

**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 **Comprehensive treatment of anomalies in the development of the
dentoalveolar system**

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 Comprehensive treatment of anomalies in the development of the
dentoalveolar system

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 Comprehensive treatment of anomalies in the development of the dentoalveolar system 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 Comprehensive treatment of anomalies in the development of the dentoalveolar system 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

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Reviewer:

The chief doctor of the dental
polyclinic of SOGU, PhD



D.Z. Choniashvili

ПОДПИСЬ

**Passport of the assessment fund for the discipline
Comprehensive treatment of malformations of the dentoalveolar system**

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	Features of the TRG for various types of RF TRG. Calculation of TRG	OPK-5	Standards of test tasks; tickets to the test
2	Relapses in orthodontic treatment	OPK-5	Standards of test tasks; tickets to the test
3	Ethics and deontology in orthodontics	OPK-5	Standards of test tasks; tickets to the test
4	Methods of examination of patients with PFA.	OPK 4	Standards of test tasks; tickets for the test
5	Methods for determining the functional state of the dentoalveolar system (clinical, functional (laboratory) and static).	OPK 4	Standards of test tasks; tickets to the test
6	Features of examination and laboratory methods for studying patients with ZFA	PK5	Standards of test tasks; tickets to the test
7	Diagnostics of dental anomalies: the Pon, Tone, Gerlach, Korhaus method	PK 6	Standards of test tasks; tickets to the test
8	Diagnostics of dental anomalies. Photos in orthodontics	PC 6	Standards of test tasks; tickets to the test
9	Features of tactics and treatment of patients with ASD	PC8	Standards of test tasks; tickets to the test
10	Features of tooth movement. Strength as a vector value	of PC 12	Benchmarks of test tasks; test tickets

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#	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	Features of TRG for various types of RF TRG. Calculation of TRG	7	of the defense industry complex-5	pages. 8
2	Relapses in orthodontic treatment	7	OPK-5	p. 8-1-10
3	Ethics and deontology in orthodontics	7	OPK-5	p. 10-1-11
4	Methods of examination of patients with AF.	7	OPK 4	p. 11-1-12
5	Methods for determining the functional state of the dentoalveolar system (clinical, functional (laboratory) and static).	7	OPK 4	pages 12-1-13
6	Features of examination and laboratory methods for studying patients with AF	7	PK5	pages 13-1-14
7	Diagnosis of dental anomalies: the method of Pon, Tone, Gerlach, Korhaus	7	pcs 6	pages. 14
8	Diagnosis of dental anomalies. Photos in orthodontics	7	pcs 6	pages 15
9	Features of tactics and treatment of patients with AF	6	PK8	p. 15-1-16
10	Features of tooth movement. Force as a vector quantity	7	pc 12	page 16-1-17

Section 1

1. The tongue when swallowing in children aged one year rests on:
 1. in the upper lip
 2. in the lower lip
 3. in the incisors of the upper and lower jaw in the absence of their closure
 4. in the incisors of the upper and lower jaw with closed teeth
 5. in the lower incisors with closed teeth
2. In the initial push stage of infantile swallowing, the tongue is:
 1. at the bottom of the oral cavity
 2. behind the maxillary alveolar processes
 3. between the front teeth
 4. between the teeth
 5. behind the lower front teeth
3. The physiological type of swallowing is characterized by the position of the tongue:
 1. between the front teeth
 2. behind the upper incisors
 3. rests on the upper lip
 4. rests on the lower lip
 5. pushing the tongue away from the inner surface of the lips
4. Chewing function begins to form
 1. in 6-9 months
 2. in 12 months
 3. after 1.0-1.5 years
 4. after eruption of the central incisors on the upper and lower jaw
 5. after eruption of lateral incisors on the upper and lower jaw
5. The sucking reflex in a child fades away normally
 - 1.3 -6 months
 - 2.9 -12 months
 3. after 1 year
 4. in 6-9 months
 5. after teething temporary teeth
6. Pressure dressing on the alveolar process of the upper jaw is indicated for:
 1. developing an open bite
 2. disturbed nasal breathing
 3. протрузии upper jaw protrusions
 4. dentoalveolar protrusion of the upper jaw
 5. developing a deep bite
7. The main differential diagnostic sign of emerging malformations and variants of the normal bite is
 1. predisposing background for the development of pathology
 2. active cause
 3. functional abnormalities of the dentoalveolar system
 4. early morphological signs of malocclusion
 5. hereditary factor

