

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

Department of Dentistry No. 1

APPROVED

By the Central Coordinating
Educational and Methodological Council
"May 23, 2023 No. 5

FOND OF ESTIMATED FUNDS

in the discipline **Dentistry: prosthetics of dentition rows (complex prosthetics)**
basic professional educational program of higher education –
specialty programs in the specialty 31.05.03 Dentistry, approved by the Ministry of
Health of the Russian Federation. 24.05.2023 г.

For students specialty 31.05.03 Dentistry

Reviewed and approved at the meeting of the
Department on May 19, 2023, Protocol No. 9
Head of the Department MD,



signature

Associate Professor
M. G. Dzgoeva

Vladikavkaz 2023г.

STRUCTURE OF EVALUATION MATERIALS

1. Title page
2. Structure of evaluation materials
3. Reviews of evaluation materials
4. Passport of evaluation materials
5. Set of evaluation materials:
 - questions for the module
 - questions for the test
 - exam questions
 - a bank of situational tasks/practical tasks/business games
 - standards of test tasks (with title page and table of contents)
 - examination tickets/test tickets

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

REVIEW
of evaluation materials

in the discipline Dentistry: prosthetics of dentition rows (complex prosthetics)
For 4 st year students in the specialty 31.05.03 Dentistry

The evaluation materials were compiled at the Department of Dentistry No. 1 on the basis of the work program of the discipline approved on 05/24/2023 and meet the requirements of the Federal State Educational Standard for the specialty 31.05.03 Dentistry, approved by the Ministry of Education and Science of the Russian Federation on 08/19/2020, No. 984.

Evaluation materials include a bank of test tasks, exam tickets (test tickets).

The bank of test tasks includes the following elements: test tasks, variants of test tasks, answer templates. All tasks correspond to the work program of the discipline Dentistry: prosthetics of dentition rows (complex prosthetics) and cover all its sections. The complexity of the tasks varies. The number of tasks for each section of the discipline is sufficient to carry out knowledge control 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 examination tickets is 35, which is enough for the exam and excludes the repeated use of the same ticket during the exam in one academic group on the same day. Examination tickets are made on the forms of a single sample in a standard form, on paper of the same color and quality. The exam ticket includes 4 questions. The wording of the questions coincides with the wording of the list of questions submitted for the exam. The content of the questions of one ticket relates to various sections of the program, which allows you to more fully cover the material of the discipline.

The complexity of the questions in the examination tickets is evenly distributed.

There are no comments to the reviewed evaluation materials.

In general, evaluation materials on the discipline discipline Dentistry: prosthetics of dentition rows (complex prosthetics) contribute to a qualitative assessment of the level of students' proficiency in general cultural and professional competencies.

Peer-reviewed evaluation materials can be recommended for use for intermediate certification at the Faculty of Dentistry for 4 st year students.

Reviewer:

Chairman of the Central Committee of Dental
Disciplines with the subcommittee on the
examination of evaluation tools, MD,
Associate Professor



G.V. Toboev

ПОДПИСЬ

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Reviewer:

The chief doctor of the dental
polyclinic of SOGU, PhD



D.Z. Choniashvili

ПОДПИСЬ

**Passport of the Department of assessment tools for the discipline
Dentistry: prosthetics of dentition rows (complex prosthetics)**

n /	a Name of the supervised section (topic) of the discipline / module	Code of the formed competence(stage)	Name of the evaluation tool
1	2	3	4
Type of control	Intermediate		
1	Organization of orthopedic dentistry clinic. Familiarization with the work and equipment of the dental laboratory.	PC1	Standards of test tasks; Exam tickets
2	Documentation of the orthopedic dentistry clinic. Medical history (outpatient card of a dental patient form 043.Y) – its structure, filling rules, and value.	PK5	Standards of test tasks; Exam tickets
3	Methods of examination of patients with pathological erasability of hard tissues in the clinic of orthopedic dentistry.	PC5	Standards of test tasks; Exam tickets
4	Methods for determining the functional state of the dentoalveolar system with pathological erasability	PC6	Standards of test tasks; Exam tickets
5	Features of examination and laboratory methods for studying patients with pathological erasability	PC6	Standards of test tasks; Exam tickets
6	Treatment of pathological erasability. Classification of pathological erasability.	PC17	Standards of test tasks; Exam tickets
7	Defects of dental crowns, classification. Types of dentures that restore the anatomical shape of teeth.	PC17	Standards Test task standards; Exam tickets

* The name of the supervised section (topic) or topics (sections) of the discipline / module is taken from the work program.

