

**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 : **maxillofacial 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 : maxillofacial prosthetics  
For 5 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 : maxillofacial 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 : maxillofacial 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 5 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

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 : maxillofacial prosthetics  
For 5 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 : maxillofacial 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 : maxillofacial 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 5 st year students.

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  
Chlh-maxillofacial prosthetics**

<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>	History, current state and prospects of development of maxillofacial prosthetics	OK7	Standards of test tasks; tickets to the test
<b>2</b>	Features of orthopedic treatment of patients with injuries and post-traumatic defects of the maxillofacial region	PK5	Standards of test tasks; tickets to the test
<b>3</b>	Methods of examination of patients with defects and injuries CHLO.	PK5	Standards of test tasks; tickets for the test
<b>4</b>	Methods for determining the functional state of the dentoalveolar system (clinical, functional (laboratory) and static).	PC8	Standards of test tasks; tickets to the test
<b>5</b>	Features of examination and laboratory methods of examination of patients with defects and injuries of the maxillofacial	region PC 10	Standards of test tasks; tickets to the test
<b>6</b>	Features of orthopedic treatment of patients with injuries and post-traumatic defects of the maxillofacial region	PC 10	Standards of test tasks; tickets to the test
<b>7</b>	Maxillofacial and facial prosthetics	PC17	Benchmarks of test tasks; test tickets

### 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.	History, current state and prospects of development of maxillofacial prosthetics	8	OK7	p. 7-8
2.	Features of orthopedic treatment of patients with injuries and post-traumatic defects of the maxillofacial region	8	PK5	p. 8-9
3.	Methods of examination of patients with defects and injuries of the maxillofacial region.	8	PK5	p. 9-10
4.	Methods of examination of patients with defects and injuries of the maxillofacial region. determination of the functional state of the dentoalveolar system (clinical, functional (laboratory) and static).	8	PK8	p. 11-12
5.	Features of examination and laboratory methods of examination of patients with defects and injuries of the maxillofacial	region 8	PK 10	p. 12-13
6.	Features of orthopedic treatment of patients with injuries and post-traumatic defects of the maxillofacial region	8	PK 10	p. 13-14
7.	Maxillofacial and facial prosthetics	8	PC17	pages 14-16

## SECTION 1

001. The causes of upper jaw defects are
- a) the result of an inflammatory process in the maxillofacial region
  - b) traumatic injuries and surgical interventions of the maxillofacial region
  - c) the result of radiation therapy
  - d) birth defects
  - e) all of the above is true
002. A defect resulting from radiation therapy is characterized by
- a) various localization of the defect
  - b) sudden scarring in the affected area
  - c) a change in the color of the tissues surrounding the defect
  - d) all of the above is true
003. Specify the devices that belong to the group репонирующегоof the replying action type
- a) шина Vankevich's tire
  - b) Port Bus
  - c) wire splint-bracket
004. Specify the devices belonging to the group of intraoral назубныхdental fixation devices
- a) проволочные шины по Tigerstadt wire tires
  - b) Weber bus
  - c) Port Bus
005. Characteristic features of maxillofacial defects after Cheilo-and uranoplasty
- a) a diverse arrangement of soft tissue defects
  - b) significant deformation
  - c) significant scarring changes
  - d) speech disorders
  - e) all of the above is true
006. Specify the causes that lead to incorrectly fused fractures
- a) incorrect matching of fragments
  - b) insufficient fixation of fragments
  - c) violation of oral hygiene
  - d) the use of therapeutic gymnastics
007. Specify the reasons for the formation of a false joint
- a) late, ineffective immobilization of fragments
  - b) incorrect matching of bone fragments
  - c) osteomyelitis
  - d) interposition
  - e) early prosthetics
  - f) all of the above
  - g) correct answers a),c), d), e)
  - h) correct answers a),c), d)
  - i) correct answers a),c), e)
  - k) correct answers a), b), c)

008. Functional disorders observed in stomonasal defects (acquired) are
- a) violation of occlusion
  - b) violation of the formation of a food lump
  - c) speech disorders
  - d) swallowing disorders
  - e) all of the above is true

