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

Department of Dentistry No. 1

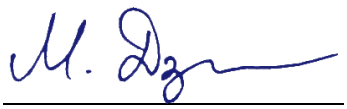
APPROVED
By the Central Coordinating
Educational and Methodological Council
"May 23, 2023 No. 5

FOND OF ESTIMATED FUNDS

in the discipline **Gnatology and functional diagnostics of the temporomandibular joint**
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 Gnatology and functional diagnostics of the temporomandibular joint 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 Gnatology and functional diagnostics of the temporomandibular joint 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.

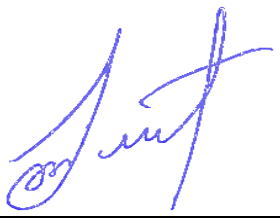
There are no comments to the reviewed evaluation materials.

In general, evaluation materials on the discipline discipline Gnatology and functional diagnostics of the temporomandibular joint 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
Gnatology and functional diagnostics of the temporomandibular joint

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	Diagnosis of chewing disorders with partial absence of teeth.	OPK9	Standards of test tasks; tickets for test
2	Diagnostics and orthopedic treatment of functional overload of periodontal tissues. K05. 3	OPK9	Standards of test tasks; tickets for test
3	Diagnostics and orthopedic treatment of patients with dentition and bite deformities. K08	PK1	Standards of test tasks; tickets for the test
4	Diagnostics and orthopedic treatment of patients with TMJ pathology. K07. 6	PK1	Standards of test tasks; tickets for the test
5	Methods of examination of patients with TMJ pathology. functional (laboratory) and static ones. disorders of chewing function with partial absence of teeth.	PC6	Standards of test tasks; tickets to the test
6	Functional overload of periodontal tissues. K05. 3 Pathology of the TMJ. K07. 6	PC6	Standards of test tasks; tickets to the test
7	Treatment tactics for impaired chewing function with partial absence of teeth.	PK5	Standards of test tasks; tickets to the test
8	Tactics of treatment of functional overload of periodontal tissues. K05. 3	PK8	Standards of test tasks; tickets to the test
9	Tactics of treatment of patients with TMJ pathology. K07. 6	PK15	Standards of test tasks; tickets to the test
10	Assessment of the quality of treatment of patients with TMJ pathology. K07. 6	PK15	Standards test tasks; test tickets

Table of contents

	treatment of patients with TMJ pathology. K07. 6			

Section 1

1. Bite is a type of closing of the dentition rows in the occlusion position
1) central
2) side view
3) the front one

2. Occlusion is the closing of the dentition
1) with the usual position of the lower jaw
2) in a state of physiological rest
3) when the lower jaw is shifted forward by half the width of the molar crowns

3. Central occlusion is determined by the following signs:
1) facial, swallowing, dental
2) dental, joint, and muscle problems
3) lingual, muscular, articular
4) dental, swallowing, facial

4. Closing of the dentition, characterized by multiple fissure-tubercle contact, the position of the articular heads of the lower jaw at the base of the slope of the articular tubercle, uniform tension of the muscles that lift the lower jaw, is an occlusion
1) the front one
2) central
3) side left
4) side right

5. The movement of the lower jaw forward is carried out
1) bilateral*contraction* of the lateral pterygoid
2) bilateral*contraction* of the medial pterygoid
3) contraction of the anterior biceptal muscle
4) contraction of the posterior biceptal muscle

6. Lateral movements of the lower jaw occur as a result of unilateral contraction
1) medial pterygoid muscle
2) lateral pterygoid muscle
3) both muscles

7. The angle of the sagittal articular path (according to Gizi) is on average equal to
1) 33°
2) 37°
3) 40°

8. The angle of the sagittal incisor path (according to Gizi) is on average equal to
1) 20-30°
2) 40-50°
3) 55-60°

9. The angle of the transversal articular path (Benet angle) is on average equal to
1) 17°
2) 26°
3) 33°

10. The angle of the transversal incisor path (Gothic angle) is equal to
1) 40-60°
2) 80-90°
3) 100-110°

Section 2

1. Methods for determining the central ratio of the jaws include
1) anthropometric
2) anatomical and physiological
3) functional and physiological
4) all answers are correct

2. The most objective method for determining the height of the lower part of the face is
1) anatomical
2) anatomical and physiological
3) anthropometric

