite of the I degree. A vestibulo-buccal shield was prescribed for treatment. What is the function of the appliance in the given case?
Treatment and prevention
Prevention
Retention
Passive
Treatment

Parents of an 8-year-old child have made and appointment with an orthodontist. There are complaints of their child having traumas of oral mucosa. Objectively: decreased height of the lower face, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisors fully cover the lower ones; cutting surface of the lower incisors make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification:
Deep traumatic overbite
Deep incisor overbite
Deep neutral occlusion
Deep prognatic (roof-shaped) occlusion
–

Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?
Anterior bite
Prognathic bite
Open bite
Deep overbite
Cross-bite

A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastema and tremata between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angle's class III relation. Sagittal gap is 3 mm. The correct treatment tactics would be to:
Use Bruckl's appliance
Recommend a complex of myogymnastic exercises
Use Angle's slider appliance
Use Bynin's appliance

Use Schwartz's appliance

During preventive examination a 5-yearold child was determined to have insufficient physiological attrition of the cusps of the deciduous canines. What treatment tactics should the doctor choose?
To shave off the retained canine cusps
Medical examination once a month until the incisors are replaced
Medical examination every 6 months until the incisors are replaced
Medical examination every 6 months until the canines are replaced
No medical intervention is necessary

During examination of a 5-year-old child the orthodontist revealed no wear of teeth, no tremata and diastemata, orthogenic occlusion. Which of the following symptoms detected in the 5-year old child is a sign of future teeth overcrowding?
Absence of tremata and diastemata
Absence of wear of teeth
Orthogenic occlusion
Orthognathic bite
Absence of mesial step in the region of second temporary molars

Teeth 71 and 81 erupted in a 6-year-old child, the lower jaw is retrogenic, the palate is flat with pronounced cross-folds. Determine the condition of the oral cavity:
Physiologic
Pathologic
Abnormal
Subcompensated
Decompensated

A 2.5-year-old child is registered for regular check-ups with the orthodontist. The I stage of physiogical occlusion development corresponds with eruption of the following group of temporary teeth:
Temporary molars
Temporary central incisors
Temporary lateral incisors
Temporary canines
Front teeth

An orthodontist has been addressed by parents of a 5-year-old child. The child has the 54 tooth extracted, all the other deciduous teeth are present. The doctor made a thin-wall crown for the 55 tooth with interdental wedge to the 53 tooth. What is the purpose of such treatment?
Prevention of dentition malformation
Aesthetic restoration
Restoration of masticatory efficiency

Acceleration of permanent tooth eruption
Deceleration of permanent tooth eruption

During Eschler-Bittner test the profile of a 12-year-old girl with posterior occlusion has shown some improvement. Specify the condition that resulted in the development of posterior occlusion in this patient:
Mandibular underdevelopment
Maxillary overdevelopment
Mandibular underdevelopment and maxillary overdevelopment
Mandibular overdevelopment
Maxillary underdevelopment

Parents of an 8-year-old girl complain of their child having an aesthetic defect of her teeth. Objectively the patient's lower face is shortened. Her chin protrudes forwards and her upper lip is sunken. During teeth closure the deep underbite becomes apparent. Mesio-occlusion is observed in the lateral areas. Choose the apparatus optimal for the treatment:
Frankel functional regulator - 3
Frankel functional regulator - 2
Osadchy apparatus
Andresen-Haupl activator
Frankel functional regulator - 1

Parents of a 7-year-old child addressed a hospital with complaints of their child having no permanent teeth in the front area of the mandible. Anamnesis states that the first deciduous teeth erupted at the age of 11 months. Objective clinical examination revealed the following: appearance is without changes; milk occlusion; there are physiological diastema and tremata; edge-to-edge incisor contact. What preliminary diagnosis can be made according to Kalvelis classification?
Retarded eruption
Supernumerary tooth
Adentia
Dystopia
Hypoplasia

What appliance the orthodontist can use for the treatment of 11-year-old patient with distal occlusion and frontal part retrusion?
Frenkel s 2nd type
Frenkel s 1st type
Frenkel s 3rd type
Frenkel s 4 th type
Frenkel s 5th type

During examination of 11-year-old patient upper frontal teeth protrusion and diastema between them were revealed. What appliance for treatment of diastema can use:
Appliance with hand-shaped activator
Bruckl appliance
Frankels 3rd
Shwarts appliance
Vasylenko appliance

During examination of 18-year-old patient upper frontal teeth protrusion with diastema and sagital gap more than 5 mm were revealed. Relationship of first permanent molars is casp to casp. Frenulum of upper lip is shortened. What treatment is indicated in this case?
Combained treatment (orthodontic combined with surgical)
Surgical treatment
Myogimnastics treatment
Prophylactic appliances treatment
Physiotherapevtic treatment

In clinic to the orthodontist come parents with 9 year old child. During extraoral examination nasolabial sulcuses and supramental sulcus - deepened, the lower lip – “inside-out”, “double chin” and diminution of lower face part were revealed. During intraoral examination the closure of 1st permanent molars and canines – is 2nd class by Angles classification. The upper frontal teeth are inclined in the oral direction. What type of Frankel's appliance may be offered for the treatment?
The 2 nd type
The 3 rd type
The 1st type
The 4 th type
The 5 th type

Parents of 7-year-old patient come to the orthodontist for consultation. During clinical examination protrusion of frontal teeth in the upper jaw and distal position lower jaw (saggital gap – 6mm) were revealed. What method treatment is indicated in this case?
Complex treatment (myogymnastics and Frankel's 1st type appliance)
Myogimnastics
Osadchyis or Aisenberg appliances
Muellemans propulsor
Removable appliance with functionally directing action

Parents complain of cosmetic defect, disturbance of breathing and swallowing functions in their 7 year-old child. During intraoral examination prognatic occlusion complicated with open bite was revealed. What appliance may use for normalization of the breathing and swallowing functions?

Kraus appliance
Frankel's 3rd type
Blue preorthodontic trainer
Bynins gum shield
Appliance with hand-shaped activator

What type of Frankel's appliance may be offered for the treatment of distal occlusion combined with dental arches narrowing and frontal teeth protrusion?
The first type of Frankel's appliance
Blue preorthodontic trainer
The second type of Frankel's appliance
The third type of Frankel's appliance
The fifth type of Frankel's appliance

What type of appliances may be offered for the treatment of the distal occlusion complicated with deep overbite?
Muelleman's propulsor
Frankel's 1st type
Blue preorthodontic trainer
Kraus vestibular plane
Schochner's vestibular plane

A 9-year-old patient complains of cosmetic defect. During intraoral examination pathological distal occlusion with protrusion of frontal teeth was revealed. What appliance may be used for treatment?
Osadchyi's appliance
Frankel's 3rd type
Frankel's 2nd type
Myogimnastics
Bynins gum shield

Patient of 10-year-old complains of cosmetic defect. During intraoral examination undeveloped of lower jaw, overgrows of upper jaw and narrowing of both jaws were revealed. What appliance can be used for treatment?
Andresen- Houpl's appliance
Frankel's 3rd type
Craus vestibular plane
Blue preorthodontic trainer
Bynin's gum shield

In what period of occlusion mandible retrogeny is physiological?
in new-born period
stable temporary bite
early period of the mixed bite

later period of the mixed bite
there is no correct answer

What bad habits don't affect mesial bite formation:
putting fist under cheek during sleep
lower lip bitting
upper lip biting
mouth breathing
there is no correct answer

Progenic bite in Betelman' classification termed as:
mesial bite
distal bite
transversal bite
sagittal bite
there is no correct answer

The main facial features of the mesial bite:
all answers are correct
deep nose-labial folds
upper lip falls back relative to the lower one
straight or protruding chin
increased mandible angle

For the differential diagnostic of dentoalveolar and gnathic forms of mesial bite is used:
lateral cephalometry
direct cephalometry
occlusial radiography
contact intraoral radiography
orthopantomograms

Choose the main intraoral characteristics of mesial bite:
all answers are correct
the presence of a sagittal space
retrusion of the upper frontal teeth
mesial correlation of the canines
mesial correlation of the first permanent molars or second temporary molars

During clinical examination of orthodontics patient the lower incisors cover the upper 1/2 of the crown height. The upper canine is projected on the first lower temporary molar. There are spaces between the lower frontal teeth. Identify possible etiological factor of this disease:
parafunction of the tongue
biting the lower lip

thumb sucking
adenoidectomy
sleeping without pillow

Parents of 8 years child come to the orthodontist for consultation. They complain on aesthetic disorders on their child. The father has a similar clinical situation. The face is elongated by increasing the lower part, flattened upper lip, chin straight with smooth mental fold. Reverse incisor overlap by 1/2 the upper incisor. Canines and first permanent molars are in mesial relation. What is the main etiological agent in this clinical situation?
heredity
cheeks sucking
a nail-biting
artificial feeding
biting the lower lip

To the orthodontist come parents with a child of 8 years with complaints on aesthetic disorders. During clinical examination the face is elongated, the lower part of face is increased, upper lip is flattened, chin straight with smooth mental fold. Reverse incisor overlap by 1/2the upper incisor. Canines and first permanent molars are in mesial relation. What cause the lower third of the face increasing:
vertical growth of the mandible
horizontal growth of the mandible
neutral growth of the mandible
axial growth of the mandible
vertical growth of the maxilla

During clinical examination of the patient of 8 years old the state after lip and palate cleft plastic surgery was revealed. Objectively: middle part of face is flattened, the lower lip covers the upper. Diagnosis is progeny. The pathogenesis of progenic jaws relation is caused by:
delaying of the upper jaw growth in the sagittal direction after plastic surgery
development of mouth breathing
incorrect tongue articulation
changes in the chemical composition of saliva
no correct answer