Section 2

1. The main clinical sign of the correct ratio of the jaws in relation to the transversal plane in children with milk bite is:

1. the incisive lines of the upper and lower tooth rows coincide with each other and with the midline of the face, the cheek mounds of the upper molars overlap the cheek mounds of the lower molars
 2. the incisive lines of the upper and lower dentition rows coincide with each other
 3. the buccal mounds of the upper molars slightly overlap the buccal mounds of the lower molars
 4. the incisive line of the lower dentition coincides with the midline of the face
 5. the buccal bumps of the upper molars meet the buccal bumps of the upper molars
2. What is the normal shape of the alveolar processes? For children in the first year of life?
 1. ellipse shape
 2. trapezoid
 3. semi-circular
 4. V-shaped
 5. none of the above
3. What is the correct ratio of the jaws in the vertical direction in the formed temporary bite?
 1. the front teeth of the upper jaw overlap the lower ones by $1/3/3$
 2. edge closure of incisors
 3. the front teeth of the upper jaw overlap the lower ones by less than $1/3/3$
 4. no contact between the front teeth
 5. having a gap between your front teeth
4. The main thing for the characteristics of the bite in a child is
 1. number of teeth
 2. the shape of dentition rows
 3. overlapping of the front teeth
 4. position of the teeth
 5. the shape of dentition rows and their ratio in the state of central occlusion
5. Which of the listed features best characterize closing of teeth in central occlusion in permanent bite?
 1. each tooth has one antagonist
 2. each tooth has two antagonists
 3. each tooth has two antagonists, with the exception of the second incisors and second molars
 4. each tooth has two antagonists, with the exception of the central lower incisors and the last upper molars
 5. each tooth has two antagonists, with the exception of the central lower incisors
6. Vertical change in the curvature of the alveolar processes in children under 1 year of age indicates
 1. about preparing for teething
 2. about the formation of an open bite
 3. about the variant of growth of alveolar processes in this child
 4. on the formation of dental anomalies in the vertical direction
 5. none of the listed answers
7. The presence of a sagittal fissure in a child after 6 months indicates
 1. on the formation трансверзальныхof transversal malocclusion anomalies
 2. about the formation of an open bite
 3. about crossbite formation
 4. on the formation of the distal bite

5. the correct answer is not given

Section 3

1. Formation of what function of the dentoalveolar system is most actively disrupted with a shortened tongue frenulum in children aged 9-12 months?
 1. swallowing function
 2. breathing function
 3. sucking function
 4. lip closure function
 5. speech function
2. What position of the lower jaw in a newborn is considered physiological?
 1. distal
 2. neutral
 3. anterior
 4. the correct answer is not given
 5. mesial
3. What is the normal position of the lower jaw in children aged 6-9 months?
 1. distal
 2. neutral
 3. anterior
 4. mesial
 5. the correct answer is not given
4. In the development of the Gothic form of the palate, the main etiological factor is:
 1. genetic conditioning
 2. the bad habit of tongue sucking
 3. violation of nasal breathing
 4. poor posture
 5. sucking the nipple
5. The norm for the formed milk bite is the following form of dentition:
 1. the dentition of the upper jaw has the shape полуэллипса of a half-ellipse, the lower-a semicircle
 2. the dentition of the upper jaw has the shape of a semicircle, the lower jaw-a half-ellipseполуэллипса
 3. the dental rows of the jaws are shaped like a half-ellipse
 4. the teeth of the jaws are located along the middle occlusal curve, forming dense tubercle-fissure contacts
 5. dentition rows are shaped like a semicircle
6. The early sign of a change in the shape of the upper jaw, revealed during the examination of the child, should include the following symptom of dental anomalies:
 1. vestibular position of the teeth
 2. alveolar protrusion
 3. changing the shape of the alveolar process
 4. high sky
 5. narrowing of the upper jaw
7. The main symptom of improper swallowing, leading to the development of an open bite, is:
 1. lower lip muscle tension when swallowing
 2. tension of the chin muscles when swallowing

