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"North Ossetian State Medical Academy"
Ministry of Health of the Russian Federation

Department of Dentistry №3

APPROVED


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coordination educational and methodical
council dated 05/23/23

ASSISSMENT MATERIALS
in the discipline "Clinical Dentistry"
the main professional educational program of higher education - specialist's programs in the
specialty 31.05.03 Dentistry,
approved on May 24, 2023

for 1st year students
Faculty of Dentistry

Reviewed and approved at the meeting of the department
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Head of the Department of Dentistry No. 3

MD  Remizova A.A.

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STRUCTURE OF ASSISSMENT MATERIALS

1. Title page
2. Structure of the assissment materials
3. Passport of evaluation tools
4. A set of evaluation tools:
 - list of questions on practical skills
 - situational tasks
 - benchmarks of test tasks
 - questions to offset
 - tickets to offset

Passport of the assessment materials by discipline

Clinical dentistry

No. p/n	Name of the controlled section (topic) of the specialty / module	Code of the formed competence (stage)	Name of the evaluation tool
one	2	3	four
Type of control	offset		
1.	Resource support of the dental service. Organization of work of structural divisions. Sanitary and hygienic standards in dentistry. Patient motivation for dental treatment. Deontology.	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ
2.	The main methods of examination of teeth, dentition, periodontal and oral mucosa. Additional research methods. Functional and laboratory research methods. Drawing up a treatment plan.	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ
3.	Prevention of dental diseases in the adult population. Methods of communal and individual prevention of caries. Modern technologies for the diagnosis and treatment of caries and other diseases of hard dental tissues. Treatment of dental caries and its complications at different stages of development	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ
4.	Pulpitis, periodontitis - etiopathogenesis, classification, differential diagnosis. Modern methods of endodontic treatment. Criteria for the quality of endodontic treatment. Re-endodontic treatment. Mistakes and complications in endodontics. Restoration of teeth after endodontic treatment. Principles of odontopreparation,	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ

	restoration of hard tooth tissues with modern materials.		
5.	Periodontal diseases. Etiopathogenesis, classification, clinic, diagnostics, differential diagnostics. Modern methods of treatment of inflammatory and degenerative lesions of periodontal tissues	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ
6.	Diagnosis and treatment of diseases of the oral mucosa. Stomatitis and related lesions, other diseases of the lips and oral mucosa, diseases of the tongue. differential diagnosis and treatment. Precancerous diseases of the oral mucosa and cancer alertness.	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ
7.	Diagnosis and emergency care for cardiovascular and acute respiratory failure, shocks of various etiologies, septic conditions, allergic reactions, disorders of consciousness and epileptoid conditions. Resuscitation in outpatient dental practice. Medicines and equipment needed for emergency care. Medical, legal and social aspects of emergency care.	UK-1, UK-3, UK-6, OPK-1, OPK-2, OPK-5, OPK-6, OPK-9, OPK-12, OPK-13, PK-1, PK-2, PK-3, PC-4, PC-5, PC-6	S, TK, SZ, UZ

Evaluation Toolkit

List of questions on practical skills

1. Cofferdam installation.
2. Reading radiographs.
3. Root canal irrigation protocol.
4. Examination of the oral cavity. Assessment of the state of the oral mucosa. Evaluation of the type of bite, the condition of the frenulums and mucous cords.
5. Treatment of furcation perforations of molars.
6. Fluorosis treatment plan.
7. Carrying out a vital method of treatment of pulpitis.
8. Methods and techniques for removing dental deposits.
9. Professional teeth whitening technique.
10. Root canal filling using the lateral condensation technique.
11. Stages of filling with light curing composites.
12. Instrumental treatment of root canals using the Step Back method.