During preventive examination of 4 years old child with mesial bite were determined: reverse incisal overlap ½ of the height of the crown, vestibular inclination of the lower incisors. The canines relation is neutral. Child sucks 4 fingers of the right hand during sleeping. What cause of malocclusion in this clinical situation?
fingers sucking
the habit of nail biting
heredity

artificial feeding
biting the lower lip

A new-born baby has a direct correlation of jaws. A child was born in time, healthy, is on the natural breastfeeding. What type of occlusion can develop in this case?
Mesial occlusion
Distal occlusion
Deep bite
Edge to edge bite
Open bite

Patient of 13 years old come to the orthodontist with complaints on impossible of food biting. Objectively: the lower incisors are located anteriory to the upper, with the presence of gaps. Mesial buccal tubercles of the first upper molar locates behind the intertubercular fissure of the lower first molar. What malocclusion takes place in this clinical situation?
Mesial occlusion
Deep bite
Crossbite
Open bite
Distal occlusion

Parents of 9-year-old girl come to the orthodontist with complaints on esthetics defect. Objectively: increasing of lower third part of face; nasolabial folds are deep; in the frontal area there is anterior crossbite, overjet is 4 mm; there are spaces between lower frontal teeth; relationship of posterior teeth - I Class by Angle. What diagnosis?
Unreal progenia
Protrusion of upper incisors
Joint progenia
Real progenia
Spaces on lower jaw

What preventive appliances are used for the training of circumoral muscle?
Dass' activator
Lips equilibrator
Brukl's appliance
vestibular shield
all answers are correct

What changes in the size of the upper jaw orthodontist can find during clinical examination of patient with mesial bite:
decreasing of the sagittal sizes
increasing of sagittal sizes

increasing of transversal sizes
decreasing of the transversal sizes
there is no correct answer

For treatment of mesial occlusion orthodontist used appliance of Brukl's. What of the following elements Brukl's appliance includes:
plastic frontal inclined bite plane
metal inclined bite plane
plastic lateral inclined bite plane
metal frontal bite plane
there is no correct answer

What method can be used for treatment of gnathic forms of malocclusion?
surgical and instrumental
prosthetic
instrumental
biological
biological and prosthetic

On visit to the orthodontist come parents with 8 year-old child. Objectively: the face is elongated by increasing the lower part, flattened upper lip, chin straight with smooth mental folds. Reverse incisor overlapping by 1/3 the upper incisor. Canines and first permanent molars are in mesial relation. The mother has a similar clinical situation. What design of the orthodontic appliance can use in this clinical case:
plate with lateral flat bite planes and three-dimensional screw on upper jaw
Bynin's kappa
Frenkel's Regulator type III
Katz plate
Brukl's appliance

During clinical examination of 8 year old patient reversed incisors contact and sagittal space was revealed. At the closing of the teeth in habitual occlusion the pressure of the tip of tongue on the lower frontal teeth is determined. The first permanent molars are in relation by III class of Angle. What should to do before treatment?
to change the tongue position
to appoint the ENT doctor advice
clinical supervision
oral cavity sanation
paediatrician consultation

During clinical examination of 5 year old child the mesial occlusion, absence of cusps abrasion and direct contact in frontal area was revealed. Define the tactics of treatment in this case:

milky teeth abrasion
myogymnastic
clinical supervision
sanitation of oral cavity
to recommend massage of the upper jaw

Parents of 7 year old child come to orthodontist. During clinical examination was determined the following: the face is oval, elongated with flattened upper and protruding lower lip, chin protrudes forward. The lower incisors cover the upper 1/3, sagittal gap is 4mm, missing upper lateral incisors, relation of first permanent molars are by III class of Angle. What type of appliance may be offered for treatment of this clinical situation?
Frankel's III
Frankel's I
Frankel's II
Frankel's IV
Kraus vestibular plane

Parents with a child of 5 year old come to the orthodontist for consultation. During clinical examination the lower frontal teeth cover the upper teeth on 1/3 of height, flattened upper lip, protruded lower lip, chin straight with smooth mental folds was revealed. What of the following myogimnastic exercises doctor should recommend for patient.
pulling the lower lip under the upper teeth and biting it
upper lip biting
licking of the vestibular surface of the upper incisors
"elephant" exercise
no correct answer

Parents of 8 year old child complain on cosmetic defect. During the intraoral examination mesial occlusion, insignificant overbite of 1,5 mm was revealed. What appliance may be used in this case?
Andresen- Houpl's appliance
Kraus vestibular plane
Blue preorthodontic trainer
The first type of Frankel's appliance
The fifth type of Frankel's appliance

A 9 year-old patient complains on cosmetic defect. During clinical examination the following was revealed: deep subnasal fold, the chin and upper lip protrude considerably, elongated of lower part of face. The lower teeth covered the upper ones. What type of Frankel's appliance may be offered in this case?
Frankel's III
Frankel's I
Frankel's II

Frankel's IV
Blue preorthodontic trainer

Parents of 5 year old girl complain that child has bad habits such as: mouth breathing, sucking of fingers and tongue. What appliance for prevention of bad habits doctor should recommend?
Hinz's plate
Kraus appliance
Frankel's 3rd type
Blue preorthodontic trainer
Dass vestibular plates

Parents of 13-year-old child appealed to a hospital with complaints on uneven teeth of the upper jaw. Objectively: the smoothed chin fold, evident of nasolabial folds, protruded of the chin, straight lower jaw angle, the upper frontal teeth are in inverse overbite (covered by lower ones more than 1/3), the mesiobuccal tubercle of the upper first molar comes on the distal-buccal tubercle of the lower first molar. What diagnosis?
Mesial occlusion
Distal occlusion
Palatine position of 21 and 12 teeth
Open bite
Deep overbite

Deep bite is pathology in a plane:
vertical
sagittal
horizontal
transversal
Frankfurt’

According to Angle’s classification deep bite is referred to?
I
II-2
II-1
III
III-1

According to WHO classification deep bite is referred to:
anomalies of the dental arches correlation
anomalies of jaw size
anomalies in the jaws location relative to the plane of the skull base
anomalies of the teeth
anomalies of the teeth size

The main risk factors of deep bite development are:
heredity, early removal of temporary or permanent molars, reduction of the mandibular branch, increasing of temporal muscles tone
early removal of temporary or permanent molars
reduction of the mandibular branch
increasing of temporal muscles tone
heredity

What morphological features can cause a deep bite?
dento-alveolar elongation in frontal areas or dento-alveolar shortening in lateral areas of jaws
dento-alveolar shortening in the frontal areas of the upper jaws
dento-alveolar elongation in the lateral areas of the jaws
dento-alveolar shortening in the frontal areas and dento-alveolar elongation in the lateral areas of the jaws
dento-alveolar shortening in the frontal areas of the lower jaws

A deep bite can be caused by such morphological features:
dento-alveolar elongation in frontal areas or dento-alveolar shortening in lateral areas of jaws
dento-alveolar shortening in the frontal areas of the upper jaws
dento-alveolar elongation in the lateral areas of the jaws
dento-alveolar shortening in the frontal areas and dento-alveolar elongation in the lateral areas of the jaws
dento-alveolar shortening in the frontal areas of the lower jaws

Analysis of a 11-year-old girl's jaw models revealed that occlusal plane of the frontal maxillary teeth was of concave form, its lateral parts were convex. Form of the alveolar process also represents deformation of dental arches. The upper jaw is of saddle-like form with abrupt narrowing in the region of premolar teeth. What type of bite is it?
deep
distal
open
mesial
cross

During clinical examination of 4- year-old child absence of the upper molars was revealed. Objectively: face is symmetrical, lower third of the face is decreased. The lower incisors are in contact with mucous membranes of palate. What malocclusions formed in child?
deep traumatic occlusion
deep bite
cross-bite
open bite

direct occlusion

Parents of 5 – year - old child complain on absence of lower lateral teeth, difficulty chewing of food. From anamnesis: milk molars on mandible were extracted two years ago. Objectively: temporary dentition, absence of 85, 84, 74, 75 teeth, lower third part of the face is shortened. What malocclusion can form in this clinical situation?
distal occlusion complicated with deep bite
open bite
cross bite
mesial bite
distal bite

During examination of 8-year-old child the extracted all temporary molars of the upper dental arch was found. Objectively: the lower incisors are in contact with oral mucous of the palate, crowns of 35, 34 and 44, 45 teeth are affected by caries. Upper frontal teeth covered lower frontal teeth more than 1/2 height of crowns. In anamnesis: milk molars on the upper jaw were extracted 3,5 years ago as a results of complications of caries. What is the reason for the formation of a deep bite?
Premature extraction of 54, 55, 64, 65 teeth
Premature extraction of 85, 84, 75, 74 teeth
All answers are correct
Hereditary factor
Carious lesions of 34, 35, 44, 45 teeth

Parents of 5-year-old child complain on aesthetic defect. During extraoral examination the reduced of lower third part of face was revealed. Intraoral: 55, 54, 64, 65, 64, 74 and 84 teeth are missed. In anamnesis: milk molars were extracted 2 years ago as a result of complications of caries. What types of malocclusion can cause premature extraction of milk molars on the upper and lower jaws?
formation of deep bite
formation of open bite
formation of mesial bite
formation of distal occlusion
formation of cross bite

During clinical examination of a 10-year-old girl revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?
supraocclusion, deep traumatic bite
dento-alveolar maxillary lengthening
distal occlusion, deep bite
dento-alveolar mandibular lengthening

mesial occlusion

The goals of treatment of different forms of deep bite are?
correction of shape and size of dental arches, bite height correction, degree of the overlap, normalization of the function of masticatory muscles and TMJ, correction of shape and size of dental arches
bite height correction
degree of the overlap
normalization of the function of masticatory muscles and TMJ
correction of shape and size of dental arches

A 9 year-old boy complains of bad chewing of food. In anamnesis 3 years ago was extracted all milk molars in the mandible. Objectively: the lower third of the face is shortened, face is asymmetrical, chin is retruded. Intraorally: upper frontal teeth covered lower frontal teeth more than ½ height of crowns. Choose the correct appliance for the treatment of deep bite during the change of teeth?
Andresen-Haupl's activator
blue preorthodontic trainer
Frenkel's appliance
Hinz's plate
Schwarz' gum shields

