

**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 **Actual issues of modern dentistry**
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 Actual issues of modern dentistry
For 2 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 Actual issues of modern dentistry 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 Actual issues of modern dentistry 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 2 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
Current issues of modern dentistry**

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	Methods of examination in dentistry.	PC5	Standards of test tasks; tickets to the test
2	Aesthetic modeling and restoration of teeth in	PC5	Standards of test tasks; tickets to the test
3	Modern methods and means for teeth whitening	PC5	Standards of test tasks; tickets to the test
4	Multifunctional endodontic tips and machine tools for forming the root canal	system PC5	Standards of test tasks; tickets to the test
5	Methods of intraosseous implantation	PC5	Standards of test tasks; tickets for the test
6	Modern dental techniques CAD/CAM, electrotechnics, spark erosion, superplastic molding of titanium.	PC8	Standards of test tasks; билеты к тест ticketstest tickets
7	Methods for determining the functional state of the dentoalveolar system (clinical, functional (laboratory) and static).	PC 17	Benchmarks of test tasks; tickets for the test
8	Prosthetics with support on implants. Features of planning and performing dental prosthetics using dental implants.	PC 19	Benchmarks of test tasks; билеты к тест ticketsзачету

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.	Methods of examination in dentistry.	10	PK5	
2.	Aesthetic modeling and restoration of teeth	10	PK5	
3.	Modern methods and means for teeth whitening	10	PK5	
4.	Multifunctional endodontic tips and machine tools for forming the root canal	system 10	PK5	
5.	Methods of intraosseous implantation	10	PK5	
6.	Modern dental techniques CAD/CAM, electrotechnics, spark erosion, superplastic molding of titanium.	10	10.18	
7.	Methods for determining the functional state of the dentoalveolar system (clinical, functional (laboratory) and static).	10	pcs 17	
8.	Implant-supported prosthetics. Features of planning and performing dental prosthetics using dental implants.	10	pcs 19	

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

4. WHEN 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. 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

Section 2.

1. WITH THE FIRST DEGREE OF PATHOLOGICAL MOBILITY, THE TOOTH MOVES IN THE DIRECTION OF

vestibular
mesiodystal
vertical
vestibular and vertical
vestibular, mesiodistal, and vertical

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

vestibulooral and mesiodystal
vertical
vestibular
mesiodystal
mesiodistal and vertical

3. 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

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

bone resorption up to 1/3 of the tooth root length
reducing the height of the interdental septa by 1/4-1/3 of the root length
reducing the height of the interdental septa by 1/2 of the root length
resorption of more than 1/2 root length

no changes in bone tissue throughout the entire body.

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

reducing the height of the interdental septa to 1/2 of the root length
reducing the height of the interdental septa by 1/4-1/3 of the root length
no changes in bone tissue throughout the entire body.
resorption of more than 1/2 root length
bone resorption up to 1/3 of the tooth root length

6. WITH A SEVERE DEGREE OF PERIODONTITIS, THE X-RAY IS DETERMINED BY

resorption of more than 1/2 root length
reducing the height of the interdental septa by 1/4-1/3 of the root length
reducing the height of the interdental septa by 1/2 of the root length
no changes in bone tissue throughout the entire body.
bone resorption up to 1/3 of the tooth root length

7. 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

8. IN INTACT PERIODONTAL DISEASE, THE GINGIVAL FURROW IS DETERMINED BY

clinically
histologically
radiologically
palpation
percussive

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

central
side left
the front one
distal
side right

10. 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

Section 3.

