

1. The dentist's and static zone are (for right-handed operator):

from 7 to 12 o'clock

from 12 to 2 o'clock

from 4 to 7 o'clock

from 2 to 4 o'clock

2. The assistant's zone and transfer are (for right-handed operator):

from 2 to 4 o'clock

from 4 to 7 o'clock

from 7 to 12 o'clock

from 12 to 2 o'clock

3. The dentist's and assistant's zone are (for left-handed operator):

from 12 to 5 o'clock

from 8 to 10 o'clock

from 2 to 4 o'clock

from 4 to 7 o'clock

4. The transfer and dentist's zone are (for left-handed operator):

from 5 to 8 o'clock

from 12 to 5 o'clock

from 4 to 7 o'clock

from 10 to 12 o'clock

5. By placing the operating team and instrumentation close to the patients head the following objectives can be achieved:

Good visibility

Reduction of class IV and V movements

any correct answer

all mention above

6. Main principles of four - handed dentistry:

Employing the skills of trained dental auxiliaries

Organizing every component of the practice

all mention above

any correct answer

7. The classification of common movements used during dental procedures:

Movement of the fingers and wrist

Movement of fingers, wrist and elbow

all mention above

any correct answer

8. Elements of four - handed dentistry:

Use of preset tray

Efficient instrument delivery

all mention above

any correct answer

9. The work simplification includes the following elements:

Elimination

Combination

Simplified instrumentation

Positive team attitude

10. Elements of four - handed dentistry:

Favorable work environment

Favorable position the patient and operating team

Simplification

Rearrangement

11. The histological phases of the eruption are:

pre - functional (eruptive) phase

functional (post - eruptive) phase

all mention above

any correct answer

12. The sequence of eruption and the quantity of the permanent teeth:

6, 1, 2, 4, 3, 5, 7, 8

32

1, 2, 3, 5, 6, 7, 8

20

13. The sequence of eruption and the quantity of the primary teeth:

1, 2, 4, 3, 5,

20

6,1,2,4,3,5,7,8

32

14. The terms of eruption and root formation of primary first molar:

16-20 month

3-4 years

12- 16 month

8-10 month

15. The term of eruption and root formation of the first primary incisor is:

6-8 month

1,5 years

4 - 5 years

3 - 4 years

16. The term of the eruption and root formation of the second primary molars is:

20-30 month

4 years

2 years

4-5 years

17. The term of the eruption and root formation of the primary canine is:

20-30 month

3 - 4 years

2 years

4 - 5 years

18. The term of the eruption and the root formation of the second permanent incisor is:

8-9 years

10-12 years

6-8 years

5-6 years

19. The term of the eruption and root formation of the first permanent incisor is:

5-6 years

9-10

8-9 years

10-12 years

20. Describe the features of the anatomical structure of the primary mandibular second molars (choose the correct answers):