During clinical examination of a 5 year-old boy the deep bite was revealed. Orthodontist recommended mio gymnastic exercises. What exercise will be train muscles- elevators of the lower jaw?
the lower jaw slowly move forward to the incisal overlap
click the tongue
count with the tongue teeth without opening the jaws
there is no correct answer
play on the wind instruments, sing

What is the tactics in treating deep bite in period of temporary occlusion?
oral cavity sanitation, hard food chewing, bad habits elimination, functional appliances
bad habits elimination, mechanically acting devices
does not require treatment at this stage
oral cavity sanitation , soft food function devices
oral cavity sanitation, soft food, mechanically acting devices

Parents with 9 year-old child come to the orthodontist. During clinical examination the deep bite combined with mesial occlusion was revealed. What appliance for the treatment of mesial deep bite can be used?
Brukle's appliance
appliance with loops Rudolph
vestibular shield

physiotherapevtic treatment
miotrainer

Parents of 8 year-old girl come to the orthodontist with complaints on aesthetic defect. During the intraoral examination the deep bite complicated with distal occlusion, combined with upper frontal teeth retrusion was revealed. The lower dental arch is shortened. What appliance for the treatment of distal occlusion can be used?
Frenkels II
Bruckls appliance
Frenkels I
Frenkels III
Persin appliance

To the orthodontist on visit come parents of a 9 year-old child with complaints of aesthetic defect. During intraoral examination was revealed: deep bite complicated with distal occlusion, combined with upper frontal teeth protrusion, lower incisors not infrequently injure the mucous tunic of the palate. What appliance for treatment of distal occlusion can be used?
Frankel's I
Frankel's II
Frankel's III
Hinz's plane
Brukle's

What facial signs are characteristic of deep bite?
Lower part of face enlargement, suptamental sulcus deepening
Lower part of face diminution, suptamental sulcus deepening
Lower part of face enlargement, chin protrusion
Middle part of face diminution, smoothed nasolabial folds
There are no facial signs

What appliances are used for deep bite treatment in the period of transitional occlusion?
All correct answers
Twin Blocks by Clark
Andresen-Haupl's activator
Schwarz' appliances with biting platform
Balters' bionator

What appliances are used for deep bite treatment in the period of permanent occlusion?
Bracket system
Frankel's functional regulator of the 2^{nd} type
Muelleman's propulsor

Bruckl's appliance
Hinz' plates

Deep bite treatment is the most effective in the period of:
All correct answers
Eruption the 1st permanent premolars
Temporary incisors replacement on permanent ones
Eruption of the 1st and 2nd permanent molars
Eruption of permanent teeth

The main tasks of deep bite treatment are:
All correct answers
Normalization of lower jaw growth and position
Elimination of reasons hampering the dentoalveolar lengthening in the region of lateral teeth; obstruction of dentoalveolar lengthening in the region of frontal teeth
Correction of individual teeth and their groups position, dental arches form; correlation between dental arches
Dentoalveolar shortening in the frontal part predominantly of the lower dental arch; dentoalveolar lengthening in the lateral parts of the upper and lower dental arches

What facial signs characterize frontal open bite?
Increasing of a lower face part, smoothed of supramental and nasolabial sulcuses
Increasing of a lower face part, deeping of nasolabial sulcusee
Increasing of a lower face part, chin protrusion, deeping of nasolabial sulcus
Diminution of middle face part, Smoothed of supramental and nasolabial sulcuses
There are not facial signs

What intraoral signs characterize open bite?
The absence of contacts between lower and upper teeth
Upper frontal teeth cover the lower ones by more than 1/3
The absence of cutting-tubercular contact of frontal teeth
Dental arches flattening
All correct answers

Indicate intraoral sings of a frontal open bite:
Mesial-buccal tubercles of the upper 1st molar teeth located in the intertubercular fissure of the lower 1st molar teeth
Upper jaw protrusion and lower jaw distal position
Mesial buccal tubercle of the upper 1st molar teeth is in front the intertubercular fissure of the lower 1st molar teeth
Upper frontal teeth cover the lower ones by more than 1/3

What changes of face proportions characterize open bite?
Increasing of lower face part

Diminution of lower face part
Diminution of middle face part
Proportions do not change
Increasing of middle face part

What etiological factors form open bite?
All correct answers
Pernicious habits
Heredity, infancy diseases
Carious or noncarious affection of teeth tat resulted premature loss of teeth
Macroglossia

What is the first form of open bite according to Z. Vasylevskaya classification?
All frontal teeth or a part of frontal teeth do not articulate
Frontal teeth and premolars do not articulate
Frontal teeth, premolars and the 1st molars do not articulate
Only molars articulate
Only frontal teeth articulate

What vertical fissure(gap) characterizes the 2nd degree of open bite by F. Khoroshilkina?
5-9 mm
Less than 2 mm
Less than 5 mm
More than 9 mm
More than 12 mm

According to WHO classification open bite is referred to:
Anomalies of dental arches correlation
Anomalies of jaws sizes
Anomalies of jaws position relative to the cranium base
Anomalies of teeth positions
Anomalies of occlusion

Who described two variants of open bite (rachitic) and traumatic (caused by pernicious habits)?
Kalvelis
Angle
Khoroshilkina
Ilyna-Markosian
Betelman

What is the tactic of treatment of open bite in the period of early temporary occlusion?

Oral cavity sanitation, hard food, pernicious habits elimination, myogymnastics and passive functionally acting orthodontic appliances
Oral cavity sanatation, soft food, fixed appliances of mechanical action
Oral cavity sanatation, soft food, bracket system
Pernicious habits elimination, removable orthodontic appliances of mechanical action
Does not require treatment at this stage

What appliances are to be used fr frontal open bite treatment in the period of transitional occlusion?
Schwarz' appliances on the upper jaw with occlusive side plates in the region f lateral teeth
Schwarz' appliances on the upper jaw with inclined plane
Schwarz' appliances on the upper jaw with biting platform in the region of frontal teeth
Katz' crown
Schwarz' gum shield

What appliances are to be used for open bite treatment in the period of permanent occlusion?
Bracket system
Frankel's functional regulator of the 4th type
Muelleman's propulsor
Hinz' plates

A 12-year-old female patient was diagnosed with open bite and dentoalveolar elongation of lateral part of mandible. What construction of appliance is required?
upper jaw appliance with occlusal biting plane
extraoral face bow
Angle's sliding face bow
Herbst appliance
upper jaw appliance with a face bow

Parents of a 3-year- old child come to the orthodontist with complain of vertical gap between the central incisors, during speaking a tongue is placed between the tooth rows, during swallowing is a symptom of "lemon peel". What preventive measures should be to avoid progression of disease?
plastic frenulum of the tongue
appointment of appliance treatment
plastic frenulum of the upper lip
myogimnastic, sessions with a speech therapist
myogimnastic

Parents of 8-year-old child come to a hospital with complaints of aesthetic defect. Objectively: smoothed nasolabial and chin folds, lips not closed in the quiescence

(elongated lower part of face). During the intraoral examination you can see vertical gap between teeth and dental arches closure which appeared as a result of pernicious habits of sucking fingers and tongue. With the help of what appliances you can wean a child from bad habits?
preortodontic trainer
RF- I
Angel's alliances
bracket system
appliances with Rudolph loops

Parents of a 5-year-old child complain on deformation of the face. During extraoral examination smoothing of the nasolabial and a chin folds, closing of lips with stress was revealed. Type of swallowing is infantile. What is your recommendation in this case?
normalization of function and use individual Kraus appliances
Andersen- Houpl
Balter's alliances
FR I
FR II

Parents of a 5 year-old girl complain on aesthetic defect. During intraoral examination the open bite was revealed. What type of the myogymnastics exercises is recommended for the treatment of open bite at this age?
for orbicular muscle of the mouth
for muscle of chin
only for chewing muscles
for zygotic muscle
for the tongue muscle

Patient of 12 years come on visit to orthodontist. After clinical examination the doctor to diagnose - open bite, dento-alveolar elongation of the lateral area of the mandible. Select the required design of the appliance for treatment?
appliance on the upper jaw with occlusal biting plane
external facial bow
sliding arch by Angle
Herbst appliance
appliance on the upper jaw with facial bow

On consultation to the orthodontist come parents of 5 year old girl with complaints about the lack of occlusion in the anterior part. From anamnesis: child long time used nipples. During clinical examination harmful habit – sucking of tongue and infantile type of swallowing was revealed. Objectively: temporary occlusion, tremas and diastema on both jaws, vertical gap between incisors and canines to 5 mm. was determined. Diagnosis: traumatic open bite. What is the most optimal orthodontic appliance for treatment?

appliance with a focus for tongue
appliance with inclined plane
appliance for the upper jaw with occlusal pads in the posterior teeth
cap and crowns with hooks for vertical thrust
appliance for the upper jaw with a Kofin spring

What etiological factors form cross bite?
All correct answers
Irrational prosthetics
TMG diseases
Carious and noncaries affection of teeth, premature loss of temporary teeth
Violation of eruption process on one side (retention, violation of eruption sequence)}

Who classified the cross bite into buccal, lingual and combined cross bite?
Havrylov and Uzhumetskene
Reeykhenbakh and Korkgaus
Kalvelis
Ilyina-Markosian
Angle}

According to WHO classification, the cross bite is referred to the following dental arches correlation anomalies:
Excessive covering occlusion
Excessive overbite and excessive covering occlusion
Lingual occlusion of lower lateral teeth
Posterior occlusion
Lateral teeth cross bite and lingual occlusion of lower lateral teeth}

What facial signs characterize buccal cross bite with lower jaw displacement?
Face asymmetry is observed, conditioned by the lateral displacement f the chin relative to the median-sagittal plane; the left and right profiles are differentiated by the form
Face asymmetry is possible without the displacement of the chin midpoint, which is detected by the ration to the median plane
Diminution of lower face part, deepening of supramental sulcus, nasolabial sulcus may be smoothed
Diminution of a middle face part, smoothed f nasolabial and supramental sulcuses
There are no facial signs}