3. In a state of relative physiological rest, the dentition is normal
1) closed
2) separated by 0.5-1 mm
3) separated by 2-4 mm
4) separated by 5-7 mm

4. The height of the lower part of the face at the central ratio of the jaws compared to the height at relative physiological rest
1) equal to it
2) more
3) less

5. Height of the occlusal roller on the upper jaw (when forming a prosthetic plane) relative to the edge of the upper lip on average
1) 1-2 mm higher
2) 1-2 mm lower
3) 3-4 mm lower
4) the height of the roller doesn't matter

6. At the stage of determining the central ratio of the jaws, the prosthetic plane is formed
1) on the lower occlusal roller
2) on the upper occlusal roller
3) on the lower and upper occlusal rollers

7. The prosthetic plane in the lateral parts is parallel to the line

1) kamperovskaya street
2) frankfurt
3) pupillary

8. For the stage "Determining the central ratio of the jaws", the clinic receives
   1) models with wax bases and occlusal rollers
   2) wax bases with occlusal rollers
   3) models with wax bases and occlusal rollers fixed in the occluder
   4) models with wax bases and occlusal rollers fixed in the articulator

9. Before fixing the central ratio of the jaws, create retention points on the occlusal rollers
   1) lower level
   2) top level
   3) lower and upper levels
   4) the location of the notches doesn't matter

10. To fix the central ratio of the jaws, the heated wax is placed on occlusal rollers
   1) top level
   2) lower level
   3) upper and lower levels
   4) any of them

Section 3

1. If there is a partial absence of teeth, there is
1) breakdown of the dentition into functionally oriented groups of teeth
2) functional overload of individual groups of teeth
3) violation of the function of the temporomandibular joint
4) all answers are correct

2. Partial tooth loss is not characterized by
1) impaired chewing and speech function
2) changes in the temporomandibular joint
3) functional overload of the remaining teeth
4) all answers are correct

3. A group of teeth devoid of antagonists is called
1) atrophic block
2) functional link
3) reserve forces

4. If the lateral teeth are lost in the frontal area, the following may occur:
1) direct traumatic node
2) atrophic block
3) reflected traumatic node
4) absence of any changes
5) non-functioning link

5. The group of teeth that preserved the antagonists is called
1) atrophic block
2) functional link
3) reserve forces

6. What is gnathodynamometry?
1) measurement of muscle tone
2) measurement of muscle cross-section
3) taping muscle biopotentials
4) method for determining the strength of the masticatory muscles and the endurance of the supporting tissues of the teeth to the perception of pressure during jaw compression

7. What group of methods does gnathodynamometry belong to?
1) to static ones
2) to the functional ones
3) to the graphic

8. The developer and designer of the first gnathodynamometer is
1) Kulazhenko
2) Kopeikin
3) Courland
4) Gaber

9. What is electromyography?
1) measurement of muscle tone
2) measurement of muscle cross-section
3) taping muscle biopotentials

10. Apparatus for intraoral recording of lower jaw movements
1) the functionographer
2) articulator
3) myotonometer

Section 4

1. Contraindication to the manufacture of an artificial crown is
1) pathological erasability of hard tissues
2) the presence of hyperesthesia
3) lower face height reduction
4) the need for tooth shortening in the Popov-Hodon phenomenon
5) pathological tooth mobility of the third degree

2. The index of destruction of the occlusal surface of the tooth equal to 0.9 is an indication for manufacturing
1) half-crowns
2) equator crown

3) telescopic crown
4) pin design
5) tabs

3. If there are a small number of single-standing teeth (1-4) preserved on the jaw with bone resorption of more than 1/4 of the root length, the use of
1) covering prostheses with a telescopic fixation system
2) bridges
3) solid cast bridge prostheses and splinting clasp prostheses
4) clasp prostheses
5) cable-stayed prostheses

4. When planning the production of a fixed structure, an insufficient number of supporting teeth can lead to
1) functional overload of periodontal abutment teeth
2) increased erasure of antagonist teeth
3) multiple caries
4) enamel fluorosis
5) chipping of the facing material of the orthopedic structure

5. An indication for the manufacture of a removable plate prosthesis may be a defect in the dentition with a length of
(by the number of missing teeth)
1) from 1 to 16 teeth
2) From 1 to 5 teeth
3) from 5 to 10 teeth
4) from 6 to 14 teeth