two roots

the three buccal cusps are nearly equal in size

the tooth has an overall oval occlusal shape

is much smaller labiolingually

21. For what purpose is the plugger and spreader used in the endodontic treatment?

Vertical condensation of gutta percha in the root canal

Horizontal condensation of gutta percha in the root canal

Putting the filling material to the root canal

Lateral condensation of gutta percha in the root canal

22. In what case and why the phosphate cement is used for the root canal obturation of the permanent teeth?

Before the resection of the root apex

Don't need root remineralization

In case of the wide root canals

In case of the obliterated root canals

23. In what case and why is it expedient to use the impregnation method of root canal treatment of the permanent teeth?

In case of the obliterate root canals

Inability to seal root canals

Before the resection of the root apex

In case of the wide root canals

24. Which of the following is used to remove the pulp once the tooth has been opened? Barbed broach

Barbed broach

Pulpextractor

Endodontic file

Endodontic reamer

25. What must be taken into account during the endodontic treatment of the teeth with unformed roots?

Terms of the tooth eruption

Root length

Age of the patient

Emotional state of the patient

26. For the determination of the quality of the tooth cavity opening of a doctor uses:

Mirror

Probe

Forceps,

Tweezers

27. What specialists performs the root canal therapy?

Endodontist

Therapist

Implantologist

Prosthodontist

28. What are the manipulations of the removal of the pulp:

Pulpotomy

Pulpectomy

Pulpenetration

Opening of the pulp chamber

29. What of the following is the first steps of the endodontic treatment?

Opening of the pulp chamber

Pulpotomy

Pulpectomy

Obturation of the root canal

30. One of the peculiarities of the endodontic treatment of the root canals of the temporary teeth is:

Establishment of the working length on 2 mm less than roentgenological

Greater width of endodontic instruments

Shorter length of endodontic instruments

Pulpotomy, when root are in resorbtion stage

Partial preparation of the carious cavity

smaller width of the endodontic instrumentation

Absence of the pulpotomy stage

longer length of endodontic instruments

31. Which of the following is used for root canal obturation?

Lentulo

Plagger

Barbed broach

Endodontic file

32. What is the functional setting of endodontic instruments?

Instrumental treatment of the root canals

Cleansing treatment of the root canals

Formation of the caries cavity

Preparation of the caries cavity

33. Which functions performs endodontic files?

Enlarging of the root canal

Smooth and shape the root canal

Formation of the caries cavity

Preparation of the caries cavity

34. What are called root preparation techniques?

Step back

Crown down

Sandwich

Conception of the balanced forces

35. Which filling material are optimal for filling cavities Class II:

Silver amalgam

Sandwich technique (Composites+ glassionomer cements)

Polycarboxilate cements

The glass cements

36. What are main characteristics of amalgam?

High hardness and solidity

Plasticity

Resistance in the oral fluid

Bactericidal action
High aesthetic performance
Safety for the pulp
Biocompatibility with tooth tissues
Chemical adhesion

37. Which of these materials is related to zinc-eugenol cement? Caryosan

Caryosan
ZOE Primadent
Adhesor
Fritex

38. Positive properties of zinc-eugenol cement is:

Anti-inflammatory action
Non-toxic effect
High strength
Resistance in the oral fluid

39. What is needed to achieve a tight interdental contact at filling cavities of Class II?

Fix matrix by wedge and adapt it
Use a thin matrix
Do not use matrix
Use flow composite

40. Two last steps of endodontic treatment:

X ray control after filling
Caries cavity filling
Removing pulp
Drain root canals

41. The surface of a prepared Class V carious cavity should be acquired:

Horseshoe-shape
Forms of elongated oval
 Rectangular shape
 Rhombus

42. The girl 3 years old is treated with caries of the chewing surface of the tooth 84.

Carious cavity class I after preparation should have the following elements:

Bottom
Walls
Edges
Angles
The main cavity, the edges
Bottom, main and additional cavities
Walls, main and additional cavities, corners

Edditional cavity

43. The following instruments are required for necrectomy for class I and V cavities according to Black:

excavator

carbide burs for mechanical handpiece

Excavator, diamond burs for the turbine handpiece

Excavator, diamond burs for the mechanical handpiece

44. Class II cavities according Blacks classification includes carious cavities located on:

Contact surfaces of molars

Contact surfaces of premolars

Contact surfaces of incisors and canines

The parietal areas

Chewing surfaces of molars

45. For what purpose the main and additional cavities duaring preparation of class IV cavities are formed:

Preventing enamel edges from breaking

Better restoration of tooth angle

For aesthetic reasons

Preventing enamel edges from breaking

46. Class III due to Blacks classification includes carious cavities located on:

Contact surfaces of cutters without breaking the angle and cutting edge

Contact surfaces of canines without breaking the angle and cutting edge

The lingual surfaces of the incisors

Chewing surfaces of molars

47. Which of the following materials can be used to seal carious cavities of all classes in primary dentition?

Glass ionomer cement

Composite material

Silicophosphate cement

Silicate cement

48. Which of the filling materials should be preferred for restouration of carious cavity class V in permanent tooth with formed roots?