Indicate pernicious habits that can lead to cross bite development:
All correct answers
Supporting a cheek with a hand
Sucking and biting of fingers and different objects
Sucking and biting of tongue on one side

Sucking and biting of cheek on one side}

What is the tactic of cross bite treatment in the period of early temporary occlusion?
Oral cavity sanation, hard food, pernicious habits elimination, myogymnastics, brasive polishing of indelible tubercles of temporary canines and molars, cap with a head-chin strap and extraoral pull with the help of a stronger pull on the side opposite to the displacement
Oral cavity sanation, soft food, pernicious habits elimination, myogymnastics, and fixed orthodontic appliances of mechanical action
Oral cavity sanation, soft food, pernicious habits elimination, myogymnastics, and bracket system
Pernicious habits elimination, myogymnastics, and fixed orthodontic appliances of mechanical action
Does not require treatment at this stage}

What appliances are used to treat cross bite in the period of permanent dentition?
Bracket system
Hinz' appliances
Bruckl's appliances
Frankel's functional regulator
Muelleman's propulsor}

What appliances are used to treat unilateral buccal cross bite in the period of trasitional dentition?
S.Tril's appliances
Schonchner's plates
P.Flis-A.Tsyzh's appliances
Hinz' appliances
Appliances with screw and occlusive side plates on lateral parts without imprints of opposing teeth mastication surface}

A 5 year old girl with cross bite was referred to an orthodontist. Objectively: there are diastemas and tremas between frontal teeth, temporary canines and molars have no signs of physiological abrasion. Central line between incisors does not match. What is the doctor's initial tactics?
Selective abrasive polishing of temporary canines and molars tubercles
Does not require treatment at this stage
Cap with a head-chin strap and extraoral pull, with the help of a stronger pull on the side opposite to the displacement
Myogymnastics
Hard food mastication on both sides of jaws}

The preventive examination of a 5-year-old boy revealed the carious affection of 54, 55 teeth, early loss of 84 tooth; pernicious habits (sucking and biting of tongue

and cheek on one side). Boy sleeps on one side usually. What changes of bite are possible?
Cross bite
Open bite
Deep bite
Distal occlusion
Mesial occlusion}

The patient is 7 year old. Orthodontic appliances or gum shields for the upper or lower jaw with the inclined plane in the lateral part are used to treat:
Cross bite
Open bite
Deep bite
Distal occlusion
Mesial occlusion}

The patient is 11 years old. Orthodontic appliances with a screw and occlusive side plates on lateral parts without the imprints of opposite teeth mastication surface, vestibular arch and clasps are used to treat:
Bilateral buccal and lingual cross bite
Unilateral lingual cross bite
Bilateral lingual cross bite
Bilateral and unilateral lingual cross bite
Bilateral buccal cross bite}

The patient is 14years old. Extraoral and intraoral signs: face configuration is violated; face asymmetry is observed, conditioned by the lateral displacement of the chin relative to the median-sagittal plane; the left and the right profiles are differentiated by the form; the median line between upper and lower central incisors does not coincide; buccal tubercles of upper lateral teeth may be located in longitudinal fissure on the mastication surface of lower lateral teeth. Indicate the diagnosis:
Buccal cross bite with lower jaw displacement
Buccal cross bite without lower jaw displacement
Unilateral lingual cross bite
Bilateral lingual cross bite
Palatine position of teeth}

Parents of the 7-year-old child complain of aesthetic defect of the lower frontal teeth of their sun. Data of the intraoral examination: the lower incisors have the spikes shape form. What is the most common cause of this anomaly?
Congenital factor
Improper feeding
Disturbances of teeth eruption

Pathology of the upper respiratory tract
Narrowing of the upper dental arch}

A 15-year-old girl complains of absence of the teeth 35, 45. Due to the anamnesis the child's father also doesn't have the teeth 35, 45. Data of X-ray: follicles of teeth 35, 45 are absent. Choose the correct diagnosis and etiology of this disease.
Hereditary adentia, hereditary factor
Secondary adentia, dental caries
Secondary adentia, trauma
Secondary adentia, periodontal tissues disease
Hereditary adentia, rickets}

Parents of the 9-year-old child complain of unnatural color of upper anterior teeth. Data of the intraoral examination: white spots with indistinct contours on the vestibular surface of the teeth 11 and 21. Determine to which pathology this anomaly is referred to:
Anomalies of hard tissues of teeth
Anomalies of the teeth position
Anomalies of teeth size
Anomalies of teeth eruption terms
Anomalies of number of teeth}

A 13-year-old girl referred to the orthodontist with complains of aesthetic defect. Data of the intraoral examination: extra teeth are present in the frontal area of the upper dental arch has. Clarify the diagnosis:
Supplemental teeth
Vestibular position of frontal teeth
Oral position of all teeth
Adentia of central incisors
All answers are correct}

Macrodontia refers to anomalies:
size of teeth
shape of teeth
position of teeth
structure of teeth
all answers are correct}

A 13-year-old patient complains of the wrong location of the 13 tooth. Objectively: all permanent teeth are present, the tooth 13 is above the occlusal plane. What anomaly does the tooth 13 have?
Supraocclusion
Infraocclusion
Tortoanomaly
Transposition
Vestibular position}

What investigation method is used to confirm the diagnosis "dental retention"?
X-ray diagnostics
Pont's method
Korkhaus method
Electromyography
Gnathodynamometry}

The 16-year-old patient was referred to the orthodontist with complain of the cosmetic defect. The space between the teeth 21 and 23 was found. X-ray examination revealed the presence of the tooth 22 in the alveolar bone. To what type of teeth anomalies this case can be referred?
Teeth eruption anomalies
Teeth size anomalies
Teeth form anomalies
Teeth structure anomalies
Teeth number anomalies}

The newborn's lower jaw is located distally from the upper jaw by:
14 mm
7 mm
20 mm
5 mm
19 mm}

To what class of Angle's classification is distal occlusion is referred to?
The 2nd class
The 3rd class
The 1st class
Teeth position anomalies
There is no right answer}

Parents of the 7-year-old child complain of aesthetic defect of the lower frontal teeth of their sun. Data of the intraoral examination: the lower incisors have the spikes shape form. What is the most common cause of this anomaly?
Congenital factor
Improper feeding

Disturbances of teeth eruption
Pathology of the upper respiratory tract
Narrowing of the upper dental arch}

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Secondary adentia, dental caries
Secondary adentia, trauma
Secondary adentia, periodontal tissues disease
Hereditary adentia, rickets}

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Anomalies of the teeth position
Anomalies of teeth size
Anomalies of teeth eruption terms
Anomalies of number of teeth}

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Vestibular position of frontal teeth
Oral position of all teeth
Adentia of central incisors
All answers are correct}

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size of teeth
shape of teeth
position of teeth
structure of teeth
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Supraocclusion
Infraocclusion
Tortoanomaly

Transposition
Vestibular position}

What investigation method is used to confirm the diagnosis "dental retention"?
X-ray diagnostics
Pont's method
Korkhaus method
Electromyography
Gnathodynamometry}

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Teeth eruption anomalies
Teeth size anomalies
Teeth form anomalies
Teeth structure anomalies
Teeth number anomalies}

The newborn's lower jaw is located distally from the upper jaw by:
14 mm
7 mm
20 mm
5 mm
19 mm}

To what class of Angle's classification distal occlusion is referred to?
The 2nd class
The 3rd class
The 1st class
Teeth position anomalies
There is no right answer}

Which classification presents a group of dental arches form anomalies:
D. A. Kalvelis
A. Y. Katz
A. I. Betelman
L. V. Illinoi-Markosian
L. P. Grigorieva}

What changes in dentition occur in transversal direction:
narrowing
intrusion
extension

dento-alveolar lengthening
dento-alveolar shortening}

Determine the anomaly of dentition in the sagittal direction:
shortening
narrowing, lengthening
expansion
dentoalveolar lengthening and shortening
narrowing}

Determine the dentition anomaly in the vertical direction:
dento-alveolar shortening and lengthening
shortening
narrowing
expansion
dento-alveolar increasing}

What can lead to the formation of an asymmetric narrowing of the dentition?
premature loss of temporary molars on one side
sucking tongue
lazy chewing
sucking thumb
infantile type of swallowing}

What kind of pathological forms may have dentition in children with shortened tongue frenulum?
flattened
V-shaped
asymmetric
triangular
saddle-shaped}

Which risk factors can cause symmetric narrowing of the dental arches?
lazy chewing, the mouth type of breathing
the mouth type of breathing
shortened tongue frenulum
thumb sucking
dysfunction of the swallowing, speech}

What dental anomalies we can treat using vestibular shields?
narrowing of the upper dental arc with the frontal teeth protrusion
deep bite
dysfunction of tongue
dysfunction of the swallowing, speech
vestibular location of canines}

Parents of the 7-year-old child complain that their child has mouth breathes during sleep and during the day. What kind of pathological dentitions form at the mouth type of breathing?
U-shaped
saddle-shaped
sharp-shaped
trapezoid
asymmetric}

Child is 5 years. Parents complain that child doesn't want to eat hard food, in diet predominated soft food. What kind of pathological forms may have a dentition in children with a lazy chewing?
general narrowing
saddle-shaped
sharp-shaped
trapezoid
asymmetric}

What reason leads to the expansion of the dental arch?
macroglossia
sucking tongue
thumb-sucking
the mouth type of breathing
microdontia}

Child is 9 years. In oral cavity is transition occlusion, the dental arches are elongated. During examination of child unilateral chewing and supernumerary teeth in frontal area was revealed. What etiological factors may contribute to the lengthening of the dental arches?
supernumerary teeth
adentia
unilateral chewing
impacted teeth
early loss of teeth}

Which leads to a shortening of the dental arches?
partial adentia, impacted teeth
the mouth type of breathing
thumb-sucking
incorrect tongue articulation
macrodentia}

