

Examination tests study base 8th Semester

1. The fixed mucosal covering of the alveolar process, loosely attached to the bone, is defined as
 - A. vestibular mucosa
 - B. alveolar mucosa
 - C. mandibular mucosa
 - D. prosthetic mucosa
 - E. denture base mucosa

2. The portion of the oral cavity that is bounded on one side by the teeth, gingiva, and alveolar ridge (in the edentulous mouth - the residual ridge) and on the lateral side by the cheek posterior to the buccal frenula, is termed
 - A. suction chamber
 - B. neutral zone
 - C. neutral space
 - D. buccal vestibule
 - E. contact area

3. The collected data about an individual, family, environmental factors (including medical/dental history) and any other information that may be useful in analyzing and diagnosing conditions or for instructional purposes, are structured in the
 - A. dental history
 - B. medical history
 - C. patient history
 - D. diagnostic history
 - E. patient data-base

4. A brief sharp sound; with reference to the temporomandibular joint, any bright or sharp sound emanating from the joint
 - A. all of the listed
 - B. early opening click
 - C. early closing click
 - D. late closing click
 - E. late opening click

5. A series of clicks, such as the snapping, cracking, or noise evident on excursions of the mandible; a distinct snapping sound or sensation, usually audible (or by stethoscope) or on palpation, which emanates from the temporomandibular joint(s) during jaw movement. ...
 - A. may be associated with internal derangements of the temporomandibular joint
 - B. may or may not be associated with internal derangements of the temporomandibular joint
 - C. may not be associated with internal derangements of the temporomandibular joint
 - D. may or may not be associated with external derangements of the temporomandibular joint
 - E. may or may not be associated with masticatory muscles fatigue

6. One of the three main categories of dental prostheses, not able to be described as either a dental prosthesis or a maxillofacial prosthesis (examples may include guides, stents, splints, conformers, carriers and the like), mostly intended for short term or special usage, are categorized as
 - A. additional prostheses
 - B. diagnostic prostheses
 - C. supplementary prostheses
 - D. repositional prostheses
 - E. ancillary prostheses

7. The replacement of the natural teeth in the arch and their associated parts by artificial substitutes, or the art and science of the restoration of an edentulous mouth, is represented as
 - A. basic prosthetics

- B. removable prosthetics
 - C. maxillofacial prosthetics
 - D. complete denture prosthetics
 - E. complete denture techniques
8. The resistance in the movement of a denture away from its tissue foundation especially in a vertical direction, or a quality of a denture that holds it to the tissue foundation and/or abutment teeth, is defined as
- A. denture compliance
 - B. denture adhesion
 - C. denture retention
 - D. denture satisfaction
 - E. denture restoration
9. Dental impression as a negative likeness or copy in reverse of the surface of an object, or an imprint of the teeth and adjacent structures, routinely is not
- A. master
 - B. direct
 - C. sectional
 - D. preliminary
 - E. indirect
10. Any occlusion in which the mandibular teeth articulate with the maxillary teeth in a position anterior to normal, is specified as
- A. mesiotrusion
 - B. mesioclusion
 - C. mesioversion
 - D. distocclusion
 - E. centroclusion
11. A material that polymerizes by chemical reaction without external heat as a result of the addition of an activator and a catalyst, is called
- A. dual polymer
 - B. photopolymer
 - C. injection polymer
 - D. autopolymer
 - E. base polymer
12. Baseplate as a rigid, relatively thin layer adapted over edentulous surfaces of a definitive cast to form a base which, together with an attached occlusion rim made of wax or similar material, serves as the record base, is made of
- A. wax
 - B. wax, thermoplastic polymer or shellac
 - C. thermoplastic polymer
 - D. shellac
 - E. other material
13. The enclosure of an impression to produce the desired size and form of the base of the cast and to preserve desired details, is termed
- A. fixing
 - B. relining
 - C. outlining
 - D. boxing
 - E. rebasing
14. Cast as a life-size likeness of some desired form that is formed within or is a material poured into a matrix or impression of the desired form, is represented by the following types, except of
- A. trial
 - B. diagnostic

- C. preliminary
 - D. refractory
 - E. remount
15. An individualized impression tray made from a cast recovered from a preliminary impression, that is used in making a final impression, is called
- A. preliminary tray
 - B. custom tray
 - C. diagnostic tray
 - D. standard tray
 - E. anatomic tray
16. The part of the mandibular residual ridge in the second and third molar region as seen from the buccal side, or - the portion of the lower residual ridge, either lingual, labial, or buccal, between the crest of the ridge and the mucobuccal fold or flexion line of the peripheral tissues, is indicated as
- A. lower ridge flange
 - B. lower ridge slope
 - C. lower ridge crest
 - D. lower ridge fold
 - E. lower ridge border
17. The line of flexure of the mucous membrane as it passes to the cheek, is called
- A. mucobuccal fold
 - B. mucolabial fold
 - C. mucolingual fold
 - D. mucopalatal fold
 - E. mucovestibular fold
18. The line of flexure of the oral mucous membrane as it passes from the maxillary or mandibular alveolar ridge to the lip, is termed
- A. mucopalatal fold
 - B. mucobuccal fold
 - C. mucolingual fold
 - D. mucolabial fold
 - E. mucovestibular fold
19. An oblique ridge on the lingual surface of the mandible that extends from the level of the roots of the last molar teeth (mylohyoid ridge) serves as a bony attachment for the mylohyoid muscles forming the ...
- A. buccal vestibule
 - B. transitional membrane
 - C. floor of the mouth
 - D. sublingual area
 - E. sublingual glands sheath
20. The potential space between the lips and cheeks on one side and the tongue on the other; that area or position where the forces between the tongue and cheeks or lips are equal, is termed
- A. neutral flange
 - B. neutral area
 - C. neutral space
 - D. neutral plane
 - E. neutral zone
21. The contact of the denture border with the underlying or adjacent tissues to prevent the passage of air or other substances, is defined as
- A. dento – mucosal contact
 - B. border – mucous zone
 - C. border flange

- D. border seal
 - E. border place
22. An impression, usually encompassing an entire dental arch, that uses metal or resin copings placed on prepared teeth, that are repositioned before the pouring of a working cast, is called
- A. Coping impression
 - B. multiple copings impression
 - C. single coping impression
 - D. double impression
 - E. transitional impression
23. The surfaces of the oral structures available to support a denture, can be described as all of the listed, excepting
- A. denture supporting area
 - B. denture-bearing area
 - C. denture relieving area
 - D. denture foundation area
 - E. denture-in-contact field
24. The impression that represents the completion of the registration of the surface or object, is named
- A. orientational impression
 - B. complete impression
 - C. transitional impression
 - D. functional impression
 - E. final impression
25. The process of directing (introduction) a prosthesis to a desired location in a patient's mouth, is not related to the
- A. placement
 - B. follow up
 - C. delivery
 - D. insertion
 - E. completion
26. The registration of the relationship of the mandible to the maxillae is not described as
- A. maxilla – mandibular relation record
 - B. biscuit bite
 - C. smashed bite
 - D. facebow transfer record
 - E. interalveolar record.
27. Centric occlusion as the occlusion of opposing teeth when the mandible is in centric relation - ... with respect to the maximal intercuspal position
- A. may coincide
 - B. may or may not coincide
 - C. may not coincide
 - D. rarely coincide
 - E. has no coincidence with
28. A clinically determined position of the mandible placing both condyles into their anterior uppermost position, that can be determined in patients without pain or derangement in the TMJ, is named
- A. eccentric relation
 - B. centric occlusion
 - C. intermaxillary relation
 - D. antero – posterior relation
 - E. centric relation

29. The position of centric relation as a clinically determined relationship of the mandible to the maxilla when the condyle disk assemblies are positioned in their most superior position in the mandibular fossae and against the distal slope of the articular eminence, has been difficult to define anatomically but is determined clinically by assessing when the jaw can hinge on a fixed terminal axis -
- up to 25 mm
 - up to 20 mm
 - up to 10 mm
 - up to 30 mm
 - up to 5 mm
30. Centric relation (the maxillomandibular relationship in which the condyles articulate with the thinnest avascular portion of their respective disks with the complex in the anterior-superior position against the shapes of the articular eminences) is clinically discernible when the mandible is directed superior and anteriorly, restricted to a purely rotary movement about the transverse horizontal axis and
- independent of TMJ structure
 - dependent of tooth contact
 - independent of tooth contact
 - dependent of tooth position
 - dependent of teeth size
31. Occlusal position as the relationship of teeth in maximum intercuspation regardless of jaw position is named
- anatomical
 - habitual
 - acquired
 - individual
 - physiologic
32. An occlusal arrangement for dental prostheses wherein the posterior artificial teeth have masticatory surfaces that closely resemble those of the natural healthy dentition and articulate with similar natural or artificial surfaces, is called
- habitual
 - balanced
 - centric
 - central
 - anatomic
33. The influence of the contacting surfaces of anterior teeth on tooth limiting mandibular movements and of the contacting surfaces of the guide pin and anterior guide table on articulator movements, resulting in the fabrication of a relationship of the anterior teeth preventing posterior tooth contact in all eccentric mandibular movements, is defined as
- group function
 - balanced articulation
 - anterior protected articulation
 - anterior guidance
 - mutually protected articulation,
34. The angle formed between the sagittal plane and the average path of the advancing condyle as viewed in the horizontal plane during lateral mandibular movements, is named
- Camper angle
 - Bennett angle
 - Bonwill angle
 - Monson angle
 - Wilson angle
35. Bennett's movement as the term of a condylar movement on the working side in the horizontal plane, that may be used in combination with terms describing condylar movement in other planes, represents
- laterotrusion

- B. lateroversion
 - C. laterovision
 - D. mesiotrusion
 - E. anterotrusion
36. A form of mutually protected articulation in which the vertical and horizontal overlap of the anterior teeth disengages the posterior teeth in all mandibular excursive movements, is defined as
- A. anterior protected articulation
 - B. posterior protected articulation
 - C. altered articulation
 - D. study articulation
 - E. balanced articulation
37. The anatomic curve (anteroposterior) established by the occlusal alignment of the teeth, as projected onto the median plane, beginning with the cusp tip of the mandibular canine and following the buccal cusp tips of the premolar and molar teeth, continuing through the anterior border of the mandibular ramus, ending with the anterior most portion of the mandibular condyle, is termed
- A. reverse curve
 - B. curve of Wilson
 - C. curve of Spee
 - D. probability curve
 - E. mandibular curve
38. Articulation - the static and dynamic contact relationship between the occlusal surfaces of the teeth during function, is not described as
- A. monoplane
 - B. anterior protected
 - C. balanced
 - D. functional
 - E. altered
39. The occluding surfaces of dentures on the balancing side (antero posteriorly or laterally balancing occlusal surfaces) are developed for the purpose of
- A. processing dentures
 - B. adjusting dentures
 - C. fitting dentures
 - D. stabilizing dentures
 - E. correcting dentures
40. The bilateral, simultaneous anterior and posterior occlusal contact of teeth in centric and excentric positions is defined as
- A. mutually balanced articulation
 - B. bilateral balanced articulation
 - C. mutually protected articulation
 - D. antero – posterior articulation
 - E. centric articulation
41. An anterior guide on an articulator whose surface may be altered to provide desired guidance of the articulator's movement mechanism (adjustable anterior guidance), may be programmed (calibrated) to accept...
- A. centric interocclusal records
 - B. eccentric interocclusal records
 - C. intermaxillary records
 - D. mandibular movements tracing
 - E. the most retracted mandibular position
42. An individually fabricated anterior guide table that allows mandibular motion without the influence of tooth contacts and facilitates the recording of maxillomandibular relationships, is also

used for

- A. adjusting
 - B. fitting
 - C. recording
 - D. deprogramming
 - E. tracing
43. An articulator with applied design, that maintains anatomic guidelines by the use of condylar analogs in the mandibular element and fossae assemblies within the maxillary element, is called
- A. arcon articulator
 - B. non – arcon articulator
 - C. simplified articulator
 - D. semi – adjustable articulator
 - E. average anatomic articulator
44. Arrow point tracer as a mechanical device with a marking point attached to one jaw and a graph plate or tracing plane attached to the other jaw. is used to trace a pattern of mandibular movement in a selected plane—usually parallel to the occlusal plane, and to record...
- A. mandibular hinge position
 - B. the direction of mandibular movements
 - C. the range of mandibular movements
 - D. intermaxillary relations
 - E. the direction and range of mandibular movements
45. Articulators as a mechanical instruments that represent the temporomandibular joints and jaws, to which maxillary and mandibular casts may be attached to simulate some or all mandibular movements, are divisible into
- A. five classes
 - B. three classes
 - C. two classes
 - D. four classes
 - E. six classes
46. The plane developed in the occlusal surfaces of the occlusion rims is used to position the mandible in centric relation and to
- A. alter movements
 - B. guide movements
 - C. record movements
 - D. record relations
 - E. guide positions
47. Vertically parallel surfaces on abutment teeth or/and dental implant abutments oriented so as to contribute to the direction of the path of placement and removal of a removable dental prosthesis, are identified as
- A. control planes
 - B. reference planes
 - C. orienting planes
 - D. interocclusal planes
 - E. guiding planes
48. A core or mold used to record or maintain the relative position of a tooth or teeth to one another, to a cast, or to some other structure, is called
- A. cast relator
 - B. stand
 - C. index
 - D. rim
 - E. guide
49. An illustration of the manufacturer’s shapes and sizes of denture teeth is called