3. when swallowing at the time of the initial push, the tongue rushes into the interdental space
4. the "thimble" symptom
5. tension of the temporal muscles

Section 4

1. The development of malocclusion caused by nasal breathing disorders is indicated by:
 1. tilt your head forward
 2. violation of the closing of the lips
 3. lengthening of the lower third of the face at rest
 4. not closing your lips
 5. having a double chin
2. An active cause leading to compaction of the frontal part of the lower jaw may be:
 1. low attachment of the tongue frenulum to the alveolar process of the lower jaw
 2. attachment of the tongue frenulum to the alveolar process of the lower jaw
 3. wide bridle of the lower lip
 4. sucking on the lower lip
 5. all of the above
3. As a result of the bad habit of putting your hands under your head and pressing on your lower jaw during sleep, the following is formed:
 1. flattening of the jaw on one side
 2. change in muscle tone of the maxillofacial region
 3. narrowing of the upper jaw
 4. displacement of the lower jaw to the side
 5. narrowing of the upper dentition
4. The headboard is too high during sleep in infants.
 1. to shift the lower jaw back and inhibits the growth of the jaw forward
 2. does not affect the ratio of the jaws
 3. to move the lower jaw forward
 4. to deformity of the jaws
 5. to the development of an open bite
5. Throwing your head back during a child's sleep leads to:
 1. to move the lower jaw forward
 2. does not affect the ratio of the jaws
 3. to move the lower jaw back, without hindering its growth forward
 4. to the formation of a deep bite
 5. to the formation of an open bite
6. The bad habit of sucking pacifiers and pacifiers leads to:
 1. to the distal position of the lower jaw
 2. towards the formation of a Gothic sky
 3. to protrusion of the frontal part of the upper jaw
 4. to retrusion of the frontal part of the lower jaw
 5. there is no correct answer
7. Indicate the symptoms that characterize the developing distal bite:
 1. deep incisor overlap
 2. the habit of biting your lower lip
 3. tubercle ratio of mesial tubercles of the first permanent molars
 4. true 1) and 2)

5. true 2) and 3)

Section 5

1. Duration of orthodontic treatment

to eliminate anomalies in the position of individual teeth in adults is

- 1) 1 week
- 2) 2 days
- 3) up to a year
- 4) 2-2.5 years old

2. The duration of orthodontic correction of malocclusion in adults is

- 1) 1 week
- 2) 1 month
- 3) up to 5 weeks
- 4) at least 6 months

3. The minimum period of use of orthodontic devices in the treatment of TMJ diseases is

- 1) 1 week
- 2) 2 weeks
- 3) month
- 4) 3-6 months

4. Optimal prosthesis design

for the vertical form of the Popov-Hodon phenomenon, it is

- 1) orthodontic rings
- 2) removable plate with saw and screw
- 3) bite-size plate

5. Optimal prosthesis design

for the horizontal form of the Popov-Hodon phenomenon, it is

1) orthodontic rings for misaligned teeth
with an orthodontic screw soldered to them from the vestibular side **ортодонтическим винтом**

- 2) removable plates with a saw and a screw between the movable teeth
- 3) maxillary plate with an inclined plane
- 4) bite-size plate
- 5) 1+2
- 6) 3+4

6. In the treatment of prognathic deep bite for mesial displacement of the lower jaw with the distal position of the heads in the joint pits, it is used

