

**Federal Statebudgetary Educational Institution  
North Ossetian State Medical Academy of the Ministry of Health of the Russian  
Federation**

**Department of Dentistry No. 1**

**APPROVED**

by the minutes of the meeting of  
the Central Coordination  
Educational and Methodological  
Council

" 22 " March 2022 Pr. 4

**FOND OF ESTIMATED FUNDS**

in the course of **Innovative technologies in orthopedic dentistry**

For **5th** year students

по специальности 31.05.03 Dentistry

**Reviewed and approved at the meeting of the  
Department**

dated March 17, 2022, Protocol No. 3.

**Head of the Department, MD, Associate  
Professor**



signature

M.G. Dzgoeva

**Vladikavkaz 2022г.**

## **FEEDBACK FORM STRUCTURE**

1. Title page
2. Feedback Form structure
3. Feedback Form review на ФООС
4. Passport of valuation tools
5. Set of evaluation tools:
  - benchmarks of test tasks (with a title page and table of contents),
  - e-examination tickets /test tickets

**Passport of the Department of assessment tools for the discipline  
Innovative technologies in orthopedic dentistry**

<b>n /</b>	<b>a Name of the supervised section (topic) of the discipline / module</b>	<b>Code of the formed competence (stage)</b>	<b>Name of the evaluation tool</b>
1	2	3	4
<b>Type of control</b>	<b>Intermediate</b>		
<b>1</b>	Innovative methods of examination, diagnostics, in orthopedic dentistry logii.	PC5	Standards of test tasks; tickets to the test
<b>2</b>	Innovative methods of prosthetics of defects of the crown part of teeth, and treatment	of periodontal pathology	PC8 Standards of test tasks; tickets to the test
<b>3</b>	Innovative methods of fixed prosthetics of defects of dentition, aesthetic dentistry	PC9	Standards of test tasks; tickets to the test
<b>4</b>	Innovative methods of removable prosthetics	PC 19	Standards of test tasks; билеты к тест tickets зачету

**FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER  
EDUCATION "NORTH OSSETIAN STATE MEDICAL ACADEMY" OF THE MINISTRY  
OF HEALTH OF THE RUSSIAN FEDERATION**

**review  
to the evaluation funds fund**

in the course of Innovative technologies in orthopedic dentistry  
по специальности 31.05.03 Dentistry

The evaluation fund was compiled at the Department of Dentistry No. 1 on the basis of the work program of the academic discipline approved on 22.03.2022 and meets the requirements of the Federal State Educational Standard for Higher Education in the specialty 31.05.03 Dentistry, approved by the Ministry of Education and Science of the Russian Federation on 19.08.2020, No. 984.

The evaluation fund includes a bank of test tasks, exam tickets (test tickets).

The bank of test tasks includes the following elements: test tasks, variants of test tasks, and response templates. All tasks correspond to the work program of the discipline Innovative technologies in orthopedic dentistry and cover all its sections. The number of test tasks is 40. The difficulty of tasks varies. The number of tasks for each section of the discipline is sufficient to control knowledge and eliminates the repeated repetition of the same question in different versions. The bank contains answers to all test tasks and tasks.

The number of exam tickets is 20, which is sufficient for conducting the exam and excludes repeated use of the same ticket during the exam in one academic group on the same day. Exam tickets are made on a single sample letterhead in a standard form, on paper of the same color and quality. The exam ticket includes 2 questions. The wording of the questions matches the wording of the list of questions submitted for the exam. The content of the questions of one ticket relates to different sections of the program, which allows you to more fully cover the material of the academic discipline.

The difficulty of the questions in the exam tickets is evenly distributed.

There are no comments on the reviewed pool of evaluation tools.

In general, the fund of assessment tools for the discipline Innovative Technologies in orthopedic dentistry contributes to a qualitative assessment of the level of students' proficiency in general cultural and professional competencies.

The reviewed fund of evaluation tools for the discipline Innovative technologies in orthopedic dentistry can be recommended for use for intermediate certification at the Faculty of Dentistry for students of the 5th year.

