No. Stom-21

Federal State Budgetary Educational Institution
higher education
"North Ossetian State Medical Academy"
Ministry of Health of the Russian Federation

Department of Dentistry №3

APPROVED

Minutes No. 4 of the meeting of the Central
coordination educational and methodical
council dated 03/22/22

VALUATION FUND
on industrial practice for obtaining professional skills and experience of professional activity (on therapeutic dentistry)

the main professional educational program of higher education - specialist's programs in the specialty 31.05.03 Dentistry,
approved on March 30, 2022

for 4th year students
Faculty of Dentistry

Reviewed and approved at the meeting of the department
dated March 21, 2022 (Minutes No. 8)

Head of the Department of Dentistry No. 3

MD _____ Remizova A.A.

Vladikavkaz, 2022

STRUCTURE OF FOS

1. Title page

2. Structure of the FOS

3. Passport of evaluation tools

4. A set of evaluation tools:

-list of questions on practical skills

- situational tasks

- benchmarks of test tasks

- questions for the exam

- exam tickets

Passport of the fund of appraisal funds according to

on industrial practice for obtaining professional skills and experience of professional activity (on therapeutic dentistry)

No. p/n	Name of the controlled section (topic) of the specialty / module	Code of the formed competence (stage)	Name of the evaluation tool
1	2	3	4
Type of control	**Exam**		
1.	Registration of a medical history and other accounting and reporting medical documentation (referrals to other departments, conclusions, etc.). Organization of the workplace for receiving patients, taking into account ergonomics, aseptic and antiseptic rules	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	C, TT, ST
2.	Diagnosis of diseases of hard dental tissues: caries, non-carious lesions, complicated forms of caries	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
3.	Conducting local application, infiltration and conduction anesthesia	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
4.	Formation of cavities of various localization (according to Black) for various types of filling materials and methods of restoration of hard tissues of the tooth	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
5.	Restoration of hard tissues of the tooth with various filling materials: glass ionomers, composites, amalgams, etc.	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
6.	Carrying out diagnostics and differential diagnostics of inflammatory diseases of the pulp and periodontium.	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	

	Instrumental and drug treatment of root canals in various ways		
7.	Root canal filling (one-pin method, lateral and vertical condensation)	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
8.	Restoration of the stump part of the tooth using fiberglass pin	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
9.	Carrying out the stages of professional hygiene	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	
10.	Carrying out therapeutic measures to eliminate complications associated with the treatment of caries, pulpitis and periodontitis (closure of perforations, temporary filling of the root canal, the appointment of medications)	UC-1, UC-6; GPC-1, GPC-2, GPC-5, GPC-6, GPC-13; PC-1, PC-2, PC-4, PC-5	

Note: C - colloquium, TT - test tasks, ST - situational tasks

List of questions on practical skills

1. Examination of the oral cavity. Assessment of the state of the oral mucosa. Evaluation of the type of bite, the condition of the frenulums and mucous cords.
2. Filling out medical documentation of a dental patient.
3. Determination of the PMA index.
4. Reading intraoral x-rays.
5. Reading an orthopantomogram
6. Methods for the treatment of furcation perforations of molars.
7. Determination of the nosological form of periodontal diseases according to ICD-10
8. Drawing up a plan for the treatment and prevention of fluorosis.
9. Carrying out a vital method of treatment of pulpitis.
10. Applying a devitalizing paste.
11. Carrying out an impregnation method for the treatment of pulpitis.
12. A technique for removing dental plaque using hand tools.
13. The method of removing dental plaque using sonic and ultrasonic scalers.
14. Methods of professional whitening of vital teeth.
15. Root canal filling by lateral condensation method.
16. Root canal filling by vertical condensation method.
17. Enamel drying and staining method.
18. Algorithm for the use of light curing composites.
19. Instrumental treatment of root canals using the Step Back method.
20. Instrumental treatment of root canals using the “Crown Down” method
21. Instrumental processing of root canals using the technique of "balanced forces"
22. Instrumental treatment of root canals using standard techniques
23. Restoration of teeth on a pin after endodontic treatment.
24. Rules for working with chemically cured glass ionomer cements
25. Rules for working with hybrid glass ionomer cements.
26. Algorithm for working with chemically cured composites.
27. Preparation of carious cavities of I-VI classes according to Black
28. Features of filling carious cavities of I-VI classes according to Black.
29. Methods of carrying out remineralizing therapy.
30. Conducting invasive and non-invasive fissure sealing techniques.
31. Carrying out the final processing of restorations.
32. Carrying out professional oral hygiene.
33. The use of therapeutic pads in the treatment of deep caries.
34. Methods of application of adhesive systems IV-VII generations.
35. The use of various types of matrix systems in the restoration of the contact point.
36. First aid for hypo- and hyperglycemic coma
37. First aid for anaphylactic shock.
38. First aid for hypertensive crisis.
39. Providing first aid for fainting.
40. First aid for collapse.
41. First aid for Quincke's edema.
42. Providing first aid for an attack of angina pectoris.

Questions for the exam

1. Organization of the workplace of a dentist.
2. Methods and modes of disinfection of medical devices.
3. pre-sterilization treatment. Stages of pre-sterilization cleaning. Quality control of pre-sterilization cleaning.
4. The main methods of sterilization of dental instruments and dressings. Sterilizer control.
5. The purpose and scheme of examination of a dental patient with pathology of hard dental tissues.
6. The main methods of examination of a patient with pathology of hard dental tissues.
7. Additional methods for examining a patient with pathology of hard dental tissues, their purpose.
8. Medical history of a dental patient. The order in which it is filled.
9. The concept and main sections of medical deontology.
10. Classification of dental deposits.
11. Pellicle, composition, methods of removal.
12. Soft plaque, composition, methods of removal.
13. Dental plaque, composition, methods of removal.
14. Mineralized dental deposits, types, composition, methods of removal.
15. Method for determining the Fedorov-Volodkina index.
16. Method for determining the Green-Vermilion index.
17. Methodology for determining the index of effectiveness of oral hygiene (PHP).
18. Ways of professional hygiene: mechanical, hardware (ultrasonic, Air-flow).
19. Classification of non-carious lesions of the teeth.
20. Hypoplasia of hard dental tissues: etiology, pathogenesis, pathological anatomy.
21. Classification of hypoplasia. Clinical manifestations of systemic hypoplasia.
22. Classification of hypoplasia. Clinical manifestations of local hypoplasia.
23. Differential diagnosis of hypoplasia.
24. Methods for the prevention and treatment of hypoplasia.
25. Fluorosis: etiology, pathogenesis, pathological anatomy.
26. Epidemiology of fluorosis.
27. Fluorosis classification. Clinical manifestations of individual forms of fluorosis.
28. Differential diagnosis of fluorosis.
29. Methods for the prevention and treatment of fluorosis.
30. Hyperesthesia of teeth: origin, pathogenesis.
31. Classification of hyperesthesia. Clinic of individual forms and stages.
32. Methods of treatment and prevention of hyperesthesia of teeth.
33. Enamel necrosis: origin, clinic, diagnosis and treatment.
34. Enamel erosion: origin, clinic, diagnosis and treatment.
35. Wedge-shaped defect: theories of origin, pathogenesis, pathological anatomy.
36. Clinic, diagnosis, treatment, prevention of wedge-shaped defect.
37. Causes and clinic of increased tooth wear.
38. Methods of treatment and prevention of increased abrasion of teeth.
39. Differential diagnosis of non-carious lesions of hard tissues of teeth that occur after their eruption.
40. Classification of traumatic injuries of teeth.
41. Clinic of damage to enamel and dentin in case of trauma to the teeth.
42. Clinic of dental pulp injury.
43. Clinic of fracture of the root of the tooth.
44. Treatment of trauma to enamel and dentin.
45. Indications for extraction of a tooth with a root fracture.
46. Methods of treatment of damage to the root of the tooth.

47. Methods of anesthesia during treatmentdiseasespulp.
48. Methods of treatment of pulpitis: classification, indications.
49. Biological method of treatment of pulpitis: indications,contraindications, method, recipes.
50. Vital amputation method pulp: indications,contraindications,technique, recipes.
51. Method of vital pulp extirpation: indications, contraindications, technique, recipes.
52. Method of devital extirpation pulp: indications, methods, recipes.
53. Method of devital pulp amputation: indications, contraindications, technique, recipes.
54. Methods and means of medicalroot canal treatment.
55. Endodontic instruments: classification, indications for use.
56. Methods for determining the working length of the root canals of teeth.
57. Methods of instrumental treatment of root canals of teeth.
58. Modern methods of instrumental treatment of root canals in complicated dental caries.
59. fillingseroot canals of teeth: purpose, methods.
60. Materials for filling root canals of teeth: classification, properties, indications for use.
61. Impregnation techniques for filling root canals of teeth: indications, methods, recipes.
62. Mistakes and complications in the diagnosis of pulpitismethods of their prevention and elimination.
63. Mistakes and complications in the treatment of pulpitis, methodstheir prevention and elimination.
64. Anatomical and physiological features of periodontium.
65. Pathoanatomy of various forms of periodontitis.
66. Etiology of periodontitis.
67. Classification of diseases of periapical tissues.
68. Acute apical periodontitis: etiology, clinic, differential diagnosis.
69. Treatment of acute apical periodontitis.
70. Chronic fibrous periodontitis: etiology, clinic, differential diagnosis.
71. Chronic granulating periodontitis: etiology, clinic, differential diagnosis.
72. Chronic granulomatous periodontitis: etiology, clinic, differential diagnosis.
73. Exacerbation of chronic periodontitis: etiology, clinic, differential diagnosis.
74. Indications and contraindications for the treatment of periodontitis.
75. Treatment of chronic forms of periodontitis in teeth with well passableroot canals.
76. Treatment of chronic forms of periodontitis in teeth with difficult root canals.
77. Treatment of periodontitis in one visit: indications, methods of application.
78. Transchannel electrophoresis of root canals: indications, technique.
79. Materials for irrigation and disinfection of root canals of teeth.
80. Materials for temporary filling of root canals of teeth.
81. Materials for permanent filling of root canals of teeth.
82. Root canal filling techniques.
83. Mistakes and complications in the diagnosis of periodontitisthe reasons for their occurrence.
84. Mistakes and complications in the treatment of periodontitis, methods for their prevention and elimination.
85. Ways to prevent and eliminate errors and complications in endodontics. Re-endodontic treatment.
86. Tooth perforation: clinic, diagnosis, treatment.
87. Physiotherapy of complications after root canal filling.
88. Endodontic preparation of teeth during surgical treatment of pulp and periodontal diseases.
89. Restoration of teeth after endodontic treatment. The use of pin structures.
90. Indications and contraindications for the use of antibiotic therapy in the treatment of patients with periodontitis.