Compomer

Light curing composite material

Silver amalgam

Chemical curing composite

49. In which of the following cases is it advisable to seal a tooth with an amalgam:
- Cariou tooth cavity I class 84
 - Cariou cavity of class I tooth 75
 - Cariou cavity of class V tooth 51
 - Cariou cavity of class V tooth 21
 - All answers are correct
50. For filling of carious cavities of the V class in the temporary formed teeth use:
- Glass-ionomer cement
 - Light curing composite material
 - Zinc-phosphate cement
 - Chelated Cement
51. To achieve close interdental contact while filling caries cavities class II, it is necessary to:
- Pin the matrix with a wedge
 - Align the die well
 - Use a thin arrays
 - Use a matrix holder
 - Stop bleeding
 - Carefully clean the carious cavity
 - Form a fold
 - Conduct antiseptic treatment of carious cavity
52. Seal the carious tooth cavity 16 with silver amalgam. In the cavity formed by the II class one filler mass is added in one portion. Condensation with a cotton swab. What was the mistake during filling - technique?
- The procedure for filling the filling material has been violated
- Seal material incorrectly selected
- No matrix was used
- Contact point created incorrectly
- Incorrect finishing of the seal
- Incorrect preparation of carious cavity
- No fold was created
- No retraction thread installed
53. During the dental treatment of 12 year-old girl should be to seal the approximate surface of tooth 36 using a sandwich technique. What is the essence of sandwich sealing techniques ?:
- Introduction of the first layer of glass ionomer material
 - Making the following layers of light curing composite material
 - Application layer by layer of composite material
 - Closing the cavity with temporary filling material

54. Which of the filling materials should be preferred for restoration of tooth 36 in 7 years –old patient :

Glass-ionomer cement
light curing composite material

Chemical curing composite material
Silver amalgam

55. It was revealed carious cavity of class III of tooth 12 during dental examination of 10 years-old patient . Which restorative materials should be used in this clinical case?

light curing composite material
Glass-ionomer cement
Chemical curing composite material
Silver amalgam

56. For the medical treatment of root canals it was used sodium hypochlorite solution at the following concentrations during endodontic treatment of primary teeth:

2.5%
5.25%
3.5%
10%

57. During endodontic treatment of irreversible pulpitis of the tooth 21 in 8 years-old patient next concentration of antiseptic should be used:

Sodium hypochlorite 3%
Chlorhexidine 2%
Hydrogen peroxide 3%
distilled water
Alcohol
Furacillin
Ethony
Microcide

58. What mechanisms can explain the eruption of temporary and permanent teeth. What are the theories of teething?

Periodontal thrust theory
The theory of alveoli bone remodeling
The theory of hydrostatic pressure
Collagen fiber growth theory
Miller Theory
Entin's physicochemical theory
The biological theory of Lukomsky
Theory A. Sharpenak

59. Child 6 years. Diagnosed with chronic fibrous tooth pulpitis 65. In your opinion, what type of resorption of the roots of temporary teeth is characteristic of this disease?

- Pathological delayed resorption
- Pathological delayed resorption in the area of bifurcation
- Physiological uniform resorption
- Pathological accelerated resorption

61. In your opinion, what type of resorption is characteristic of intact multi-root temporary teeth?

- Physiological uneven and uniform resorption
- Physiological resorption in the area of bifurcation
- Bone resorption
- Pathological delayed resorption

60. Recently cut permanent teeth were found in a 6.5-year-old child. What, in your opinion, do your teeth cut between 5 and 7 years?

- The first permanent molars
- Center cutters
- Temporary second molars
- Side cutters

61. To fill a carious cavity of class I in tooth 16 in a 12-year-old teenager, a physician selected a macrophilic composite material. What are the tools needed to make and condense the filling mass in a carious cavity?