Reviewer:

Chairman of the Central Committee of Dental Disciplines with the Sub-commission on evaluation of evaluation tools, Doctor of Medical Sciences, Associate Professor,

  
\_\_\_\_\_  
signature

G. V. Toboev

**Federal State Budgetary Educational Institution of Higher Education  
North Ossetian State Medical Academy  
Ministry of Health of the Russian Federation**

**Department of Dentistry No. 1**

**Benchmarks for test tasks**

in the course of Innovative technologies in orthopedic dentistry  
For 5th year students  
по specialty 31.05.03 Dentistry

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### Table of contents

#	Name of the supervised section (topic) of the discipline / module	Number of tests (total)	Code of the competencies being formed	page from __ to __
1	2	3	4	5
<b>Type of control</b>	<b>Intermediate</b>			
1.	Innovative methods of examination, diagnostics, in orthopedic dentistry logii.	10	pcs5	pages 7-8
2.	Innovative methods of prosthetics of defects of the crown part of teeth, and treatment of periodontal pathology	10	PK8	p. 8-10
3.	Innovative methods of permanent prosthetics of defects of dentition, aesthetic dentistry	10	PK9	p. 10-11
4.	Innovative methods of removable prosthetics	10	PK 19	p. 11-13

## Section 1

1. ODONTOPARODONTOGRAM MAKES IT POSSIBLE TO JUDGE
  - 1) about the condition of periodontal bone tissue
  - 2) about the condition of the oral mucosa
  - 3) about the degree of tooth mobility
2. BILATERAL DISTALLY UNBOUNDED (TERMINAL) A DENTAL DEFECT, ACCORDING TO THE KENNEDY CLASSIFICATION, BELONGS TO THE CLASS
  - 1) the first one
  - 2) the second one
  - 3) to the third
  - 4) the fourth

**Mark the numbers of all the correct answers.**

3. DENTITION DEFECTS MAY OCCUR DUE TO
  - 1) complications of the carious process
  - 2) periodontal diseases
  - 3) injuries
  - 4) functional periodontal overload
  - 5) bad habits
  - 6) diseases of the temporomandibular joint
  - 7) the presence of retinated teeth
4. VIOLATION OF THE OCCLUSAL CURVE, caused by the displacement of a tooth or row of teeth up or down in relation to adjacent teeth, occurs
  - 1) when losing antagonists
  - 2) with a localized form of pathological erasure
  - 3) attrition of the occlusal surface of plastic dentures
5. IN THE ABSENCE OF INCISORS AND CANINES, PATIENTS COMPLAIN
  - 1) for an aesthetic defect
  - 2) for speech disorders
  - 3) on the impossibility of biting off food
  - 4) on the occlusion of the cheeks
  - 5) for violation of chewing food
  - 6) on the formation of jamming in the corners of the mouth
  - 7) on pain in the temporomandibular joints

### **SET A MATCH**

6. Kennedy Class      Dental defect
  - 1)1                      a) bilateral end defect
  - 2) 2                      b) included defect in the lateral region
  - c) defect in the anterior (frontal) part
  - d) unilateral end defect
7. Gavrilov class      Dental defect
  - 1)1 a) end defects
  - 2) 2                      (one-way, two-way)
  - b) combined defects
  - c) included defects (lateral, unilateral)
  - d) jaws with single preserved teeth

**8. THE SUPPORTS OF A FIXED BRIDGE PROSTHESIS CAN BE**

- 1) crowns, half-crowns, tabs
- 2) half-crowns, pin teeth, inlays, support-retaining clasps
- 3) support-retaining clasps, half-crowns, pin teeth, telescopic crowns
- 4) telescopic crowns, support-retaining clasps, atgachmen

**09. CLASSIFICATION OF BRIDGE PROSTHESES BY MATERIAL OF MANUFACTURE**

- 1) solid cast, polymerized, soldered
- 2) soldered, plastic, combined
- 3) combined, metallic, non-metallic
- 4) non-metallic, cermet, and porcelain products
- 5) porcelain, metalacrylic, polymerized