For the treatment of asymmetrically narrowed dentition in the mixed dentition will need:

to deactivate the occlusion in the posterior teeth that are to be moved (from the pposite side to make lateral bite plane
asymmetric screw position
to make the frontal bite plane using protractive springs
to make lateral bite planes in lateral areas
there is no correct answer}

The patient is 8 years old. During examination of the oral cavity transition occlusion was revealed. The upper jaw is saddle-shaped form with narrowing in the region of premolars. Indicate active part of removable mechanical acting orthodontic appliances for the treatment;
Buccal shields and labial bandages
inclined planes
biting platforms
occlusive side plates
screws and Coffins loops}

The main characterization of the sagittal plane is:
sagittal gap, the correlation of the canines and first permanent molars second temporary molars)
the depth of incisal covering, the size of the gap
the coincidence of bases bridles upper and lower lip, the coincidence of the median line
lateral teeth correlation
frontal teeth correlation}

What diagnostic test used for diagnosis of distal occlusion?
Eschler- Bittnertes test
1st and 2nd Illyina- Markosian's tests
3rd and 4th Illyina- Markosian's tests
2nd Illyina- Markosian's tests
there is no correct answer}

For what period of occlusion mandible retrogeny is physiological:
newborn
stable temporary bite
involution of temporary bite
formation of temporary bite
there is no correct answer}

What bad habits affect distal bite formation?
thumb sucking, lower lip biting, mouth breathing
finger sucking
upper lip biting
mixed breathing

Chewing on one side}

The term "prognathic" corresponds to the symptom:
the presence of sagittal gap
the correlation of the canines
the correlation of the upper and lower frontal teeth in a vertical plane
the correlation of the first permanent molars (1st class by Engle)
neutral bite}

The main facial features of the distal bite:
smoothed nasolabial folds, a significant predominance of the upper lip over the lower, back chin position, profile is convexity
significant predominance of the upper lip over the lower
back chin position
increased angle of profile convexity
significant predominance of the lower lip over the upper}

What does mean the symptom of "Lemon peel"?
impairment of the lip clamping
large size of the teeth
tongue-tie
violation of respiratory function
poor hygiene of the skin}

Forming a sagittal gap may be due to:
changes in the inclination of the upper incisors vestibulary
changes of inclination of the lower incisors vestibulary
dentoalveolar shortening of the upper frontal teeth
dentoalveolar lengthening the lower frontal teeth
dentoalveolar widening upper jaw}

Child was born full-term with body weight at a rate of 3500 g and body length at a rate of 52 cm. It was the first physiological delivery. What position of child's mandible is usually observed after birth?
physiological retrogenia
physiological progenia
direct relation
deep overbite
open bite}

Parents of 9 year old girl complain about a cosmetic defect, inability to bite off food. The child suffers from mouse breathing. Objectively: occlusion is early mixed period. The upper jaw is narrowed, there is gothic palate. Frontal teeth have fan-shaped position. Sagittal gap is 9 mm. What is the most probable cause of dentoalveolar deformity?

pathology of upper airways
missing of Zaelinski symptom
bad habits
poor sanitation of oral cavity
gestational toxicosis}

A 13-year-old girl complains about an aesthetic defect. Objectively: the lower third of face is shortened, upper frontal teeth overbite the lower teeth more than 2/3 of height, oral inclination of frontal teeth, in lateral parts all along cusp-to-cusp relationship between the antagonists were revealed; By classification of Angle is II class of malocclusion. In what planes is observed malocclusion?
in transversal and vertical
in transversal
in sagittal and vertical
in vertical
in sagittal}

Parents of an 8 year old boy complain about a cosmetic defect, inability to bite off food. The child has mouse breathing as a result of adenoids. Objectively: chin skewness, mental fold is most evident. The lower lip is everted, superior central incisor lies on it, nasolabial fold is flattened. In the oral cavity: occlusion period is early exfoliation period. The upper jaw is narrowed, there is gothic palate. Frontal teeth have fan-shaped position. Sagittal fissure is 6 mm. In the lateral parts contact of homonymous teeth is present. What is the most probable cause of dentoalveolar deformity?
pathology of upper airways
missing of Tselinski ledge
endocrinal diseases
untimely sanitation of oral cavity
gestational toxicosis}

With the help of what diagnostic test is it possible to detect distal occlusion?
Eschler-Bittner's tests
Bimler's tests
Legan's tests
Majs tests
Frankel's tests}

The main facial features of the prognathic distal bite:
smoothed nasolabial folds, a significant predominance of the upper lip over the lower, back chin position, increased angle of profile convexity
significant predominance of the upper lip over the lower
back chin position
increased angle of profile convexity
smoothed nasolabial folds}

The oral inclination of the lower incisors occurs as a result of:
the pressure of the lower lip
the pressure of the tongue
the pressure of the upper lip
the pressure of the cheeks
the pressure of the maxillary sinus}

To the orthodontist visited by 16-year-old patient with complaints of aesthetic problems. On examination: the face oval, narrow; protruding upper lip; the occlusion of the permanent teeth; sagittal gap of 5 mm; the relation of first permanent molars the same name contact; there is crowding of the upper front teeth of III degree. The degree of upper front teeth crowding due to:
degree of dental arch narrowing
living conditions
oral hygiene
small vestibule of the mouth on the lower jaw
short frenulum of the tongue}

A 9-year-old boy complains of an aesthetic defect. He has a history of sucking his right thumb till the age of 7. Objectively: the height of the lower third of face is somewhat reduced. There is a 9 mm gap in sagittal direction between the upper and lower incisors, Angle's class 2. As a result of Eschler-Bittner test the boy's face appears at first better, then worse. What clinical form of occlusal anomaly is most likely?
maxillary macrognathia and mandibular micrognathia
maxillary macrognathia
mandibular micrognathia
maxillary prognathism with lateral compression
mandibular retrognathia}

Measuring of the diagnostic models with distal bite by Korkhaus’s method shows:
lengthening of the upper anterior segment and shortening of the lower dental arch anterior segment
narrowing in premolars and molars area
size discrepancy of the upper and lower teeth
expansion in premolars and molars area
expansion in canines area}

Changes in the size of the lower jaw of patients with distal bite:
decrease in the sagittal sizes
increased in the sagittal sizes
increase in transversal sizes
decrease in the vertical size
increase in the vertical size}

Changes in the size of the lower jaw of patients with distal bite:
decrease in the sagittal sizes
increased in the sagittal sizes
increase in transversal sizes
decrease in the vertical size
increase in the vertical size

Parents with a child 12 years appealed to the orthodontist with complaints of poor appearance. At objective examination: the lips close with stress, there is the symptom "thimble". Nasolabial folds are smoothed. Bite permanent teeth. In frontal area between the teeth of upper and lower jaw intervals of 1-1.5 mm, sagittal gap of 4 mm. The ratio of the canines and first permanent molars is class II by Angle's classification. Tongue-tied. Upper incisors overlapping lower of 2-3 mm. The smoothness of nasolabial folds formed as a result of:
formation of a convex facial profile
formation of the concave profile of the face
asymmetrical face
reduce the height of the bite
underdevelopment of the upper jaw}

Parents with a 12-year-old girl came to an orthodontist. The child has an open bite. Lateral cephalometry was carried out for differential diagnostics of the orthodontic pathology. What are the characteristic signs of the gnathic form of open bite?
deepening of the body of the mandible on its lower edge
dental alveolar height in the frontal area is less than normal
the angle of the lower jaw is increased
vestibular inclination of the incisors
100% angle of the lower jaw is reduced
100% thickening of the lower jaw in the frontal area

Parents with a 1,5-year-old child consulted with a pediatrician. The baby was on artificial feeding with poorly adapted mixture. In the oral cavity were erupted 4 incisors on the upper and 4 incisor on the lower jaws. In order to prevent rickets open bite, the doctor gave following recommendations:
prescribed the drug Vitamin D
daily walks on the street in the sun
prescribed an adapted mixture
liver consumption
bottle feeding
preorthodontic trainer

The girl is 4 years old. The mother complaints of a cosmetic defect - a space between the frontal teeth of the upper and lower jaws. Objectively: the face is symmetrical, disproportionate due to the elongation of the lower third of the face.

The nasolabial folds are smoothed. In the oral cavity - a vertical space is 4 mm. It is noted that during swallowing the child puts his tongue between the upper and lower frontal teeth. Indicate the most probable causes of this pathology.
Laying the tongue between the teeth.
Infantile type of swallowing.
Mouth breathing
Lips sucking
Biting the upper lip
Biting of the lower lip

Parents with a 3-year-old girl turned to an orthodontist. Objectively: the child lisps, lips are not closed, when swallowing a symptom of "lemon peel" is revealed. In the oral cavity is determined the vertical space of 3 mm between the incisors, when talking the tongue is located between the dental arches,. What preventive measures should be prescribed to the child to avoid the progression of the pathology?
Myogymnastics for the circular muscle of the mouth, masticatory muscles.
Classes with a speech therapist
Elimination of infantile type of swallowing
Myogymnastics for mandibular extensors
Plasticity of the tongue frenulum
Plasticity of the the upper lip frenulum
During clinical examination of the 11-year-old girl it was revealed that the face is symmetrical, disproportionate due to decreasing of the lower third of the face. The upper frontal teeth are inclined forward, 12 and 22 teeth are located vestibularly with enough space for them in the dental arch, overjet is 3 mm, the upper frontal teeth cover the lower frontal teeth by 2/3, the relationship of the antagonists is cusp to cusp. The palatal plate with an inclined plane in the frontal area, with a retraction arch, and omega-like activators for the 12 and 22 teeth was used for treatment. To which group according to Maligin's classification does the device belong?
Functional - directing
Mechanically acting
Combined action
Functionally active
Preventive
Functionally active