6. Removable plate prostheses restore chewing efficiency
1) up to 20%
2) up to 50%
3) up to 70%
4) up to 90%
5) up to 100%

7. Removable plate prosthesis with retaining кламмерамиclamps transmits chewing pressure
1) on natural teeth
2) on the masticatory muscles
3) on the oral mucosa
4) on the mucous membrane and natural teeth

8. Relative contraindication
for the manufacture of a removable plate prosthesis is
1) hypertension
2) gastritis
3) epilepsy
4) myocardial infarction

9. Fixed dentures used for dental defects
1) shoulder straps
2) lamellar systems
3) cantilever bridges
4) removable bridges

10. An absolute indication for the manufacture of a removable denture is a defect in the dentition, related (according to the Kennedy classification) to the class
1) the first one
2) the second one
3) to the third
4) the fourth
5) true 1,2
6) true 3,4

Section 5

1. Cross-positioning of artificial teeth in the manufacture of complete removable dentures is applied when the ratio of the jaws:
1) orthognathic
2) progenic
3) prognaticheskom
4) direct
5) the ratio of the jaws doesn't matter

2. The placement of artificial teeth with the creation of an occlusal curve ensures contact between the teeth when the lower jaw is extended forward
1) in the front section
2) in the side sections
3) in the anterior and lateral parts

3. A reference point that is usedto determine the type of placement of artificial teeth on models that are cast in an occluder or manipulator:
1) direction of interalveolar (interalveolar) lines
2) horizontal plane
3) the angle formed by the interalveolar line with the horizontal plane
4) angle of inclination of the prosthetic plane
5) severity of occlusal curves

4. When placing teeth in the articulator, occlusions are verified
1) side left
2) side right
3) front doors
4) central
5) 1+2+4
6) 1+2+3+4

5. The progenic type of placement of artificial teeth even in the complete absence of teeth provides

1) 12 teeth in the upper jaw, 14 teeth in the lower jaw
2) 14 teeth each in the upper and lower jaws
3) 12 teeth in the lower jaw, 14 teeth in the upper jaw
4) 14 teeth in the upper and 16 teeth in the lower jaw
5) 16 teeth in the lower jaw, 14 teeth in the upper jaw

6. When placing teeth on a spherical surface, the radius that ensures the best quality of prosthetics is (in cm):

1) 9
2) 11
3) 13
4) 15

7. Anatomically shaped artificial teeth with pronounced bumps are chosen for people:

1) the elderly
2) young and middle-aged people
3) regardless of age
4) with diseases of the mandibular joint

8. Artificial teeth with undistinguished bumps are chosen for people of the following age:

1) elderly or advanced age
2) young
3) average
4) anyone

9. In the complete absence of teeth, the construction of dentition rows according ортогнатическому, to the orthognathic,ческомуprogenic or prognathic type is determinedby:

1) the need to increasethe occlusal surface;
2) a request from the patient.
3) type of device for constructing dentition rows (occluder, articulator);
4) the type of ratio of the patient's jaws;
5) the degree of jaw atrophy.

10. The device reproducing articulatory movements of the lower jaw is:

1) артикулятор Gizi articulator
2) occluder wire
3) артикулятор Bonville articulator
4) parallelometer

Section 6

1. The concept of "periodontal" includes a complex of tissues:
1) The gum
2) Periodontal disease
3) Pulp
4) Dentin
5) Cement
6)1+2+5

7)1+3+4

2.In the odontoparodontogram of Kurlandsky, the depth of the pocket is noted
1) with an indication of the side where the largest changes are located
2) without specifying the side where the biggest changes are located

3. Periodontal tissue trophism depends on
1) from the physiological mobility of the teeth
2) from the degree of atrophy of the alveolar process
3) from the direction of action of masticatory pressure forces
4) 1+2
5) 1+2+3

4. With increased interstitial pressure, periodontal vessels
1) expand
2) narrow down

5. The force acting at an angle to the tooth axis changes blood circulation
1) when the load is active
2) after the load action
3) 1+2

6. In case of loss of lateral supporting teeth in the frontal area, there is an increase in
1) direct traumatic node
2) reflected traumatic node