1. Black's classification of carious cavities is as follows:

- a) histological
- b) according to the clinical course
- c) by the depth of the lesion
- d) topographical information
- e) by the number of affected teeth
- f) in relation to the state of the pulp

2. Carious cavities on the occlusal surface 2.5 and 2.6 according to Black's classification, they belong to cavities

- a) Class I
- b) Class II
- c) Class III
- d) atypical cavities
- e) Class I and II

3. According to Black's classification of carious cavities, cavities belong to Class IV полости

- a) on the contact surfaces of the incisors
- b) on the contact surfaces of the canines while maintaining the cutting edge
- c) on the distal surfaces of the frontal group of teeth, without breaking the cutting edge
- d) on the contact surfaces of incisors and canines with a violation of the cutting edge
- e) on the contact surfaces of incisors and canines without breaking the cutting edge

4. Preparation of the carious cavity is carried out with instruments

- a) tweezers
- b) burs
- c) probe
- d) excavator
- e) corkscrew

5. Hard tooth tissues are

- a) enamel
- b) pulp
- c) dentin
- d) periodontal disease
- e) cement

6. An additional platform in cavities of class II in depth should be:

- 1. within the enamel.
- 2. lower than the enamel-dentin joint by 5 mm;
- 3. lower than the enamel-dentin joint by 4 mm;
- 4. lower than the enamel-dentin joint by 2 mm;
- 5. below the enamel-dentin junction by 1 mm.

7. Class according to the Black classification and the option of forming carious cavities on both contact surfaces of the tooth 3.4 are:

- 1. I – without an additional platform.
- 2. II – with an additional platform.
- 3. II – Cavity MOD.
- 4. III-with an additional platform.

8. The minimum length of the additional pad on the chewing surface should be:

1. 1/4;
2. 1/3;
3. 1/2;
4. 2/3.

9. The maximum length of the additional pad on the chewing surface should be:

1. 1/4;
2. 1/3;
3. 1/2;
4. 2/3.

10. When erasing the cutting edge of tooth 2.2 in IV Class IV cavities, an additional platform is formed:

1. on the palatine surface
2. on the cutting edge
3. in the neck area
4. on the vestibular surface

Section 4

1. The pulpo-dentin complex includes:

1. Odontoblasts, predentin, dentin.
2. Odontoblasts, predentin, dentin, blood vessels, nerves.
3. Odontoblasts, predentin, dentin, blood 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 endodontics includes:

1. Pulpo-dentin complex.
2. Pulpo-periapical complex.
3. Pulp.
4. All of them listed.

3. The approximate distance from the anatomical apex to the physiological opening is:

1. 2-4 mm.
2. 0.5-1 mm
3. 5-6mm

4. Two channels that start from the pulp chamber and merge into one near the apex are of the following type:

1. I;
2. II;
3. III;
4. IV.

5. Endodontics – a branch of dentistry that studies:

1. technique of 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 tip of the root canal is called:

1. anatomical opening.
2. the extreme point of the root on the X-ray image.
3. narrowing of the root canal in the area of the dentin-cement joint.

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

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

1. The tooth cavity is divided into:

1. koronkovuyu;
2. root channel.
3. carious cavity;
4. the periodontal fissure.
5. the root one.

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

- 1) transeptal
- 2) free gum fibers
- 3) circular fibers
- 4) alveolar scallop fibers
- 5) oblique fibers

10. Periodontal fibers covering the tooth neck:

- 1) transeptal
- 2) free gum fibers
- 3) circular fibers
- 4) alveolar scallop fibers
- 5) oblique fibers

Section 5

1. In a permanent bite, the normal amount of teeth is:

1. 16-20;
2. 20-24;
3. 24-28;
4. 28-32;
5. 32-36.

2. Permanent bite teeth are divided into the following groups:

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

3. The occlusal surface of the premolars of the lower jaw is shaped as:

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

5. chisel-shaped.

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

1. lateral;
2. distal;
3. medial;
4. sagittal;
5. front-facing.

5. 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.

6. 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.

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

1. 2-buccal, palatal;
2. 3 – palatal, anterior buccal, and posterior buccal.
3. 3 – posterior, anterior lingual; anterior buccal;
4. 3-palatal, anterior lingual; anterior buccal;
5. 4. - palatal, anterior buccal, posterior buccal, posterior.