A 15-year-old boy complains of a cosmetic defect, the inability to bite food. The child often suffers from SARS. Objectively: the face is symmetrical, disproportionate due to the decreasing of its lower third, the nasolabial folds are smoothed, the chin is retruded. The lower lip is inverted, the upper central incisor lies on it,. In the oral cavity: the upper dental arch is narrowed, the palate is gothic, the frontal teeth are inclined vestibularly, overjet is 5 mm, in the lateral areas revealed the contact of the same teeth. During determining the Eshler-Bitner’test when pushing the lower jaw forward to the neutral relationship of the lateral teeth,

the appearance of the face improves. Which appliances are most appropriate to use in this pathology?
Frankel Functional *Regulator* I Type
Plate with inclined plane and vestibular arch
Andrezen- Häuple appliance
Frankel Functional *Regulator* III Type
Balters type II apparatus
Brooklyn machine

The parents of a 16-year-old child turned to an orthodontist with complaints of cosmetic defect. During the examination it was revealed: the face is shortened due to decreasing of the lower third of the face, the chin and the lower lip are retruded, the submental fold is pronounced, the angle of the lower jaw is reduced. In the oral cavity: retrusion of the upper frontal incisors, cusp to cusp relationship, the upper incisors overlap the lower incisors to 1/2 of the height of the crown. What are the main forms of distal occlusion distinguished by Khoroshilkina?
Dento-alveolar
Gnathic,
Combined
Macrognathya of the upper jaw
Micrognathya of the lower jaw
All answers are correct

A 13-year-old child complains of a cosmetic defect. During extraoral examination the orthodontontist revealed that the upper frontal teeth are located on the lower lip. In the oral cavity: the relationship of the molars are Class I by Angle, there are spaces between the teeth, overjet is 4 mm. For orthodontic treatment of a child the orthodontist applies an removable appliance on the upper dental arch with screw and inclined plane. What is this appliance by the type of action?
Mechanically acting
Functional-directing
Combined
Removable plate
Preventive
Single-jaw acting

A 9-year-old boy has been under the supervision of an otolaryngologist for chronic rhinitis since he was 4 years old. The boy came to the orthodontist with complaints of incorrect tooth position. During the examination the orthodontist revealed that the face is symmetrical, disproportionate due to decreasing of the lower third of the face, the chin is retruded, the mouth is half opened, the nostrils don't participate in the acting of breathing, the incisal edges of the upper incisors are visible from under the upper lip. In the oral cavity: overjet is 5 mm, cusp to cusp relationship in the posterior areas. What are the causes of distal bite?
Difficult nasal breathing

Heredity
Harmful habit biting of the lower lip
Harmful habit biting of the upper lip
Premature eruption of the permanent teeth
Early extraction of the primary teeth

Parents of an 8-year-old child turned to the orthodontist with a preventive examination. During the intraoral examination a deep bite was diagnosed. To the deep bite development can lead:
Carious destruction of molar crowns
Pathological abrasion of molar crowns
Early loss of the primary molars
Mouth type of breathing
Rickets
Harmful habit of the tongue sucking

Parents of a 14-year-old child came to the orthodontist with complaints of the incorrect placement of on the upper and lower teeth. During the examination it was revealed: the face is symmetrical, proportional. In the oral cavity: permanent dentition, the tooth 34 is located above the occlusal plane, the tooth 24 is rotated, mesial cusp is moved mesially, vestibular position of the tooth 23. What anomalies of the position of individual teeth are present in the patient?
Supraocclusion of tooth 34
Tortoanomaly of the tooth 24
Dystopia of the tooth 23
Infraoclusion of the tooth 34
Vestibular position of the tooth 24
Transposition of teeth 23,24

Parents of a 15-year-old child came to the orthodontist with complaints of spaces between the upper lateral incisors and canines. During the examination it was revealed: the face is symmetrical, proportional. In the oral cavity: permanent dentition visually is observed anomaly of lateral incisors (reduction of their size). Anomalies of the size and shape of the teeth include:
Macrodentia
Microdentia
Hutchinson's teeth, Fournier
Tortoanomaly
Diastema
Transposition

Parents of a 13-year-old child came to the orthodontist with complaints of a visual reduction of the lower third of the face. During the examination the orthodontist found the presence of overjet, the relationship of the first molars is II Class by

Angle, the presence of anomaly of occlusion pathology in the sagittal plane. Name the sagittal anomalies of occlusion according to the classification of DA Calvelis:
Prognathia
True progenya
False progenya
Deep bite
Crossed bite
Open bite

Parents of an 8-year-old child came to the orthodontist for a preventive examination. During the examination the orthodontist found the presence of a vertical gap between the upper and lower incisors, the relationship of the first permanent molars is I Class by Angle, the presence of anomaly of occlusion in the vertical plane. Name the anomalies of occlusion in vertical plane according to the classification of DA Calvelis:
Rickets open bite
Deep bite
Traumatic open bite
Progenya
Cross bite
Laterogenic oblique bite

A 10-year-old boy has deep bite with a narrowing of the upper dental arch. A removable maxillary plate with a bite plane in the region of the frontal teeth and an expansion screw was indicated. It was decided to use the appliance of combined action for treatment. What else other groups of appliances are distinguished by the principle of action?
Functional-directing
Mechanically-acting
Functionally-active
Splints
Mechanically-acting and functionally-active
Functional-directing and functionally-active

The patient is 8 years old. Data of extraoral examination: the face is symmetrical and disproportionate due to the shortening of the lower third of the face, nasolabial folds and chin fold are expressed. In the oral cavity there is: carious lesion of the first permanent molars, the occlusal surfaces of the primary molars are at the level of the gingival margin. What morphological signs may be present in a patient with diagnosis deep bite:
Dental-alveolar elongation in the frontal areas of the jaw
Dental-alveolar shortening in the lateral areas of the jaw
Dental-alveolar elongation in the frontal area of the jaw combined with dental-alveolar shortening in the lateral areas of the jaw

Dental-alveolar shortening in the frontal areas of the jaw
Reverse overlapping of teeth in the lateral area
Dental-alveolar elongation in the lateral areas of the jaw

The parents of a 12-year-old child came to the orthodontist with the aim of a preventive examination. The orthodontist diagnosed a deep bite. What intraoral signs can guide an orthodontist to make such a diagnosis?
Increasing in overlap of upper frontal teeth by lower frontal teeth by more than 1/3 of crown height
Alveolar processes in the area of frontal teeth are high and overdeveloped
Alveolar processes in the area of the posterior teeth are low
Crossbite in the areas of the first molars
Vertical gap between the incisions of the upper and lower jaw
Shallow vestibulum, low attachment of the frenulum of the lower lip.

Parents of a 10-year-old girl turned to the orthodontist with complaints of a cosmetic defect. During extraoral examination it was revealed a slightly asymmetry of the face. At intraoral inspection it was established: the central line is shifted, the upper dental arch is narrowed from the left, the buccal cusps of the 37, 36, 35, 34, 33 teeth overlap the buccal cusps of the same upper teeth. The relationship of the posterior teeth in the sagittal plane is normognathic. What additional research methods should be used?
Uzhumetskene's diagnostic test
Estimation of diagnostic models by Gerlach's method
Pont's method
MRI
Ultrasound
Korkhaus method

The patient of 13 years old complains of cosmetic defect. During extraoral examination it was observed an asymmetry of the face due to the shift of a chin to the left. In the oral cavity: the period of permanent dentition, the central line is shifted to the left, the lower posterior teeth overlap the upper posterior teeth on both sides. What is the cause of this pathology?
Mouth breathing
Biting of the cheeks
Premature loss of the primary teeth in the posterior area of the dental arch
Finger sucking
Biting of the upper lip
Tongue sucking

The 15-year-old child complains of a cosmetic defect. During extraoral examination it was observed asymmetry of the face due to the shifting of a chin to the right. In the oral cavity: permanent dentition, the central line is shifted to the right by 1/2 of the incisor, bilateral crossbite, symmetrical narrowing of the upper

dental arch. No violations were detected in the sagittal and vertical planes. Prescribe treatment?
Bracket system with elastics
Hyrax appliance
Quad-Helix
Herbst's appliance
Balters Bionator
Schwartz appliance

Parents of a 10-year-old child turned to the orthodontist with complaints of a cosmetic defect. During extraoral examination it was revealed asymmetry of the face due to the displacement of the chin to the right. In the oral cavity: the lower posterior teeth on the left side overlap the upper, narrowing of the upper dental arch on the left. The center line is shifted to the right. What additional methods of investigation should be used?
Uzhumetskene's diagnostic test
Estimation of diagnostic models by Gerlach's method
Panoramic radiography
Cephalometry
MRI
Korkhhaus' method

Parents of an 8-year-old child came to the orthodontist with complaints of a cosmetic defect. The face is asymmetrical due to the shift of the chin to the left. From the anamnesis it was established that the child bites cheeks. In the oral cavity: early mixed dentition, the central line is shifted to the right, the lower posterior teeth overlap the upper ones on both sides, the upper dental arch is narrow. No other anomalies were detected. Prescribe treatment?
Expansion removable appliance on the upper dental arch with occlusal planes in the posterior areas
Elimination of a harmful habit
Andrezen-Häuple appliance
Myogymnastics
Herbst's appliance
Schonher plate

The child of 8 years old complains of a cosmetic defect. During extraoral examination of the face was revealed asymmetry of the face due to the displacement of the chin to the right. From the anamnesis it is established that the girl breathes through a mouth. In the oral cavity: early mixed dentition, the reverse overlapping in the posterior areas, the central line is shifted to the right. No other anomalies were detected. Prescribe treatment?
Normalization of respiratory function
Myofunctional trainer
Schonher plate

Andrezen-Häuple appliance
Balters Bionator
Schwartz appliance

The 14-year-old child complains of cosmetic defect. Data of the extraoral examination: the face is proportional, symmetrical. In the oral cavity: the buccal cusps of the 46, 45, 44, 34, 35, 36 teeth overlap the same cusps of the upper ones, vestibular position of the 13, 23 teeth, the central line is preserved, the first permanent molars contact by I Class according to Angle. The orthodontist proposed treatment with a removable appliance with occlusal planes in the posterior areas. Describe this device according to the classification of YM Maligin?
Functional-directing
Therapeutic
Single-jaw acting
Functionally-acting,
Preventive
Bimaxillary