**10. CLASSIFICATION OF BRIDGE PROSTHESES BY MANUFACTURING METHOD**

- 1) solid cast, polymerized, soldered
- 2) soldered, plastic, combined
- 3) combined, metallic, non-metallic
- 4) non-metallic, cermet, and porcelain products
- 5) porcelain, metalacrylic, polymerized

**Section 2**

**1) ARTICULAR SIGN OF CENTRAL OCCLUSION: THE ARTICULAR HEAD IS LOCATED IN RELATION TO THE ARTICULAR TUBERCLE**

- at the base of the ramp
- in the middle of the ramp
- at the top
- on any part of the ramp
- in the distal part of the articular fossa

**2) WITH THE MAXIMUM OPENING OF THE MOUTH, THE ARTICULAR HEADS OF THE LOWER JAW ARE SET RELATIVE TO THE SLOPE OF THE ARTICULAR TUBERCLE**

- at the top
- at the base
- in the lower third
- in the middle
- in the upper third

**3) VIEW OF THE RATIO OF UPPER AND LOWER JAW TEETH IN CENTRAL OCCLUSION**

- overbite
- articulation
- occlusion
- interalveolar height
- height of the lower part of the face



4) THE FINAL LABORATORY STAGE OF MANUFACTURING A METAL-PLASTIC CROWN IS

polishing  
glazing  
stocking up on the model  
final firing  
final form adjustment

5) WHEN PREPARING A TOOTH FOR THE MANUFACTURE OF A STAMPED CROWN WITH 6)SIDE SURFACES ARE SANDED WITH FABRICS

according to the perimeter of the tooth neck  
on the thickness of the crown material  
equator only  
contact point  
corresponding to the tip of the interdental gingival papilla

7) THE CREATION OF AN EXCESSIVE TAPER OF THE STUMP DURING PREPARATION FOR A METAL-CERAMIC CROWN CAUSES

loosening of the prosthesis fixation  
periodontal injury  
difficult placement of the prosthesis  
aesthetic defect in the neck of the tooth  
reduced chewing efficiency

8) IN THE MANUFACTURE OF A METAL-CERAMIC CROWN, THE WORKING IMPRESSION IS OBTAINED BY WEIGHT

silicon valley  
alginate  
fluoro-rubber  
thermoplastics  
zincoxyevgenol

9) WHEN MAKING A SOLID-CAST CROWN, ANATOMICALLY SHAPED WAX MODELING IS PERFORMED IN VOLUME (COMPARED TO A NATURAL TOOTH)

equal to  
smaller by the thickness of the metal alloy  
greater by the thickness of the metal alloy  
less by the thickness of the compensation varnish  
more than the thickness of the compensation varnish

10) THE INTERMEDIATE PART OF THE BRIDGE PROSTHESIS IN THE AREA OF THE LATERAL TEETH IN RELATION TO THE GUM

doesn't apply  
fits it all over the surface  
fits only on the slopes of the alveolar ridge  
touches the top of the alveolar ridge at two points  
touches the top of the alveolar ridge at one point

### Section 3.

1) ARTICULAR SIGN OF CENTRAL OCCLUSION: THE ARTICULAR HEAD IS LOCATED IN RELATION TO THE ARTICULAR TUBERCLE

- at the base of the ramp
- in the middle of the ramp
- at the top
- on any part of the ramp
- in the distal part of the articular fossa

2) WITH THE MAXIMUM OPENING OF THE MOUTH, THE ARTICULAR HEADS OF THE LOWER JAW ARE SET RELATIVE TO THE SLOPE OF THE ARTICULAR TUBERCLE

- at the top
- at the base
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- overbite
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- height of the lower part of the face

4) THE FINAL LABORATORY STAGE OF MANUFACTURING A METAL-PLASTIC CROWN IS

- polishing
- glazing
- stocking up on the model
- final firing
- final form adjustment