- Ironer
- Shtopfer
- Dental probe
- Excavator

62. Has a girl 13 years old approached the clinic for sealing of the cervical carious cavity? What are the features of Class V cavities?

- Use of retraction thread
- Use of glass ionomer cement or compomer
- Gingival edge correction
- Use of cervical matrices
- The use of parapulpal pins
- Required use of medical pads
- Treatment of the cavity with alcohol
- Medical treatment is optional

63. During the filling of a deep carious cavity on the chewing surface of tooth 26 in an 8-year-old girl, the doctor decided to apply a medical odontotropic pad. Which of the following pastes have odontotropic properties?

Based on calcium hydroxide
Zinc Oxide eugenol
Water for injection
Enzymes

64. To fill a large carious cavity of grade I in tooth 46 in a 15-year-old boy, a physician selected a condensed composite material. What properties of such material led to the choice of a doctor?

High abrasion resistance
3-4 mm layer polymerization capability
High mechanical strength
High fluidity
Aesthetics
Odontotropic properties

65. A 14-year-old teenager had a carious cavity of grade III in tooth 22 located just below the gum level. The dentist has chosen a light curing composite material to fill. What additional adjustments are needed to restore a contact point with a neighboring tooth?

Plastic matrix with protrusion
Light wedge
Plastic matrix without protrusion
Metallic matrix with protrusion

66. A 12-year-old boy has a grade IV cavity in the anterior tooth on the upper jaw. What are the factors to consider when choosing filler material in this case?

Mechanical strength of the material
Material aesthetics
Saliva viscosity
Gender of the patient

67. After completing the filling of the class IV cavity with nanohybrid composite material, the doctor proceeded to finish the restoration. What tools do they use to do this?

Rubber and silicone abrasive heads
Polishing discs
Polishing brushes
Strips
Steel hogs
Ironers
Separation disks
Carborundum stones

68. For restoration of the frontal temporary tooth with the help of modern composite material the doctor used a celluloid cap (strip-crown). What are the benefits of this method of restoration?

Simplicity and speed of restoration

Ease of restoration of the anatomical shape of the tooth crown

Ability to shorten material polymerization time

No restoration finish required

69. Modern composite materials must be used to seal carious cavities of Class V in permanent teeth in children. Choose from the proposed names of light curing composite materials

Filtec Z 250

Ivetric

Gradia Direct.

Charisma

Calxyl

Dycal

Fuji IX

Vitremer

71. A number of additional items and means must be used to qualitatively seal a Class V defect.

retraction thread

cofferdam

cotton wool

ironer

72. It is known that amalgam can be used to fill defects I, II, V class in temporary teeth during the stabilization period. The following tools must be used to restore the anatomical shape and function of the tooth with amalgam

amalgamtregger

amalgamstopfer

ironer

corkscrew

73. What properties of filling material do you consider to be the most important when choosing a material to repair a defect of class I in the tooth 26 in a boy of 10 years

strength

abrasion resistance

color stability

insolubility in mouth fluid

74. From the following materials, choose the ones that can be used to fill a carious cavity of V class in tooth 21 in a boy of 9 years

Filtec with 500
Ivetric
Infantid
Ketac Molar

75. A number of additional items and means must be used to qualitatively seal a Class V defect.
retraction thread
cofferdam
cotton wool
ironer

76. It is known that amalgam can be used to fill defects I, II, V class in temporary teeth during the stabilization period. The following tools must be used to restore the anatomical shape and function of the tooth with amalgam
amalgamtregger
amalgamstopfer
ironer
corkscrew

77. What properties of filling material do you consider to be the most important when choosing a material to repair a defect of class I in the tooth 26 in a boy of 10 years
strength
abrasion resistance
color stability
insolubility in mouth fluid