## SECTION 2

001. In the manufacture of an upper-jaw obturating prosthesis in the presence of a continuous dentition on the preserved area of the upper jaw, the following fixing elements are most applicable:
- a) locking clamps
  - b) telescopic crowns
  - c) beam (rod) fixing system
  - d) support-retaining clamps
  - e) all of the above is true
002. The most applicable methods of fixation for combined defects of the upper jaw and face are
- a) combined eyeglass frame system
  - b) the use of magnetic elements
  - c) use of elastic plastic
  - d) special surgical training
  - e) all of the above is true
003. In case of extensive jaw defects and a single tooth on the preserved area челюсти наиболее of the jaw, the following fixing elements are more applicable:
- a) locking clamps
  - b) magnetic elements
  - c) telescopic crowns
  - d) use of elastic mass
  - e) use of spring elements
004. The design of the obturating part of the prosthesis for a median defect of the bony palate is as follows
- a) there is no obturating part on the base
  - b) the obturator enters the nasal cavity high
  - c) the obturator is hollow
  - d) a small roller is created on the base around the defect
  - e) the obturator rises 2-3 mm above the base
005. Mandibular contracture occurs
- a) bone
  - b) reflex-muscular
  - c) scar tissue
  - d) all of the above
  - e) correct answers b) and c)
  - f) correct answers a) and c)
  - g) correct answers a) and b)



006. A more appropriate obturator design in the complete absence of the upper jaw is
- the obturator is hollow, air-bearing
  - the obturator is massive, monolithic
  - the obturator is made in the form of a thin plate
  - various obturator design
  - floating obturator
007. The design of the obturating part for a defect in the posterior third of the bony and soft palate (patients have used an obturator since childhood) is
- monolithic connection of the obturating part with the base of the prosthesis
  - separate obturator and denture manufacturing
  - the obturator has a movable connection to the base of the prosthesis
  - massive, air-bearing obturator
  - massive, monolithic obturator
008. The most rational methods of forming the obturating part of the prosthesis are
- on the model with wax compositions
  - in the oral cavity, functional formation of the obturating part with the help of thermoplastic masses on the finished prosthesis
  - in the oral cavity on a rigid basis (thermoplastics)
  - in the oral cavity on the wax structure of the prosthesis with wax compositions
  - in the oral cavity on the wax structure of the prosthesis with impression masses

### SECTION 3

001. The main functions of a resection prosthesis include
- restoration of aesthetic standards of the maxillofacial area
  - restoration of respiratory function
  - protection of the wound surface
  - partial restoration of impaired functions and formation of a prosthetic bed
  - all of the above is true
0021. The following laboratory methods most objectively determine the degree of restoration of swallowing function by an obturating prosthesis:
- radiography
  - phagiography
  - reoparadontography
  - electromyography
  - electromyomasticationography
003. The most objective laboratory methods for evaluating chewing function with an obturating prosthesis are
- application of diagnostic models
  - electromyography
  - phagiography
  - reoparadontography
  - radiography

004. The most objective clinical methods for assessing the functional value of an obturating prosthesis are
- oral examination
  - phonetic tests
  - swallowing water
  - check for occlusion and articulation
  - identification of high pressure zones
005. The characteristic features of incorrectly fused fragments in a mandibular fracture include
- impaired speech function
  - violation of the formation of a food lump
  - non-closure of the oral fissure
  - violation of occlusal relations with the teeth of the upper jaw
  - abnormal position of the teeth
006. The main feature that allows you to determine the presence of a "false" joint of the lower jaw in the frontal area is
- non-synchronous movements of the articular heads of the temporomandibular joint
  - a sharp violation of the occlusal relationship with the upper teeth
  - displacement of fragments in the lingual direction
  - mobility of debris determined by finger examination
  - all of the above
007. Non-fusion of fragments in the area of premolars and molars can be determined by
- mobility of debris
  - displacement of the small fragment in the lingual direction
  - occlusal disorders
  - speech disorders
  - all of the above
008. Features of prosthetics of patients with incorrectly fused fragments
- preliminary (orthodontic) correction of the position of fragments
  - preliminary (orthodontic) correction of the position of the dental arch
  - manufacture of prostheses with the placement of artificial teeth in the center of the alveolar process
  - manufacture of dentures with a double row of teeth
  - refusal of prosthetics before surgical correction of the position of fragments

#### **SECTION 4**

001. Methods for normalizing occlusal ratios of the jaws in cases of incorrectly fused fragments include
- orthodontic correction of the position of fragments
  - tooth extraction
  - making a double row of teeth

- d) application of a repositioning device
- e) applying a splint device

002. Indicate one of the important clinical signs of a mandibular fracture

- a) malocclusion with closed jaws
- b) inability to close your mouth
- c) deep overlap of the lower teeth with the upper ones
- d) distal shift of the lower jaw
- e) inability to close your lips