The 12-year-old patient complains of a cosmetic defect. During extraoral examination the orthodontist revealed that the face of the patient is proportional and symmetrical. Data of intraoral examination: the buccal cusps of the lower posterior teeth overlap the same cusps of the upper ones, the center line is normal. No other anomalies were detected. The orthodontist proposed an expanding removable appliance with occlusal planes in the posterior areas and a vestibular arch. Describe this device according to the classification of YM Maligin?
Single-jaw
Combined action.
Removable
Functional-directing
Double-jaw
Fixed

A 16-year-old patient came to the orthodontist for treatment. During intraoral examination the orthodontist revealed: permanent dentition, orthognathic occlusion. The six keys of occlusion according to L. Andrews, which characterize the optimal occlusion, refer:
Correct cusp-fissure contact between the first permanent molars of the upper and lower jaws
Correct angulation in degrees (mesiodistal inclination) of the longitudinal axis of crowns of all teeth
Correct torque (vestibulo-oral inclination of crowns and roots) of teeth
Teeth in the dental arch should not be rotated along their long axis
Correspondence of width of the upper and lower dental arches

Correct value of the angle of the mandible (117–124 ° - in adults)
The upper frontal teeth overlap lower frontal teeth by 1/3 length of crowns of the lower teeth
The middle line between the central incisors of the upper and lower jaws coincides
}

During examination of an 8-year-old child was revealed a tendency to mouth breathing. Data of intraoral examination: the upper dental arch is narrow; the upper frontal teeth are protruded. What anomalies of the shape of dental arches can be occurred in orthodontic patients?
Narrow dental arch
Saddle-shaped compressed dental arch
V-shaped form of the dental arch
Quadrangular shape of the dental arch
Semicircle dental arch
Parabolic form of the dental arch
Ellipsoid form of the dental arch
Normal form of the dental arch
}

A 13-year-old child complains of incorrect tooth position. Objectively: all teeth are permanent; the relationship of the first permanent molars is normognathic (I Class according to Angle's classification). What are the abnormal positions of individual teeth are distinguishes according to DA Calvelis' classification?
Labial-buccal eruption of teeth;
Palatal-lingual eruption of teeth;
Mesial eruption of teeth;
Transposition of teeth
Impacted teeth
Teeth of Hutchinson, Fournier
Adentia
Hyperdentia
}

A 19-year-old patient was diagnosed with distal deep occlusion, moderate crowding of the lower incisors. What functional and morphological disorders can this pathology lead to in the future if left untreated?
TMJ dysfunction
Premature attrition of teeth
Anomaly of tooth position
Cariogenic processes as a consequence of complicated hygiene
Speech disorders
Usually does not cause any disorders of the dental system
Disorders of swallowing
Hypertonic masticatory muscles

}

A 9-year-old boy was diagnosed with a deep bite. What signs of deep bite can be revealed during extraoral and intraoral examination?
Deep supramental sulcus
Reduction of the lower third of the face
The upper frontal teeth completely overlap the lower ones
The prints of the cutting edges of the lower incisors are visible on the mucous membrane of the palate
Dental-alveolar shortening in the frontal region of the upper dental arch
Vertical gap in the frontal area
Dental-alveolar shortening in the frontal region of the lower dental arch
Increasing of the lower third of the face
}

The parents of an 8-year-old child complained about the child's constantly open mouth. Data of extraoral examination: the face is symmetrical and not proportional due to the decreasing of the lower third of the face, the corners of the mouth are lowered; the lower lip is turned out. During intraoral examination the orthodontist revealed the following: early mixed dentition, the upper jaw is compressed in the lateral areas, the frontal teeth are proclined with spaces between them, during closing the teeth, the lower frontal teeth contact with the mucous membrane of the palate. The orthodontist set diagnosis - deep bite. The development of deep bite is associated with the following etiological factors:
Hereditary factor
Disturbance of the sequence of teeth eruption
Destruction by the carious process of crowns of the primary molars
Premature loss of the primary molars and reduction of occlusion height
Mesial displacement of the mandible
Absence of physiological teeth attrition
Presence of supernumerary teeth
Mouth breathing
}

An 11-year-old patient complains of difficulties during biting, cosmetic defect. During extraoral examination the orthodontist revealed: shortening of the lower third of the face, nasolabial folds and submental fold are expressed. In the oral cavity there have been established the following: hypoplasia of the premolars and molars, the occlusal surfaces of the permanent molars are visualized at the level of the gingival margin. What functional disorders occur in patients with deep occlusion:
Decreased of chewing efficiency
Overload of periodontal tissues of the lower frontal teeth
Disorders of TMJ.
Injury to the mucous membrane of the palate or gums of the lower jaw

Forced position of the lower jaw
Hypersalivation
Disturbance of swallowing
Development of crossbite with shifting lower jaw
}

During the preventive examination of a 9-year-old patient the orthodontist revealed the following extraoral signs: shortening of the lower third of the face, expressed submental fold. In the oral cavity there were established next: incisal surfaces of the lower incisors contact with the mucous membrane of the palate, middle dental caries of the upper second primary molars, the occlusal surfaces of the first permanent molars are destroyed, premature loss of the 75 and 85 teeth. What should be used to treat a deep bite?
Removable appliance for disocclusion with bite plane on the upper frontal teeth
Restoration of the teeth affected by carious process
Restoration of the first permanent molars by crowns
Removable appliance on the lower dental arch with artificial teeth 75 and 85
Removable appliance with occlusal planes in the posterior areas and the Coffin spring
Frankel regulator Type I
Three-sectorial appliance on the upper dental arch with vestibular arch
Twin-block appliance
}

During extraoral examination of a 9-year-old child the orthodontist determined the following signs: the face is symmetrical and not proportional due to the decreasing of the lower third of the face, the corners of the mouth are lowered, the lower lip is turned out. Obtained data of intraoral examination : multiple dental caries, spaces between the upper frontal teeth (tremma and diastema), the crowns of the primary and permanent molars are destroyed. What signs will indicate on the presence of a deep bite?
The expressed nasolabial and chin folds
Decreasing of the lower third of the face
Overbite is more than 1/3 of the height of the crowns
Imprints of the lower incisors on the mucous membrane of the palate
Shallow vestibulum
Vertical gap between the frontal teeth
Enlarged *adenoids*
Macrogenia
}

The diagnosis distal deep bite was established by the orthodontist to a 7-year-old child. In the oral cavity there were revealed the following: class II molar and canine relationship in right and left sides, dental-alveolar elongation of the frontal part of the lower dental arch, the incisal edges of the lower frontal teeth touch the

oral mucosa of the palate. What myogymnastic exercises could be effective in complex treatment of distal occlusion, complicated by deep bite?
Slow opening of the mouth with simultaneous extension of the mandible forward
Biting of the upper lip
Holding the ruler with the lips
Pushing the lower jaw forward, gripping the upper lip with the lower, holding the lips in this position for 1-2 minutes
Static holding of the mandible in the distal position
Cyclic biting of the cotton rollers with premolars and molars
Exercises for the circular muscle of the mouth
Laying the lower lip behind the upper incisors and holding the lip in this position for 1-2 minutes
}

The parents of an 8-year-old child came to the orthodontist with complaints of an aesthetic defect. During the intraoral examination were revealed the following signs of deep bite: the normal relationship of the first permanent molars, crowns of the upper frontal teeth overlap whole crowns of the lower frontal teeth, the prints of the cutting edges of the lower incisors are visible on the mucous membrane of the palate . What are the characteristic facial signs of a deep bite?
Shortening of the lower third of the face
Expressed chin fold
Inverted lower lip
Lowered the corners of the mouth
Smoothed nasolabial folds
Increased angle of the lower jaw
Increasing of the lower third of the face
Asymmetry of the face
}

Parents of an 11-year-old son came to the orthodontist for the consultation. After a clinical examination, the doctor diagnosed: traumatic open bite. According to what signs such diagnosis was made?
Increasing of the lower third of the face
Smoothing of the nasolabial folds
Smoothing of the chin fold
The angle of the lower jaw is increased
Sagittal gap between the incisors
The angle of the lower jaw is 90°
Concave profile
Decreasing of the lower third of the face
}

A 6.5-year-old child has mouth breathing, incompetence of the lips, the lower third of the face is increased. The child does not make hissing and whistling sounds.

During the conversation the tongue is moving between the maxillary and mandibular incisors. It was set diagnosis - open bite. What preventive measures should be taken at this age?
Elimination of harmful habits
Normalization of the position of the tongue at rest and during function
Achievement of nasal breathing, closing of the lips
Recovery of correct swallowing and sounds pronunciation
To make a removable appliance with a bite plane in the front area
Plastic of the frenulum of the upper lip
Indication of the removable appliance with occlusal planes on the primary molars.
Indication of the removable appliance with an inclined plane
}

A 7-year-old child has mouth breathing. During extraoral examination the orthodontist revealed that the lower third of the face is increased, the lips are open. It was determined that the tongue moves between the frontal upper and lower teeth during swallowing. It was set diagnosis: open bite. What functional and morphological changes are observed in a case of such pathology?
Difficulties during biting, chewing, swallowing
Violation of the pronunciation of whistling and hissing sounds
Swallowing disturbances
Vertical gap between the maxillary and mandibular incisors
Somatic type of swallowing
Excessive development of the upper and lower jaw in the frontal area.
Hypotonia of the circular muscle of the mouth
Violation of the pronunciation of the sounds "L" and "R"
}

Parents of a 12-year-old boy came to the orthodontist with complaints of the gap between the upper and lower anterior teeth. It was detected that the patient does not prononciate whistling and hissing sounds. During extraoral examination the orthodontist revealed that lower third of the face is increased, the lips close with tension, nasiolabial and submental folds are shallow. For differential diagnosis of the form of open bite the lateral cephalometry was indicated. What are the characteristics of the dental form of the anterior open bite?
The angle of inclination of the axes of the incisors to the plane of the base of the upper jaw is increased
Incisors inclined vestibularly
The angle SNB is 82°
The angle of the mandible is normal
The angle SNB is 88°
The dentoalveolar shortening in the anterior area of the lower dental arch
dental alveolar height in the frontal area is less than normal
deepening of the body of the lower jaw at its lower edge
}