78. A patient, aged 11, was presented to the dentist for dental treatment 26. What are the general principles for the preparation and formation of carious cavities according to Black (regardless of class) ?:
prophylactic extension of the caries zone to prevent recurrence
formation of a box cavity
carious cavity is formed taking into account the retention of the filling material
additional processing of enamel edge (creating a rebate)
no further processing of the enamel edge is required
formation of carious cavity without taking into account the type of filling material
the enamel is removed at an angle of 20 degrees
the extension of the caries area is not required

79. A patient came to the dentist to treat temporary dental caries. What are the stages of carious cavity preparation ?:
opening and expanding the cavity
necroctomy
cavity formation
treatment of the cavity edges

opening the cavity without expanding it
it is not necessary to treat the edges of the cavity
opening and widening of the cavity without necrotomy
antiseptic treatment of the cavity

80. The dentist diagnosed acute middle tooth decay 16 (Grade I Black) when receiving a child of 10 years. What kind of cavity can a doctor prepare in this class?

rhomboid
rectangular
oval
cruciform
triangular
round
quadratic
V- like

81. The dentist in a patient of 4 years treats acute middle tooth decay 61 (Grade V according to Black). What shape should the treated surface take?

horseshoe
elongated oval
diamond-shaped
cruciform

82. A 12-year-old patient was referred by a dentist to treat permanent tooth decay. To open the caries, the dentist uses:

spherical pines
fissured borons
wheel-shaped hogs
polishing eraser

83. Grade 5 students study radiographs of patients for 7 years. What are the stages in the process of forming the roots of permanent teeth?

unfinished root growth in length
unformed root apex
uncovered root apex
unformed periodontium
unformed enamel
closed top of root and unformed periodontium
root resorption
complete root growth in length but unformed root apex

84. During the treatment of tooth 74 in a patient of 6 years, the dentist on the radiograph revealed the phenomena of active resorption of the roots of the tooth by granulation tissue. What types of pathological resorption can you name?

slow absorption

accelerated resorption
resorption of the bifurcation region
uniform absorption of all roots

85. On the radiograph of a child at the age of 7 years, the dentist found physiological resorption of the root of the tooth 64. Name the types of physiological root resorption.

resorption of the bifurcation area
uniform absorption of all roots
uneven root resorption
accelerated resorption
slow absorption
slow absorption of one root and accelerated of the other

86. What are the stages of formation of the tip of the root of the temporary tooth:

unformed top
uncovered top
unformed periodontium
unfinished root growth in length

87. The dentist carries out the rehabilitation of the oral cavity in a child of 8 years. At what diseases should it take into account the time of resorption of the roots of temporary teeth?

in the treatment of pulpitis
in the treatment of periodontitis
when removing teeth
with orthodontic interventions
in the treatment of caries
in the treatment of gingivitis
in the treatment of CHD
the time of resorption of the roots of the temporary teeth is ignored

88. In a child of 5 years with a diagnosis of chronic periodontitis, there is a mechanical treatment of the root canal of the tooth 85. During cleaning of the root canal the following are removed:

Pulp residues
Blood
Necrotized dentin
Greased layer
Necrotized enamel
Cement residues
Periodontal fibers
All answers are correct

89. A 7-year-old child is diagnosed with chronic gangrenous pulpitis 74. What are the methods of root canal treatment that can be used in this clinical situation:

- Irrigation
- Antiseptic treatment
- Temporary root obturation
- Bleeding stop
- Channel obturation
- Devitalizing paste
- Therapeutic fasting
- Channel extension

90. In a patient of 14 years, with endodontic tooth picking 36 about chronic fibrous periodontitis carry out medical treatment of the root canals. Physical, chemical and biological treatment ensures:

- Removal of necrotized dentin
- Lubrication of endodontic instruments
- Disinfection of the root canal
- Dissolution and removal of organic and inorganic residues from the channel
- Dissolution and removal of cement residues
- Pulp devitalization
- Determination of root canal length
- Determination of apical opening