5) WHEN PREPARING A TOOTH FOR THE MANUFACTURE OF A STAMPED CROWN, FABRICS ARE GROUND FROM THE SIDE SURFACES

- according to the perimeter of the tooth neck
- on the thickness of the crown material
- equator only
- contact point
- corresponding to the tip of the interdental gingival papilla

6) THE CREATION OF AN EXCESSIVE TAPER OF THE STUMP DURING PREPARATION FOR A METAL-CERAMIC CROWN CAUSES

- loosening of the prosthesis fixation
- periodontal injury
- difficult placement of the prosthesis

aesthetic defect in the neck of the tooth  
reduced chewing efficiency

7) IN THE MANUFACTURE OF A METAL-CERAMIC CROWN, THE WORKING IMPRESSION IS OBTAINED BY WEIGHT

silicon valley  
alginate  
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smaller by the thickness of the metal alloy  
greater by the thickness of the metal alloy  
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doesn't apply  
fits it all over the surface  
fits only on the slopes of the alveolar ridge  
touches the top of the alveolar ridge at two points  
touches the top of the alveolar ridge at one point

10) IN CASE OF ALLERGIC REACTIONS TO REMOVABLE PLATE PROSTHESES, THE MANUFACTURE OF BASES IS RECOMMENDED

A) With soft silicone lining  
B) with extended borders  
B) composite materials  
D) saturated with dye  
E) with an excessive amount of monomer

#### **Section 4**

1) THE SCHILLER-PISAREV TEST IS USED TO DETERMINE

prevalence of inflammation  
hygienic condition of the oral cavity  
capillary blood flow rates  
amount of dental plaque  
microbial counts

2) THE PRESENCE OF A PERIODONTAL POCKET IS CHARACTERISTIC OF

periodontitis  
periodontal disease  
gingivitis

stomatitis  
glossitis

3) WITH PERIODONTITIS, THE PH OF SALIVA AND GINGIVAL FLUID

going down  
going up  
doesn't change  
not defined  
It doesn't matter

4) IF THE LATERAL TEETH ARE LOST, A TRAUMATIC NODE OCCURS IN THE  
FRONTAL PART OF THE DENTITION

reflected  
straight  
oblique  
twisted  
indirect

5) WITH PERIODONTITIS, TOOTH DISPLACEMENT IS POSSIBLE IN THE  
FOLLOWING DIRECTIONS:

in all directions  
vestibulo-oral  
media system  
vertical  
opposite to the vector of applied effort

6) WITH GENERALIZED PERIODONTITIS, POCKETS ARE DETECTED

all the teeth  
in several teeth at the site of separation of dentition rows  
on the side of traumatic occlusion  
in one tooth

7) IN PERIODONTITIS, THE DESTRUCTION OF BONE TISSUE IN THE

alveolar process of the jaw  
body of the jaw  
articular process  
coronal process  
periodontal fissure

8) WITH MILD PERIODONTITIS, THE LOSS OF PERIODONTAL ATTACHMENT  
REACHES

1/4 of the root length  
1/2 root length  
3/4 root length  
tips of the tooth root  
root dentin

9) WITH MODERATE PERIODONTITIS, THE LOSS OF PERIODONTAL ATTACHMENT REACHES

1/2 root length

1/4 of the root length

3/4 root length

root tips

root dentin

10) IN SEVERE PERIODONTITIS, THE LOSS OF PERIODONTAL ATTACHMENT REACHES

3/4 root length

1/2 root length

1/4 of the root length

pulp chamber

root dentin

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**Department** of Dentistry No. 1

**Faculty** of Dentistry                      **Course 5**

**Discipline Innovative technologies in orthopedic dentistry**

**B-flight to test # 1**

1. Functional methods of examination in dentistry.
2. Clinical and laboratory stages of making E-max veneers.

**Head of the Department, MD,**

Associate Professor M. G. Dzgoeva