7. A typical rheoparodontogram in the absence of periodontal diseases is characterized by
1) steep ascending part
2) a sharp vertex
3) a smooth descending part with a dicrotic wave in the middle and a clearly defined incisure
4) smooth ascending part
5) smoothed vertex
6) 1+2+4
7) 1+2+3
8) 1+3+5

8. Increased vascular tone (periodontal vascular spasm)
characterized on a periodontal rheogram
1) steep ascending part
2) a flat vertex
3) a steep descending part with a smoothed dicrotic wave of the upper third of the rheoparodontogram
4) 1+3
5) 1+2+3

9. The vascular tone index (VT) in rheoparodontography is normally equal to
1) 100%
2) 20-30%

3) 13-15%
4) 70-80%

10. Additional methods of examination of patients with periodontal disease include:
1) Percussion
2) Sensing
3) Panoramic radiography
4) Oral examination 5) MRI
6) Doppler measurement
7) 3+5+6
8) 1+2+3+6

Section 7

1. Selective grinding of teeth in periodontitis is carried out within the limits of
1) enamels
2) dentin

2. The presence of premature contact points of teeth is detected with the help of
1) occlusiogram
2) copy paper
3) spray diagnostics
4) diagnostic models
5) visually
6) mandibular motion recordings
7) 1+2+3+4+5
8) 1+2+5

3. Indications for the use of the method of selective grinding of teeth in periodontitis are
1) multiple caries
2) premature tooth contact
3) deformities of the dentition rows
4) 2+3

4. Normally, on the wax occlusiogram of the central occlusion position, the contact points should have
1) uniform translucent areas of wax throughout
2) violation of the integrity of the wax composition in certain areas (perforations)
3) 1+2

5. The most informative method for diagnosing the degree of dental damage caused by periodontitis is
наиболее информативен
1) orthopantomography method
2) method of targeted dental radiography
3) radiography in the lateral projection
4) 1+2
5) 1+3

6) 1+2+3

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1) steep ascending part
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1) steep ascending part
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3) a steep descending part with a smoothed dicrotic wave of the upper third of the rheoparodontogram
4) 1+3
5) 1+2+3

8. Selective grinding of teeth for periodontitis is carried out
1) in one session
2) in 2-3 visits every other day
3) in 3-4 visits through nedelkZ

9. The method of selective grinding of teeth in periodontitis is provided!
1) shortening of the apex of the supporting teeth
2) soshlifovyvanie protective mounds
3) soshlifovyvanie ramps hillocks
4) fissure deepening
5) 3+4

10. If the stage of periodontitis has developed and the teeth are very mobile, it is better to carry out selective grinding after
1) pre-splinting
2) tooth root removal
3) depulsification
4) 1+2
5) 2+3
6) 1+2+3

Section 8

1. The clinical basis for choosing a therapeutic orthopedic device for periodontal diseases includes

1) type of bite
2) periodontal condition of the teeth
3) skin color
4) the condition of the oral mucosa
5) 1+2+3+4
6) 1+2+4

2. Splinting 21, 22, 23 is called stabilization
1) along the arc
2) one-way
3) front-facing
4) sagittal
5) parasagittal

3. The tire is
1) orthodontic device,
promoting sagittal movement of the lower jaw
2) device for immobilization of a group or all teeth of the dentition
3) device for the treatment of temporomandibular joint dysfunction

4. Non-removable types of tires include
1) solid cast or soldered equator crowns
2) interdental
3) removable partial plate prostheses
4) cap cast tires with pins on depulpated teeth
5) systems that are fixed to the teeth
using composite materials and adhesives
6) clasp prostheses
7) solid-cast crowns lined with ceramic or composite
8) 1+2+4+5+7
9) 1+2+3+5+6

5. The positive qualities of fixed tires include
1) stabilization of the tooth in the vertical, vestibulo-oral and mesio-distal directions
2) immobilization of teeth with unilateral end defect of the dentition
3) rapid adaptation of patients
4) 1+4

6. Requirements for permanent-use busbars
1) redistribution of functional loads
2) restoration of dentition defects
3) implementation of caries prevention
4) immobilization of mobile teeth and dentition rows
5) 1+2+3
6) 1+2+4