91. A patient of 8 years of age with a diagnosis of acute infectious periodontitis of tooth 16 for the second visit is scheduled to temporarily fill the root canals with preparations containing calcium hydroxide. Temporary root canal obturation provides:

- Separation of active ions and ionized molecules into dentin
- Separation of active ions and ionized molecules into periapical tissues
- Effective protection of the canal system and periapical area from reinfection (reinfection)
- Ensuring apexification (dentinal bridge formation)
- Sealed canal obturation
- Stop bleeding
- Antiseptic channel treatment
- Bactericidal effect

92. Chronic periodontitis of teeth 51 and 52 was detected in a 3-year-old child. At the first visit, they carry out medical treatment of the root canals of these teeth. Select the drugs used for the temporary root canal treatment of temporary teeth:

- 2.5% aqueous sodium hypochlorite solution
- 3% aqueous rn of hydrogen peroxide
- 2% aqueous rn chlorhexidine
- saline
- 3% aqueous sodium hypochlorite solution

5% aqueous solution of hydrogen peroxide
1% aqueous potassium permanganate
70% alcohol solution

93. A 15-year-old girl diagnosed with chronic tooth pulpitis 25 has Crown-Down technique selected to prepare the root canal for permanent obturation. The advantage of the Crown-Down technique over the Step-Back technique is:

Reduced risk of pushing necrotic tissue over the root apex

Prevention of periapical tissue infection

Faster root canal processing

Risk of development of a step

94. In the patient 12 years of age in the treatment of exacerbation of chronic infectious periodontitis of the tooth 21 with the purpose of outflow of the exudate, the apical opening should be opened. For this purpose, instruments marked with the "triangle" mark according to ISO standards were selected. Which tool is indicated by the triangle symbol:

K-Reamer

Drillbor

Spreader

Pulp extractor

95. In the treatment of tooth pulpitis 36 in a patient of 12 years, the method of devital extirpation was chosen. On the second visit, the Crown-Down technique was selected for root canal instrumentation. Crown-Down coronal-apical root canal instrumentation provides:

Root canal extension from cell to apical opening

Use tools from larger to smaller

Expansion of apical part only

Extending only the cell area

96. A 5-year-old patient diagnosed with chronic granulating periodontitis of tooth 55 undergoes first instrumental root canal treatment at first visit. Standard tooling technique involves working in root canals with the following tools:

K-rimers

H-files

Only by K-rimers

H files only

97. In the treatment of tooth pulp14 in a patient 16 years old, the Crown-Down technique was chosen for the second visit for instrumental root canal treatment. The disadvantage of the crown-apical method of root canal extension "Crown-Down" is:

Inability to accurately determine the working length of the channel

Inability to detect root canal patency at start of work

Poor access to the apical part

Complications of medical treatment of root canals

98. The parents of a 3-year-old child complain of a change in tooth position 51. After the examination, a diagnosis of subluxation of the tooth was established, endodontic treatment with root canal filling was shown. Specify the basic properties of materials for the root canal filling of temporary teeth:

- Easy to enter
- Resolve in parallel with the root resorption process
- Slow to harden
- Don't be toxic
- Periapical tissue irritation
- High solubility
- Stimulation of apexogenesis
- Undemanding to dryness of the channel

99. The child 4 years for the treatment of traumatic damage to the teeth 61 and 62 selected the method of endodontic treatment. The criteria for the quality of the filling of the root canals of temporary teeth according to radiographs are:

- Uniform material density over the entire length of the channel
- Tightness of filling the channel
- Preservation of periodontal intactness
- hermetic restoration
- Sealing the canal by the anatomical tip
- Not filling the root canal tightly
- Resorption of material in the root canal
- Periodontal irritation