- A. position record
 - B. survey plan
 - C. orientation form
 - D. mold chart
 - E. mold guide
50. A selection of denture teeth demonstrating the molds offered by a manufacturer is called
- A. mold guide
 - B. survey plan
 - C. orientation form
 - D. position record
 - E. mold chart
51. purpose of evaluation and planning restorations is called
- A. trial waxing
 - B. planning waxing
 - C. diagnostic try – in
 - D. diagnostic waxing
 - E. contour waxing
52. The interridge (interarch) distance is the vertical distance between the maxillary and mandibular dentate or edentate arches ...
- A. at rest
 - B. under specified conditions
 - C. in centric relation
 - D. during denture fitting
 - E. during individual tray adjusting
53. Interocclusal distance is the distance between the occluding surfaces of the maxillary and mandibular teeth when the mandible is ...
- A. in most retruded position
 - B. at rest
 - C. in centric relation
 - D. in a specified position
 - E. in strained condition
54. The difference between the vertical dimension of rest and the vertical dimension while in occlusion is called
- A. maxilla – mandibular dimension
 - B. interocclusal distance
 - C. interocclusal space
 - D. interalveolar space
 - E. interocclusal rest space
55. The alignment of the occluding surfaces of the teeth as viewed in the horizontal plane is referred to the
- A. compensation line
 - B. alignment line
 - C. interocclusal line
 - D. horizontal line
 - E. line of occlusion
56. Any resin material with incorporated adhesive chemicals (adhesive resin) such as organophosphates, HEMA (hydroxyethyl methacrylate), or 4-META (4 methacrylethyl trimellitic anhydride), describes the luting agents used with
- A. resin containing prostheses
 - B. resin based prostheses
 - C. resin bonded prostheses
 - D. resin – free prostheses

E. resin relined prostheses

57. The shaping of the border areas of an impression material by functional or manual manipulation of the soft tissue adjacent to the borders to duplicate the contour and size of the vestibule, or – determining the extension of a prosthesis by using tissue function or manual manipulation of the tissues to shape the border areas of an impression material, is defined as

- A. border forming
- B. border contouring
- C. border flasking
- D. border relining
- E. border molding

58. The steps in the fabrication of a dental prosthesis as the dental prosthetic laboratory procedures do not require for their completion...

- A. the presence of patient
- B. detailed instructions
- C. refractory materials
- D. gas consumption
- E. occupational safety measures

59. The act of pressing or squeezing together to form a shape within a mold or the adaptation, under pressure, of a plastic material into a mold, is defined as

- A. compression flasking
- B. molding adaptation
- C. molding adjustment
- D. compression molding
- E. compression forming

60. A material consisting principally of an allotrope of silica and a bonding agent (substance) that may be gypsum (for use in lower casting temperatures) or phosphates and silica (for use in higher casting temperatures) is identified as

- A. denture flasking investment
- B. dental casting investment
- C. denture forming investment
- D. dental duplicating material
- E. denture finishing composition

61. The viewable portion of a removable denture prosthesis, or the portion of the surface of a denture that extends in an occlusal direction from the border of the denture and includes the facial, lingual, and palatal surface, being the part of the denture base that is usually polished, and includes the buccal and lingual surfaces of the teeth, is called

- A. palatal surface
- B. vestibular surface
- C. denture flange
- D. impression surface
- E. cameo surface

62. Canine protected articulation is a form of mutually protected articulation, in which the vertical and horizontal overlap of the canine teeth disengage the posterior teeth in the mandibular ...

- A. centric movement
- B. excursive movement
- C. eccentric movement
- D. lateral movement
- E. protrusive movement

63. The anteroposterior curving (in the median plane) and the mediolateral curving (in the frontal plane) within the alignment of the occluding surfaces and incisal edges of artificial teeth that is used to develop balanced occlusion, or - the arc introduced in the construction of complete removable dental prostheses to compensate for the opening influences produced by the condylar

and incisal guidance's during lateral and protrusive mandibular excursive movements, is to be referred as

- A. compensating curve
- B. reference curve
- C. equilibrating curve
- D. balancing curve
- E. guiding curve

64. The simultaneous contact of the buccal and lingual cusps of the working side maxillary teeth with the opposing buccal and lingual cusps of the mandibular teeth, concurrent with contact of the nonworking side maxillary lingual cusps with the mandibular buccal cusps, is identified as

- A. mutually protected articulation
- B. cross arch articulation
- C. balanced articulation
- D. cross arch balanced articulation
- E. maxillo – mandibular articulation

65. Resistance against dislodging or rotational forces obtained by using a partial removable dental prosthesis design that uses natural teeth on the opposite side of the dental arch from the edentulous space to assist in stabilization, is defined as

- A. balanced stabilization
- B. cross tooth stabilization
- C. cross arch stabilization
- D. bilateral stabilization
- E. antero – posterior stabilization

66. Denture base as the part of a denture that rests on the foundation tissues and to which teeth are attached, can not be

- A. characterized
- B. tinted
- C. locked
- D. double layered
- E. reinforced

67. An occluding vertical dimension at a reduced interarch distance that results in excessive interocclusal distance when the mandible is in the rest position and in a reduced interridge distance when the teeth are in contact, is called

- A. overjet
- B. overlap
- C. oversize
- D. interrelation
- E. overclosure

68. That portion of the surface of a denture that extends in an occlusal direction from the border of the denture and includes the palatal surfaces, the buccal and lingual surfaces of the teeth, and is usually polished, belongs to the

- A. denture space
- B. denture flange
- C. bordered seal
- D. denture base
- E. dent ure – bearing area

69. Any substance applied to a dental prosthesis, which - when seated on a structure - demonstrates the adaptation of the prosthesis to the structure it opposes, is called

- A. pressure indicating paste
- B. stress – relieving indicator
- C. interocclusal indicator
- D. softening paste
- E. premature contacts indicator

70. The procedures used to resurface the tissue side of a removable dental prosthesis with new base material, thus producing an accurate adaptation to the denture foundation area, is defined as
- rebase
 - reline
 - refill
 - relieve
 - repair
71. A registration of centric relation (occluding centric relation record) is made at the established ...
- vertical rest dimension
 - centric relation
 - occlusal vertical dimension
 - freeway space
 - centric occlusal position
72. Any removable artificial occlusal surface used for diagnosis or therapy affecting the relationship of the mandible to the maxillae (occlusal device), may also be used for all of the listed, excepting
- provide a myofunctional relief
 - occlusal stabilization
 - treatment of temporo – mandibular disorders
 - prevent wear of the dentition
 - splinting teeth
73. The relationship of the mandible and maxillae when the jaw is closed and the teeth are in contact, that may or may not coincide with centric occlusion, is called
- occlusal position
 - centric relation
 - centric position
 - occlusal vertical dimension
 - physiological rest position
74. The mandibular position assumed when the head is in an upright position and the involved muscles, particularly the elevator and depressor groups, are in equilibrium in tonic contraction, and the condyles are in a neutral, unstrained position, is identified as
- occlusal vertical dimension
 - centric relation
 - centric position
 - physiological rest position
 - occlusal position
75. Physiologic rest position as the position assumed by the mandible when the attached muscles are in a state of tonic equilibrium, is usually noted when ...
- the masticatory muscles are released
 - the mount is opened
 - the head is held upright
 - the head is moved downward
 - the jaws are closed
76. An instrument used to graphically record in one or more planes, paths of mandibular movement and to provide information for the programming of an articulator, is named
- relator
 - pantograph
 - recorder
 - programmed
 - surveyor

77. Pantographic tracing as a graphic record of mandibular movement is usually recorded in the horizontal, sagittal and frontal planes as registered by styli on the recording tables of a pantograph, or by means of ...
- A. monoblock
 - B. articulating paper
 - C. wax rims
 - D. baseplate
 - E. electronic sensors
78. An intraoral or extraoral registration of a specified mandibular position is defined as
- A. orientational record
 - B. intraoral record
 - C. extraoral record
 - D. positional record
 - E. mandibular record
79. The most posterior (posterior border jaw) relation of the mandible to the maxillae is recorded at any specific ...
- A. horizontal relation
 - B. vertical relation
 - C. vertical or horizontal relation
 - D. lateral relation
 - E. anterior relation
80. A record of maxillary structures affixed to the mandibular member of an articulator useful in facilitating subsequent transfers, is called
- A. remount record index
 - B. transfer record
 - C. intermaxillary index
 - D. antero-posterior record
 - E. occlusal relations transfer
81. An artificial replacement of an absent part of the human body, or a therapeutic device to improve or alter function, or a device used to aid in accomplishing a desired surgical result:
- A. denture
 - B. baseplate
 - C. prosthesis
 - D. moulage
 - E. prothotype
82. The prosthesis generally is described first by a type adjective (dental, maxillofacial or ancillary) and frequently second by use of one or more additional adjectives (termed modifiers) to clarify the following matters, excepting:
- A. anatomic location
 - B. form and materials
 - C. means of retention, support
 - D. path of insertion
 - E. time of usage
83. The treatment of jaw fracture requires reduction of the fractured segments in the proper position, immobilization till bony union occurs and ... to restore normal functions:
- A. regeneration
 - B. rehabilitation
 - C. reconstruction
 - D. adaptation
 - E. alignment
84. Methods of immobilization in prosthetic fixation of jaw fractures include wiring –indicated when all or most of the natural teeth are present, splints and... indicated when there is no enough

number of natural teeth to enable effective wiring:

- A. attachments
- B. lingual bar
- C. arch bar
- D. palatal bar
- E. continuous clasp

85. Splint is an appliance used to immobilize the fractured parts in their original position until ... has taken place:

- A. repair
- B. replacement
- C. restoration
- D. reconstruction
- E. recall

86. Reduction (repositioning) and fixation of fractured bones without making a surgical opening to the fracture site is defined as ... of a fracture:

- A. open reduction
- B. combines reduction
- C. prosthetic fixation
- D. closed reduction
- E. fracture recovery

87. Malformations associated with the head and face craniofacial dysjunction fracture are classified as:

- A. head and face malformations
- B. craniofacial dysfunction
- C. craniofacial defects
- D. craniofacial fracture
- E. head and face lesions

88. Surgical procedures designed to facilitate fabrication of a prosthesis or to improve the prognosis of prosthodontic care are known as:

- A. postprosthetic surgery
- B. additional surgery
- C. ambulatory surgery
- D. adjunctive surgery
- E. preprosthetic surgery

89. Splint is a rigid or flexible device that maintains in position a displaced or movable part. used to all of the listed, excepting to:

- A. reposition an injured part
- B. keep in place an injured part
- C. protect an injured part
- D. immobilize an injured part
- E. restrict motion of an injured part

90. Stent is an eponym for any supplementary prosthesis, often modified with acrylic resin or dental modeling impression compound that was previously termed Stent's mass, used in conjunction with a surgical procedure to:

- A. protect an injured part
- B. keep a skin graft in place
- C. replace a skin graft
- D. protect a skin graft
- E. accelerate rehabilitation

91. The prosthesis for rehabilitation in cases of partial loss of maxilla should replace all missing oral structures including both hard and soft tissue in the traumatic area. There are several treatment options available including all of the proposed, excepting:

- A. removable partial dentures
- B. fixed partial dentures
- C. crown and bridges
- D. teeth-implant supported prostheses
- E. splints

92. Uses of combined prosthesis in patients after severe facial trauma include esthetic and biocompatible restoration with zirconia prosthesis. At final recall visit, patients are satisfied with the new appearance and usually have no functional difficulties during eating, chewing, or swallowing. Speech impairment is eliminated considerably and the ... is improved to a certain degree:

- A. tissue integrity
- B. denture fixation
- C. patient's profile
- D. masticatory performance
- E. oral hygiene

93. Surgical template is a guide used to assist in proper surgical placement and angulation of dental implants, as well as in establishing the desired occlusion during:

- A. maxillofacial prosthetics
- B. orthognathic surgery
- C. postsurgical rehabilitation
- D. provisional teeth splinting
- E. gingival forming

94. Cast metal cap splint covers the buccal, lingual and occlusal surfaces of the teeth on both sides of the fracture and cemented to the teeth and is of ... types:

- A. one
- B. three
- C. two
- D. four
- E. five

95. One piece (simple) metal splint is used when there is little displacement and reduction of the fracture can be made by the help of the ... occlusion:

- A. mandibular teeth
- B. maxillary teeth
- C. artificial teeth
- D. permanent teeth
- E. natural teeth

96. A rigid bar or/and wire used for intermaxillary fixation in treatment of fractures of the maxillae and mandible and/or stabilization of injured teeth, generally attached to the remaining natural dentition and/or occlusal splints, is termed:

- A. connecting bar
- B. continuous bar
- C. arch bar
- D. stabilizing bar
- E. attached bar

97. Weber's splint is constructed in baseplate wax (optionally thermo-forming sheets) with contralateral positioning of appropriately prepared interproximal ... :

- A. bent wire crosspieces
- B. wrought wire clasps
- C. rigid bar connectors
- D. wrought wire arches
- E. rostral hooks

98. With reference to a tooth, nearer than normal in its position toward the median line of the face, along the dental arch, is referred as:

- A. mesioposition
- B. mesiotrusion
- C. mesioclosure
- D. mesiotraction
- E. mesioversion

99. Among the splints for dentulous and completely edentulous patients with maxillofacial defects treatment are all of the listed, excepting:

- A. labio-lingual splint
- B. metal cap splint
- C. occlusal splint
- D. Gunning splint
- E. Kingsley splint

100. Labio-lingual splint consists of three sections; a lingual section fits around the lingual surface of the teeth hinged by half round wires to two labial sections around the facial surface of the teeth. Although it could be cast in metal, it is usually made of clear acrylic resin and can be also termed as:

- A. collapsible splint
- B. reversible splint
- C. rigid splint
- D. stout sectional splint
- E. cross-arch splint

101. A plastic or metallic device used in the treatment of maxillary or mandibular fractures and designed to cover the clinical crowns of the teeth and usually luted to them is called:

- A. crown splint
- B. occlusal splint
- C. cross-arch splint
- D. bimaxillary splint
- E. cap splint

102. A device used to stabilize teeth in the maxillae or mandible loosened by an accident or by a compromised periodontium is termed:

- A. cap splint
- B. wire splint
- C. crown splint
- D. bar splint
- E. ring splint

103. The wire splint is used to reduce and stabilize maxillary or mandibular fractures by application to both arches and connection with intermaxillary wires or:

- A. rigid clips
- B. synthetic threads
- C. resorbable strips
- D. elastic bands
- E. fixation screws

104. Different splinting techniques are currently recommended for stabilization of repositioned or replanted teeth, including all of the listed construction, excepting:

- A. wire-composite splint
- B. orthodontic bracket splint
- C. cross arch splint
- D. resin splint
- E. titanium trauma splint.

105. Application of laboratory-made intra-oral and extra-oral splint devices may be required in patients with following conditions, excepting:

- A. soft tissue trauma

- B. thermal injuries
- C. musculoskeletal disorders
- D. skin disease
- E. congenital abnormality of the skin

106. For the fixation of mandibular or maxillary fractures in completely edentulous patients, when there is little displacement and there is no infection, is indicated:

- A. Dolder splint
- B. labio-lingual splint
- C. metal cap splint
- D. Kingsley splint
- E. Gunning splint

107. Gunning splint is made as a one piece for the two arches or two separate pieces and can be made in conjunction with elastic chin bandage to:

- A. increase mouth opening
- B. reduce pain and discomfort
- C. facilitate chewing
- D. ensure high aesthetics
- E. improve oral hygiene

108. In Kingsley splint fabrication an intraoral tray, that has stout wires attached and projecting between the lips around the sides of the face, is fitted to the teeth or edentulous ridge by compound impression material. The wires provide attachment for bandage over the head in case of maxillary fracture and ... in mandibular fracture:

- A. below the chin
- B. around the jaw
- C. around the neck
- D. in an individual manner
- E. bilaterally

109. Thomas Brian Gunning, English-born American dentist (1813-1889) initial work described four types of splints used in treating jaw fractures (1866-67), which allowed openings for saliva flow, nourishment, and speech – called also:

- A. mouthguards
- B. cross-arch splints
- C. occlusal splints
- D. cap splints
- E. wire splints

110. A splint for treatment of fractures and consisting of a metal or acrylic resin prostheses wired to the teeth in the maxilla and mandible and joined to keep the segments immovable is known as:

- A. cap splint
- B. interdental splint
- C. combined splint
- D. Gunning's splint
- E. Kingsley splint

111. Clinical examination of the patient after major maxillofacial trauma may show soft tissue defects on the face particularly eye area and... :

- A. dysmorphic appearance
- B. microstomia
- C. micrognathia
- D. decreased interalveolar height
- E. neuromuscular atrophy

112. The patient has complained of inability to communicate, emotional disturbance of her appearance, and anxiety about the restoration of teeth. In order to restore oral and dental function, after extensive surgical procedures, initially temporary acrylic prosthetic rehabilitation was applied

approximately ... later after trauma:

- A. one week
- B. one year
- C. one month
- D. six months
- E. three years

113. In result of certain treatment options, the prosthodontic support after trauma can be enhanced with all of the listed advantages, excepting:

- A. increased retention
- B. increased stability
- C. preservation of existing hard tissues
- D. dental arches alignment
- E. preservation of existing soft tissues

114. Although implant-retained fixed prostheses are desired for particular types of major maxillofacial trauma, some patients can deny the vertical bone augmentation due to repeated surgical procedures which would be needed to provide implant therapy. Therefore, in such a cases alternative ... with tissue ceramic and zirconia-based crown prosthesis can be applied:

- A. immediate denture
- B. removable partial denture
- C. modified combination prosthesis
- D. modified overdenture
- E. modified occlusal corrector

115. A device of plastic, metal, or both, made to conform to the outer aspect of the dental arch and used in the management of jaw and facial injuries is known as:

- A. vestibular splint
- B. mandibular splint
- C. labial splint
- D. occlusal splint
- E. lingual splint

116. Involuntary contraction (rigidity) of muscles, relaxed at rest, occurring as a means of avoiding the pain caused by movement of the part (resistance to passive stretch), is called:

- A. muscle strain
- B. muscle fatigue
- C. muscle contracture
- D. muscle deprogramming
- E. muscle-splinting

117. Muscular splinting as a contraction of a muscle or group of muscles attended by interference with function and producing involuntary movement and distortion; differs from ... in that the contraction is not sustained when the muscle is at rest:

- A. muscle deprogramming
- B. muscle fatigue
- C. muscle strain
- D. muscle spasm
- E. muscle contracture

118. Any ancillary prosthesis designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing, and is used to re-establish, as much as possible, normal occlusal relationships, during the process of immobilization, is called:

- A. surgical splint
- B. surgical template
- C. interdental splint
- D. Kingsley splint
- E. Weber splint

119. Synonymous to the term Surgical Splint are all the following, excepting:
- A. cast metal splint
 - B. fenestrated splint
 - C. combined splint
 - D. labiolingual splint
 - E. modified Gunning splint
120. A removable maxillofacial prosthesis used to restore an acquired or congenital defect of the soft palate with a portion extending into the pharynx to separate the oropharynx and nasopharynx during phonation and deglutition, thereby completing the palatopharyngeal sphincter, is named:
- A. postsurgical prosthesis
 - B. speech aid prosthesis
 - C. palatal obturator
 - D. postsurgical corrector
 - E. surgical stent
121. In patient V. occlusal analysis, the side to side, protrusive, and intermediate movement of the mandible occurring when the teeth or other occluding surfaces are in contact, is described as
- A. the other version
 - B. mandibular shift
 - C. mandibular glide
 - D. mandibular balance
 - E. mandibular rotation
122. Any records made for the purpose of diagnosis, recording of the patient T., 63-years-old, history, or treatment planning in advance of therapy, were called
- A. pretreatment records
 - B. posttreatment records
 - C. reference records
 - D. diagnostic records
 - E. ambulatory records
123. The sequence of procedures planned for the treatment of a patient C. after diagnosis, is structured in the
- A. treatment procedure
 - B. treatment plan
 - C. patient history
 - D. diagnostic plan
 - E. narrative report
124. In patient N. treatment planning, the foundation area, on which a dental prosthesis rests, being resistant to displacement away from the basal tissue or underlying structures, was used primarily to provide
- A. attachment
 - B. adjustment
 - C. fixation
 - D. adherence
 - E. support
125. In dental laboratory practice, the name of a mechanical device that orients opposing casts to each other without reference to anatomic landmarks, is
- A. cast relator
 - B. cast recorder
 - C. cast surveyor
 - D. cast trimmer
 - E. cast holder

126. In dental materials science, the act or state of sticking together tightly of alike molecules, helping to explain the occurrence of surface tension and capillarity, the attraction of aggregation, is described as
- A. adhesion
 - B. retention
 - C. cohesion
 - D. fixation
 - E. retrusion
127. In patient T. intraoral examination, mylohyoid muscles attached to the oblique ridge on the lingual surface of the mandible, that extends from the level of the roots of the last molar teeth (mylohyoid ridge), are known in forming the
- A. buccal vestibule
 - B. transitional membrane
 - C. sublingual sulcus
 - D. sublingual glands sheath
 - E. floor of the mouth
128. In patients intraoral examination, the surfaces of oral structures that resist forces, strains, or pressures brought on them during function, or the portion of the mouth capable of providing support for a denture, compose
- A. stress – distributing region
 - B. stress – bearing region
 - C. force – applying region
 - D. pressure – relieving region
 - E. stress – transmitting region
129. In patient V. intraoral observation, the soft tissue area at or beyond the junction of the hard and soft palates on which pressure - within physiologic limits - can be applied by a removable denture to aid in its retention, is called
- A. border seal area
 - B. neutral zone
 - C. postpalatal seal area
 - D. antero – posterior seal area
 - E. vestibulo – palatal seal area
130. Particularly in dentate patients, centric occlusion as the occlusion of opposing teeth when the mandible is in centric relation, with the maximal intercuspal position
- A. may coincide
 - B. may not coincide
 - C. rarely coincide
 - D. may or may not coincide
 - E. has no coincidence with
131. Centric relation is the most retruded physiologic relation of the mandible to the maxillae, to and from which the individual can make lateral movements. It is a condition, that can exist at various degrees of jaw separation and occurs around/ related with the
- A. Camper's plain
 - B. Frankfort plane
 - C. Monson's curve
 - D. terminal retruded position
 - E. terminal hinge axis
132. According to the syllabus in occlusal analysis, the angle formed between the sagittal plane and the average path of the advancing condyle as viewed in the horizontal plane during lateral mandibular movements, is named
- A. Bennett angle
 - B. Camper angle
 - C. Bonwill angle

- D. Monson angle
- E. Wilson angle

133. According to the syllabus in occlusal analysis, the position of the mandibular condyles in the glenoid fossae of the temporal bone at which rotational movements are possible, is described as

- A. temporomandibular position
- B. condylar habitual position
- C. condylar retruded position
- D. condylar hinge position
- E. intercondylar position

134. In patient S. functional examination, registration of the paths of movement of the occlusal surfaces of teeth or occlusion rims of one dental arch with use of appliances, attached to the teeth or occlusal rims of the opposing dental arch, was termed

- A. habitual path
- B. opposing path
- C. functionally generated path
- D. mutually protected path
- E. functionally activated path

135. In patient P. prosthetic treatment, the occluding surfaces of dentures on the balancing side (antero- posteriorly or laterally balancing occlusal surfaces) were developed for the main purpose of

- A. processing dentures
- B. adjusting dentures
- C. fitting dentures
- D. correcting dentures
- E. stabilizing dentures

136. In functional occlusal examination, registration of the mandible in relation to the maxillae when both condyles are advanced in their protrusive movement, or mandibular movement anterior to centric relation, is defined as

- A. protrusive intercondylar record
- B. maxillo – mandibular record
- C. protrusive interocclusal record
- D. protrusive intermandibular index
- E. anterior mandibular record

137. In contemporary prosthodontic sources has been defined, that mandible may rotate around an imaginary anteroposterior line (sagittal axis), when viewed in the

- A. vertical plane
- B. cross-sectional plane
- C. horizontal plane
- D. frontal plane
- E. maxillo – mandibular plane.

138. In patient H. clinical visit, an individually fabricated anterior guide table, that allowed mandibular motion without the influence of tooth contacts and facilitated the recording of maxillomandibular relationships, was also used for masticatory

- A. adjusting
- B. deprogramming
- C. fitting
- D. recording
- E. tracing

139. Arrow point tracer as a mechanical device with a marking point attached to one jaw and a graph plate or tracing plane attached to the other jaw, is used to trace a pattern of mandibular movement in a selected plane—usually parallel to the occlusal plane, and to record...