Situational tasks.

Task #1

Patient R., 34 years old, went to the dentist complaining of pain at 15 when eating solid food, the pain appeared a month ago.

Objectively: there is a deep carious cavity on the masticatory surface of 15, painful probing along the bottom of the cavity, the reaction to cold is painful, short-term.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. What additional methods of examination can confirm the diagnosis?
4.Perform differential diagnostics.
5. What method of anesthesia will be required?

Task #2

Patient D., 16 years old, came to the clinic of therapeutic dentistry for the purpose of sanitation. When viewed on the vestibular surface 21 in the cervical region, a chalk-like spot measuring 0.3 cm by 0.4 cm was found. When probing, the surface of the spot is smooth. According to the patient, it became known that the spot appeared 3 months ago.

1. Make a preliminary diagnosis.
2. Name additional examination methods.
3.Perform differential diagnostics.
4.Prescribe a treatment.
5. Give recommendations on oral hygiene.

Task #3

Patient L. applied for sanitation. Makes no complaints. Objectively: on the vestibular surface 11 in the cervical area there is a chalk-like spot with fuzzy borders up to 0.3 cm in diameter, the surface of the spot is smooth, there is no reaction to thermal stimuli.

1. Make a preliminary diagnosis.
2. Name additional examination methods.
3.Perform differential diagnostics.
4. Make a treatment plan.
5. Give recommendations on oral hygiene.

Task #4

Patient A., 30 years old, turned to a dentist with complaints of fast-passing pain from sweets in the 25th tooth, the pain appeared a month ago.

Objectively: there is a carious cavity within the enamel on the chewing surface 25, probing is painless, the reaction to cold is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name additional examination methods.
4.Perform differential diagnostics.
5. What filling materials should be used?

Task number 5

Patient K., aged 23, complained of short-term pain from temperature stimuli in the 16th tooth. When viewed on the crown, there are no visible carious cavities; when the tooth is irrigated with cold water, short-term pain is noted.

On the intraoral radiograph on the proximal-distal surface, there is a violation of the structure of the hard tissues of the tooth in the middle layers of the dentin.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. What are the features of the preparation of such carious cavities?
4. What filling materials should be used for treatment?
5. Why is it necessary to restore the contact point when filling?

Task number 6

Patient R., aged 26, complained of short-term pain in the 13th tooth when eating cold food. 13 tooth was treated a year ago for uncomplicated caries. Pain appeared 2 months ago after a filling fell out.

Objectively: there is a carious cavity of medium depth on the contact-medial surface of the 13th tooth. The cutting edge is saved. Probing is painful along the enamel-dentine border, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the research methods necessary to clarify the diagnosis.
4. What filling materials should be used for treatment?
5. What are the features of filling such cavities?

Task #7

Patient K., 24 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 37th tooth when eating. Pain appeared 2 months ago. On objective examination at an approximate

the distal surface of the 37th tooth has a deep carious cavity. Probing is painful along the bottom and walls of the carious cavity, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the additional examination methods that need to be carried out to clarify the diagnosis.
4.Perform differential diagnostics.
5. Name the stages of treatment.

Task #8

Patient M., 30 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 24th tooth when eating. The pain appeared after a filling fell out a month ago. Objectively: there is a deep carious cavity on the approximal-medial surface of the 24th tooth. Probing is painful along the bottom and walls of the cavity, the reaction to cold is painful, short-term, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name additional research methods that need to be carried out to clarify the diagnosis.
4.Perform differential diagnostics.
5. Name the stages of treatment.

Task #9

Patient K., 25 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 17th tooth when eating. Five days ago, the 17th tooth was treated for medium caries, the filling was made of the material "Evicrol", the lining was made of phosphate cement "Unifas". Objectively: there is a filling on the chewing surface of the 17th tooth. Percussion 17 is painless.

1. What are the reasons for the patient's complaints?
2. List the medical errors that could lead to this clinical situation.
3. What additional methods of examination should be carried out?
4. What is the class of carious cavity according to Black?
5. Doctor's tactics in this situation.

Task #10

Patient A., 45 years old, came to the clinic of therapeutic dentistry with complaints about the loss of a filling from the 12th tooth, pain from cold, sweet in the 12th tooth.

From the records in the medical record, it became known that the 12th tooth was treated six months ago for medium caries, the filling was carried out with the material "Evikrol".

Objectively: there is a carious cavity of medium depth on the contact-lateral surface of the 12th tooth. Probing is painful along the enamel-dentine border, the reaction to cold is painful, short-term. Percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the possible reasons for the filling to fall out.
4. What additional methods of examination should be carried out?
5. What kind of filling material is more expedient for filling the carious cavity?

Task #11

Patient A., 45 years old, came to the clinic of therapeutic dentistry with complaints about the loss of a filling from the 11th tooth.

Objectively: on the lateral surface of the 11th tooth there is a deep carious cavity with destruction of the cutting edge of the crown. Probing is painful along the enamel-dentin border and the bottom of the cavity, the reaction to cold is painful, short-term, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3.Perform differential diagnostics.
4. What kind of anesthesia should be carried out?
5. What material is more appropriate to restore this defect?

Task #12

Patient O., 38 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 25th tooth when eating. The pain appeared after a filling fell out 2 months ago.

Objectively: there is a deep carious cavity on the vestibular surface in the cervical region of the 25th tooth. Probing is painful along the bottom and walls of the carious cavity, the reaction to cold is painful, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the methods of examination that need to be carried out to clarify the diagnosis.
4.Perform differential diagnostics.
5. Name the stages of treatment.

Task #13

Patient A., aged 42, went to the clinic of therapeutic dentistry for the purpose of sanitation. Objectively: on the oral surfaces of the 33rd, 32nd, 31st, 41st, 42nd, 43rd teeth there is tartar covering 1/3 of the crown.

1. What tools can be used to remove tartar?

2. What protective equipment should the doctor use during the scaling procedure?
3. Give advice to the patient on oral hygiene.
4. How does the tartar removal procedure end?
5. What should the doctor pay attention to after tartar removal?

Task #14

Patient B., 35 years old, applied to the clinic of therapeutic dentistry for the purpose of sanitation.

On examination: the palatal surfaces of the teeth of the upper jaw and the lingual surfaces of the teeth of the lower jaw are covered with a dark brown plaque up to 1/2 of the crown of the tooth.

1. What is the dental deposit?
2. What instruments can be used to remove this dental deposit?
3. What protective equipment should the doctor use during the plaque removal procedure?
4. Give recommendations on oral hygiene.
5. What can a smoker's plaque hide?

Task number 15

A 17-year-old patient came to the clinic of therapeutic dentistry with complaints of light brown spots on the incisors of the upper and lower jaws. When probing, the surface of the spots is smooth, the enamel is shiny.

From the anamnesis it is known that from 3 to 7 years the patient lived in an area with a fluorine content in water of 2.5 mg/l.

1. Make a diagnosis.
2.Perform differential diagnostics.
3.Prescribe a treatment.
4. Name the preventive measures for this pathology.
5. What caused the development of the disease?

Task number 16

When examining the patient's oral cavity, the doctor drew attention to chalky spots on the tubercles of the 25th tooth, the boundaries of the spots are fuzzy, the surface is smooth.

From the anamnesis: the spots appeared immediately after the eruption of 25, they do not cause discomfort, they did not change in size.

1. Name the most likely diagnosis.
2. Carry out differential diagnostics.

3. Name the most likely cause of such changes in the hard tissues of the tooth.
4. What additional methods of examination can be carried out?
5.Prescribe a treatment.

Task number 17

A 25-year-old patient applied for oral cavity sanitation. When viewed on the vestibular surface, closer to the cutting edge, pinpoint depressions were found in the enamel of 11, 21 teeth, the bottom of the depressions was pigmented.

From the anamnesis: depressions appeared immediately after eruption, pigmented later, do not cause any discomfort. Lives in an area with a temperate climate and the concentration of fluorine in drinking water is 1 mg / l.

1. Make a diagnosis.
2.Perform differential diagnostics.
3. What could be the cause of this disease?
4.Prescribe a treatment.
5. What filling materials should be used?

Task number 18

A 46-year-old patient addressed the clinic of therapeutic dentistry with complaints of pain in the 12th tooth when biting. The pains appeared after the patient tried to crack a walnut.

Objectively: the 12th tooth is mobile in the vestibular-oral direction, percussion is painful, EOD=15 μA.

1. Make a diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis?
3. Doctor's tactics.
4. When should a tooth be depulped?
5.Prescribe a general treatment.

Task number 19

An 18-year-old patient complained of pain in the 11th tooth that arose immediately after an injury. On examination: the crown of the 11th tooth was broken off by 1/2 of its length, the tooth cavity was opened, the pulp bleeds, and is sharply painful on probing.

1. Make a diagnosis.
2. Name additional diagnostic methods.
3. Make a treatment plan.
4. Name the filling materials for restoration of a crown defect.
5. Name the methods of restoration.

Task number 20

A 35-year-old patient came to the clinic of therapeutic dentistry with complaints of a chipped corner of the crown of the 22nd tooth, which occurred while eating solid food.

Objectively: the medial angle of the crown 22 is broken in the dentine, probing is painful along the enamel-dentine border, percussion is painless.

1. Make a diagnosis.
2. Name the methods of examination to clarify the diagnosis.
3. What method of treatment is indicated in this case.
4. Name the filling materials for restoration of a crown defect.
5. What recommendations should be given to the patient after the restoration of the tooth crown?

Task number 21

A 46-year-old patient applied to the clinic of therapeutic dentistry for the purpose of sanitation. When viewed on the vestibular surface in the cervical region of the 23rd tooth, a defect in the form of a wedge was found. When probing, the walls of the defect are smooth and painless.