003. When the neurovascular bundle is damaged in the area of the mental opening, the following signs are characteristic:

- a) violation of the surface sensitivity of the skin of the face
- b) violation of pain sensitivity
- c) violation of tactile sensitivity
- d) violation of temperature sensitivity
- e) all of the above is incorrect

004. In the treatment of fractures, it is advisable to use

- a) bent aluminum wire tires
- b) tires made of fast-setting plastics
- c) standard dental band tires ленточные
- d) combination of wire tires with fast-hardening plastic tires
- e) all of the above options are possible

005. When manufacturing tires for the treatment of jaw fractures, the following factors are taken into account:

- a) speed of production
- b) tire standardization
- c) tire hygiene
- d) absence of occlusal disorders
- e) all of the above

006. Indicate one of the characteristic signs of anterior bilateral dislocation of the lower jaw

- a) shifting the chin to the side
- b) the mouth is half open, it is impossible to close the mouth
- c) soreness in the lower jaw area
- d) violation of occlusion
- e) malocclusion with closed teeth

007. Anterior unilateral dislocation of the lower jaw is characterized by

- a) the mouth is half open
- b) the chin is shifted to the side (healthy)
- c) limited movement of the lower jaw
- d) change in the affected joint
- e) all of the above is true

008. Anterior bilateral dislocation of the lower jaw is characterized by

- a) sharp pain in the temporomandibular joints
- b) inability to open your mouth
- c) drooling
- d) speech difficulties
- e) all of the above is true

## SECTION 5

001. In the treatment of habitual dislocations of the lower jaw, you can use
- a) strengthening of the ligamentous-capsular apparatus
  - b) use of orthopedic devices
  - c) surgical treatment
  - d) use of the implant
  - e) all of the above is true
002. The most characteristic symptom of a fracture of the alveolar process of the upper jaw is
- a) malocclusion
  - b) it is possible to palpate the mobility of fragments
  - c) violation of the shape of the dental arch
  - d) leakage of viscous saliva with blood from the mouth
  - e) all of the above is true
003. What is the characteristic sign of a fracture of the upper jaw body?
- a) headache, dizziness
  - b) significant swelling of the soft tissues of the face
  - c) sudden malocclusion
  - d) speech and swallowing disorders
  - e) all of the above is true
004. What is the sign of severe damage to the upper jaw?
- a) damage to neighboring organs
  - b) severe functional disorders
  - c) damage to the base of the skull
  - d) significant violation of the upper jaw
  - e) all of the above is true
005. What are the doctor's tactics in relation to dislocated or sharply moving teeth located in the area of damage (fracture) of the jaw?
- a) depulcation of these teeth
  - b) splinting with ligature wire
  - c) splinting with fast-hardening plastic
  - d) delete
  - e) all of the above is true
006. Doctor's tactics in relation to teeth located in the fracture gap in the presence of deep gingival pockets -

- a) delete
- b) conservative treatment
- c) splinting with fast-hardening plastic
- d) splinting with ligature wire
- e) treatment with antibiotics

007. Doctor's tactics in relation to teeth wedged into the fracture gap, when they prevent the reduction of fragments -

- a) conservative treatment
- b) splinting with self-hardening plastic
- c) treatment with antibiotics
- d) delete
- e) moving with the help of a repositioning device

008. The device, the use of which is advisable for immobilizing fragments of the upper jaw, is

- a) Standard Asparagus kit
- b) notched wire splint
- c) шина Arzhantsev's tire
- d) wire busbars with spacers
- e) all of the above is true

## SECTION 6

Choose one correct answer.

1. Impression mass for palate defects to obtain an impression is introduced:

- 1) on the S-shaped spatula with a light movement from the bottom up;
- 2) on a special spoon from the bottom up and forward;
- 3) use a special impression spoon from the bottom up and back to the back of the pharynx.

2. With a false joint of the lower jaw, a removable prosthesis is made:

- 1) with one basis.
- 2) with two fragments and a movable lock between them.
- 3) with a metal base.

3. The reasons for the formation of a false joint are:

- 1) late, ineffective immobilization of fragments;
- 2) incorrect compilation of bone fragments;
- 3) osteomyelitis at the site of the fracture;
- 4) an interposition.
- 5) early prosthetics;
- 6) 1+3+4;
- 7) 1+2+3+4+5;
- 8) 1+2+4.