13. Re-treatment of root canals. The use of ultrasound.
14. The method of filling root canals with ThermoFil system.
15. The method of filling root canals with the BioFill system
16. Ways and methods of whitening vital teeth.
17. Examination of the mucous membrane in various parts of the oral cavity.
18. Treatment of periodontitis complicated by intracanal perforation of the tooth.
19. Determination of the PMA index.
20. Types and method of carrying out various methods of anesthesia in the treatment of caries and its complications.
21. Complete the patient's medical history.
22. Carrying out vital and devital methods of treatment of pulpitis.
23. Measures to prevent HIV infection - an infection of medical personnel.
24. Restoration of teeth on a pin after endodontic treatment.
25. Root canal filling with gutta-percha pins using lateral and vertical condensation techniques.
26. General rules for working with glass ionomer cements.
27. Treatment of catarrhal gingivitis.
28. Diagnosis and treatment of chronic periodontitis in the acute stage.
29. Restoration of the contact point.
30. Treatment of chronic granulomatous periodontitis
31. Algorithm for using adhesive systems of different generations.
32. Local and general treatment of generalized periodontitis.
33. Providing emergency care in dental practice (fainting, collapse, anaphylactic shock, hypertensive crisis, Quincke's edema, hypo and hyperglycemic coma).
34. Root canal treatment with the Reciproc system.
35. Cofferdam. Methods and tools for imposition.
36. Treatment of ulcerative necrotic gingivitis.
37. Re-treatment of root canals. The use of ultrasound.
38. Treatment of chronic forms of apical periodontitis.
39. Candidiasis. Etiology, pathogenesis, clinic, treatment.
40. Premedication in dentistry.
41. Teeth whitening in a dental clinic. Indications and contraindications
42. Anatomical features and tactics of mechanical treatment of S-shaped root canals.
43. Mistakes and complications in the treatment of caries.

Questions for the exam

1. Organization of dental care to the population.
2. The structure of the dental service.
3. Resource support of the dental service.
4. Organization of work of structural divisions.
5. Sanitary and hygienic standards in dentistry.
6. Occupational safety of a dentist in the workplace.
7. The main methods of examination of teeth, dentition, periodontal and oral mucosa.
8. Additional research methods - functional research methods.
9. Additional research methods - laboratory research methods.
10. Medical documentation and rules for its maintenance
11. Drawing up a comprehensive treatment plan.
12. Communication with patients.
13. Psychodiagnostics and psychocorrection of the patient's emotional state at a dental

appointment.

14. Patient motivation for dental treatment.
15. Deontology.
16. Methods of communal and individual prevention of caries.
17. Modern technologies for the diagnosis and treatment of caries.
18. Modern technologies for the diagnosis and treatment of non-carious lesions of the teeth: increased abrasion, erosion and wedge-shaped defects of the teeth.
19. Pulpitis, modern methods of endodontic treatment.
20. Periodontitis, modern methods of endodontic treatment
21. Re-endodontic treatment. quality criteria.
22. Mistakes and complications in endodontics.
23. Restoration of teeth after endodontic treatment.
24. Prevention of inflammatory periodontal diseases.
25. Clinical examination of periodontal patients
26. Symptomatic and pathogenetic treatment of inflammatory periodontal diseases.
27. Surgical methods of treatment of inflammatory periodontal diseases.
28. Features of orthopedic treatment of inflammatory periodontal diseases.
29. Stomatitis and related lesions, differential diagnosis, treatment.
30. Diseases of the lips, differential diagnosis, treatment.
31. Diseases of the tongue, differential diagnosis, treatment.
32. Precancerous diseases of the oral mucosa and cancer alertness.
33. Diagnosis and emergency care for cardiovascular insufficiency.
34. Diagnosis and emergency care in acute respiratory failure.
35. Diagnosis and emergency care in shocks of various etiologies, septic conditions.
36. Diagnosis and emergency care for allergic reactions.
37. Diagnosis and emergency care for disorders of consciousness and epileptoid conditions.
38. Resuscitation in outpatient dental practice.
39. Medicines and equipment needed for emergency care.
40. Medical, legal and social aspects of emergency care

Situational tasks

Clinical situation №1.

A 39-year-old patient applied to a dental clinic for sanitation and prosthetics. On examination: in tooth 1.5, a carious cavity is determined on the distal surface, probing is painless, percussion is painless, there are no changes on the gums corresponding to the diseased tooth.

On the radiograph is determined by the expansion of the periodontal gap in the area of the apex of the tooth 1.5.

Tasks:

1. Make a preliminary diagnosis.

2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №2.

A 44-year-old patient complained of slight pain in the area of tooth 1.2. From the anamnesis: two years ago, tooth 1.2 was treated for caries. Over the past year, the pain has become intermittent. A swelling appears and a fistulous tract is opened in the region of the apex of the tooth root 1.2.

On examination: tooth 1.2 is changed in color. There is a seal on the contact surface. In the projection area of the apex, the mucous membrane is edematous, hyperemic. When pressing on this area with the blunt end of the tool, a depression occurs. Percussion is painful.