- A. mandibular hinge position
- B. the direction of mandibular movements
- C. the range of mandibular movements
- D. intermaxillary relations
- E. the direction and range of mandibular movements

140. In dental prosthetic practice, articulators as a mechanical instruments, that represent the temporomandibular joints and jaws, to which maxillary and mandibular casts/models may be attached to simulate some or all mandibular movements, are divisible into

- A. five classes
- B. three classes
- C. four classes
- D. two classes
- E. six classes

141. In dental prosthetic practice, an articulator, whose condylar element attached to the upper member of the articulator and condylar guidance attached to the iower member, is called

- A. class I articulator
- B. class II articulator
- C. class III articulator
- D. class IV articulator
- E. condylar or non-arcon articulator

142. In patient S. prosthetic treatment, vertically parallel surfaces on abutment teeth and dental implant abutments, oriented so as to contribute to the direction of the path of placement and removal of a removable dental prosthesis, were identified as

- A. control planes
- B. reference planes
- C. guiding planes
- D. orienting planes
- E. interocclusal planes

143. A dental diagnostic procedure, in which planned restorations are developed in wax on a diagnostic cast to determine optimal clinical and laboratory procedures, necessary to achieve the desired esthetics and function, is described as

- A. preoperative try – in
- B. preoperative wax – up
- C. operative try – in
- D. operative wax – up
- E. pre – operative index

144. In patient C. initial examination, the occlusal contacts of teeth on the side, toward which the mandible is moved, characterize

- A. balanced articulation
- B. non – working articulation
- C. functional articulation
- D. habitual articulation
- E. working articulation

145. In dental prostheses fabrication, posterior denture teeth having 0-degree cuspal angles in relation to the plane, established by the horizontal occlusal surface of the tooth, are called

- A. cusplless teeth
- B. average anatomical teeth
- C. altered anatomic teeth
- D. diatoric teeth
- E. zero – degree teeth

146. In patients ambulatory examination, reduction in the distance, measured between two anatomic points, when the teeth are in occlusal contact, corresponds to the decreased
- A. occlusal vertical dimension
 - B. occlusal horizontal dimension
 - C. intercondylar dimension
 - D. occlusal anterior dimension
 - E. occlusal posterior dimension
147. In dental laboratory practice, waxing of intended restorative contours on dental casts for the purpose of evaluation and planning restorations, is called
- A. trial waxing
 - B. diagnostic waxing
 - C. temporary waxing
 - D. diagnostic try – in
 - E. contour waxing
148. In prosthodontic practice, an occlusal arrangement, wherein the posterior teeth have masticatory surfaces that lack any cuspal height, represents.....
- A. anatomic occlusion
 - B. balanced occlusion
 - C. non - anatomic occlusion
 - D. monoplane occlusion
 - E. altered occlusion
149. In dental laboratory practice, the act of investing in a flask, or the process of investing the cast and a wax replica of the desired form in a flask preparatory, leads to molding the selected restorative material into the
- A. masterl cast
 - B. desired product
 - C. final mold
 - D. denture base
 - E. template
150. In patient R. prosthetic treatment, pressure relief was provided in the midline palatal area of a maxillary denture in an attempt to obtain additional holding in place by means of the
- A. rubber dam
 - B. vacuum valve
 - C. palatal extension area
 - D. suction chamber
 - E. border seal
151. In dental prosthetics, a life-size likeness of some desired form, that is formed by pouring into a matrix or impression to start a denture fabrication, is called
- A. working model
 - B. carving model
 - C. surveying model
 - D. separating model
 - E. duplicating model
152. In removable prosthodontics, resistance against dislodging or rotational forces, obtained by using a partial removable dental prosthesis design, that uses natural teeth on the opposite side of the dental arch from the edentulous space to assist in stabilization, is defined as
- A. balanced stabilization
 - B. cross tooth stabilization
 - C. bilateral stabilization
 - D. cross arch stabilization
 - E. antero – posterior stabilization

153. In edentulous patient D. prosthetic treatment, the part of the denture base, that extends from the cervical parts of the artificial teeth to the denture border, is called
- denture flask
 - denture border
 - denture flange
 - denture base
 - denture form
154. Any articulator, which broadly replicates the three dimensional motions of the left and right condylar compartments, or any articulator design in which the condylar element (analog) is not part of the lower member of the articulator and may be used to simulate the three dimensional motions of the left and right condylar compartments, is named
- fully adjustable articulator
 - semi – adjustable articulator
 - non adjustable articulator
 - nonarcon articulator
 - cast relator
155. In removable prosthodontics, contouring of a pattern in wax, generally applied to the shaping in wax of the contours of a trial denture, or the process of waxing and carving of the wax to the shape and contour desired, is represented as
- fitting
 - boxing
 - try-in
 - patterning
 - waxing up
156. In dental prosthodontics, seating of a fixed or removable denture so, that it will not tilt or be displaced under pressure, is called
- placement
 - fixation
 - adaptation
 - try-in
 - stabilization
157. In chairside occlusal analysis, contacts of teeth on the side of the occlusion, toward which the mandible has been moved, are called
- occlusal contacts
 - non-working contacts
 - marked contacts
 - working contacts
 - balanced contacts
158. A horizontal plane established on the face of the patient O. by one anterior reference point and two posterior reference points, from which measurements of the posterior anatomic determinants of occlusion and mandibular motion were made, is known as horizontal plane of ...
- fit
 - balance
 - reference
 - trial
 - adjustment
159. In dental prosthodontics, a removable complete dental prosthesis is indicated to replace the entire dentition and of the maxillae or mandible
- opposite dentition
 - denture – bearing area
 - displaceable tissues
 - surrounding structures
 - foundation area

160. In ambulatory dental practice, record of the relationship of the mandible to the maxilla obtained in the terminal hinge position, is defined as
- A. maxillo – mandibular record
 - B. terminal jaw record
 - C. terminal jaw relational record
 - D. terminal rotational record
 - E. terminal positional record
161. Splinting teeth in the patient R., 65-years-old, allowed weakened teeth to be supported, although the procedure can make other procedures difficult, such as
- A. selective grinding
 - B. oral hygiene
 - C. dental arch tracing
 - D. meals intake
 - E. masticatory probes
162. In several methods of splinting teeth, both extra- and intracoronal, commonly used materials in perio-prosthetic treatment of patients 16 to 76 years age range, are:
- A. luting agents
 - B. dental abrasives
 - C. dental bonding
 - D. bleaching agents
 - E. space fillers
163. To ensure the longevity of the connected teeth in patient H., 67-years-old, special attention must be given to
- A. technical accuracy
 - B. previous clinical records
 - C. nutritional balance
 - D. instructing patient on daily maintenance
 - E. patient's psychosomatic status
164. In connecting teeth in patient M., 34-years-old, by the classic bonding method, the enamel surface of the tooth was etched with a
- A. 10% solution of sulfuric acid
 - B. 20% solution of nitric acid
 - C. 37% solution of phosphoric acid
 - D. 42% solution of alkali
 - E. 15% solution of fluoric acid
165. The composite-resin splint in patient R., 56-years-old, can be strengthened by adding fibers to the splint or by using a
- A. template
 - B. glass-reinforced fibres
 - C. fibre meshwork
 - D. fibres and pins
 - E. adhesives
166. In a 60-year-old woman, involved in a motor vehicle accident, prosthetic reconstruction included placing crowns on most of the remaining teeth, as well as increasing support in the anterior region of the mouth with osseointegrated implants. Approximately one year after conclusion of the implant treatment, splinting the teeth together was attempted aiming to
- A. equilibrate occlusion
 - B. improve teeth stability
 - C. avoid teeth discoloration
 - D. repair the contact area
 - E. close the contact area

167. According to the decision to splint the 2 existing restorations in the patient B., 45-years-old, in the disto-occlusal surface of tooth 36 and the mesio-occlusal surface of the tooth 37 was prepared
- A. dovetail restoration
 - B. double-dovetail restoration
 - C. edge-to-edge restoration
 - D. split-cast restoration
 - E. multiple unit restoration
168. For the patient D., 46-years-old, with moderately compromised dentition a denture framework can be made in whole or made of component parts and used to anchor a prosthesis to natural teeth (by cementation) or..... (by cementation, mechanical undercuts, screws) or both:
- A. dental implant abutments
 - B. artificial teeth
 - C. treated root canal
 - D. templates
 - E. restored teeth
169. In periodontally compromised dentition of the patient B., 53-years-old, a natural tooth located between terminal abutments that serve to support a fixed or removable dental prosthesis, was reported:
- A. pontic unit
 - B. abutment tooth
 - C. remaining tooth
 - D. adjacent tooth
 - E. intermediate abutment
170. In clinical records of the patient F., 49-years-old, a pontic that was partially submerged in a surgically-prepared soft-tissue depression to enhance the illusion that a natural tooth is emerging from the gingival tissues, was described as:
- A. saddle pontic
 - B. ovate pontic
 - C. sanitary pontic
 - D. egg-like pontic
 - E. intermediate pontic
171. An eponym for a resin-bonded fixed dental prosthesis in perio-prosthetic treatment of the patient O., 34-years-old, incorporating holes within the metal framework and lutes to the lingual aspect of teeth adjacent to an edentulous space that replaces one or more teeth was
- A. Rochette bridge
 - B. Maryland bridge
 - C. Holland bridge
 - D. Lincoln bridge
 - E. lingual bridge
172. In partially edentulous patient V., 49-years-old, the type of a pontic with a broad concave facio-lingual area of contact with the residual ridge, that is known to be uncleanseable and result in tissue irritation at the area of contact with the ridge mucosa, was called:
- A. saddle pontic
 - B. hygiene pontic
 - C. ovate pontic
 - D. sanitary pontic
 - E. cast pontic
173. To have a favourable prognosis in patient C., 36-years-old, treatment with periodontal prosthesis it was reasonable to adopt a logic sequence along the clinical approach, starting with eliminating local and occlusal etiological factors, followed by a ...:
- A. orthodontic rehabilitation
 - B. teeth stabilization and occlusal equilibration

- C. teeth stabilization
- D. provisional rehabilitation and teeth stabilization
- E. adjunctive therapy

174. An artificial replacement of an absent part of the observed patient s M., 73-years-old, body, or a therapeutic device to improve or alter function, or a device used to aid in accomplishing a desired surgical result, is to be specified in general medical forms as

- A. denture
- B. baseplate
- C. moulage
- D. prothotype
- E. prosthesis

175. Splint in patient R. 19-years-old, was an appliance used to immobilize the fractured parts in their original position until has taken place:

- A. replacement
- B. regeneration
- C. restoration
- D. reconstruction
- E. recall

176. Facial fracture in patient S.was treated by reduction and immobilization or fixation of the fractured segments, followed by occlusal adjustments and restoration of:

- A. factors of occlusion
- B. missing teeth
- C. periodontal tissues
- D. aesthetics and function
- E. soft tissues

177. In patient C., 46-years-old, reduction (repositioning) and fixation of fractured bones without making a surgical opening to the fracture site prior prosthetic treatment was defined asof a fracture:

- A. open reduction
- B. combined reduction
- C. prosthetic fixation
- D. closed reduction
- E. fracture recovery

178. Surgical template in the patient D., 46-years-old, was guide used to assist in proper surgical placement and angulation of dental implants, as well as in establishing the desired occlusion during:

- A. orthognathic surgery
- B. postsurgical rehabilitation
- C. maxillofacial prosthetics
- D. provisional teeth splinting
- E. gingival forming

179. The appropriate treatment for the maxillary defect demands a multidisciplinary approach by a team which consists of various fields of dentistry and medicine. The ectoprostheses should replace not only missing teeth but also lost soft tissues and bone, and it should include the hard palate, residual alveolar ridges, and, in some instances, the:

- A. positioning plates
- B. artificial teeth
- C. soft palate
- D. alveolar mucosa
- E. periodontal tissues

180. The patient V., 68-years-old, has complained of inability to communicate, emotional disturbance of her appearance, and anxiety about the restoration of teeth. In order to restore oral

and dental function, after extensive surgical procedures, initially temporary acrylic ectoprosthetic rehabilitation was applied approximatelylater after trauma:

- A. one week
- B. one year
- C. one month
- D. six months
- E. three years

181. Although implant-retained fixed prostheses are desired for particular types of major maxillofacial trauma, some patients can deny the vertical bone augmentation due to repeated surgical procedures which would be needed to provide implant therapy. Therefore, in such a cases as in patient L. 45-years-old, alternativewith tissue ceramic and zirconia-based crown prosthesis can be applied:

- A. immediate denture
- B. removable partial denture
- C. modified overdenture
- D. modified combination prosthesis
- E. modified occlusal corrector

182. A device of plastic, metal, or both, made to conform to the outer aspect of the dental arch and used in the management of jaw and facial injuries as ectoprosthesis in patient U., 62-years-old, was known as:

- A. mandibular splint
- B. labial splint
- C. vestibular splint
- D. occlusal splint
- E. lingual splint

183. In epithetic-related patient R., 46-years-old, prosthetic treatment, lower ridge slope is the portion of the lower residual ridge, either lingual, labial, or buccal, between the crest of the ridge and the or flexion line of the peripheral tissues:

- A. floor of the mouth
- B. peripheral seal zone
- C. buccal flange
- D. mucobuccal fold
- E. marginal gingival line

184. A maxillofacial ecto- prosthesis used in patient T., 76-years-old, to optimize intra/extraoral contours to improve speech and deglutition after mandibular or contiguous soft tissue surgery due to tumor ablation, or reconstruction of acquired or congenital defects, where mandibular continuity is maintained or re-established, was defined as:

- A. immediate mandibular prosthesis
- B. postsurgical mandibular prosthesis
- C. combining mandibular prosthesis
- D. mandibular template
- E. mandibular overdenture

185. Non-surgical ectoprosthetic interventions in patient Z., 52-years-old,, such as construction of a denture with an acrylic base plate or extension of the patients existing denture, were required in prevention of:

- A. oral-nasal communication
- B. vestibular aperture
- C. oral-antral or oral-nasal communication
- D. cleft of upper lip and palate
- E. oral-antral communication

186. Patient R., 53-years-old, was assured, that maxillofacial prostheses not only restore several types of orofacial defects, but also improve the patient s

- A. chronobiological rhythms

- B. space orientation
- C. quality of life
- D. cognitive abilities
- E. professional skills

187. In patient R., 34-years-old, anamnestic data analysis, the possible causes of maxillofacial deformities were differentiated as congenital, represented by malformations and developmental disturbances, or

- A. inherited
- B. superimposed
- C. induced
- D. acquired
- E. administered

188. Patient B., 54-years-old, obtained information, that in general maxillofacial reconstruction involves implanting artificial substitutes for intraoral or extraoral structures, such as the eyes, ears, nose, maxilla, mandible, and also.....