4. Terms of manufacturing a resection prosthesis:

- 1) 2 months after the operation;
- 2) 6 months after the operation;
- 3) 2 weeks after the operation;
- 4) before the operation.
- 5) immediately after surgery.

5. The main functions of the resection prosthesis are:

- 1) restoration of maxillofacial aesthetics;
- 2) restoration of respiratory function;
- 3) protection of the wound surface;
- 4) partial restoration of lost functions.
- 5) formation of a prosthetic bed;
- 6) 1+2+3+4+5;
- 7) 2+3+4.

Choose several correct answers.

6. With a bilateral fracture of the lower jaw, the fragments are displaced:

- 1) down;
- 2) go ahead.
- 3) up;
- 4) back.

7. The reasons for the formation of a false joint of the lower jaw can be:

- 1) late, ineffective immobilization of fragments;
- 2) incorrect compilation of bone fragments;
- 3) osteomyelitis;
- 4) extensive soft tissue ruptures, their insertion between fragments;
- 5) bone tissue defect greater than 2 cm;
- 6) detachment of the periosteum over a large area;
- 7) poor oral hygiene;
- 8) early removal of the tire.

8. The causes of mandibular contracture can be:

- 1) mechanical injury of the jawbones;
- 2) chemical or thermal burns.
- 3) frostbite;
- 4) diseases of the mucous membrane;
- 5) chronic specific diseases;
- 6) diseases of the temporomandibular joint.

## SECTION 7

Complete it.

1. When the upper jaw is underdeveloped due to the presence of a cleft palate, a bite is most often observed.

2. Acquired palate defects may result from:

- 7) inflammatory processes;
- 8) specific diseases.

3 ) \_\_\_\_\_;

4 ) \_\_\_\_\_•

12. In orthopedic treatment of patients with acquired defects of the hard palate in the presence of supporting teeth on both halves of the upper jaw, it is used

3. The purpose of maxillofacial orthopedic dentistry is to

4. In case of incorrectly fused fractures, the following functional disorders are possible:

- 1) ;
- 2) ;

- 3 ) \_\_\_\_\_ ;
- 4 ) \_\_\_\_\_ ;
- 5 ) \_\_\_\_\_ •

Set a match.

5 Maxillofacial devices are divided into groups:

- 1) by destination.
- 2) the commit method.
- 3) technologies.

Types of devices in groups: a) intraoral;

- 6) corrective actions.
- c) dissociating factors;
- d) standard ones.
- e) fixing devices;
- f) guides;
- g) individual;
- h) substitutes;
- i) forming elements;
- k) combined; l) extra- oral; m) intra-and extra-oral.

6. Type of jaw fracture:

- 1) fracture of the alveolar process;
- 2) fracture of the upper jaw;
- 3) fracture of the lower jaw with the presence of teeth on the fragments;
- 4) fracture of the toothless lower jaw.

Design of the treatment device:

- a) bent wire tire Zbarzha;
- b) smooth wire bracket;
- c) standard Zbarzha tireЗбаржа;
- d) springy Engle arc;
- e) Weber's gingival splint;
- f) the Shura apparatus;
- g) standard tape bus according to Vasiliev;
- h) a wire tire with hooking loops;
- i) complete removable dentures;
- k) Port, Gunning-Port bus; l) Limberg bus.

7. Causes of false mandibular joint formation:

- 5) general;
- 6) local users.

Nature of the reasons:

- a) tuberculosis;
- b) angina pectoris;
- c) diabetes mellitus;
- d) chronic pyelonephritis;
- e) anemia;
- f) insufficient immobilization of fragments;
- g) extensive soft tissue tears and their insertion between fragments;
- 7) early removal of tires;
- i) a bone defect in the fracture area of more than 2 cm;

- k) detachment of the periosteum in the area of the fracture over a large area; l) traumatic fracture;
- m) a tooth located in the fracture line.

Choose one correct answer.

8. Ligature binding is used to immobilize fragments of the lower jaw:

- 8) bronze-aluminum wire with a thickness of 1 mm;
- 9) 0.5 mm thick bronze-aluminum wire;
- h) aluminum wire 0.5 mm thick.



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

**Department of Dentistry No. 1  
Faculty of Dentistry Course 5  
Cph Discipline -maxillofacial prosthetics**

**B-flight to test # 1**

1. History of maxillofacial prosthetics development
2. Features of orthopedic treatment of patients with injuries and post-traumatic defects of the maxillofacial region

**Head of the Department, MD,**

Associate Professor M. G. Dzgoeva