1. Make a diagnosis.
2.Perform differential diagnostics.
3. Name the causes of this disease.
4. Are there effective measures to prevent this pathology?
5.Prescribe a treatment.

Task number 22

A 43-year-old patient complained of pain in the front teeth of the upper jaw from sour, cold, the presence of defects in these teeth.

Anamnesis: defects appeared 5 years ago, pain from cold appeared 3 months ago. Suffering from thyrotoxicosis.

On examination: on the vestibular surface of the equatorial region 12,11,21,22, concave oval enamel defects, up to 0.3 cm in size with a smooth, dense bottom.

1. Make a diagnosis.
2.Perform differential diagnostics.
3. Name the stages of this disease.
4. Specify the causes.
5.Prescribe a treatment.

Task number 23

A 38-year-old patient complained of pain from temperature and chemical irritants in the anterior teeth of the upper and lower jaws. Works at the chemical industry. On examination 12,11,21,22,32,31,41,42 the height of the crowns was reduced by 1/3, pigmented dense dentin was exposed along the cutting edge, probing was painless.

1. Make a diagnosis.
2.Perform differential diagnostics.
3. Explain the etiology of this disease.
4.Prescribe a treatment.
5. Specify the methods of prevention of this disease.

Task number 24

A 31-year-old patient complained of a sharp pain from cold air, a feeling of soreness in the teeth of the upper and lower jaws. Examination revealed the exposure of the necks of the teeth without violating the integrity of hard tissues. A light touch on the teeth also causes soreness.

1. Make a diagnosis.
2. What general treatment can be prescribed?
3. What physiotherapy procedures are necessary for this pathology?
4. What preparations can be used for local treatment?
5. Why is it not advisable to carry out local treatment with a 30% aqueous solution of silver nitrate?

Task number 25

A 23-year-old patient complained of pain in the 21st tooth immediately after the injury.

Objectively: the crown of the 21st tooth is preserved, changed in color, sharp pain on percussion. On the X-ray image of the 21st tooth in the middle of the root, there is a line of enlightenment running in the transverse direction.

1. Make a diagnosis.
2.Perform differential diagnostics.
3. Make a treatment plan.
4. Name the filling materials for restoration of a crown defect.
5. Name the methods of tooth color correction.

Task number 26

An 18-year-old patient came to the clinic of therapeutic dentistry with complaints of soreness of the front teeth, "shortening" of 12, which arose immediately after the injury.

Objectively: the 12th tooth is displaced into sockets towards the jaw body. The crown of the 12th tooth is preserved, not changed in color, sharp pain on percussion. On the X-ray picture of the 12th tooth, the periodontal gap in the region of the root apex is not traced.

1. Make a diagnosis.
2.Perform differential diagnostics.
3. Indicate the WHO classification of tooth fractures.
4. Make a treatment plan.
5. Reasons for which it is advisable to conduct depulpation with this diagnosis.

Samples of test tasks

on industrial practice for obtaining professional skills and experience of professional activity (in therapeutic dentistry) for 4th year students in the specialty 31.05.03. Dentistry

Treatment of caries and non-carious lesions

01. The classification of carious cavities according to Black includes
one) 4 classes
2) 5 classes
3) 6 classes

02. Carious cavities on the chewing surface of molars, premolars, blind fossae are classified by Black
one) I
2) II
3) III
four) IV
5) V
6) VI

03. Cervical cavities are classified according toBlack
one) I
2) II
3) III
four) IV
5) V
6) VI

04. Carious cavities on the contact surfaces of incisors and canines with damage to the cutting edge are classified according toBlack
1) I
2) II
3) III
4) IV
5) V
6) VI

05. Carious cavities on the contact surfaces of the molars and premolars are classified according to Black
1) I
2) II
3) III
4) IV
5) V
6) VI

06. Carious cavities on the contact surfaces of incisors and canines no damage to the cutting edgebelong to the class according to Black

1) I
2) II
3) III
four) IV
5) V
6) VI

07. Carious cavities on the cutting edge of the frontal and tops of the tubercles lateral teeth

one) I
2) II
3) III
four) IV
5) V
6) VI

08. The immune zones of the tooth are located

one) on vestibular surfaces and fissures
2) on fissures and tubercles
3) on tubercles and vestibular surfaces

09. Carious cavity preparation includes

one) anesthesia, necrectomy, fining, expansion of the carious cavity
2) expansion of the carious cavity, necrectomy, finishing, drug treatment
3) opening of the carious cavity, necrectomy, formation of a carious cavity, finishing of enamel edges

ten. Elements of the carious cavity

one) bottom
2) wall
3) corner
four) edge
5) dentine
6) enamel
7) cement
eight) pulp

eleven. Dried surface of a carious white spot

one) loses its shine
2) changes color
3) remains unchanged

12. Methods for diagnosing caries in the stain stage are based

one) on enamel stability
2) on the reduction of enamel permeability
3) to increase the permeability of enamel
four) on changes in the optical properties of enamel

13. Differential diagnosis of caries in the stain stage is carried out

one) with hypoplasia
2) with superficial caries
3) with erosion
four) with fluorosis

fourteen. Differential diagnosis of superficial caries is carried out

one) with hypoplasia
2) with erosion of hard tissues
3) with medium caries
four) wedge-shaped defect
5) with fluorosis

fifteen. Differential diagnosis of secondary caries is carried out

one) with caries in the stain stage
2) wedge-shaped defect
3) with chronic fibrous periodontitis
four) with chronic fibrous pulpitis
5) with deep caries

16. With an average caries in a light microscope, zones are distinguished

one) decay and demineralization
2) enamel destruction
3) subsurface demineralization
four) transparent and intact dentine
5) replacement dentin and changes in the pulp.

17. The asymptomatic course of medium caries is explained

one) pulp necrosis
2) destruction of the enamel-dentin junction
3) formation of replacement dentin

eighteen. Differential diagnosis of deep caries is carried out

one) with abrasion
2) with chronic fibrous pulpitis
3) with medium caries
four) with acute focal pulpitis
5) with chronic fibrous periodontitis

19. Patients with caries complain of pain

one) spontaneous
2) persisting after removal of the stimulus
3) only in the presence of an irritant

twenty. Therapeutic pads with a long odontotropic effect and antiseptic action, contain

one) corticosteroids
2) antibiotics
3) non-steroidal anti-inflammatory drugs
four) calcium hydroxide

21. Examination of a dental patient is carried out

one) in the admissions department of the hospital
2) in the dressing room of the city polyclinic
3) at the dental clinic

22. Examination of a dental patient begins

one) with oral examination
2) from an external examination of the patient
3) with palpation of the lymph nodes
four) from x-ray examination

23. The main method of examination of a dental patient

one) radiological
2) clinical
3) cytological
four) laboratory

24. Examination of a dental patient is carried out

one) general practitioner
2) radiologist
3) dentist

25. The rudiment of the tooth before mineralization is projected on the radiograph

one) in the form of a blackout area with clear contours
2) in the form of a blackout area with fuzzy contours
3) not visible on x-ray

26. The intensity of caries lesions is determined by the index

one) CPITN
2) CPU
3) GI
four) PMA

27. To identify carious spots by staining is used

one) Schiller-Pisarev reagent
2) potassium iodide solution
3) 2% methylene blue solution

28. The criterion for the final preparation of the carious cavity is

one) the presence of softened and pigmented dentin on the bottom and walls carious cavity
2) the presence of lightaboutthick and dense dentin on the bottom and walls of the carious cavity, stained with a caries detector
3) the presence of light and dense dentin on the bottom and walls of the carious cavity without staining with a caries detector

29. The bottom of the carious cavity is considered to be the surface

one) vertical
2) facing the pulp
3) horizontal

thirty. The removal of the smear layer is carried out

one) acids
2) alkalis
3) water
four) drying

31. Caries detectors color

one) inner layer of carious dentin
2) outer layer of carious dentin

32. Etching of enamel and dentin is carried out

one) to enhance the bactericidal properties of composites
2) to strengthen the marginal fit
3) to remove the smear layer

33. Temporary filling materials should

one) provide a hermetic closure of the cavity of the tooth
2) be resistant to abrasion
3) match the appearance of natural teeth
four) easy to enter and exit the cavity

34. Materials for insulating gaskets should

one) resist the force of pressure
2) increase the permeability of dentin
3) prevent the movement of fluid in the dentinal tubules and seal them tightly
four) be a thermal and chemical insulator
5) break down under the influence of gingival and dentinal fluid

35. Materials for medical pads should

one) provide anti-inflammatory, antimicrobial, odontotropic action
2) provide a firm seal to the underlying dentin, connection with the tissues of the tooth, cushioning and permanent filling materials
3) irritate the dental pulp
four) break down under the influence of gingival and dentinal fluid

Match

36. Classification of permanent filling materials

Group	**Representatives**
BUT) cements	one) silver amalgam
B) plastics	2) copper amalgam
AT) metal	3) zinc phosphate cement
	four) silica phosphate cement
	5) silicate cement
	6) polycarboxylate cement
	7) filled plastics
	eight) unfilled plastics
	9) glass ionomer cement

37. Composite filling material

	Particle size	
one) macrofilled	a)	0.4-0.8 µm
2) microfilled	b)	10-45 µm
3) minifilled	in)	0.05-50 µm
four) hybrid	G)	1-10 µm

38. The basis of modern composite materials is

one) methacrylic acid methyl ester
2) low molecular weight liquid epoxy resin
3) bisphenol glycidyl methacrylate (Bis-GMA)

39. Zones of carious spots

one) breakdown and demineralization
2) transparent and intact dentine
3) lesion body
four) replacement dentin and changes in the pulp
5) dark zone
6) transparent zone

40. Preservation of the outer layer of enamel due to

one) a decrease in calcium
2) decrease in fluorine content
3) structural feature of the outer layer of enamel
four) remineralization process

41. Classification of caries, common in the territory of the Russian Federation

one) enamel caries
2) dentine caries
3) caries in the stain stage
four) caries cement
5) superficial caries
6) medium caries
7) suspended caries
eight) deep caries

42. Caries resistance is

one) acid resistance
2) alkali resistance
3) resistance to the action of cariogenic factors