- A. esophagus
- B. palate
- C. cranial bones
- D. temporomandibular joints
- E. sternum

189. Maxillofacially wounded patient V., 63-years-old, expressed agreement, that in order to achieve success, it is necessary to integrate different health professionals, such as doctors of surgery, nurses, psychologists, dentists for prosthetic rehabilitation and.....

- A. endocrinologists
- B. cryptoanalists
- C. receptionists
- D. social mediators
- E. speech therapists

190. Patients in maxillofacial prosthetics department were provided information, that restorative prostheses substitute for bone loss or repair deformities of facial contour. Complementary prostheses help with plastic surgery in the pre-, trans-, postoperative period or

- A. in psychotherapy sessions
- B. in sessions of meditation
- C. in kynesitherapy sessions
- D. in radiotherapy sessions
- E. in further examination

191. Patient's S., 52-years-old, clinical case was typical for those persons with unilateral or bilateral defects, who may have facial collapse, difficulty with mastication and swallowing, unintelligible speech and

- A. higher professional motivation
- B. higher quality of life
- C. lower quality of life
- D. lower color perception
- E. deranged circadian rhythms

192. Regardless of the amount of tissue removed from the mandible, the surgery may cause several functional and aesthetic sequelae for the patient B., 65-years-old. The consequences include decrease in masticatory quality and impact on facial appearance, speech impairment and

- A. insomnia caused by radiotherapy
- B. reflux esophagitis
- C. xerostomia caused by radiotherapy
- D. postural impairment
- E. rhinosinusitis

193. Patient F., 68-years-old, was planned for the fabrication of an artificial tongue with a to guide the alimentary bolus to the oropharynx, and an for articulation dentilingual phonemes and vowels

- A. posterior fixation - anterior elevation
- B. posterior inclination - anterior fixation
- C. posterior ramification - anterior elevation
- D. posterior inclination - anterior restoration
- E. posterior inclination - anterior elevation

194. In patient U., 68-years-old, radiotherapy prosthesis fabrication involved the team of well-integrated specialists: the radiotherapist, the physicist, and the prosthetic dentist. According to the treatment protocol, after the dentist fixed the cateters - the computer plans the correct

- A. distribution of therapeutic doses to each tumor area
- B. template position
- C. impression technique
- D. dosage of anaesthetics
- E. path of insertion

195. In patient J., 43-years-old, maxillofacial prosthetic treatment, silicone polymers were considered as primary choice due to their several advantages, including chemical inertness, strength, durability and ease of manipulation. However, they still need improvement, because they last for and need frequent replacement

- A. 9 months
- B. 4 months
- C. 3 months
- D. 6 months
- E. 12 months

196. In patients with facial defects, thermo- or autopolymerised acrylic resins can be used to fabricate prostheses. The well known fact is, that with the advent of acrylic resins, have become much more versatile, resistant and comfortable to use

- A. mandibular prostheses
- B. maxillary prostheses
- C. tongue prostheses
- D. ocular prostheses
- E. cranial bone prostheses

197. Relying on contemporary research data, the development of new prostheses that substitute for bone tissues without requiring bone grafts, thus reducing the morbidity and the recovery time, should be produced using tissue engineering, computer-aided design and manufacturing, and

- A. impression techniques
- B. positioning guides
- C. models articulation
- D. color matching
- E. utility recommendations

198. In patients of maxillofacial prosthetics department, a plastic or metallic device used in the treatment of maxillary or mandibular fractures and designed to cover the clinical crowns of the teeth and usually luted to them, is called:

- A. crown splint
- B. occlusal splint
- C. cap splint
- D. cross-arch splint
- E. bimaxillary splint

199. A device used to stabilize teeth in the maxillae or mandible loosened by an accident or by a compromised periodontium in patients of maxillofacial prosthetics department, is termed:

- A. cap splint

- B. crown splint
- C. bar splint
- D. wire splint
- E. ring splint

200. Upon admission to an emergency unit, the wire splint is used to reduce and stabilize maxillary or mandibular fractures by application to both arches and connection with intermaxillary wires or:

- A. rigid clips
- B. elastic bands
- C. synthetic threads
- D. resorbable strips
- E. fixation screws

201. According to the common clinical observations, disadvantages of splint are, that this type of splint is rigid and its stabilizing parts may loosen and cause irritation

- A. wire ligature
- B. titanium trauma
- C. arch bar
- D. fibre
- E. composite and fishing line

202. Patient H., 62-years-old, was explained, that advantage of the titanium trauma splint are the of the splint, which facilitate its fixation:

- A. rhomboid openings
- B. retentive clasps
- C. rostral hooks
- D. occlusal rests
- E. retentive pins

203. In patient T., 14-years-old, rigid distraction of the midface (guided osteogenesis), first a custom-made intraoral orthodontic splint was fabricated by the orthodontist. This acted as the link between the maxillary splint skeleton and the distraction apparatus. This splint was cemented to the first permanent molars or second primary molars and was further secured at the time of surgery with.....

- A. circumdental stainless steel orthodontic wire
- B. cross-arch stainless steel surgical wire
- C. transversal wire-reinforced acrylic template
- D. attachment retainers
- E. circumdental stainless steel surgical wire

204. According to the distraction osteogenesis of the midface treatment protocol in patient T., 14-years-old, after patient underwent osteotomy, the halo portion of the distraction device is placed immediately after closure of the intraoral incision, and the intraoral splint and halo are connected to one another to initiate distraction after a latency period of

- A. 1 to14 days
- B. 1 to3 weeks
- C. 3 to5 weeks
- D. 3 to7 days
- E. 5 to7 days

205. For the fixation of mandibular or maxillary fractures in completely edentulous patient D., 72-years-old, since there was little displacement and there was no infection, was indicated:

- A. Dolder splint
- B. Gunning splint
- C. labio-lingual splint
- D. metal cap splint
- E. Kingsley splint

206. In patient C., 64-years-old, Kingsley splint fabrication, an intraoral tray, that has stout wires attached and projecting between the lips around the sides of the face, was fitted to the teeth or edentulous ridge by compound impression material. The wires provided attachment for bandage over the head in case of maxillary fracture and in mandibular fracture:

- A. around the jaw
- B. around the neck
- C. in an individual manner
- D. bilaterally
- E. below the chin

207. According to the clinical guidelines, Thomas Brian Gunning, English-born American dentist (1813-1889) initial work described four types of splints used in treating jaw fractures (1866-67), which allowed openings for saliva flow, nourishment, and speech – called also:

- A. occlusal splints
- B. mouthguards
- C. cross-arch splints
- D. cap splints
- E. wire splints

208. The patient F., 48-years-old, was given information, that a splint for treatment of fractures and consisting of a metal or acrylic resin prostheses wired to the teeth in the maxilla and mandible and joined to keep the segments immovable, is known as:

- A. cap splint
- B. combined splint
- C. interdental splint
- D. Gunning's splint
- E. Kingsley splint

209. In patient G., 35-years-old, medical card, eponym for a maxillary splint used to apply traction to reduce and immobilize maxillary fractures and immobilize them through wings attached to a head device by elastics is:

- A. cap splint
- B. interdental splint
- C. imcombined splint
- D. Gunning's splint
- E. Kingsley splint

210. In patient R., 46-years-old, prosthetic treatment Weber's splint was constructed in baseplate wax (optionally thermo-forming sheets) with contralateral positioning of appropriately prepared interproximal ... :

- A. wrought wire clasps
- B. bent wire crosspieces
- C. rigid bar connectors
- D. wrought wire arches
- E. rostral hooks

211. Patient C., 42-years-old, with post-traumatic malocclusion underwent prosthetic treatment His fractured mandible was openly reduced in changed position, as a result his occlusion has also been changed. Subsequently, he was treated by prosthetic method to establish stable occlusion in so-called.....

- A. adapted centric relation
- B. adapted centric posture
- C. habitual centric occlusion
- D. maximal intercuspation
- E. the most retruded position

212. The patient R., 52-years-old, was explained, that a rigid bar or/and wire used for intermaxillary fixation in treatment of fractures of the maxilla and mandible and/or stabilization of

injured teeth, generally attached to the remaining natural dentition and/or occlusal splints, is termed:

- A. connecting bar
- B. continuous bar
- C. stabilizing bar
- D. attached bar
- E. arch bar

213. In patient L., 39-years-old, intraoral observation data recording, with reference to a tooth, nearer than normal in its position toward the median line of the face, along the dental arch, was referred as:

- A. mesioposition
- B. mesioversion
- C. mesiotrusion
- D. mesioclosure
- E. mesiotraction

214. Patient U., 48-years-old, was provided information, that labio-lingual splint consists of three sections; a lingual sections fits around the lingual surface of the teeth hinged by half round wires to two labial sections around the facial surface of the teeth. Although it could be cast in metal, it is usually made of clear acrylic resin and can be also termed as:

- A. collapsible splint
- B. reversible splint
- C. rigid splint
- D. stout sectional splint
- E. cross-arch splint

215. In treatment protocols is noted, that in dentate and partially edentulous patients for fixation of fractures without or with minimal displacement reasonable choice is:

- A. collapsible splint
- B. reversible splint
- C. labio-lingual splint
- D. rigid splint
- E. cross-arch splint

216. In patient N., 42-years-old, fastening together of the maxillary and mandibular teeth, as for immobilization of a mandibular fracture, was described as:

- A. maxillomandibular closure
- B. maxillomandibular splinting
- C. maxillomandibular positioning
- D. maxillomandibular fixation
- E. maxillomandibular wiring

217. Patient O., 48-years-old, was explained, that in some persons with fractured jaws, muscular splinting as a contraction of a muscle or group of muscles attended by interference with function and producing involuntary movement and distortion, differs from in that the contraction is not sustained when the muscle is at rest:

- A. muscle deprogramming
- B. muscle fatigue
- C. muscle strain
- D. muscle contracture
- E. muscle spasm

218. As was noted in patient M., 39-years-old, medical records, an ancillary prosthesis designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing, and was used to re-establish, as much as possible, normal occlusal relationships, during the process of immobilization, was called:

- A. surgical template
- B. surgical splint

- C. interdental splint
- D. Kingsley splint
- E. Weber splint

219. In patient S., 63-years-old, preliminary examination, myospasm differed from in that the contraction was sustained even when the muscle was at rest and the pain/dysfunction was present with passive and active movements of the affected part.

- A. muscle deprogramming
- B. muscle strain
- C. muscle splinting
- D. muscle fatigue
- E. muscle contracture

220. In patient O., 52-years-old, treatment planning, a removable dental prosthesis that creates a different, yet temporary, dental occlusal position that guides the mandible to close into a predetermined and altered position was chosen, that is known as.....

- A. mandibular guiding prosthesis
- B. mandibular temporary prosthesis
- C. mandibular occlusal prosthesis
- D. mandibular training prosthesis
- E. mandibular repositioning prosthesis

221. When the bone in fragments was knitted irregularly, Vankevych splint was fabricated case-appropriately in patient R., 34-years-old, with the for one of them at the maximum dislocation, without considering of another fragment(-s) position.

- A. support plane
- B. bite rim
- C. swing-lock
- D. baseplate
- E. guide plane

222. Splints are used in jaw fractures, in orthographic surgery to correct discrepancy of basal bones, as an aid in specific procedure or therapy e.g. in bone grafting and in periodontal treatment as splint for loose teeth, and in holding another appliance e.g.

- A. stent
- B. template
- C. obturator
- D. training flange
- E. mouthguard

223. Patient V., 64-years-old, was instructed, that a rigid bars or/and wire (arch bars) are used for intermaxillary fixation in treatment of fractures of the maxillae and mandible and/or stabilization of injured teeth, are generally attached to the remaining natural dentition and/or:

- A. denture base
- B. clasp arms
- C. templates
- D. occlusal splints
- E. pontic units

224. Fibrous integration as the presence of a layer of intervening fibrous connective tissue between a dental implant and the adjacent bone in patient T., 43-years-old, was indicative of.....