7. Temporary tires are used
during the entire period of complex treatment

until a permanent splint is applied
1) yes
2) no

8. Temporary splints in the treatment of periodontal diseases should
1) securely fix splinted teeth
2) conduct electric current well
3) distribute chewing pressure evenly
4) 1+2
5) 1+2+3
6) 1+3

9. Temporary splints in the treatment of periodontal diseases should
1) do not interfere with drug therapy
2) conduct electric current well
3) if necessary, replace the dentition defect
4) 1+3
5) 1+2+3
6) 1+2

10. Temporary splints for the treatment of periodontitis include
1) Spreng tire
2) Elbrecht tire
3) interdental bus according to Kopeikin

Section 9

1. The Popov-Godon phenomenon develops more frequently:
1) on the upper jaw
2) on the lower jaw
3) on both jaws

2. The Popov-Hodon phenomenon progresses faster:
1) on the upper jaw
2) on the lower jaw
3) in elderly patients
4) in young patients.

3. Possible directions of tooth displacement after removal of antagonists
1) vertical
2) medial
3) distal
4) oral
5) vestibular
6) combined
7) all of the above
8) 1+2+3+4+6

4. Infra - or supraocclusal position of the tooth refers to
   1) to violation of the occlusal curve
   2) to reduce the occlusal height
   3) to increase the volume of the alveolar process
   4) to the anomaly of the tooth shape

5. Are there any changes in the TMJ elements during the development of Popov's phenomenon?
   1) Yes
   2) no
   3) only in the second form of deformation
   4) only arthritis
   5) arthritis and osteoarthritis

6. In the second form of the Popov-Hodon phenomenon, we distinguish
   1) three groups
   2) don't allocate it
   3) two groups
   4) one group
   5) 4 groups

7. The main reason for the false Popov – Godon phenomenon :
1) vertical displacement of teeth
2) partial adentia with the absence of antagonist teeth and a decrease in the height of the lower face.
3) hypertrophy of the alveolar process.

8. When collecting anamnesis in patients with dental deformity, it is important to find out:
1) dates of tooth extraction at the deformity site
2) the presence of bad habits.
3) disease of internal organs.

9. Additional research methods can be used to determine:
1) causes and time of occurrence of deformities.
2) the nature of deformations.
3) type of dental-alveolar elongation.
4) 2+3

10. In case of deformities on diagnostic models, it is determined:
1) the severity of dental-alveolar elongation.
2) periodontal condition of causal teeth.
3) blocking moments, lower jaw movements.
4) 1+3

Section 10

1.When the main antagonist is lost, the tooth moves
   1) strictly in the vertical direction
   2) in the vertical and medial directions
   3) doesn't move

2. Deformities of the dentition rows lead to
1) pathological combustibility
2) tooth decay
3) periodontitis
4) fluorosis
5) enamel erosion
6) 3+4+5
7) 1+2+3

3. Deformities of the dentition rows can occur if all teeth are present
1) yes
2) no

4. The ratio between the extra - and intraalveolar parts of the tooth remains unchanged in Popov's phenomenon
1) with the I form
2) for N-form, group 2
3) for N-form, group 1
4) with the correct form
5) doesn't change

5. Periodontal fissure in teeth devoid of antagonists
1) expanded
2) narrowed down
3) not changed

6. Dentoalveolar elongation is more typical
1) for the upper jaw
2) for the lower jaw
3) same for both jaws
4) for young patients

7. In the second form of the Popov-Hodon phenomenon, we distinguish
1) three groups
2) don't allocate it
3) two groups
4) one group
5) 4 groups

8. Selective grinding of tubercles in case of traumatic occlusion is performed on the teeth:
1) upper jaw
2) lower jaw
3) upper jaw and lower jaw

9. The symptom of deformity of the dentition after the loss of antagonists is
1) blockage of the lower jaw movements in the sagittal direction

2) lack of antagonist pairs
3) missing even one tooth
4) clinical examination data

10. The soshlifovyvaniya method is used to treat the Popov-Hodon phenomenon
1) with the I form
2) with the P form
3) for I and N forms

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 Gnatology and functional diagnostics of the temporomandibular joint

Test ticket # 1

1. Biomechanics of the masticatory apparatus
2. Features of diagnostics of occlusal disorders in deformities of dentition and bite associated with pathology of hard tissues of teeth, with parafunctions, partial absence of teeth.

Head of the Department, MD, Associate Professor M. G. Dzgoeva