43. To determine the prevalence and intensity of caries need to know

one) CPITN
2) IJ
3) RMA
four) CPU
5) UIG

44. Changes in the chemical composition of enamel during caries in the stain stage accompanied

one) a decrease in the microhardness of the outer layer of enamel more, than subsurface
2) a decrease in the microhardness of the outer layer of enamel is less, than subsurface
3) the same decrease in microhardness outer and subsurface layers

45. have the greatest cariogenic effect

one) lactobacilli
2) fusobacteria
3) Str. mutans
four) Str.sungvis
5) Str.salivaris

46. Zones of carious spots

one) breakdown and demineralization
2) transparent and intact dentine
3) lesion body
four) replacement dentin and changes in the pulp
5) dark zone
6) transparent zone

47. Preservation of the outer layer of enamel due to

one) a decrease in calcium
2) decrease in fluorine content
3) structural feature of the outer layer of enamel
four) remineralization process

48. Methods for diagnosing caries in the stain stage

one) staining and EDI
2) EDI and radiography
3) radiography and thermodiagnostics
four) thermodiagnostics and transillumination method
5) transillumination method and staining

49. Dried surface of a carious white spot

one) loses its shine
2) changes color
3) remains unchanged

fifty. Methods for diagnosing caries in the stain stage are based

one) on enamel stability
2) on the reduction of enamel permeability
3) to increase the permeability of enamel
four) on changes in the optical properties of enamel

51. Differential diagnosis of caries in the stain stage is carried out

one) with hypoplasia
2) with superficial caries
3) with erosion
four) with fluorosis

52. Differential diagnosis of superficial caries is carried out

one) with hypoplasia
2) with erosion of hard tissues
3) with medium caries
four) wedge-shaped defect
5) with fluorosis

53. Differential diagnosis of secondary caries is carried out

one) with caries in the stain stage
2) wedge-shaped defect
3) with chronic fibrous periodontitis
four) with chronic fibrous pulpitis
5) with deep caries

54. With an average caries in a light microscope, zones are distinguished

one) decay and demineralization
2) enamel destruction
3) subsurface demineralization
four) transparent and intact dentine
5) replacement dentin and changes in the pulp.

55. The asymptomatic course of medium caries is explained

one) pulp necrosis
2) destruction of the enamel-dentin junction
3) formation of replacement dentin

56. Differential diagnosis of deep caries is carried out

one) with abrasion
2) with chronic fibrous pulpitis
3) with medium caries
four) with acute focal pulpitis
5) with chronic fibrous periodontitis

57. Patients with caries complain of pain

one) spontaneous
2) persisting after removal of the stimulus
3) only in the presence of an irritant

58. Therapeutic pads with a long odontotropic effect and antiseptic action, contain

one) corticosteroids
2) antibiotics
3) non-steroidal anti-inflammatory drugs
four) calcium hydroxide

59. The filling material that protects the dentin must

one) prevent the movement of fluid in the dentinal tubules and seal them tightly
2) free passage of dentinal fluid
3) be a thermal and chemical insulator
four) increase the permeability of dentin

60. Etching of enamel and dentin is carried out

one) to enhance the bactericidal properties of composites
2) to strengthen the marginal fit
3) to eliminate the smear layer

61. Differential diagnosis of caries in the stain stage is carried out

one) with hypoplasia
2) with superficial caries
3) with erosion
four) with fluorosis

62. Differential diagnosis of superficial caries is carried out

one) with hypoplasia
2) with erosion of hard tissues
3) with medium caries
four) wedge-shaped defect
5) with fluorosis

63. Differential diagnosis of secondary caries is carried out

one) with caries in the stain stage
2) wedge-shaped defect
3) with chronic fibrous periodontitis
four) with chronic fibrous pulpitis
5) with deep caries

64. With an average caries in a light microscope, zones are distinguished

one) decay and demineralization
2) enamel destruction
3) subsurface demineralization
four) transparent and intact dentine
5) replacement dentin and changes in the pulp.

65. The asymptomatic course of medium caries is explained

one) pulp necrosis
2) destruction of the enamel-dentin junction
3) formation of replacement dentin

66. Differential diagnosis of deep caries is carried out

one) with abrasion
2) with chronic fibrous pulpitis
3) with medium caries
four) with acute focal pulpitis
5) with chronic fibrous periodontitis

67. Patients with caries complain of pain

one) spontaneous
2) persisting after removal of the stimulus
3) only in the presence of an irritant

68. Spots with fluorosis are localized

one) along the cutting edge
2) over the entire surface of the tooth crown
3) in the area of the neck of the tooth

69. "Moiré" enamel is characteristic

one) for erosion
2) for caries in the stain stage
3) for systemic hypoplasia
four) for amelogenesis imperfecta
5) for fluorosis

70. The moiré pattern of enamel with fluorosis is due to

one) reduction of interprism spaces, hypomineralization zones
2) an increase in interprism spaces, zones of hypermineralization
3) an increase in interprism spaces, zones of hypo- and hypermineralization

71. According to the nature of inheritance, monogenic diseases can be divided for the following groups

one) dominant
2) autosomal dominant
3) recessive
four) autosomal recessive
5) floor-linked

72. Erosions of hard tissues are localized

one) only on the chewing surfaces of the teeth
2) only on vestibular surfaces
3) on all surfaces

73. Clinical stages of erosion (according to Yu.M.Maksimovsky)

one) initial
2) active
3) deep
four) stabilized
5) average

74. Erosion is characterized by demineralization

one) superficial
2) subsurface
3) partial subsurface

75. Intensive loss of hard tissues in one tooth, group of teeth or in all teeth

one) hypoplasia
2) hypoplastic defective amelogenesis
3) pathological erasure

76. The third degree of tooth wear (according to Bracco) corresponds to

one) abrasion of the crown to the neck of the tooth
2) erasure of enamel of cutting edges and tubercles
3) complete erasure of tubercles with exposure of dentin up to 1/3 of the height of the crown
four) decrease in crown height with the disappearance of the middle third of the crown

77. The most characteristic symptom of acid necrosis

one) a feeling of "stupefaction"
2) "tooth sticking"
3) no symptoms

78. Administration of tetracycline antibiotics can lead to the development of "tetracycline" teeth children aged

one) from 1 month up to 6 years
2) from 1 year to 6 years
3) from 6 months up to 6 years
four) from 6 months up to 12 years

80. Eliminate the discoloration that has developed as a result of the application tetracycline in childhood, you can use the method

one) microabrasion
2) internal bleaching
3) external bleaching method

81. Eliminate the discoloration that has developed as a result endodontic intervention, it is possible by the method

one) microabrasion
2) internal bleaching
3) external whitening

82. Non-carious lesions that occur before teething

one) hypoplasia
2) hyperplasia
3) tooth pigmentation and plaque
four) endemic dental fluorosis
5) erasing hard tissue
6) discoloration of teeth
7) wedge-shaped defect
eight) tooth erosion
9) necrosis of dental hard tissues
ten) tooth trauma
eleven) hereditary disorders of dental development
12) hyperesthesia

83. Non-carious lesions of the teeth that occur after their eruption

one) hypoplasia
2) hyperplasia
3) tooth pigmentation and plaque
four) endemic dental fluorosis
5) erasing hard tissue
6) discoloration of teeth
7) wedge-shaped defect
eight) tooth erosion
9) necrosis of dental hard tissues
ten) tooth trauma
eleven) hereditary disorders of dental development
12) hyperesthesia

84. Systematic damage to the teeth is always characteristic

one) for fluorosis
2) for hypoplasia
3) for caries

85. Predisposing factors of development systemic hypoplasia of milk teeth

one) reduction of fluorine content in water
2) eating large amounts of carbohydrates in the first year of life
3) toxicosis, chronic and systemic diseases during pregnancy

86. Clinical forms of systemic hypoplasia

one) color change
2) absence of groups of teeth
3) lack of enamel
four) lack of dentine
5) underdevelopment of teeth

87. Differential diagnosis of systemic hypoplasia is carried out

one) with caries in the stain stage
2) with superficial caries
3) with fluorosis
four) with abrasion
5) with erosion

88. Maximum permissible content of fluorine in drinking water

one) 0.5 mg/l
2) 1.0 mg/l
3) 1.5 mg/l

89. Forms of fluorosis without tissue loss

one) dashed
2) spotted
3) chalky
four) erosive
5) destructive

90. Forms of fluorosis occurring with tissue loss

one) dashed
2) spotted
3) chalky
four) erosive
5) destructive

91. Spots with fluorosis are localized

one) along the cutting edge
2) over the entire surface of the tooth crown
3) in the area of the neck of the tooth

92. "Moiré" enamel is characteristic

one) for erosion
2) for caries in the stain stage
3) for systemic hypoplasia
four) for amelogenesis imperfecta
5) for fluorosis

93. The moiré pattern of enamel with fluorosis is due to

one) reduction of interprism spaces, hypomineralization zones
2) an increase in interprism spaces, zones of hypermineralization
3) an increase in interprism spaces, zones of hypo- and hypermineralization

94. According to the nature of inheritance, monogenic diseases can be divided for the following groups

one) dominant
2) autosomal dominant
3) recessive
four) autosomal recessive
5) floor-linked

95. Erosions of hard tissues are localized

one) only on the chewing surfaces of the teeth
2) only on vestibular surfaces
3) on all surfaces

96. Clinical stages of erosion (according to Yu.M. Maksimovsky)

one) initial
2) active
3) deep
four) stabilized
5) average

97. Erosion is characterized by demineralization

one) superficial
2) subsurface
3) partial subsurface

98. Intensive loss of hard tissues in one tooth, group of teeth or in all teeth

one) hypoplasia
2) hypoplastic defective amelogenesis
3) pathological erasure

99. The third degree of tooth wear (according to Bracco) corresponds to

one) abrasion of the crown to the neck of the tooth
2) erasure of enamel of cutting edges and tubercles
3) complete erasure of tubercles with exposure of dentin up to 1/3 of the height of the crown
four) decrease in crown height with the disappearance of the middle third of the crown

100. The most characteristic symptom of acid necrosis

one) a feeling of "stupefaction"
2) "tooth sticking"
3) no symptoms

101. Administration of tetracycline antibiotics can lead to the development of "tetracycline" teeth children aged

one) from 1 month up to 6 years
2) from 1 year to 6 years
3) from 6 months up to 6 years
four) from 6 months up to 12 years