- A. postoperative injury
- B. alveolar bone atrophy
- C. metabolic disorder
- D. abutment overload
- E. failed osseointegration

225. Muscle contracture as a condition of high resistance to passive stretching of a muscle, resulting from fibrosis of the tissues, supporting the muscle or the joint, was manifested in patient D., 39-years-old, by sustained increased resistance to passive stretch with.....
- increased muscle length
 - reduced contractive strength
 - reduced muscle length
 - increased contractive strength
 - reduced muscle length
226. In patient B, 54-years-old, clinical examination, a sudden involuntary contraction of a muscle or group of muscles attended by pain and interference with function was described as:
- muscle contracture
 - muscle strain
 - muscle spasm
 - muscle fatigue
 - muscle deprogramming
227. For making final impressions in patient S., 26-years-old, with microstomia, sectional impression techniques using..... have been recommended:
- custom-made trays
 - stock trays
 - perforated trays
 - split custom-made trays
 - closed rim trays
228. The mandibular swing-lock denture for patient C., 25-years-old, with microstomia incorporated a cast cobalt-chromium framework with a lingual hinge and a conventional labial swing-lock. This combination allowed the prosthesis to be..... while maintaining structural durability
- reversible
 - biodegradable
 - adjustable
 - combined
 - collapsible
229. Once the mandibular swing-lock denture for patient Z., 19-years-old, with microstomia was in place, the tongue may have been used as an aid to push the denture back to its original shape. Only after the prosthesis has been properly seated, should.....
- the lingual bar be adjusted
 - the palatal bar be seated
 - the labial bar be locked in place
 - the cross-arch bar be fitted
 - the indirect retainer be activated
230. The proper sequential arrangement of such an advantages of the swing-lock technique, as: (1) ability to reline the denture chairside with a visible-light cure resin, (2) coverage of maximal area for support, retention, and stability, (3) ease of insertion and removal of the mandibular denture without straining the oral opening, (4) ease of home care of the prosthesis, and (5) structural durability on the prosthesis for continued opening and closing, is represented in the following procedural scheme:
- 4-5-2-3-1
 - 1-2-3-4-5
 - 2-3-1-5-4
 - 3-5-2-4-1
 - 5-3-4-1-2
231. According to the medical statistics data, sectional and collapsible dentures are generally used to provide prosthodontic treatment to patients with... ..
- increased interalveolar height

- B. decreased interalveolar height
- C. masticatory disturbances
- D. limited intra-oral access
- E. post-traumatic injury

232. In patient N., 35-years-old, a swing-lock and/or simple hinge, Co-Cr framework with clasps to hold sectional complete denture, could also have been joined by a post, that slides into stainless steel tubing, and.....

- A. bar attachment systems
- B. ball-type attachment systems
- C. clasp retainers
- D. magnetic attachment systems
- E. screws and plates

233. In patient C., 20-years-old, involuntary contraction (rigidity) of muscles, relaxed at rest, occurring as a means of avoiding the pain caused by movement of the part (resistance to passive stretch), was called.....

- A. muscle strain
- B. muscle fatigue
- C. muscle splinting
- D. muscle contracture
- E. muscle deprogramming

234. Clinical examination of the patient B., 38-years-old, after major maxillofacial trauma, was expected to describe soft tissue defects on the face, particularly eye area and... :

- A. microstomia
- B. micrognathia
- C. decreased interalveolar height
- D. neuromuscular atrophy
- E. dysmorphic appearance

235. The patient B., 36-years-old, has complained of inability to communicate, emotional disturbance of her appearance, and anxiety about the restoration of teeth. In order to restore oral and dental function, after extensive surgical procedures, initially temporary acrylic prosthetic rehabilitation was applied approximately later after trauma:

- A. one week
- B. one month
- C. one year
- D. six months
- E. three years

236. Although implant-retained fixed prostheses are desired for particular types of major maxillofacial trauma, some patients can deny the vertical bone augmentation due to repeated surgical procedures which would be needed to provide implant therapy. Therefore, in such a cases alternative with tissue ceramic and zirconia-based crown prosthesis can be applied:

- A. immediate denture
- B. removable partial denture
- C. modified overdenture
- D. modified occlusal corrector
- E. modified combination prosthesis

237. A device of plastic, metal, or both, made for the patient L., 42-years-old, prosthetic rehabilitation to conform to the outer aspect of the dental arch and used in the management of jaw and facial injuries, is known as:

- A. labial splint
- B. vestibular splint
- C. mandibular splint
- D. occlusal splint
- E. lingual splint

238. In patient U., 41-years-old, lower ridge slope was observed as the portion of the lower residual ridge, either lingual, labial, or buccal, between the crest of the ridge and the or flexion line of the peripheral tissues.

- A. floor of the mouth
- B. peripheral seal zone
- C. buccal flange
- D. mucobuccal fold
- E. marginal gingival line

239. A maxillofacial prosthesis used in patients of specialized maxillofacial department to optimize intra/extraoral contours to improve speech and deglutition after mandibular or contiguous soft tissue surgery due to tumor ablation, or reconstruction of acquired or congenital defects, where mandibular continuity is maintained or re-established, is defined as:

- A. immediate mandibular prosthesis
- B. postsurgical mandibular prosthesis
- C. combining mandibular prosthesis
- D. mandibular template
- E. mandibular overdenture

240. Postsurgical maxillary prosthesis, used in patient P., 76-years-old, was a maxillofacial prosthesis used to optimize maxillary contours to improve speech and deglutition after a maxillary resection due to a tumor or reconstruction of acquired or congenital defects of the maxilla, where there is no.....

- A. oral-antral communication
- B. oral-antral or oral-nasal communication
- C. oral-nasal communication
- D. vestibular aperture
- E. cleft of upper lip and palate

241. The portion of the oral cavity that is bounded on one side by the teeth, gingiva, and alveolar ridge (in the edentulous mouth - the residual ridge) and on the lateral side by the cheek posterior to the buccal frenula, is termed

- A. buccal vestibule
- B. suction chamber
- C. neutral zone
- D. posterior oral vestibule
- E. neutral space

242. In patient S. examination, the collected data about an individual, family, environmental factors (and any other information that may be useful in analyzing and diagnosing conditions or for instructional purposes, are structured in the

- A. dental history
- B. patient history
- C. patient anamnesis
- D. medical history
- E. diagnostic history

243. Upon toothless patient O. intraoral examination, the highest continuous surface (crest) of the residual ridge—not necessarily coincident with the center of the was important reference in treatment planning

- A. dentate maxillary ridge
- B. edentulous alveolar ridge
- C. edentulous maxillary ridge
- D. dentate mandibular ridge
- E. toothless alveolar ridge

244. In patient B., a life-size reproduction of a part or parts of the oral cavity and/or facial structures for the purpose of study and treatment planning, was called
- diagnostic cast
 - alveolar cast
 - mounting cast
 - master cast
 - study cast
245. In patient M. intraoral examination, the portion of the oral cavity that is bounded on one side by the teeth, gingiva, and alveolar ridge (in the edentulous mouth - the residual ridge) and on the other by the lips anterior to the buccal frenula, is named
- buccal vestibule
 - anterior oral vestibule
 - labial vestibule
 - neutral zone
 - neutral space
246. In edentulous patients intraoral examination, a delimited, three-dimensional region, or physical space independent of what occupies it, is related to all of the listed, excepting
- interradicular space
 - border seal zone
 - denture space
 - interproximal space
 - retromylohyoid space
247. One of the three main categories of dental prostheses, not able to be described as either a dental prosthesis or a maxillofacial prosthesis (examples may include guides, stents, splints, conformers, carriers and the like), mostly intended for short term or special usage, are categorized as
- diagnostic prostheses
 - auxiliary prostheses
 - forming prostheses
 - supplementary prostheses
 - repositional prostheses
248. The replacement of the natural teeth in the arch and their associated parts by artificial substitutes, or the art and science of the restoration of an edentulous mouth, is represented as
- complete denture prosthetics
 - basic prosthetics
 - removable prosthetics
 - maxillofacial prosthetics
 - complete denture fabrication
249. In edentulous patients prosthetic treatment, with respect to the surface of the mouth available for support of a denture, or those areas of the maxillary and mandibular edentulous ridges that are considered best suited to carry the forces of mastication when the dentures are in function, the commonly used terms are
- impression area
 - foundation area
 - fixation area
 - retention area
 - supporting area
250. A removable dental prosthesis, serving for the patient R.as an short-term restoration, to which artificial teeth will be added after postextraction tissue changes have occurred, was termed
- interim denture
 - preliminary denture
 - immediate denture

- D. transitional denture
- E. sectional denture

251. In patient U. clinical visit, a material or device representing the base of a removable dental prosthesis, and used for making maxillomandibular relationship records and for the arrangement of teeth, could have been called

- A. transitional base
- B. immediate base
- C. support plate
- D. try-in base
- E. trial base

252. In patient S. intraoral examination, any spatial relationship of the maxilla to the mandible, or any one of the infinite relationships of the mandible to the maxilla, was described as

- A. dentomaxillary relation
- B. maxillomandibular relation
- C. maxillofacial relation
- D. intermaxillary relation
- E. orofacial relation

253. In patient E. laboratory procedures, baseplate as a rigid, relatively thin layer adapted over edentulous surfaces of a definitive cast to make an appropriate form, which, together with an attached occlusion rim, serves as the record appliance, could be made of

- A. wax
- B. metal
- C. thermoplastic
- D. none of the listed
- E. self-curing polymer

254. In dental laboratory practice, cast /model as a life-size likeness of some desired form that is formed within or is a material poured into a matrix or impression of the desired form, is represented by the following types:

- A. diagnostic
- B. trial
- C. preliminary
- D. refractory
- E. remount

255. In edentulous patients clinical visits, a situational impression tray made from a cast recovered from a preliminary impression, that is used in making a functional impression, is called

- A. diagnostic tray
- B. standard tray
- C. individual tray
- D. anatomic tray
- E. custom tray

256. In patients requiring prosthetic treatment, a replica of the tooth surfaces, residual ridge areas, and/or other parts of the dental arch and/or facial structures used to fabricate a dental restoration or prosthesis, is termed

- A. definitive cast
- B. preliminary cast
- C. diagnostic cast
- D. working cast
- E. standard cast

257. In patients of prosthetic dentistry department, a negative likeness made for the purpose of diagnosis, treatment planning, or the fabrication of a tray, is described / indicated as

- A. functional impression
- B. preliminary impression

- C. initial impression
- D. rebasing impression
- E. transitional impression

258. In patient F. occlusal analysis, a record of lateral and protrusive movements of the mandible made on the surfaces of an occlusion rim or other recording surface, is indicated as

- A. immediate record
- B. occlusal record
- C. anatomic record
- D. functional record
- E. transitional record

259. In dental laboratory practice, dental waxes are combinations of various types of waxes (one of several esters of fatty acids with higher alcohols, usually monohydric alcohols) compounded to provide desired physical properties, are represented in following forms :

- A. casting wax
- B. baseplate wax
- C. boxing wax
- D. mounting wax
- E. modelling wax

260. In patient B. prosthetic treatment, a cast that is revised in part before processing a denture base, can be called

- A. relined
- B. modified
- C. altered
- D. final
- E. corrected

261. In patient Z. intraoral examination, the potential space between the lips and cheeks on one side and the tongue on the other; that area or position where the forces between the tongue and cheeks or lips are equal, is termed

- A. neutral flange
- B. prosthetic space
- C. neutral area
- D. neutral zone
- E. neutral plane

262. In patient R. impression taking, the reduction or elimination of undesirable pressure or force from a particular region under a denture base, or the creation of space in an impression tray for impression material, is defined as

- A. relief
- B. division
- C. compensation
- D. reposition
- E. decompression

263. In patient B. medical record, that component of maxillary or mandibular bone, that remained after the teeth are lost, was described as

- A. alveolar bone
- B. auxiliary bone
- C. remaining bone
- D. augmented bone
- E. residual bone

264. In patient D. clinical observation, that quality of a removable dental prosthesis to be firm, steady, or constant, to resist displacement by functional horizontal or rotational stresses, was defined as

- A. capacity

- B. rigidity
- C. stability
- D. fidelity
- E. balance

265. In patient C. clinical observation, the contact of the denture border with the underlying or adjacent tissues to prevent the passage of air or other substances, is defined as

- A. dento – mucosal contact
- B. border – mucous zone
- C. peripheral seal
- D. border seal
- E. border place

266. In patient M. clinical visit, an impression, encompassing an entire dental arch, that used metal or resin copings placed on prepared teeth, that were repositioned before the pouring of a working cast, was called

- A. copings impression
- B. single coping impression
- C. double impression
- D. multiple copings impression
- E. transitional impression

267. In patient E. clinical observation, the surfaces of the oral structures underlying denture base and available to support a denture, can be described as

- A. denture supporting area
- B. denture relieving area
- C. denture-bearing area
- D. denture foundation area
- E. denture-in-contact field

268. In patient J. impression taking, the impression that represents the completion of the registration of the surface or object, is named