The child 13-year-old girl complains of a cosmetic defect. During extraoral examination the orthodontist revealed a slight asymmetry of the face. Data of intraoral inspection: the relationship of the first permanent molars is normal, the upper central line is shifted to the wright, the upper dental arch is narrowed on the right side, the buccal cusps of the 47, 46, 45, 44, 43 teeth overlap the same cusps of the opposite teeth. Set a diagnosis. What additional methods of examination should be used?
Unilateral crossbite
Buccal form of crossbite
Pont's method
Diagnostic test for Uzhumetskene
Lingual form of crossbite
Korkhaus method
Lateral cephalometry
Magnetic resonance imaging
}

A 14-year-old patient complains of a cosmetic defect. During the extraoral examination the orthodontist observed the asymmetry of the face due to shifting of a chin to the right. The following signs have been established during intraoral examination: permanent dentition, the central line is shifted to the right side; the buccal cusps of the lower posterior teeth on the right overlap same cusps of the opposite teeth. Make an initial diagnosis and prescribe the auxiliary methods of examination.
Unilateral crossbite with shifting the mandible to the right side
Buccal form of crossbite
Evaluation of diagnostic models by the Gerlach's method
Computed tomography TMJ
Lingual form of crossbite
Korkhaus method
Lateral cephalometry
Magnetic resonance imaging
}

Parents of a 9-year-old child came to the orthodontist with complaints of a cosmetic defect. During the extraoral examination the orthodontist revealed the asymmetry of the face due to the shifting of a chin to the left side. From the anamnesis it was established that the child gnaws a pencil with the posterior teeth. In the oral cavity the orthodontist established the following signs: early mixed dentition, the central line between the lower central incisors is shifted to the left, the buccal cusps of the lower posterior teeth on the right overlap same cusps of the opposite teeth. No changes were detected in the sagittal and vertical planes. Set a diagnosis and prescribe treatment?
Unilateral crossbite with displacement of the mandible to the left side,

Buccal form of crossbite
Removable appliance for the upper dental arch with an inclined plane in the posterior area
Chin cap with a traction from one side
Lingual form of crossbite
Schonher appliance
Bruckle's appliance
Bilateral crossbite
}

Parents of a 10-year-old child came to the orthodontist with complaints of a cosmetic defect. During extraoral examination the orthodontist revealed the asymmetry of the face due to the shifting the chin to the left side. The following signs have been established in the oral cavity: absence of the attrition of the primary canines, the buccal cusps of the lower posterior teeth on the right overlap same cusps of the opposite teeth, the center line between the mandibular central incisors is shifted to the left side. What additional methods of examination should be used, suggest method of treatment?
Grinding of the primary canines
Chin cap with traction on one-sided
Panoramic radiography
Uzhumetskene's diagnostic test
Bruckle's appliance
Korchhaus method
Lateral cephalometry
Schonher's applaince
}

A 13-year-old child complains of a cosmetic defect. During extraoral examination the orthodontist revealed that the patient's face is asymmetrical due to the shifting of the chin to the left side. The following signs have been established during intraoral examination: permanent dentition, the central line between the mandibular central incisors is shifted to the left side, the buccal cusps of the lower posterior teeth on the right side overlap the same cusps of the opposite teeth, the narrowing of the upper dental arch from the left side. Set a diagnosis and prescribe treatment?
Unilateral crossbite with shifting of the mandible to the left side
Buccal form of crossbite
Removable appliance for the upper dental arch with a sector to the left side, the occlusal planes in the posterior areas
Andrezen-Haupple appliance
Lingual form of crossbite
Korkhaus method
Lateral cephalometry
Magnetic resonance imaging

}

Parents of an 8-year-old.child complain of a cosmetic defect. From the anamnesis it was established that the boy during sleeping puts a fist under his cheek. During extraoral examination it was revealed that the face is asymmetrical due to the shifting of the chin to the right side. In the oral cavity the orthodontist established the following signs: early mixed dentition, the central line between the mandibular central incisors is shifted to the right side, the buccal cusps of the lower posterior teeth on the right side overlap the same cusps of the opposite teeth, the narrowing of the upper dental arch from the right side. No other anomalies were detected. Set a diagnosis and prescribe a treatment plan?
Unilateral crossbite with shifting of the mandible to the right side
Buccal form of crossbite
Elimination of the harmful habit
Expansion removable appliance for the upper dental arch with occlusal planes in the posterior areas
Lingual form of crossbite
Korkhaus's method
Andrezen-Haupple appliance
Schonher's appliance
}

Parents of a 10-year-old boy came to the orthodontist with complaints of a cosmetic defect. During extraoral examination the orthodontist revealed asymmetry of the face due to the shifting of the chin to the left side. The following signs was established during intraoral examination: the buccal cusps of the lower posterior teeth on the right side overlap the same cusps of the opposite teeth, central line between the mandibular central incisors is shifted to the left side. No other anomalies have been detected. Set a diagnosis, establish causes of this pathology development?
Unilateral crossbite
Buccal form of crossbite
Harmful habit of biting the cheek on the right side
Pathology of the upper respiratory tract
Finger sucking
Biting of the upper lip
Bilateral crossbite
Lingual form of crossbite
}

The 12-year-old girl came to the orthodontist for a consultation. During intraoral examination the orthodontist revealed that the buccal cusps of the lower posterior teeth on both sids overlap the same cusps of the opposite teeth, the central line is preserved, bilateral narrowing of the upper dental arch. Set a diagnosis and choose an appliance for the treatment of this pathology?

Bilateral crossbite
Buccal form of crossbite
Andrezen-Haupple appliance
Removable appliance for the upper dental arch with a screw, occlusal planes in the posterior areas
Lingual form of crossbite
Bruckle's appliance
Schonher appliance
Unilateral crossbite
}

A 13-year-old girl complains of incorrect tooth position. Objectively: the upper jaw and upper lip are protruded; the upper maxillary incisors are visible from under the upper lip and overlap whole crowns of the mandibular incisors. During intraoral examination the orthodontist revealed: the distal-buccal tubercles of the 16 and 26 teeth occlude with the mesial-buccal tubercles of the 36, 46 teeth, the upper dental arch is elongated in the sagittal direction; the 12, 11, 21, 22 teeth are inclined vestibularly with spaces between them (diastema and thremma). What clinical forms of distal occlusion, depending on the degree of jaws development are distinguished by Betelman AI?
Lower micrognathia
Upper macrognathia
Upper macrognathia and lower micrognathia
Maxillary prognathia with narrowing in the posterior areas
Lower progenya
Lower prognathia
Class II subdivision 1
Class II subdivision 2
}

Parents of a 9-year-old boy complain of a cosmetic defect. During extraoral examination the orthodontist revealed that the lower third of the face is decreased, the lower lip is inverted, the central incisors lie on the lower lip. The orthodontist established during intraoral examination the following signs: early mixed dentition, the cusp to cusp relationship of the first permanent molars, overjet 5 mm. It was set a diagnosis: distal occlusion - II class 1 subdivision. Which appliance are the most appropriate for treatment of this pathology?
Frankle function regulator Type I
Balters appliance type I
Removable appliance with inclined plane and vestibular arch
Andrezen-Haupple appliance
Frankle function regulator Type III
Bracket-system
Balters appliance type II
Bruckle's applaince

}

The parents of 9-year-old girl complain of a cosmetic defect. During extraoral examination the orthodontist revealed that the face is symmetrical, disproportionate, the lower third of the face is decreased, the nasolabial folds are normal, the submental fold is expressed, the chin is retruded. The following signs have been established during intraoral examination: the cusp to cusp relationship of the first permanent molars, the upper frontal teeth are retruded, the 13 and 22 teeth are located vestibularly, there is enough space for them in the dental arch. The orthodontist set a diagnosis: II class 2 subdivision according to Angle classification. Which of the following orthodontic appliances for treatment of this pathology should be used?
Removable appliance with a sector in the frontal area, Andresen-Haupple appliance
Removable appliance with protruding springs in the frontal area, Andresen-Haupple appliance
Frankle function regulator Type II
Balters type II appliance
Bracket-system
Bruckle's appliance
Bunin's splint
Frankle function regulator Type III

}

A 12-year-old girl complains of a cosmetic defect that her upper frontal teeth are lying on the lower lip. During intraoral examination the orthodontist revealed that the relationship of the first permanent molars is by II Class by Angle, the upper dental arch is narrow, overjet is 3 mm. For the treatment of this pathology the orthodontist choose a removable appliance for the upper dental arch with a screw and an inclined plane. To which groups this orthodontic appliance refers according to the classification of Malygin Yu.V.?
Uni-jaw appliance with double-jaw action
Combined appliance
Removable appliance
Plate applaince
Mechanically acting appliance
Uni-jaw appliance
Splint
Preventive appliance
}

The parents of a 7-year-old boy complain of a cosmetic defect. According to the mother's words, it is known that the child sleeps with open mouth. During extraoral examination the orthodontist revealed that the face of the patients is

symmetrical, disproportionate due to the decreasing of the lower third of the face, the nasolabial folds are smoothness, the circular muscle of the mouth is tense, and the upper incisors protrude from under the upper lip. Following signs have been established during intraoral investigation: early mixed dentition, cusp to cusp relationship of the first permanent molars and canines, overjet is 4 mm, protrusion of the upper frontal teeth with tremmas and diastema, vestibular position of the 13 teeth. Set a preliminary diagnosis.

{Distal occlusion

Protrusion of the upper frontal teeth

Tremma, diastema

Vestibular position of the 13 teeth

Shortening of the lower dental arch

Retrusion of the upper frontal teeth

Elongation of the lower dental arch

Narrowing of the lower dental arch