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

1. a rectangle with 5 bumps.
2. a rectangle with 4 bumps.
3. a rhombus with 5 bumps.
4. a rhombus with 4 bumps.
5. a rhombus with 3 bumps.

9. An irregular shape of the prepared root canal is considered to be:

1. a cone-shaped structure.
2. a cone-shaped structure with a ledge.
3. cylindrical.

10. "Master file" is:

1. the first file that reached the top.
2. the last file that reached the top and formed the apical stop.
3. the last (largest diameter) file that processed the channel.

Section 6

1) Local contraindications for dental implantation include:

1. Localized periodontitis.
2. Multiple caries.
3. Pathological erasability of hard tooth tissues with reduced bite height.
4. Missing one tooth.
5. Full adentia.

2) The choice of the sinus-lifting procedure is based on:

1. The number of missing teeth.
2. Types of implants.

3. The existing level of bone tissue.
4. Doctor's and patient's wishes.

3) Bioinert materials include:

1. Stainless steel.
2. Chromium-cobalt alloys.
3. Titanium, zirconium.
4. Hydroxyapatite.
5. Silver-palladium alloys.

4) Implant healing time:

1. 3-5 weeks
2. 3-5 months
3. 1.5 years old

5) Structural elements of the intramucosal implant

1. head
2. neck
3. basic part
4. all of the above

6) Two-stage implantation of intraosseous implants is performed

1. in order to achieve osseointegration
2. to reduce postoperative trauma
3. to prevent fibrous integration
4. with poor bone regeneration abilities
5. in order to improve the functional effect

4. 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

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histologically

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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

Section 7

1. **Wax used to determine central occlusion, called**
 - a) modeling tools
 - b) basic
 - c) profile (voskolit)
 - d) lavax
 - e) sticky

2. **A device that allows you to move the correct position of the upper jaws in the articulator, called**
 - a) occluder
 - b) facial arch
 - c) apexlocator
 - d) electrodontometer
 - e) skyler

3. **The device that reproduces all the movements of the lower jaw is called**
 - a) occluder
 - b) articulator
 - c) facial arch

4. **Separation is the stage of preparing teeth for artificial crowns, including preparation of hard tooth tissues with**
 - a) the occlusal surface
 - b) the vestibular surface
 - c) contact surfaces
 - d) the oral surface
 - e) any surface

5. **For tooth separation during odontopreparation under artificial teeth crowns use**
 - a) wheel-shaped burs
 - b) separators
 - c) soft disks
 - d) milling cutters
 - e) single-sided diamond-coated separation discs

6. **During preparation, cooling of tooth tissues**
 - a) required
 - b) optional
 - c) harmful

- 7. The artificial crown must be**
- a) have no contact with the antagonist
 - b) uncouple the bite
 - c) have contact with the antagonist tooth
 - d) meet the patient's wishes
 - e) have contact only in the masticatory parts
- 8. The artificial crown must be**
- a) submerge in the gingival pocket by 1 mm
 - b) dive into the gingival pocket at a distance of not more than 0.2 mm or come in contact with the gum
 - c) do not touch the gum
 - d) recede from the gum
- 9. The stamped metal crown should cover the stump of the tooth**
- a) tight
 - b) with a gap of 0.2 mm
 - c) with a gap for fixing material
 - d) doesn't matter
 - e) in different areas in different ways
- 10. The shape of the tooth stump prepared for a solid crown, it should look like**
- a) the cylinder
 - b) the cone
 - c) a truncated cone
 - d) reverse-truncated cone
 - e) a balloon

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

**Department of Dentistry No. 1
Faculty of Dentistry Course 4**

Discipline Actual issues of modern dentistry

B-flight to test # 1

1. Complementary methods of examination in dentistry.
2. Планирования с опорой of implant-supported prosthetics..

Head of the Department, MD,

Associate Professor M. G. Dzgoeva