- 1) maxillary plate with an inclined plane
- 2) bite-size plate
- 3) removable plate for the upper jaw with an emphasis in the form of an inclined plane

in the area of the canine

and overlap of the lower teeth by 3-5mm

7. An indication for orthodontic treatment in adult orthodontic treatment is

- 1) the need to eliminate the Popov-Hodon phenomenon (dentoalveolar elongation)
- 2) the need to eliminate tooth displacement in periodontal diseases

(before applying splinters)

- 3) inability to perform orthopedic treatment without prior orthodontic treatment
- 4) failure of previously performed medical treatment

and orthopedic treatment (without elimination of anomalies) of diseases of the

temporomandibular joint

5) 1+2+3

6) 1+2+3+4

Section 6

1. Contraindications to orthodontic treatment are

1) anomalies of the jaws

2) multiple caries

3) absence of lateral teeth

4) acute inflammatory phenomena in the temporomandibular joint

5) severe common diseases

6) 2+3+4+5

7) 1+3+4

2. Turning the tooth along the vertical axis is called

1) tortoanomaly

2) by transposition

3) infra-location

3. Displacement of the tooth in the vertical direction,

when the tooth is below the occlusal curve, it is called an occlusal curve.

1) tortoanomaly

2) by transposition

3) infra-location

4. Displacement of the tooth in the vertical direction,

when the tooth is above the occlusal curve, it is called an occlusal curve.

1) tortoanomaly

2) by transposition

3) supraposition

5. In the treatment of patients with anomalies in the shape of teeth use

1) artificial crowns

2) veneers

3) cosmetic filling

4) cosmetic contouring

5) 1+2+3+4

6. The displacement of the tooth from the optimal position back along the dentition is called

1) dystoposition

2) mesoposition

3) supraposition

4) infra-location

7. The displacement of the tooth from the optimal position forward along the dentition is called

1) dystoposition

2) mesoposition

3) supraposition

4) infra-location

Section 7

1. The face parameter zy-zy characterizes:

a) the width of the face;

- b) the upper height of the face;
 - c) the depth of the face;
 - d) the lower height of the face;
 - e)gonial height of the face.
2. The Pon molar index is:
- a) 87;
 - b) 80;
 - c) 64;
 - d) 45;
 - e) 87.
3. The dimensions of dentition rows according to the Pon method are studied in the direction of:
- a) sagittal;
 - b) sagittal and vertical;
 - c) transversal.
4. ХаулеяThe Hauley-Gerber-Herbst method::
- a) anthropometric;
 - b) graphic;
 - c) functional;
 - d) radiological;
 - e) craniological.
5. The Dolgoplova method is used to determine:
- a) the length and width of the lower jaw with a permanent bite;
 - b) the length of the apical basis;
 - c) the length of the dentition rows during the bite of baby teeth;
 - d) the width of the dentition rows during the bite of baby teeth.
6. The Gerlach method is used to determine:
- a) the length of the body of the lower jaw;
 - b) proportionality of the size of the lateral segments of the dentition of the upper and lower jaws;
 - c) proportionality of the size of the anterior segments of the dentition of the upper and lower jaws;
 - d) the width of the dentition;
 - e)a+b+d..
7. To determine the symmetry of the growth of the lower jaw, it is advisable to do:
- a) panoramic radiograph;
 - b)telorentgenogram in the lateral projection;
 - c) an orthopantomogram;
 - d)telorentgenogram in direct projection;
 - e) all options are correct.