Match

102. Damage to the hard tissues of the teeth

one)	during development	a)	amelogenesis imperfecta
2) after eruption			and dentinogenesis
		b)	Stanton-Capdepon syndrome
		in)	hypoplasia
		G)	fluorosis
		e)	wedge-shaped defect
		e)	hard tissue erosion
		and)	hyperesthesia of the teeth

103. The teeth of Hutchinson, Pfluger and Fournier are a variety

one) local hypoplasia
2) systemic hypoplasia
3) endemic fluorosis

004. The teeth of Hutchinson, Pfluger and Fournier are underdeveloped

one) enamel
2) dentine
3) enamel and dentin

105. The cause of systemic hypoplasia of permanent teeth is

one) maternal illness during pregnancy
2) diseases of the child after birth
3) genetic factors
four) low fluoride content in drinking water

06. The cause of local enamel hypoplasia is

one) child's illness after birth
2) milk tooth periodontitis
3) low fluoride content in drinking water
four) traumatic injury to the tooth germ

107. Tetracycline drugs try not to prescribe children aged

one) from 6 months up to 1 year
2) from 1 year to 6 years
3) from 6 months up to 12 years

108. Dental fluorosis is referred to as

one) to local
2) to systemic
3) to genetic

109. Pathological changes in fluorosis occur as a result of dysfunction

one) ameloblasts
2) adontoblasts
3) osteoblasts

110. For the differential diagnosis of fluorosis additionally carry out

one) EDI of the tooth
2) vital staining
3) x-ray examination

111. The spotted form of fluorosis is differentiated

one) with enamel erosion
2) with enamel hypoplasia
3) with caries in the stain stage
four) with amelogenesis imperfecta
5) wedge-shaped defect

112. It is advisable to carry out bleaching with fluorosis in the forms

one) dashed
2) spotted
3) erosive
four) destructive
5) chalk-speckled

113. Prevention of fluorosis includes

one) water source replacement
2) seafood reception
3) leaving an endemic area
four) oral hygiene control
5) sealing teeth

114. Prevention of fluorosis is carried out at the age

one) up to 5-6 years
2) up to 6-8 years
3) up to 8-10 years

115. The oval shape of the lesion of hard tissues of the teeth is characteristic

one) for enamel erosion
2) for wedge-shaped defect
3) for marble disease

116. Defects in pathological abrasion of teeth located on the surface

one) vestibular and cutting
2) cutting and chewing
3) chewing and lingual

117. Prevention of enamel erosion includes

one) restriction in the diet of citrus fruits
2) use of fluoride tablets
3) use of fluoride toothpastes
four) restriction of carbohydrate intake
5) using a soft toothbrush

118. Erosion of hard tissues of the teeth can affect

one) only enamel
2) only dentine
3) enamel and dentin

119. Eliminate the discoloration that has developed as a result of the application tetracycline in childhood, you can use the method

one) microabrasion
2) internal bleaching
3) external bleaching method

120. CHEMICALLY CURING MACRO-FILLED COMPOSITE MATERIALS INCLUDED:
a) Composite
b) Simulate
c) a) and b) are correct
d) Fuji IX

121. THE MAIN FORM OF PRODUCTION OF MODERN COMPOSITE MATERIALS OF CHEMICAL CURING:
a) pasta
b) powder-liquid
c) paste-powder
d) paste-liquid

122. FINISHING LIGHT POLYMERIZATION IS CARRIED OUT:
a) at the end of the polishing of the filling
b) after fixing the last portion of the light-curing composite filling material
c) after polymerization of the last portion of the composite
d) after applying the polishing paste

123. THE EFFICIENCY AND CORRECTNESS OF RESTORATION POLISHING IS DETERMINED:
a) the presence of a mirror gloss of the dried surface of the restoration, which is indistinguishable in terms of gloss from natural tooth enamel
b) subjective feelings of the patient
c) the presence of dullness of the dried surface
d) match the shade of the restoration and tooth tissues in the wet state

124. SPECIFY THE CATALYST ACTIVATED CHEMICAL POLYMERIZATION IN CHEMICAL CURING COMPOSITES:
a) camphorquinone
b) benzoyl peroxide and amine
c) urea peroxide
d) camphor

125. WHEN SELECTING THE COLOR OF THE FILLING MATERIAL, YOU SHOULD CONSIDER:
a) the depth and localization of the existing defect in the hard tissues of the tooth
b) the location of the restored tooth in the dental arch
c) constitutional, gender, age characteristics
d) everything is correct

126. MICRORETENTION OF THE FILLING MATERIAL IS
a) fixation of the filling due to the convergence of the walls of the carious cavity
b) fixation of the filling material in the retention points
c) penetration of the adhesive and filling material into the microspaces of the etched enamel
d) fixing the seal due to anchors, pins, posts

127. FLUID LIGHT-CURING COMPOSITES ARE:
a) Revolution
b) Tetric
c) Dyract
d) Fuji IX

128. SPECIFY THE REASONS FOR PHOTOCOMPOSITE SEAL DESERMATION:
a) improper formation of a carious cavity
b) the ingress of saliva or blood on the treated surface of the tooth
c) no bond
d) single-stage polymerization of large volumes of photocomposite
d) everything is correct

129. ACTION OF DENTINE ADHESIVE ON DENTIN
a) increases the flow of dental cerebrospinal fluid
b) fills the dentinal tubules
c) stops the flow of dental cerebrospinal fluid
d) wets and disinfects
e) true c) and d)

130. LIST THE MOST COMMON ERRORS WHEN USING COMPOSITE MATERIALS:
a) the use of microfilled composites for the restoration of surfaces of 1.2 classes, the cutting edges of the anterior teeth
b) ignoring the rules for directing the rays of a polymerization lamp
c) contact with the glued surface of the oral or gingival fluid
d) true b, c
d) everything is correct

131. DENTINE SURFACE IS TREATED WITH DENTINE ADHESIVE FOR THE PURPOSE:
a) improving the bonding of dentin and composite
b) increasing the mechanical strength of thinned dentin
c) reducing the sensitivity of dentin to irritants
d) all of the above are true

132. WHEN USING 5th GENERATION ADHESIVE SYSTEMS, THE FOLLOWING IS CARRIED OUT:
a) only etching of dentin
b) total etching

c) enamel etching only
d) tissue etching is not carried out

133. COMPOSITE MATERIALS WITH A PARTICLE SIZE OF INORGANIC FILLER MORE THAN 1 μm ARE:
a) macro-filled
b) hybrid
c) microfilled
d) mini-filled

134. FLOWABLE COMPOSITES ARE USED FOR
a) fissure sealing
b) filling cavities of the 2nd class
c) filling cavities of the 5th class
d) all of the above are true

135. INDICATIONS FOR THE USE OF COMPOMERS:
a) carious cavities of 3 and 5 classes
b) small carious cavities of 1 and 2 classes
c) non-carious lesions of hard dental tissues
d) all of the above are true

136. TO INCREASE ENAMEL CARIES RESISTANCE, IV AND V GENERATION ADHESIVE SYSTEMS CONTAIN:
a) fluorine compounds
b) calcium compounds
c) potassium compounds
d) all of the above are true

137. UNACCEPTABLE COMBINATIONS OF FILLING MATERIALS
a) eugenol-containing materials - light-cured composite material
b) zinc phosphate cement - chemically cured composite material
c) glass-ionomer cement - light-curing composite material
d) polymer medical pad - light-cured composite material

138. THE MECHANISM OF THE COMPOSITE CURE IS BASED ON THE PROCESS
a) crystallization
b) polymerization
c) dissolution
d) all of the above are true

139. ETCHING OF HARD TISSUES OF THE TOOTH IS CARRIED OUT WITH THE PURPOSE:
1. remineralization
2. caries diagnostics
3. improve adhesion
4. anesthesia
5. sclerosis
6.

140. APPLICATION OF A CHEMICALLY CURING COMPOSITE IS RECOMMENDED TO BE CARRIED OUT:
a) in layers

b) one or two portions, carefully pressing the material to the bottom and walls of the cavity, with some excess material
c) in small portions with careful condensation of each portion
d) application technique does not matter

141. HARDENING TIME OF CHEMICAL CURING COMPOSITE:
a) 10 minutes
b) 3-5 minutes
c) 1-2 minutes
d) 8-10 minutes

142. CHEMICALLY CURING COMPOSITES ARE:
a) Talan
b) Charisma PPF
c) Consise
d) Degufil
d) everything is correct

143. SPECIFY THE CATALYST ACTIVATED CHEMICAL POLYMERIZATION IN CHEMICAL CURING COMPOSITES:
a) camphorquinone
b) benzoyl peroxide and amine
c) urea peroxide
d) camphor

144. MICRORETENTION OF THE FILLING MATERIAL IS
a) fixation of the filling due to the convergence of the walls of the carious cavity
b) fixation of the filling material in the retention points
c) penetration of the adhesive and filling material into the microspaces of the etched enamel
d) fixing the seal due to anchors, pins, posts

145. INTRODUCED LAYERS OF LIGHT-CURING CPM SHOULD NOT EXCEED A THICKNESS MORE THAN:
a) 1mm
b) 2-Zmm
c) 0.5 mm
d) 5 mm

146. LIST CONTRAINDICATIONS TO THE USE OF PHOTOCOMPOSITES:
a) exudative inflammation of the marginal gums, bleeding
b) subgingival spread of caries
c) poor oral hygiene
d) everything is correct

147. ACTION OF DENTINE ADHESIVE ON DENTIN
a) increases the flow of dental cerebrospinal fluid
b) fills the dentinal tubules
c) stops the flow of dental cerebrospinal fluid
d) wets and disinfects
e) true c) and d)

148. DENTINE SURFACE IS TREATED WITH DENTINE ADHESIVE FOR THE PURPOSE:
a) improving the bonding of dentin and composite
b) increasing the mechanical strength of thinned dentin
c) reducing the sensitivity of dentin to irritants
d) all of the above are true

149. APPLICATION OF 4, 5 GENERATIONS ADHESIVE SYSTEM PROMOTES EDUCATION:
a) hybrid zone
b) smeared layer
c) oxygen-inhibited layer
d) all of the above are true