100. A zinc oxide-eugenol paste was performed in a 5-year-old female patient with a diagnosis of exacerbation of chronic apical periodontitis of the canals 85 of the tooth. Zinc oxide and eugenol filling materials for permanent obturation of the root canals of temporary teeth have the following disadvantages:

- Possible irritant effect on periapical tissues
- Slower resorption than the root of the tooth
- Possibility of influencing the adhesion and polymerization of filling materials
- the ability to remove the material at the top
- Low toxicity
- Ease of removal from the root canal
- High solubility in root canal
- Poor channel filling

101. A boy of 6 years of age is diagnosed with acute apical periodontitis of the tooth 53. On the 7th day after the start of treatment, a permanent filling of the root canal is carried out. The standard technique of permanent obturation of the root canal of a temporary tooth with a formed root provides:

- Removing the air tight bandage

Root canal drying
Sealing the root canal with a hardening plastic paste
X-ray quality control of canal obstruction
Determine the working length of the channel
Removal of feed mass and granulation from the channel
complete root canal tooling
Introduction to the channel of the drug antiseptic action

102. A patient of 4 years for the treatment of chronic periodontitis of the tooth 84 on the first visit after complete medical and instrumental treatment of the root canals, after drying them, was introduced into the channels and iodine paste. Temporary obturation of the root canal with iodine paste is carried out with the aim of:

Bactericidal action
Granulation dehydration
Reduction of periapical tissue exudation
Anti-inflammatory activity
Desensitizing effect
Bacteriostatic effect
Odontotropic action
Stimulation of apexogenesis

103. A 6-year-old patient with chronic tooth pulpitis 23 is required to have a permanent root filling. Why solid obturation materials cannot be used to seal the root canals of temporary teeth:

The above material group is not absorbed with the root during the resorption period
It is very difficult to unplug the root canal
Possibility of irritation of periapical tissues
Accelerate the timing of physiological resorption

104. The parents of a 4-year-old girl went to the pediatric dentistry to complain of pain in the lateral teeth on the upper jaw on the left and fistula for redness of the mucous membrane. After clinical examination, a diagnosis of pulpitis of 64 teeth complicated by periodontitis was established. At the final stage of treatment is shown root canal filling. Which of the following filling materials is not used for the root canal obturation of temporary teeth:

Phosphate Cement
Ketac-Endo
Iodine paste
Zinc-eugenol paste

105. The parents of a 5-year-old child went to the doctor complaining of her carious cavity in the tooth on the lower jaw on the left. After clinical and radiological examination, the diagnosis of chronic fibrous periodontitis of the tooth 74. The root canal filling is shown. A feature of the technique of root canal obturation of temporary teeth is:

Introducing into the root canal first a liquid fraction of the material, then a denser one consistency

Instrumental root canal treatment is performed 2-3 mm shorter than radiographic length

Root canal obturation with materials of predominantly solid consistency

Introducing a dense fraction of filling material into the root canal first, then liquid

106. A 5-year-old boy, after subjective and objective examination, was diagnosed with chronic granular periodontitis of the tooth 75. Treatment involves root canal filling. What are the requirements, first of all, for the materials for root canal obturation of temporary teeth:

Non-toxicity to the germ of a permanent tooth

Simultaneous resorption of the material with the root of the tooth

Freezing speed

High X-ray contrast

107. A teenager for 15.5 years complains of intense, throbbing toothache in the upper jaw on the left for two days. After the examination, a diagnosis of acute purulent periodontitis of the tooth 26. The last visit to the patient is the root canal filling. Material for permanent obturation of root canals of permanent teeth with formed roots must meet the following requirements:

Being biologically inert

Do not change tooth color

Easy to enter and remove from root canal

Resorption in parallel with the process of root resorption

108. An 11-year-old girl is disturbed by toothache 24 while eating hot food. The diagnosis of Acute purulent pulpitis is made, the optimal method of treatment involves instrumental treatment of root canals and their obturation. What are the features of instrumental root canal treatment of permanent teeth with unformed roots:

No root canal extension step

Use large size tools with a secure tip

No need to form apical ledge

Carry out extensions of root canal cells

Carry out root canal expansion

Use small endodontic tools

109. Parents of a 13-year-old child complain of a change in tooth position 21. After the examination, a diagnosis of a subluxated tooth was established. Endodontic treatment with root canal filling is shown. Criteria for qualitative obturation of the root canal of a permanent tooth with a formed root are:

Material density along the entire root length (three-dimensional)

Tightness of filling the root canal along the entire length

Preservation of periodontal intactness

X-ray contrast of the stirring material

Removal of filling material beyond the root apex

Root canal obturation by 1.5 mm to the radiographic apex

Sealing with absorbable material

Channel obturation with gutta-percha only

110. In the treatment of tooth pulpitis 26 in a patient of 12 years, the method of devital extirpation was chosen. On the second visit, the Crown-Down technique was selected for root canal instrumentation. Crown-Down coronary-apical method of instrumental treatment of root canals of permanent teeth with formed roots provides:

Root canal extension from cell to apical opening

Use tools from larger to smaller

Expansion of apical part only

Expansion of the cell area only

111. Patient 16, 5 years old with a diagnosis of chronic tooth pulpitis 13 after complete medical and instrumental treatment, a permanent root canal obturation will be performed with gutta-percha paste. Which of the following obturation materials are epoxy based pastes:

Intradont

AN-plus

Foredent

Forfenan

112. The primary purpose of filling the carious cavity is to restore the anatomical shape and function of the tooth. In your opinion, what is the primary goal of a pediatric dentist in filling Grade II defects with Black?

restore contact point

restoration of mounds of the chewing surface if an additional site is created on the chewing surface

restoration of the equatorial zone

restoration of the cutting edge

113. A boy 13 years old was diagnosed with a dentist with a diagnosis of acute catarrhal papillitis in the area of teeth 25,26. It is known that about a month ago the boy was treated for tooth 26 for caries. What are the likely causes of papillitis in a baby.

no contact point in tooth 26 was restored during filling

the overhanging edges of the seal in the tooth 26

incorrectly selected filling material

poor oral hygiene

114. An amalgam with a high copper content of Dispersalloy was selected for the repair of a grade II defect in tooth 36 in a child of 11 years. What dental tools do you need to use to make amalgam fillings?

amalgamtregger

amalgamstopfer
the figured matrix
separation blade

115. What do you know about the basic anatomical and physiological features of the structure of temporary teeth?

Volumetric pulp chamber

Wide root canals

The size of the crown of the milk tooth is smaller than that of the permanent one

Much less enamel and dentin thickness

Unformed pulp chamber

Narrow root canals

Enamel has a yellow tint

Small pulp chamber

116. The main anatomical features that can be used to determine the group membership of a tooth on the right or left side and on the upper or lower jaw include:

Root sign

Crown angle sign

Crown curvature sign

Indication of the approximate surface

sign of root length

sign of crown height

Equator width sign

all a sign

117. For which teeth is a characteristic sign of lateral deviation of the longitudinal axis of the root from the midline

Center incisors

Lateral incisors

Upper jaw canine

Lower premolars

118. Tooth shovel-shaped, with 3 cutting tubes on its cutting edge. Vestibular surface convex, lingual concave, triangular. Signs of a corner and a curvature of a crown are well expressed. One root and one root canal. Determine which tooth it is.

tooth 11

tooth 21

Tooth 31

Tooth 32

119. Crown of tooth of conical shape. On the vestibular surface there are 2 facets medial and lateral. There are two depressions on the oral surface. The root is well developed, length 16-18mm. cone-shaped, compressed in the mesiodistal direction. Which one do you think is a tooth?

tooth 13
tooth 23
Tooth 31
Tooth 32

120. What are the types of resorption of the roots of temporary teeth?

Physiological
Pathological
Clinically
Anatomically