Section 8

1. The length of the apical basis is measured up to the line:
- a)A;
 - b)B;
 - c) In;
 - d)d;
 - e)A, B.

2. To clarify what clinical symptoms of dental anomalies do you need to measure jaw models?
 - a) close position of the teeth;
 - b) insufficiency of the apical basis;
 - c) narrowing of the dentition rows;
 - d) shortening of dentition;
 - e) all of the above is incorrect.
3. " NSL " corresponds to the plane:
 - a)the base of the upper jaw;
 - b)the base of the lower jaw;
 - c) the anterior part of the skull base;
 - d) aesthetic according to Ricketts;
 - e) occlusal.
4. An increase in the SNA angle is typical for:
 - a)retrognathies;
 - b)prognathies;
 - c) deep incisor occlusion;
 - d)dysocclusions.
5. The rheogram allows you to judge:
 - a) periodontal hemodynamics;
 - b) the tone of the masticatory muscles;
 - c) movement of the lower jaw;
 - d) mobility of the teeth;
 - e) true a) b).
- 6.. Combined-action devices include:
 - a) Bruckl's apparatus Брюкля;
 - b)Clamp activatorКламмта;
 - c) the Andrezen-Goipl monoblock;;
 - d) Type I Frenkel function controller;
 - e) Type II Frenkel function controller;
 - f) Schwarz's kappa.
7. The formula is presented: $\text{Sum of width of 4 upper incisors} / \text{Sum of width of 4 lower incisors} = 1.33$
 - a)Snagina.
 - b)SlabkovskayaStreet.
 - c)DolgopolovayaStreet.
 - d)Tonne

Section 9

1. Rehabilitation of children with dental anomalies should begin:
 - a) during the period of temporary bite;
 - b) during early tooth replacement;
 - c) in any age period in the presence of deviations;
 - d) during the period of permanent bite;
 - e) true a) and e).
2. A mechanically operating device is characterized by the presence of:
 - a)a bite-sized area.
 - b) the screw;
 - c) ligatures;

- d) rubber rings;
 - e) springs;
 - f) arcs.
3. The design of functional devices must include:
 - a) a screw;
 - b) an inclined plane;
 - c) snack area.
 4. The mainstay in the Schwartz and Bynin mouthguards is:
 - a) the sky;
 - b) назубная dental plastic mouthguard;
 - c) the base plate.
 5. The purpose of Engle's "sliding arc" ЭНГЛЯ is:
 - a) expansion of the dentition;
 - b) shortening of the dentition;
 - c) lengthening of the dentition.
 6. In the treatment of dental anomalies, the following methods of myotherapy are used:
 - a) alternating compression of the dentition rows;
 - b) dynamic extension of the lower jaw;
 - c) static and dynamic exercises;
 - d) static extension of the lower jaw.

Section 10

1. The measurement of the lower morphological height of the face is determined by the distance:
 - a) pr-gn;
 - b) n-pr.
 - c) n-gn;
 - d) tr-n..
2. The House method allows you to determine the width of:
 - a) the dentition in the area of the premolars;
 - b) the dentition in the molar area;
 - c) the apical basis;
 - d) the palatine vault;
3. The size of baby teeth is determined by:
 - a) Wetzell.
 - b) Pon;
 - c) The tone.
 - d) Dolgopolova;
 - e) Ustimenko.
4. The proportionality index of temporary incisors is determined by:
 - a) Wetzell.
 - b) Pon;
 - c) The tone.
 - d) Dolgopolova;
 - e) Ustimenko.

5. The Pon premolar index is equal to:

- a) 87;
- b) 80;
- c) 64;
- d) 45;
- e) 82.

6. ХауляThe Hauley-Gerber-Herbst method allows you to determine:

- a) the length of the front segment;
- b) the width of the apical basis;
- c) the projection length;
- d) longitudinal length;
- e) the shape of the dentition.

7. The ratio of the dimensions of permanent incisors is:

- a) 1.08; The sum of the width of the upper incisors
- b) 1.22; Sum of the width of the lower incisors =?
- c) 1.33;
- d) 1.64;
- e) 2.33.

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

Department of Dentistry No. 1

Faculty of Dentistry **Course 5**

Discipline Comprehensive treatment of malformations of the dentoalveolar system

Test ticket # 1

1. Calculation of the TRG.
2. Force as a vector quantity when moving teeth.

Head of the Department, MD,
Dzgoeva

Associate Professor M. G.