150. WHEN USING THE 5th GENERATION ADHESIVE SYSTEM, THE ROLE OF A PRIMER IS PERFORMED BY:
a) the first portion of the adhesive system liquid
b) the second portion of the adhesive system liquid
c) 5th generation adhesive system does not contain a primer
d) pickling system

151. THE RESULT OF VOLUME SHRINKAGE OF A PHOTOCOMPOSITE
a) discoloration of the tissues of the tooth
b) inflammation of the gingival margin
c) fractures of the walls of the tooth
d) hypersensitivity of tooth tissues

152. Etching of enamel is carried out before applying a filling from:
1. JIC
2. composite
3. polycarboxylate cement
4. silver amalgam
5. silicophosphate

153. Halogen light lamps are used for:
1. surgical field disinfection
2. drying of the mouth
3. enamel remineralization
4. cabinet disinfection
5. composite polymerization

154. When filling carious cavities using the “closed sandwich” method, a gasket:
1. covered with composite
2. not covered by composite
3. not used
4. superimposed on the edges of the cavity
5. applied to walls and edges

155. Macro-filled composite materials have positive properties:
1. strength, radiopacity
2. strength, poor polishability
3. low color fastness

4. accumulation of plaque on the surface
5. toxicity

156. Bonding systems include:
1. orthophosphoric acid
2. primer and adhesive
3. hydrochloric acid
4. hydrofluoric acid
5. polyacrylic acid

157. Shrinkage of the chemical curing composite occurs towards:
1. oral
2. vestibular
3. light source
4. tooth cavity
5. uniform in volume

158. THE GROUP OF MATERIALS FOR THERAPEUTIC PADS INCLUDES:
a) Calmecin
b) life
c) calcipulpe
d) all of the above are true

159. AS A MEDICAL PAD USE:
1. artificial dentin
2. pastes based on calcium hydroxide
3. dentin paste
4. resorcinol-formalin paste
5. phosphate cement

160. GASKET MATERIALS BASED ON CALCIUM HYDROXIDE HAVE POSITIVE PROPERTIES:
1. hardness, strength
2. odontotropic action
3. aesthetic qualities
4. solubility
5. shrinkage

161. THE METHOD OF PREVENTIVE EXPANSION OF THE CARIOUS CAVITY SUGGESTED:
a) I.G. Lukomsky
b) Black
c) E.V. Borovsky
d) Fisher

162. REQUIREMENTS FOR THERAPEUTIC PAD MATERIALS
a) long curing time
b) short mixing time
c) have an odontotropic effect
d) have an anesthetic effect

163. Composite to avoid the development of abfraction defects in the carious cavities of the cervical region of the teeth:
a) low viscosity composite (flowable composite)
b) chemical curing composite
c) chemically cured macro-filled composite
d) all of the above are true

164. In microfilled composites, filler particles have a size (μm)
1. 1-100
2. fifty
3. more than 1
4. one
5. less than 1

165. Fluid composites are introduced into the cavity:
1. trowel
2. plugger
3. syringe
4. syringe and spatula
5. amalgamator

166. Shrinkage of a light-cured composite occurs to the side:
1. light source
2. tooth cavity
3. vestibular
4. oral
5. occlusal

167. For the adhesion of a composite material during the restoration of cavities, the following is used:
1. phosphate cement
2. bonding system
3. 37% phosphoric acid
4. calcium hydroxide paste
5. artificial dentin

168. For finishing fillings made of composite materials in class II cavities, the following are used:
1. steel ball burs
2. carbide ball burs
3. carbide cylindrical burs
4. fine diamond heads and strips
5. carborundum stones

169. UNACCEPTABLE COMBINATIONS OF FILLING MATERIALS
a) eugenol-containing materials - light-cured composite material
b) zinc phosphate cement - chemically cured composite material
c) glass-ionomer cement - light-curing composite material
d) polymer medical pad - light-cured composite material

170. THE MECHANISM OF COMPOSITE CURE IS BASED ON THE PROCESS

a) crystallization
b) polymerization
c) dissolution
d) all of the above are true

171. LIST THE ADVANTAGES OF PHOTOCOMPOSITE FILLING MATERIALS:
a) matching the color and transparency of the enamel and dentin of the tooth
b) color fastness
c) enough time to model the restoration
d) everything is correct

172. INDICATIONS FOR THE USE OF COMPOMERS:
a) carious cavities of 3 and 5 classes
b) small carious cavities of 1 and 2 classes
c) non-carious lesions of hard dental tissues
d) all of the above are true

173. LAYER OF DENTIN, THE SURFACE OF COLLAGEN FIBERS WHICH COVERED WITH RESIN, IS CALLED:
a) hybrid
b) lubricated
c) chalky
d) shiny

174. COMPOSITE MATERIAL OF INCREASED FLUIDITY FOR CREATING AN ADAPTIVE LAYER IS INTRODUCED INTO A CAVITY THICKNESS:
a) 4-5 mm
b) 0.5-1 mm
c) 1-1.5 mm
d) flowable composites are not used to create an adaptive layer

175. MATERIALS FOR CAVITY FILLING CLASS I ARE:
a) compomers
b) JIC
c) ormokers
d) hybrid composite filling materials
d) everything is correct

176. WHEN RECOVERING MOLAR LOWER JAWS, IT IS NECESSARY TO REMEMBER:
a) marginal enamel ridges are restored powerful and rounded
b) buccal tubercles are restored smoother and more powerful, lingual - pointed
c) weakened tubercles and thinned walls are covered with restorative material
d) everything is correct

177. IMPROPER BEVERING AND SMOOTHING OF ENAMEL CAN CAUSE:
a) to deterioration of adhesion
b) to violation of the marginal fit
c) worsening aesthetics
d) all of the above are true

178. THE USE OF THERAPEUTIC AND INSULATING PAD WHEN USING MODERN ADHESIVES IS RECOGNIZED:
a) necessary
b) redundant
c) preferably only if there is a danger of opening the tooth cavity
d) it is necessary when the cavity of the tooth is opened
e) all are true except a)

179. PRIMER IS A SUBSTANCE:
a) with high wetting ability, facilitating the penetration into the pores and deepening of the dentin and enamel of the filling material
b) providing adhesion of the composite and dentin (base lining)
c) dissolves the mineral structures of enamel
d) all of the above are true

180. COMPOSITE MATERIALS WITH A PARTICLE SIZE OF INORGANIC FILLER MORE THAN 1 μM ARE:
a) macro-filled
b) hybrid
c) microfilled
d) mini-filled

181. TOO THICK ADHESIVE PROMOTES:
a) better adhesion of the filling material to the hard tissues of the tooth
b) the formation of a line of weakness of the restoration
c) the formation of a hybrid zone
d) the formation of a smeared layer

182. INTRODUCING A CHEMICALLY CURING COMPOSITE IS RECOMMENDED TO BE CARRIED OUT:
a) in layers
b) one or two portions, carefully pressing the material to the bottom and walls of the cavity, with some excess material
c) in small portions with careful condensation of each portion
d) application technique does not matter

183. SPECIFY THE FINAL STAGE OF THE FINAL PROCESSING OF THE RESTORATION:
a) contouring of the restoration
b) finishing the restoration
c) polishing with pastes
d) processing with carborundum stone

184. MAIN FORM OF RELEASE OF MODERN COMPOSITE MATERIALS OF CHEMICAL CURING:
a) pasta
b) powder-liquid
c) paste-powder
d) paste-liquid

185. MICRORETENTION OF THE FILLING MATERIAL IS
a) fixation of the filling due to the convergence of the walls of the carious cavity

b) fixation of the filling material in the retention points
c) penetration of the adhesive and filling material into the microspaces of the etched enamel
d) fixing the seal due to anchors, pins, posts

186. FLUID LIGHT-CURING COMPOSITES ARE:
a) Revolution
b) Tetric
c) Dyract
d) Fuji IX

187. ACTION OF DENTINE ADHESIVE ON DENTIN
a) increases the flow of dental cerebrospinal fluid
b) fills the dentinal tubules
c) stops the flow of dental cerebrospinal fluid
d) wets and disinfects
e) true c) and d)

188. A BRILLIANT, "MOIST", EASILY REMOVABLE LAYER ON THE SURFACE OF THE COMPOSITE IS CALLED:
a) smear layer
b) layer inhibited by oxygen
c) hybrid layer
d) insulating layer

189. LIST THE MOST COMMON ERRORS WHEN USING COMPOSITE MATERIALS:
a) the use of microfilled composites for the restoration of surfaces of 1.2 classes, the cutting edges of the anterior teeth
b) ignoring the rules for directing the rays of a polymerization lamp
c) contact with the glued surface of the oral or gingival fluid
d) true b, c
d) everything is correct

190. 5th GENERATION ADHESIVE SYSTEMS CONTAIN PRIMER AND ADHESIVE:
a) in the form of two liquids
b) do not contain a primer
c) in "one" vial
d) do not contain adhesive

191. TOTAL ETCHING IS RECOMMENDED FOR SUBSEQUENT USE OF ADHESIVE SYSTEMS:
a) 3 generations
b) 4-5 generations
c) 1st generation
d) 2 generations

192. INSULATING VARNISHES ARE THIN-LAYER GASKETS INTENDED TO PROTECT THE TOOTH PULP FROM THE TOXIC EFFECT OF FILLING MATERIALS, OTHERWISE THEY ARE CALLED:
a) primers
b) silanes
c) compomers
d) sealants

e) liners

193. LIST THE ADVANTAGES OF PHOTOCOMPOSITE FILLING MATERIALS:
a) matching the color and transparency of the enamel and dentin of the tooth
b) color fastness
c) enough time to model the restoration
d) everything is correct

194. INDICATIONS FOR THE USE OF COMPOMERS:
a) carious cavities of 3 and 5 classes
b) small carious cavities of 1 and 2 classes
c) non-carious lesions of hard dental tissues
d) all of the above are true

195. When filling carious cavities using the “open sandwich” method, a gasket:
1. covered with composite
2. not covered by composite
3. superimposed on the bottom and walls
4. superimposed on the edges of the cavity
5. applied to walls and edges

196. Shrinkage of a light-cured composite occurs to the side:
1. light source
2. tooth cavity
3. vestibular
4. oral
5. occlusal

197. THERAPEUTIC PADDING IS APPLIED:
a) pointwise in the projection area of the pulp horn
b) on the bottom and walls of the carious cavity, repeating the contours of the cavity
c) on the bottom of the cavity to the enamel-dentin border
d) on the walls of the carious cavity

198. MEDICAL PADS:
a) calcicur
b) calcipulp
c) septocalcin
d) all of the above are true

199. FOR TREATMENT OF A CARIOUS CAVITY IT IS NOT RECOMMENDED TO USE:
a) dioxidine
b) alcohol
c) sodium hypochlorite
d) hydrogen peroxide

200. TO IDENTIFY A SITE OF ENAMEL DEMINERALIZATION ALLOWS:
a) dye test
b) electroodontodiagostics
c) temperature diagnostics
d) all of the above are true

Endodontic treatment

1. **The composition of the pulpo-dentinal complex includes:**
    1. Odontoblasts, predentin, dentin.
    2. Odontoblasts, predentin, dentin, vessels, nerves.
    3. Odontoblasts, predentin, dentin, vessels, nerves, cell-poor layer, cell-rich layer.
    4. Odontoblasts, predentin, dentin, vessels, nerves, cell-poor layer, cell-rich layer, central layer.
2. **The concept of endodontist includes:**
    1. Pulp-dentine complex.
    2. Pulpo-periapical complex.
    3. Pulp.
    4. All listed.