- A. orientational impression
- B. transitional impression
- C. definitive impression
- D. functional impression
- E. final impression

269. In patient C. prosthetic treatment, an interim denture base used to support the record rim material for recording maxilla-mandibular records, was identified as

- A. record base
- B. stand
- C. record index
- D. trial base
- E. baseplate

270. In patient B. impression taking, a metal prefabricated impression tray typically available in various sizes and used principally for preliminary impressions, was called

- A. individual tray
- B. stock tray
- C. anatomic tray
- D. primary impression tray
- E. custom tray

271. In patient D. ambulatory examination, a record of the mandibular movements made on the occluding surface of the opposing occlusion rim by teeth or scribing studs and produced by simulated chewing movements, was defined as

- A. anatomical record
- B. functional simulated record

- C. intermaxillary record
- D. individual record
- E. functional chewing record

272. In partially or complete edentulous patients prosthetic treatment, registration of the relationship of the mandibular to the maxillary dental arches can be represented as

- A. maxillo – mandibular relation record
- B. intermaxillary record
- C. smashed bite record
- D. facebow-transferred registration
- E. interalveolar record

273. In commonly used occlusal analysis techniques, centric relation as the most posterior relation of the lower to the upper jaw from which lateral mandibular movements are produced, can be registered at a given

- A. vertical dimension
- B. latero-dimension
- C. intermaxillary dimension
- D. horizontal dimension
- E. antero-posterior dimension

274. In patient V. clinical visit, the difference between the vertical dimension at rest and the vertical dimension while in occlusion, was named

- A. oneway space
- B. intermaxillary clearance
- C. interocclusal index
- D. freelance zone
- E. freeway space

275. In patient R. prosthetic treatment diary, registration (record) of the positional relationship of the opposing teeth / dental arches, could have been optionally termed as

- A. intermandibular
- B. interocclusal
- C. intervestibular
- D. interalveolar
- E. intermaxillary

276. In patient G. complete denture fabrication, the occlusal orientation lines were formed on a record base (record rim) for the purpose of maxillomandibular relationship records and subsequent

- A. denture try-in
- B. arranging teeth
- C. choosing teeth
- D. teeth placement
- E. adjusting teeth

277. In edentulous patients prosthetic treatment, the distance between two selected points (one of which is on the middle of the face or nose and the other - on the lower face or chin) measured when the mandible is in the physiologic rest position is termed

- A. rest vertical position
- B. rest vertical relation
- C. rest vertical dimension
- D. physiologic rest dimension
- E. anatomic rest dimension

278. In the oral anatomy-related subjects, the average curve established by the incisal edges and occlusal surfaces of the anterior and posterior teeth in either arch, is defined as

- A. curve of occlusion
- B. antero – posterior curve

- C. mandibular curve
- D. average occlusal curve
- E. maxillo – mandibular curve

279. As determined in problem-oriented textbooks, those anatomic structures, that guide or limit the movements of the mandible, are determinants of mandibular movements

- A. posterior
- B. mesial
- C. incisal and condylar
- D. distal
- E. anterior and posterior

280. As listed in a patient questionnaire, all normal, proper, or characteristic movements of the mandible (functional mandibular movements) are associated with the following functions

- A. yawning
- B. speech
- C. mastication
- D. sleeping
- E. swallowing

281. In patient O. functional examination, registration of the positional relationship of opposing teeth or dental arches made in either a right or left lateral position of the mandible, was called

- A. lateral condylar registration
- B. lateral occlusal record
- C. lateral mandibular record
- D. lateral mandibular registration
- E. lateral interocclusal record

282. In ambulatory patient examination, articulation as the static and dynamic contact relationship between the occlusal surfaces of the teeth during function, can be differentiated as

- A. monoplane
- B. altered
- C. anterior protected
- D. balanced
- E. functional

283. In patient C. initial examination, occlusal contacts of the maxillary and mandibular teeth during mastication and deglutition could have been alternately characterized as

- A. mutually protected articulation
- B. habitual articulation
- C. maxillo – mandibular articulation
- D. functional articulation
- E. individual articulation

284. In patient L. ambulatory examination, position of the mandible in relation to the maxilla, at which opening and closing movements can be made on the hinge axis, could be defined as

- A. mandibular balanced position
- B. mandibular hinge position
- C. mandibular axial opening position
- D. mandibular axial closing position
- E. maxillo – mandibular position

285. In patient L. ambulatory examination, graphic representation or record of the movements of the mandible within a given plane was called

- A. mandibular tracing
- B. mandibular fitting
- C. mandibular adjusting
- D. mandibular balancing
- E. mandibular recording

286. According to the object-oriented sources, temporo-mandibular articulated and associated anatomical structures represent.....
- A. habitual determinants of mandibular movement
 - B. posterior determinants of mandibular rotation
 - C. posterior determinants of mouth opening
 - D. posterior determinants of mastication
 - E. posterior determinants of mandibular movements
287. In patient O. prosthetic treatment, registration of the relationship of the maxilla to the mandible when the mandible is in centric relation, that may be obtained either intraorally or extraorally, resulted in
- A. centric relation position
 - B. centric occlusion record
 - C. centric relation record
 - D. centric occlusion index
 - E. centric relation index
288. In dental prosthetic practice, a simple holding instrument capable of accepting a single static registration, in which only vertical motion is possible, is called
- A. class I articulator
 - B. class II articulator
 - C. class III articulator
 - D. class IV articulator
 - E. occludator
289. An instrument/device, that will accept three dimensional dynamic registrations and allows for orientation of the casts to the condylar position and permits simulation of mandibular movements, is defined as
- A. class I articulator
 - B. class II articulator
 - C. class III articulator
 - D. class IV articulator
 - E. fully adjustable articulator
290. In dental prosthetics, facebow transfer implies the process of transferring the facebow-aided intraoral record of the spatial relationship of the maxillary arch to certain anatomic reference points, to the
- A. model surveyor
 - B. speech recorder
 - C. fully adjustable articulator
 - D. space maintainer
 - E. class IV articulator
291. In patient F. prosthetic treatment, the plane developed on the occlusal surfaces of the occlusion rims was used to position the mandible in centric relation, to and
- A. alter movements
 - B. record movements
 - C. guide movements
 - D. record relations
 - E. guide positions
292. In common dental laboratory practice, a core or mold used to register or maintain the relative position of a tooth or teeth to one another, to a cast, or to some other structure, is usually called
- A. stand
 - B. record
 - C. rim
 - D. guide

E. index

293. In patient B. try-in visit, an illustration of the manufacturer's shapes and sizes of denture teeth was called

- A. mold chart
- B. position record
- C. survey plan
- D. mold scheme
- E. orientation form

294. In dental laboratory practice, a hollow container in which a substance is shaped, as a matrix for casting metal or plastics, or a negative shape in which an object is cast or shaped, representing also the size and shape of an artificial tooth or teeth, is commonly named

- A. form
- B. record
- C. mold
- D. chart
- E. guide

295. In patient L. clinical case, an interim removable dental prosthesis, placed for the purpose of evaluation and planning later treatment, was identified as

- A. substitutional denture
- B. immediate denture
- C. transitional denture
- D. short-term denture
- E. template denture

296. In dental prosthetics, the interridge (interarch) distance is the vertical distance between the maxillary and mandibular dentate or edentulous arches

- A. during mastication
- B. during denture fitting
- C. during individual tray adjusting
- D. under specified conditions
- E. in centric relation

297. In prosthodontic practice, the difference between the vertical dimension at rest and the vertical dimension while in occlusion is called

- A. maxillo – mandibular dimension
- B. interocclusal index
- C. interocclusal clearance
- D. interalveolar space
- E. freeway space

298. In prosthodontic practice, a balanced occlusion, that is in harmony with the temporomandibular joints and the neuromuscular system, is identified as

- A. temporarily balanced occlusion
- B. physiologically balanced occlusion
- C. permanently balanced occlusion
- D. harmonized occlusion
- E. habitually balanced occlusion

299. In prosthodontic practice, an occluding vertical dimension, that results in an excessive interocclusal distance, when the mandible is in rest position and in a reduced interridge (interarch) distance, when the teeth are in contact, is called also

- A. balanced closure
- B. bilateral closure
- C. overbite
- D. overdenture

E. overclosure

300. In dental material science, any resin material with incorporated adhesive chemicals (adhesive resin) such as organophosphates, HEMA (hydroxyethyl methacrylate), or 4-META (4 methacrylethyl trimellitic anhydride), represents the luting agents commonly used with

- A. adhesive prostheses
- B. resin based prostheses
- C. resin bonded prostheses
- D. resin – free prostheses
- E. resin relined prostheses

301. In routine dental practice, steps in the fabrication of a dental prosthesis, also known as the dental prosthetic laboratory procedures, do not require for their completion.....

- A. detailed instructions
- B. presence of the patient
- C. gas consumption
- D. clinical conference
- E. occupational safety measures

302. In dental laboratory practice, modification of the form and color of the denture base and teeth to produce a more personally acceptable appearance, is called

- A. denture delivery
- B. denture adjustment
- C. denture personation
- D. denture characterization
- E. denture try – in

303. In planning of prosthetic treatment, any method used to relate restorations to an articulator for analysis and/or to assist in development of a plan for occlusal equilibration or reshaping, is described as

- A. plastering procedure
- B. mounting procedure
- C. adjustment procedure
- D. rebasing procedure
- E. surveying procedure

304. In dental laboratory practice, any preliminary closure, made for the purpose of eliminating excess material and insuring that the mold is fill completely, is defined as

- A. preoperative flask closure
- B. immediate flask closure
- C. definitive flask closure
- D. trial flask closure
- E. control flask closure

305. The viewable portion of a removable denture prosthesis, or the portion of the surface of a denture that extends in an occlusal direction from the border of the denture and includes the facial, lingual, and palatal surface, being the part of the denture base that is usually polished, and includes the buccal and lingual surfaces of the teeth, is called

- A. palatal surface
- B. lustrous surface
- C. denture border
- D. impression surface
- E. cameo surface

306. The portion of the oral cavity, that is or may be occupied by the maxillary and/or mandibular denture(s) – the space between and around the residual ridges, where muscular forces are neutralized, that is available for dentures placement, represents the

- A. denture surface
- B. denture location

- C. neutral zone
- D. denture space
- E. denture base

307. In patient F. chairside examination, close observation in which the interocclusal relations of mounted casts are evaluated, is defined as

- A. intraoral survey study
- B. interocclusal registration
- C. preliminary examination
- D. chewing trial
- E. occlusal analysis

308. A condition, in which there are simultaneous contacts of opposing teeth or tooth analogues (i.e., occlusion rims) on both sides of the opposing dental arches during eccentric movements within the functional range, is to be referred as

- A. occlusal position
- B. occlusal system
- C. occlusal harmony
- D. occlusal balance
- E. occlusal record

309. In ambulatory dental practice, a systematic examination of the masticatory system with special consideration to the effect of tooth occlusion on the teeth and their related structures, is called

- A. occlusal harmony
- B. occlusal study
- C. occlusal system
- D. occlusal position
- E. occlusal analysis

310. In ambulatory dental practice, any substance applied to a dental prosthesis, which - when seated in place - demonstrates the adaptation of the prosthesis to the structure it opposes, is called

- A. stress – relieving indicator
- B. pressure indicating agent
- C. interocclusal indicator
- D. premature contacts indicator
- E. softening paste

311. In removable prosthodontics, the procedures used to resurface the tissue side of a removable dental prosthesis with new base material, thus producing an accurate adaptation to the denture foundation area, is defined as

- A. refill
- B. relieve
- C. rebase
- D. reline
- E. remount

312. In removable dentures fabrication, placement of teeth on a denture with definite objectives in mind, or on trial bases, is known as

- A. teeth investment
- B. teeth delivery
- C. teeth mounting
- D. teeth arrangement
- E. teeth placement

313. In removable prosthodontics, selection of a tooth or teeth of a shape, size, and color is performed to harmonize with the numerous individual characteristics of a patient, namely

- A. gender

- B. birthplace
- C. age
- D. face form
- E. occlusal pattern

314. In removable dentures fabrication, preliminary arrangement of artificial teeth, that has been prepared for intraoral check-up to evaluate esthetics and maxillomandibular relationships, is characteristic to the

- A. transmandibular denture
- B. denture try-in
- C. transitional denture
- D. telescopic denture
- E. trial denture

315. In dental prosthodontics, registration of centric relation (occluding centric relation record) is made at the established

- A. vertical rest dimension
- B. freeway space
- C. eccentric occlusal position
- D. condylo-mandibular position
- E. occlusal vertical dimension

316. In use of preventive measures, any removable artificial occlusal surface/ device, used for diagnosis or treatment affecting the maxillo-mandibular relationship, may also be used for

- A. providing a myofunctional relief
- B. occlusal stabilization
- C. treatment of temporo – mandibular disorders
- D. splinting teeth
- E. preventing wear of the dentition

317. In patient M. chairside examination, working occlusion was characterized by the occlusal contacts of teeth on the side, to which the mandible was ...