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
Type of control	Intermediate			
1.	Organization of orthopedic dentistry clinic. Familiarization with the work and equipment of the dental laboratory.	7	PK1	p. 8-9
2.	Documentation of the orthopedic dentistry clinic. Medical history (outpatient card of a dental patient form 043.Y) – its structure, filling rules, and value.	7	PK5	p. 9-10
3.	Methods of examination of patients with pathological erasability of hard tissues in the clinic of orthopedic dentistry.	7	PK5	p. 10-12
4.	Methods for determining the functional state of the dentoalveolar system with pathological erasability	7	PK6	p. 12-13
5.	Features of examination and laboratory methods for studying patients with pathological erasability	7	PK6	p. 13-14
6.	Treatment of pathological erasability. Classification of pathological erasability.	7	PK17	p. 15-16
7.	Dental crown defects, classification. Types of dentures that restore the anatomical shape of teeth.	7	PC17	pages 16-17

Section 1

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

3

WHEN THE LATERAL TEETH ARE LOST, A TRAUMATIC NODE OCCURS IN THE
FRONTAL PART OF THE DENTITION

reflected
straight
oblique
twisted
indirect

4

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

5

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

6

IN PERIODONTITIS, THE DESTRUCTION OF BONE TISSUE IN THE
alveolar process of the jaw
body of the jaw
articular process
coronal process
periodontal fissure

7

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

Section 2

1

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

2

WITH 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

3

WITH THE FIRST DEGREE OF PATHOLOGICAL MOBILITY, THE TOOTH MOVES IN
THE DIRECTION OF
vestibular
mesiodystal
vertical
vestibular and vertical

vestibular, mesiodistal, and vertical

4

AT THE SECOND DEGREE OF PATHOLOGICAL MOBILITY, THE TOOTH IS DISPLACED IN THE DIRECTION OF

vestibulooral and mesiodystal

vertical

vestibular

mesiodystal

mesiodistal and vertical

5

IN PERIODONTITIS, THE PH OF MIXED SALIVA AND GINGIVAL FLUID CHANGES IN the sour side

the alkaline side

the neutral side

the beginning of the disease

doesn't change

6

WITH A MILD DEGREE OF PERIODONTITIS, AN X-RAY IS DETERMINED BY

bone resorption up to $\frac{1}{3}$ of the tooth root length

reducing the height of the interdental septa by $\frac{1}{4}$ - $\frac{1}{3}$ of the root length

reducing the height of the interdental septa by $\frac{1}{2}$ of the root length

resorption of more than $\frac{1}{2}$ root length

no changes in bone tissue throughout the entire body.

7

WITH I MODERATE DEGREE OF PERIODONTITIS ON THE RADIOGRAPH IS DETERMINED BY

reducing the height of the interdental septa to $\frac{1}{2}$ of the root length

reducing the height of the interdental septa by $\frac{1}{4}$ - $\frac{1}{3}$ of the root length

no changes in bone tissue throughout the entire body.

resorption of more than $\frac{1}{2}$ root length

bone resorption up to $\frac{1}{3}$ of the tooth root length

Section 3

1

WITH A SEVERE DEGREE OF PERIODONTITIS, THE X-RAY IS DETERMINED BY resorption of more than $\frac{1}{2}$ root length

reducing the height of the interdental septa by $\frac{1}{4}$ - $\frac{1}{3}$ of the root length

reducing the height of the interdental septa by $\frac{1}{2}$ of the root length

no changes in bone tissue throughout the entire body.

bone resorption up to $\frac{1}{3}$ of the tooth root length

2

PERIODONTAL DISEASE IS

gum, periodontal, alveolar bone, root cement,
enamel

gum, periodontal, alveolar bone

tooth, gum, periodontal area

gum, periodontal, alveolar bone, root dentin

gum, alveolar bone, bone

3

IN INTACT PERIODONTAL DISEASE, THE GINGIVAL FURROW IS DETERMINED BY
clinically

histologically

radiologically

palpation

percussive

4

OCCLUSION IS A TYPE OF CLOSING OF THE DENTITION ROWS IN THE OCCLUSION
POSITION

central

side left

the front one

distal

side right

5

TO DETERMINE THE CENTRAL OCCLUSION, PLASTER MODELS ARE SENT TO THE
CLINIC

with wax bases and occlusal rollers

installed in the occluder

installed in the articulator

with wax bases and artificial teeth

with wax bases installed in the occluder

6

DEVICES THAT REPRODUCE THE MOVEMENTS OF THE LOWER JAW INCLUDE
articulator

funktsiograf

gnathodynamometer

parallelometer

estesimeter

7

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

Section 4

1

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

2

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

3

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

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

4

WHEN PREPARING A TOOTH FOR THE MANUFACTURE OF A STAMPED CROWN, FABRICS ARE SANDED 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

5

CREATING AN EXCESSIVE TAPER OF THE STUMP WHEN PREPARING 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

6

WHEN MANUFACTURING A METAL-CERAMIC CROWN, THE WORKING IMPRESSION IS OBTAINED BY WEIGHT

silicon valley

alginate

fluoro-rubber

thermoplastics

zincoxyevgenol

7

WHEN MAKING AN ALL-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

Section 5

1

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

2

ALL THE SIDE WALLS OF THE SUPPORTING TEETH ARE PREPARED IN THE MANUFACTURE OF A SOLDERED BRIDGE PROSTHESIS

in parallel with each other

with a slope towards the dentition defect

with a slope away from the dentition defect

parallel to the adjacent tooth

only parallel to the longitudinal axis of the tooth

3

MODELING OF THE BODY OF A METAL-CERAMIC BRIDGE PROSTHESIS IS CARRIED OUT

simultaneously with modeling of support crowns

before modeling support crowns

at the stage of storing support crowns on the model
after the stage of storing support crowns in the clinic
after the laboratory stage of manufacturing support crowns