3. **The approximate distance from the anatomical apex to the physiological foramen is:**
    1. 2-4 mm;
    2. 0.5-1 mm
    3. 5-6 mm
4. **Two channels starting from the pulp chamber and merging into one near the apex are of the type:**
    1. I;
    2. II;
    3. III;
    4. IV.

5. Endodontics is a section of dentistry that studies:

1. technique for the preparation of carious cavities;
2. internal structure of the tooth cavity and manipulations in it;
3. technique of filling carious cavities;
4. manipulations on periodontal tissues

6. The physiological apex of the root canal is called:

1. anatomical opening;
2. the extreme point of the root on the x-ray;
3. narrowing of the root canal in the area of the dentin-cement connection.

7. In the crown part of the tooth cavity, there are:

1. vault;
2. walls;
3. mouth;
4. bottom;
5. all of the above.

1. The cavity of the tooth is divided into:

1. crown;
2. root canal;
3. carious cavity;
4. periodontal gap.

5. root.

9. Bundles of fibers running in a horizontal direction and connecting adjacent teeth:

1) transseptal
2) loose gum fibers
3) circular fibers
4) alveolar comb fibers
5) oblique fibers

10. Periodontal fibers covering the neck of the tooth:

1) transseptal
2) loose gum fibers
3) circular fibers
4) alveolar comb fibers
5) oblique fibers

11. In a permanent bite, normal teeth are:

1. 16-20;
2. 20-24;
3. 24-28;
4.28-32;
5. 32-36.

12. Teeth of permanent occlusion are divided into the following groups:

1. molars, incisors, fangs;
2. incisors, premolars, canines;
3. premolars, molars, incisors;
4. incisors, canines, molars;
5. incisors, canines, premolars, molars.

13. The occlusal surface of the mandibular premolars has the form:

1. oval;
2. rectangular;
3. diamond-shaped;
4. triangular;
5. chisel-shaped.

14. Deviation of the root of the teeth of the frontal group in the direction:

1. lateral;
2. distal;
3. medial;
4.sagittal;
5. frontal.

15. According to the WHO formula, the lower central incisor on the left is written:

1.1.1;
2.2.1;
3.3.1;
4.4.1

16. According to the WHO formula, the upper canine on the left is written:

1.1.3;
2.2.3;
3.3.3;
4. 4.3.

17. Number and name of root canals in the first upper molars:

1. 2 - buccal, palatine;
2. 3 - palatine, anterior buccal, posterior buccal;
3. 3 - posterior, anterior lingual; anterior buccal;
4. 3 - palatine, anterior lingual; anterior buccal;
5. 4. - palatine, anterior buccal, posterior buccal, posterior.

18. The first molars of the upper jaw have the shape of a crown in the form of:

1. rectangle with 5 tubercles;
2. rectangle with 4 tubercles;
3. rhombus with 5 tubercles;
4. rhombus with 4 tubercles;
5. rhombus with 3 tubercles.

19. The following is considered an incorrect form of a prepared root canal:

1. conical;
2. conical with a ledge;
3. cylindrical.

20. "Masterfile" is:

1. the first file to reach the top;
2. the last file reaching the apex and forming the apical stop;
3. the last (largest diameter) file that processed the channel.

21. Treatment of thin and highly curved root canals is carried out:

1. K-reamer;
2. Gates-Gliden, Largo;
3. K-flexreamer, K-flexfile;
4. Rasp;
5. Channel filler.

22. The taper of traditional endodontic instruments for widening channels according to ISO is:

1. 2%
2. 1.5%
3. 3%
4. 0.5%
5. four%

23. Determine the correspondence between the name and geometric coding of the endodontic instrument:

1. triangle;	A. H-file;
2. square;	B. pulp extractor;
3. circle.	B. Root needle;
	G. K-rimer;
	D. profile;
	E. K-file.

24. The size of the endodontic instrument corresponds to:

1. taper percentage;
2. length of the working part of the tool;
3. tool tip diameter multiplied by 100.

25. Purpose of endodontic instrument:

1. diagnostic;	A. Largo;
2. to remove soft tissues;	B. Root needle;
3. to expand the mouth of the channels;	V. K-rimer;
4. for the passage of channels;	G. Gates-Gliden;
5. to expand channels.	D. pulp extractor;
	E. K-file.

26. Rotational movement can be performed with the following endodontic instruments:

1. pulp extractor, rasp, reamer;
2. rasp, H-file;
3. For example, a K-file.
4.

27. The limiter on the endodontic instrument is necessary for:

1. selection of the necessary tool;
2. determining the degree of patency of the root canal;
3. fixing the depth of immersion of the instrument in the root canal.
4.

28. Endodontic tools for filling root canals:

one. pulp extractor;
2. K-reamer;
3. K-file;
4. H-file;
5. channel filler;
6. fronter.

29. You can determine the length of the root canal using

one) root needle inserted into the root canal until the patient feels a slight prick
2) root needle inserted into the root canal and radiographs
3) apex locator

30. According to ISO, endodontic instruments are produced with a working length equal to

one) 10 mm
2) 21 mm
3) 45 mm
four) 25 mm
5) 31 mm
6) 33 mm
7) 28 mm

31. The effectiveness of 5% sodium r-rahypochloride is enhanced by:

1. breeding;
2. application with ultrasound;
3. heating;
4. cooling;
5. jet application;
6. combined use with 3% hydrogen peroxide solution.

32. Drug treatment of the root canal of proteolytic enzymes is carried out in order to:

1. act on the focus of inflammation in the periapical region;
2. influence pathogenic flora in microchannels;
3. dissolve pulp decay.

33. For antiseptic treatment of the root canal, the following is used:

1. maleic acid;
2. distilled water;
3. 37% phosphoric acid;
4. 3% sodium hypochlorite;
5. Nitric acid.

34. When washing the root canal from the syringe, the endodontic needle advances:

1. at the mouth;
2. 1/3 of its length;
3. in the middle third of the length;
4. to the apical foramen;
5. for the apical foramen.

35. For drug treatment of the root canal is used sodium hypochlorite in percentage concentration:

one. 10-20%;

2. 0.5-5.25%;

3. 30-40%;

four. 6.5-7.25%.

36. Rinse the root canal with sodium hypochlorite should:

1. at least 1-5 minutes;

2. at least 5-10 minutes;

3. at least 10-20 min.

048. The pulp is a loose connective tissue composed ofone) from ground substance, vessels and nerves
2) from cellular, fibrous elements, the main substance of vessels and nerves
3) from vessels, nerves, cellular and fibrous elements

049. The anatomical apex of the root is separated from the physiological
one) by 0-1mm
2) ha 1-2 mm
3) by 2-3 mm

050. Cell layers are distinguished in the pulp
one) peripheral (odontoblastic)
2) subsurface (subodontoblastic)
3) outer
four) interior
5) central

051. The peripheral layer of the pulp contains cells
one) odontoblasts
2) stellate pulpocytes
3) fibroblasts
four) histiocytes
5) plasma cells
6) lymphocytes and monocytes

052. The subodontoblastic layer of the pulp contains cells
one) odontoblasts
2) stellate pulpocytes
3) fibroblasts
four) histiocytes
5) plasma cells
6) lymphocytes and monocytes

053.The central layer of the pulp contains cells

one) odontoblasts
2) stellate pulpocytes
3) fibroblasts
four) histiocytes
5) plasma cells
6) lymphocytes and monocytes

054.Capillary plexuses are located in the dental pulp

one) odontoblastic
2) peripheral
3) central
four) subodontoblastic

055.Pulp aging is characterized

one) reduction in the size of the cavity of the tooth
2) an increase in the size of the cavity of the tooth
3) decrease in cell activity
four) fibrosis
5) increase in cell activity
6) net degeneration

056.In acute pulpitis, microflora is detected

one) streptococcal
2) staphylococcal
3) mixed

057.In chronic forms of pulpitis, microflora is detected

one) streptococcal
2) staphylococcal
3) mixed

058.The most common route of pulpal infection

one) by arterioles (hematogenous infection)
2) through dentinal tubules
3) through one of the apical foramina in the presence of a periodontal pocket

059.Acute pulpitis

one) fibrous
2) focal
3) diffuse
four) gangrenous
5) hypertrophic

060.Chronic pulpitis

one) fibrous
2) focal
3) diffuse
four) gangrenous
5) hypertrophic

061. Severe pain syndrome in acute pulpitis is due to

one) increase in hydrostatic pressure in the cavity of the tooth
2) stimulation of nerve endings by products of anaerobic glycolysis
3) an increase in bradykinin
four) decrease in hydrostatic pressure in the cavity of the tooth
5) a decrease in the amount of vasoactive substances