- A. rotated
- B. directed
- C. translated
- D. inclined
- E. moved

318. In ambulatory dental practice, an intraoral or extraoral registration of a specified mandibular position is defined as

- A. orientational record
- B. intraoral positional record
- C. maxillao-mandibular record
- D. extraoral positional record
- E. mandibular positional record

319. In masticatory probes application, measure of the comminution of food, attainable under standardized testing conditions, is to be referred as

- A. standardized testing record
- B. masticatory activity
- C. chewing pattern
- D. functional activity
- E. masticatory performance

320. Connecting multiple teeth by the fixed partial denture in patient S. 48-years-old increased support and made it possible to provide retention for

- A. adhesive partial denture
- B. attachment-retained partial denture
- C. immediate denture

- D. wholearch splint
- E. bar-retained partial denture

321. In patient D., 29-years-old, extracoronal resin-bonded retainers cast from non-noble alloys can be electrolytically etched, air- abraded and then cemented in place with an adhesive resin cement. The retentive capacity of these splints can be increased by extra features such as

- A. indirect retainers
- B. grooves
- C. pins
- D. parallel preparations
- E. direct retainers

322. In patient F., 42-years-old, perio-prosthetic treatment planning, composite-resin intracoronal splinting restorations can be placed in adjoining teeth and further reinforced with

- A. metal wires
- B. post-and-cores
- C. pins
- D. screwed posts
- E. glass-reinforced fibres

323. While treating periodontal disease in patient S., 42-years-old, fixed dental prosthesis was identified any dental prosthesis, that was "fixed" to natural teeth, tooth roots, and/or dental implant abutments by the following possible means:

- A. luted
- B. screwed
- C. mechanically attached
- D. fused
- E. securely retained

324. In treatment planning of patient T., 62-years-old, the skeletal portion of prosthesis (usually metal, sometimes ceramic) around which and to which are attached the remaining portions of the prosthesis to produce a finished perio-prosthetic restoration, was defined as a:

- A. baseplate
- B. pattern
- C. framework
- D. framing
- E. substructure

325. Prescribed for the patient G., 53-years-old, a fixed partial denture unit specified in the order form as a synonym for a pontic, that does not contact the residual ridge, was:

- A. ovate pontic
- B. sanitary pontic
- C. ridge lap pontic
- D. hygiene pontic
- E. slotted pontic

326. After initial scaling, the next step in patient S., 42-years-old, treatment of teeth with reduced periodontal support was the definitive periodontal treatment (surgical) followed by the prosthetic phase and, finally, the phases of

- A. maintenance of the patient
- B. follow-up of the patient
- C. provisional rehabilitation and teeth stabilization
- D. data recording and analysis
- E. case-based reasoning

327. In patient S. clinical records, the prosthesis generally was described first by a type adjective (dental, maxillofacial or ancillary), and frequently second by use of one or more additional adjectives (termed modifiers) to clarify the following matters:

- A. anatomic location

- B. form and materials
- C. path of insertion
- D. means of retention, support
- E. time of usage

328. Prosthetic treatment of jaw fracture in patient R., 41-years-old, required reduction of the fractured segments in the proper position, immobilization till bony union occurs and to restore normal functions:

- A. reconstruction
- B. fixation
- C. adaptation
- D. alignment
- E. rehabilitation

329. When mandibular fracture in the patient B., 39-years-old, occurred, it affected occlusion significantly, caused infection and led to considerable pain. Interventions to prevent these sequelae required either closed or open forms of:

- A. scaling
- B. reduction
- C. fixation
- D. seduction
- E. rehabilitation

330. Splints in wounded patients should provide rigid fixation to the jaw fracture, be simple in construction with the least amount of pain or discomfort to the patient, and to provide as much as possible:

- A. guidance
- B. retention
- C. placement
- D. aesthetics
- E. stability

331. Patients with large avulsion of the palate are rare, and the treatment of the patient L., 37-years-old, required a multidisciplinary and different approach with extensive rehabilitation:

- A. periodontal
- B. aesthetic
- C. surgical
- D. anatomic
- E. prosthodontic

332. In adult patients, impairments associated with the head and face craniofacial fracture dysjunction, are specified as:

- A. head and face malformations
- B. craniofacial disorders
- C. craniofacial fracture
- D. head and face abnormalities
- E. craniofacial lesions

333. Complex rehabilitation in patient's T., 72-years-old, case after partial loss of maxilla, implied replacement by ecto- prosthesis of all missing maxillofacial structures, including both hard and soft tissue in the traumatic area, and dental arches reconstruction. There were several treatment options available for the reconstruction, including:

- A. cross-arch splints
- B. modified fixed partial dentures
- C. modified removable partial dentures
- D. modified implant supported prostheses
- E. modified clasp-retained prostheses

334. Clinical examination of the patient N., 39-years-old, after major maxillofacial trauma may have shown soft tissue defects on the face particularly eye area and, in result, :
- A. micrognathia
 - B. decreased interalveolar height
 - C. dysmorphic appearance
 - D. extraoral assymetry
 - E. temporomandibular disorders
335. In patient D., 49-years-old, observational objective was to make proper selection among maxillofacial prostheses, that are classified as restorative and complementary with subdivision, based on prostheses
- A. fidelity
 - B. quality
 - C. finality
 - D. reproducibility
 - E. completeness
336. Patient N., 32-years-old, was informed, that the most commonly used materials to fabricate customized maxillofacial prostheses are acrylic resins, silicone polymers, latex, as well as
- A. none of the listed
 - B. vinyl plastisol
 - C. thermoplastic compounds
 - D. polyethers
 - E. polyurethane
337. In patient S., 48-years-old, interview as a part of anamnestic data collection, an emphasis was given on all the circumstances regarding maxillofacial deformities, that are embarrassing and may negatively affect physical and psychological health, potentially resulting in serious
- A. cognitive impairment
 - B. psychiatric problems
 - C. community restrictions
 - D. social problems
 - E. familial problems
338. Patient's O., 64-years-old, treatment planning was based on evidence-based data, that the prostheses can be retained and supported by a number of structures, such as osseointegrated implants, body cavities and teeth, or
- A. remaining cartilages with or without adhesives
 - B. remaining skin with adhesives
 - C. inflated pads
 - D. tendons and ligaments
 - E. remaining skin without adhesives
339. In ICD-10-CM coding explanation, representative scheme of the classification of maxillofacial prostheses was regarded, in which restorative ones include internal and external – buccal, ocular, facial, and complementary – used in
- A. surgery
 - B. tissue engineering
 - C. implantology
 - D. radiotherapy
 - E. rehabilitation
340. Patient T., 67-years-old, before signing informed consent for the proposed treatment plan, was provided information, that the obturator prostheses can be fabricated before the surgery and applied immediately after it to protect the surgical cavity. Alternatively, it can be temporary fabricated few weeks after the surgery, allowing time for
- A. improved communication
 - B. tissue repair
 - C. osseointegration

- D. balancing muscular forces
- E. customization

341. Patient O., 47-years-old, required that an aesthetically pleasant facial prosthesis must mimic and reproduce the lost shape, volume, position, texture, translucency and color in order to make sure, that the prosthesis is

- A. almost impenetrable to a light beams
- B. almost impregnable to a stains
- C. almost unimprovable to a customer
- D. almost invisible to an observer
- E. almost unnoticeable to a looker-on

342. In patient C., 72-years-old, prospective post-operative maxillofacial reconstruction, three-dimensional printing would allow the creation of customized, patient-specific model to optimize facial reconstruction and to make prosthetic treatment

- A. more accurate
- B. biodegradable
- C. less expensive
- D. faster
- E. more hygienic

343. Patient R., 46-years-old, was provided information, that different splinting techniques are currently recommended for stabilization of repositioned or replanted teeth, including:

- A. wire-composite splint
- B. orthodontic bracket splint
- C. resin splint
- D. interdental splint
- E. titanium trauma splint

344. In patient Z., 39-years-old, splint therapy, the maxillofacial prosthetist has to prepare the prior intra-oral and extra-oral impressions taking in the clinic or operating theatre:

- A. injured locus
- B. denture-bearing area
- C. defect site
- D. operation field
- E. soft tissues

345. In patient B., 67-years-old, treatment planning decision was grounded, that requirements of modern splints for stabilization of traumatized teeth include:

- A. phonetic adjustments
- B. intraoral application
- C. simple procedure (placement and removal)
- D. adequate fixation for whole stabilization period
- E. no damage to gingival tissues

346. In patient D., 72-years-old, Gunning splint was to be made as a one piece for the two arches or two separate pieces and constructed in conjunction with elastic chin bandage to.....

- A. facilitate further prosthetics
- B. ensure high aesthetics
- C. reduce discomfort
- D. improve oral hygiene
- E. lessen pain

347. In patient O., 47-years-old, post-trauma treatment, custom-made ring-like splint could has been composed ofand spring wire arches, with or without rostral hooks for intermaxillary fastening

- A. miniplates for inner fixation
- B. labial bar for locking in place
- C. tooth-circular ring-like crowns

- D. ring-shaped coronal elements
- E. swing-lock for holding

348. During patient T., 37-years-old, treatment attention was paid to avoid displacement of fractured mandibular fragments, that can lead to malocclusion. The treatment of malocclusion commonly include.....

- A. occlusal adjustment
- B. post-traumatic orthodontics
- C. myogymnastics
- D. physiotherapy
- E. corrective jaw surgery

349. In patient B., 51-years-old, prognostic evaluation, if the displaceable fragments were positioned correctly, Vankevych splint could be made directly along with the support planes

- A. posterior mandibular-oriented
- B. posterior vestibular
- C. posterior lower jaw-conformed
- D. anterior mandibular-oriented
- E. anterior vestibular

350. In patient U. to simplify the application of an arch bar to dentures, obviate the need for the fabrication of impressions and custom splints, fabrication of Gunning splint usingand..... was recommended

- A. Kingsley splint
- B. labio-lingual splint
- C. existing dentures
- D. hybrid arch bars
- E. metal cap splint

351. The list of the advantages of the labio-lingual splint, that fixes the fracture firmly and is retained by the teeth inter-proximally without cement, does not interfere with occlusion as the occlusal surface is not covered, allows the possibility of the tissues under the clear acrylic splint observation and is radiolucent which permits radiographic evaluation while the splint in place, is to be supplemented by such a features, as being

- A. easy to combine with the other curative applications
- B. easy to construct
- C. easy to repair
- D. easy to adjust
- E. easy to remove

352. As was found in patient M., 47-years-old, medical records, synonymous to the term Surgical Splint were the following clinical definitions.....

- A. cast metal splint
- B. fenestrated splint
- C. combined splint
- D. labiolingual splint
- E. modified Gunning splint

353. In maxillofacial prosthetic treatment protocols, the following forms of immobility and consolidation of a joint or tooth due to injury, disease, or a surgical procedure, defined as ankylosis, are known:

- A. mesocapsular
- B. bony
- C. extracapsular
- D. fibrous
- E. intracapsular

354. In patient B., 41-years-old, prosthetic treatment, mandibular repositioning was the guidance of the mandible to cause closure in a.....

- A. predetermined position
 - B. the most retruded position
 - C. the most protruded position
 - D. altered position
 - E. unaltered habitual position
355. In standardized treatment protocols, dislocation as displacement of one or more bones at a joint, or as the state or act of being dislocated, is clinically divided into the following forms:
- A. condylar
 - B. anatomical
 - C. functional
 - D. mandibular
 - E. partial
356. Microstomia is often seen in patients suffering from sclerodermia, or patients treated surgically for the listed conditions:
- A. removal of malignant lesions
 - B. removal of burns
 - C. removal of alloplastic grafts
 - D. traumatic injuries
 - E. congenital deformations
357. Incorporating the swing-lock partial framework design into a denture for patient F., 23-years-old, with microstomia, was indicated to eliminate well-known shortcoming of the
- A. attachments
 - B. sectional parts
 - C. rigid connectors
 - D. fragmented parts
 - E. screws and plates
358. A removable maxillofacial prosthesis in patient L., 21-years-old, used to restore an acquired or congenital defect of the soft palate with a portion extending into the pharynx to separate the oropharynx and nasopharynx during phonation and deglutition, thereby completing the palatopharyngeal sphincter, was named.....
- A. palatal obturator
 - B. speech aid prosthesis
 - C. diction assistance prosthesis
 - D. postsurgical corrector
 - E. surgical stent
359. As the result of certain treatment options, the prosthodontic rehabilitation for the patient R., 34-years-old, after trauma can be enhanced with the following advantages of selected restoration:
- A. increased retention
 - B. increased stability
 - C. dental arches bleaching
 - D. preservation of existing hard tissues
 - E. preservation of existing soft tissues
360. In dental laboratory practice, resin is a broad term used to describe natural or synthetic substances that form plastic materials after polymerization. They are named according to their
- A. chemical composition
 - B. physical structure
 - C. means of activation and polymerization
 - D. other criteria
 - E. none of the listed

Important note: tests 1-240 – one correct answer, tests 241-360 – two, three or four correct answers