4

SHAPE OF THE INTERMEDIATE PART OF THE BRIDGE PROsthESIS IN THE AREA OF THE LATERAL TEETH IN RELATION TO THE GUM

flushing area

tangent line

saddle shape

it can be any

depends on the extent of the dentition defect

5

UNILATERAL DISTALLY UNRESTRICTED (TERMINAL) DENTITION DEFECT (ACCORDING TO THE KENNEDY CLASSIFICATION) BELONGS TO THE CLASS

the second one

the first one

to the third

the fourth

the fifth

6

INDICATIONS FOR THE MANUFACTURE OF A BRIDGE PROsthESIS ARE

included dentition defect

defect of the crown part of the tooth

pathological erasability

severe periodontitis

terminal unilateral dentition defect

7

A TWO-LAYER IMPRESSION IS OBTAINED USING IMPRESSION MASSES

silicone ones

alginate

solid-crystal systems

thermoplastics

hydrocolloid systems

Section 6

1

FOR THE DEGREE OF ATROPHY OF THE TOOTH HOLE, THE SIZE OBTAINED BY PROBING THE PATHOLOGICAL GINGIVAL POCKET IN THE AREA IS TAKEN

the greatest atrophy

medial side

distal side

vestibular surface

oral surface area

2

FOR THE PRODUCTION OF CROWNS BY THE METHOD OF EXTERNAL STAMPING, STAMPS CAST FROM

low-melting alloy

made of stainless steel

chromium-cobalt alloy

silver-palladium alloy

of brass

3

CORRECTION OF THE STAMPED CROWN MADE OF GOLD ALLOY ALONG THE LENGTH IS CARRIED OUT USING

metal shears

diamond heads

carborundum heads

metal milling cutters

crampon forceps

4

IN THE MANUFACTURE OF A METAL-CERAMIC CROWN, THE CERAMIC MASS IS APPLIED TO

cast cap

stamped cap

platinum cap

stamp made of refractory material

fire-resistant model

5

THE PORCELAIN CROWN IS STORED BY DETECTING PREMATURE CONTACTS BETWEEN THE CROWN AND THE WALLS OF THE TOOTH STUMP USING THE FOLLOWING METHODS:

correcting silicone impression masses

preheated wax

alginate impression masses

liquid gypsum

copy paper

6

VIOLATION OF THE TEMPERATURE REGIME OF POLYMERIZATION IN THE MANUFACTURE OF A PLASTIC CROWN CAUSES

formation of gas porosity

increasing the crown size

reducing the crown size

integrity violation

formation of granular porosity

7

FOR FACING METAL-PLASTIC CROWNS ARE USED

sinma M

acryloxide

etacril

protacril

carbodent

Section 7

1

IN THE MANUFACTURE OF A METAL-PLASTIC CROWN, THE CONNECTION OF PLASTIC WITH A CAST FRAME IS CARRIED OUT AT THE EXPENSE OF

formation of retention points using " pearls "(balls)

chemical compound

formation of an oxide film

mutual diffusion of materials

cutting out a "window" on the vestibular surface of the crown

2

CONTRAINDICTION TO THE MANUFACTURE OF AN ARTIFICIAL CROWN IS

pathological tooth mobility of the third degree

pathological erasability of hard tissues

presence of hyperesthesia

lower face height reduction

the need for tooth shortening in the Popov-Hodon phenomenon

3

THE EFFECT OF A " WIDE " CAST CROWN OCCURS WHEN

applying an excessive layer of compensation varnish

obtaining an impression without gum retraction

refinement of the neck area with wax when modeling the frame

preparation of the tooth without creating a ledge

shrinkage of the impression material

4

DEFECTS IN THE DENTITION CAN OCCUR DUE TO

complications of caries
diseases of the temporomandibular joint
pathological erasability of hard tooth tissues
reducing the height of the lower face
diseases of the oral mucosa

5

COLLAPSIBLE PLASTER MODEL IS CAST DURING MANUFACTURING

solid cast crowns
stamped crown
clasp prosthesis
removable bridge prosthesis
plate prosthesis

6

THE METHOD OF MEASURING PERIODONTAL ENDURANCE TO EXERCISE IS CALLED

gnathodynamometry
rheoparodontography
myotonometry
electromyography
masticationography

7

MEASURING THE TONE OF THE MASTICATORY MUSCLES IS CALLED

myotonometry
rheoparodontography
gnathodynamometry
electromyography
masticationography

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North Ossetian State Medical Academyof the Ministry of Health of the Russian Federation**

Department of Dentistry No. 1

Faculty of Dentistry **Course 4**

Discipline Dentistry: prosthetics of dentition rows (complex prosthetics)

Exam ticket # 1

1. Documentation of the orthopedic dentistry clinic
2. Classification of pathological erasability.

Head of the Department, MD,

Associate Professor M. G. Dzgoeva