062. The pulsating nature of pain in acute pulpitis is due to

one) increase in hydrostatic pressure in the cavity of the tooth
2) discordandreceptor endings by products of anaerobic glycolysis
3) intermittent shunting of blood flow
by arteriovenular anastomoses

063. Spontaneous paroxysmal pain at night with a long pain-free period occur with pulpitis

one) acute focal
2) acute diffuse
3) chronic fibrous
four) chronic gangrenous
5) chronic hypertrophic

064. Spontaneous strong paroxysmal, radiating along the branches of the trigeminal nerve, pain at night with a short pain-free period occurs with pulpitis

one) acute focal
2) acute diffuse
3) chronic fibrous
four) chronic gangrenous
5) chronic hypertrophic

065. Paroxysmal pain from various types of stimuli, persisting after elimination of the latter, disturb patients with pulpitis

one) acute focal
2) acute diffuse
3) chronic fibrous
four) chronic hypertrophic
5) chronic gangrenous

066. Aching pains from various kinds of irritants, mainly from hot, not stopping after removal of the action, from changes in air temperature occur with pulpitis

one) acute focal
2) acute diffuse
3) chronic fibrous
four) chronic gangrenous
5) chronic hypertrophic

067. Pain of a aching nature from various irritants, bleeding when eating occurs with pulpitis

one) acute focal
2) acute diffuse
3) chronic fibrous
four) chronic hypertrophic
5) chronic gangrenous

068.Exacerbation of chronic pulpitis is characterized by

one) spontaneous paroxysmal pain at night
with a long pain-free period
2) spontaneous strong paroxysmal,
radiating along the branches of the trigeminal nerve,
pain at night with a short pain-free period
3) paroxysmal pain from all kinds of irritants,
persisting after elimination
four) aching pains from various irritants, mainly from hot,
effects persisting after elimination, pain from changes in temperature
5) aching pain from various irritants,
bleeding while eating
6) paroxysmal pain in the tooth of a spontaneous nature,
prolonged pain from external stimuli,
pain when biting on a tooth with similar complaints in the past

Match

069.Probing the bottom of the carious cavity **Diagnosis**

one) painful, tooth cavity opened at one point — a) chronic fibrous pulpitis
2) almost painless, the cavity of the tooth is opened wide enough — b) chronic hypertrophic pulpitis
3) almost painless, the cavity of the tooth is opened wide, bleeding appears — in) chronic gangrenous pulpitis; G) acute diffuse pulpitis; e) acute focal pulpitis

070.Differential diagnosis of acute diffuse pulpitis is carried out

one) with exacerbation of chronic pulpitis
2) with medium caries
3) with acute and exacerbated chronic periodontitis
four) with deep caries
5) with sinusitis
6) with trigeminal neuralgia

071.Differential diagnosis of chronic gangrenous pulpitis carry out

one) with deep caries
2) with chronic fibrous pulpitis
3) with chronic fibrous periodontitis
four) with trigeminal neuralgia

072.Changes in the periodontium (expansion of the periodontal gap) most often observed

one) with chronic fibrous pulpitis
2) with chronic gangrenous pulpitis
3) with chronic hypertrophic pulpitis

Match

073. Pulpitis treatment methods **Diagnosis**

BUT) non-pulp-preserving one) acute focal pulpitis
B) preserving pulp viability
2) acute diffuse pulpitis
3) chronic fibrous pulpitis
four) chronic ganrenous pulpitis
5) chronic hypertrophic pulpitis
6) exacerbation of chronic pulpitis
7) accidental opening of a tooth cavity

074. Method for maintaining viable pulp in root canals called

one) devital amputation
2) devital extirpation
3) vital extirpation
four) vital amputation

075. Biological method is possible

one) in case of accidental opening of the tooth cavity in the treatment of caries in a 27 year old patient
2) with acute focal pulpitis of a multi-rooted tooth in a 47-year-old patient
3) with acute focal pulpitis in a 16-year-old patient
four) with chronic fibrous pulpitis of a multi-rooted tooth with a carious cavity in the cervical region
5) in case of accidental opening of the tooth cavity in the treatment of caries in a 23-year-old patient with insulin-dependent diabetes

076. Periodontal formation ends

one) about a month after the end of the development of the tooth root
2) about six months after the end of the development of the tooth root
3) about a year after the end of the development of the tooth root

077. The cause of acute periodontal injury may be

one) rough endodontic root canal treatment
2) inflated filling
3) excessive single load

078. The cause of chronic periodontal injury may be

one) rough endodontic root canal treatment
2) incorrectly (highly) applied filling and other occlusive disorders
3) excessive single load
four) bad habits (thread biting, etc.)

079. To determine the form of chronic periodontitis the survey plan includes a method

one) EDI
2) rheoparodontography
3) radiography
four) reopletismography

Match

080. Patient's complaints | **Disease**

one)	aching pain that gets worse	a)	chronic fibrous pulpitis
	when biting on a tooth	b)	acute periodontitis
2)	constant severe pain		in the stage of intoxication
	"feeling inyroshed tooth"	in)	acute periodontitis
3)	no pain in the area		in the stage of exudation
	causative tooth, change	G)	chronic gangrenous pulpitis
e)	displacement of the site of inflammation,		face configuration
	periostitis, submucosal abscess		

081. X-ray picture.
Expansion of the periodontal gap in the region of the root apex
one) acute periodontitis
2) cystogranuloma
3) chronic fibrous periodontitis
four) chronic granulomatous periodontitis
5) chronic granulating periodontitis
6) radicular cyst

082. X-ray picture.
Fuzziness, blurring, "veiled" picture
periapical region
one) acute periodontitis
2) cystogranuloma
3) chronic fibrous periodontitis
four) chronic granulomatous periodontitis
5) chronic granulating periodontitis
6) radicular cyst

083. X-ray picture.
The focus of destruction of bone tissue in the region of the apex
with clear borders up to 5 mm
one) cystogranuloma
2) chronic fibrous periodontitis
3) chronic granulomatous periodontitis
four) chronic granulating periodontitis
5) radicular cyst

084. X-ray picture.
The center of destruction of bone tissue in the region of the root apex
with clear boundaries from 5 to 8 mm
one) cystogranuloma
2) chronic fibrous periodontitis
3) chronic granulomatous periodontitis
four) chronic granulating periodontitis
5) radicular cyst

085. X-ray picture.
The center of destruction of bone tissue in the region of the root apex with fuzzy borders
one) cystogranuloma
2) chronic fibrous periodontitis
3) chronic granulating periodontitis
four) chronic granulomatous periodontitis
5) radicular cyst

086. X-ray picture.
The center of destruction of bone tissue in the region of the root apex with clear boundaries more than 8 mm
one) cystogranuloma
2) chronic fibrous periodontitis
3) chronic granulomatous periodontitis
four) chronic granulating periodontitis
5) radicular cyst

087. Youcourse of exudate in acute or exacerbation of chronic periodontitis most favorable through
one) periodontium with the formation of a periodontal pocket
2) root canal
3) system of haversian canals with the formation of a submucosal abscess or periostitis

Specify the correct sequence

088. Instrumental and drug treatment of root canals endodontic instruments are carried out in sequence
one) removal of necrotic tissues and predentin with a drill, rasp, K-file
2) formation of the apical ledge and giving the canal conical shape
3) phased, under the cover of antiseptics, evacuation of putrid masses from the root canal

089. Relative contraindications for conservative treatment of periodontitis are
one) breakage of the core instrument in the canal
2) tooth mobility III degree
3) perforation of the root or cavity of the tooth
four) radicular cysts more than 2 cm
5) teeth previously treated, but which are the source progressive process

090. Conservative-surgical methods of treatment of periodontitis
one) devital amputation
2) resection of the root apex
3) vital extirpation
four) corono-radicular separation
5) root amputation and hemisection

091. Treatment of periodontitis may be unsuccessful in cases other than

one) the canal is completely sealed
2) the channel is sealed with excessive removal
filling material for the top
3) the canal is not completely sealed
four) periapical lesion communicates with periodontal pocket
5) the tooth is under increased functional load

092. Arsenic periodontal intoxication is stopped

one) pulp extirpation and canal filling at the same visit
2) pulp amputation with tampon
with an anesthetic under a temporary bandage
3) removal of the pulp, drug treatment of the canal,
investing in the root canal of turunda with iodine preparations or unithiol

Specify the correct sequence

093. Reactive zones of radicular granuloma

one) contamination zone
2) irritation zone
3) necrosis zone
four) stimulation zone

094. An absolute indication for the treatment of chronic periodontitis in one visit is

one) chronic granulomatous periodontitis of a single root tooth
2) acute periodontitis of a multi-rooted tooth
3) chronic granulating periodontitis of a single root tooth
in the presence of a fistula
four) chronic fibrous periodontitis

095. The most effective method of treating periodontitis in the teeth with difficult root canals

one) resorcinol-formalin method
2) copper-calcium hydroxide depotophoresis method
3) physiotherapeutic methods
(transcanal electrophoresis with iodine preparations, etc.)

096. Minimum time for bone tissue restoration periapical area with successful treatment destructive periodontitis

one) 6-9 months
2) 12-18 months
3) 12-24 months

097.Non-carious lesions that occur before teething

one) hypoplasia
2) hyperplasia
3) tooth pigmentation and plaque
four) endemic dental fluorosis
5) erasing hard tissue
6) discoloration of teeth
7) wedge-shaped defect
eight) tooth erosion
9) necrosis of dental hard tissues
ten) tooth trauma
eleven) hereditary disorders of dental development
12) hyperesthesia

098.Non-carious lesions of the teeth that occur after their eruption

one) hypoplasia
2) hyperplasia
3) tooth pigmentation and plaque
four) endemic dental fluorosis
5) erasing hard tissue
6) discoloration of teeth
7) wedge-shaped defect
eight) tooth erosion
9) necrosis of dental hard tissues
ten) tooth trauma
eleven) hereditary disorders of dental development
12) hyperesthesia

099.Systematic damage to the teeth is always characteristic

one) for fluorosis
2) for hypoplasia
3) for caries

100.Predisposing factors of development
systemic hypoplasia of milk teeth

one) reduction of fluorine content in water
2) eating large amounts of carbohydrates in the first year of life
3) toxicosis, chronic and systemic diseases during pregnancy