On the radiograph, a rarefaction of the bone tissue in the area of the apex of the tooth 1.2 with fuzzy and uneven contours, 0.3 * 0.4 in size, is determined.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №3.

A 34-year-old patient complained of slight pain in the area of tooth 2.2. From the anamnesis: four years ago, a filling of a light-curing material was placed on tooth 2.2. A year later, in the area of the apex of tooth 2.2, swelling and soreness of the gums began to appear.

On examination: In the area of the projection of the apex of the tooth 2.2, the mucous membrane of a pale pink color is normally moistened. Palpation of the alveolar process in the area of tooth 2.2 is slightly painful. Percussion is painful.

On the radiograph, bone tissue rarefaction is determined in the region of the apex of tooth 2.2 with clear boundaries, 0.3 * 0.3 in size.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №4.

A 25-year-old patient complained of aching pain in the area of tooth 1.4. From the anamnesis: a year ago, tooth 1.4 was treated for pulpitis.

On examination: Palpation of the alveolar process in the area of tooth 1.4 is painless. Percussion in the vertical direction is painful. Regional lymph nodes are slightly enlarged and mildly painful.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №5.

A 37-year-old patient complained of nocturnal pain in the area of tooth 2.5.

On examination: There is a carious cavity containing a large amount of softened dentin. When probing, communication with the cavity of the tooth is not determined, while pain is determined in the projection area of the pulp horn. Percussion is painless. There is a prolonged pain reaction to a temperature stimulus.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №6.

A 40-year-old patient came with complaints of radiating, paroxysmal pain in the area 4.5, 4.6, 4.7 pain, which worsened at night.

On examination: The carious cavity on the tooth 4.6 is determined. Probing along the bottom of the carious cavity is painful. Percussion is painful.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №7.

The patient came to the dental clinic with complaints of acute spontaneous pain in the lower jaw on the left, lasting for several hours with small painless intervals. The pain worsened at night.

On examination: A carious cavity containing a large amount of softened dentin is determined. Thermometry causes sharp pain.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №8.

A 20-year-old patient came to a dental clinic complaining of aching pain and discomfort in tooth 1.7, especially when eating hot food. On examination: a deep carious cavity is determined, probing is painful, the pulp bleeds. Thermometry causes increasing pain.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №9.

A 30-year-old patient came to a dental clinic with complaints of periodic aching pain in the tooth in the upper jaw on the right, the pain is aggravated by cold and hot. Pain disturbs the day. An objective examination revealed a deep carious cavity on the chewing surface of tooth 1.7, probing the bottom of the carious cavity is painful at one point. Percussion is negative.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №10.

A 19-year-old patient turned to a dental clinic with complaints of aching pain in tooth 3.5 when eating, tooth pain occurs from a change in air temperature - when going outside and back into the room. Worried about the smell from the mouth.

An objective examination revealed a deep carious cavity on tooth 3.5, the tooth cavity was opened. Deep probing causes pain.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №11.

A 27-year-old patient came to the dental clinic with complaints of aching pain in tooth 1.6 and bleeding from the tooth when eating solid food.

During an objective examination, the tooth crown is severely destroyed, granulation tissue is visible from the carious cavity, which bleeds when probing. Thermometry is weakly expressed.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №12.

A 43-year-old patient applied to a dental clinic with complaints of paroxysmal spontaneous pain in tooth 2.6. The patient indicates that the tooth previously hurt.

An objective examination of the tooth cavity opened, probing the pulp is painful.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №13.

A 23-year-old patient came to a dental clinic with complaints of intense throbbing pain in tooth 2.5. Pain appeared a week ago.

An objective examination on the gum in the area of tooth 2.5 shows no inflammatory changes. Percussion in the vertical direction causes increased sensitivity. Regional lymph nodes are slightly enlarged and mildly tender.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №14.

A 33-year-old patient came to the dental clinic with complaints of continuous intense pain when biting on tooth 3.6. A light touch on the affected tooth causes pain.

At an objective examination: the gum in the area of tooth 3.6 is hyperemic and edematous, palpation of the transitional fold, respectively, of the root apex. Percussion of the tooth is sharply painful in all directions. Soreness and an increase in the submandibular and submental lymph nodes on the side of the diseased tooth are determined.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Clinical situation №15.

A 25-year-old patient applied to a dental clinic with complaints of constant aching pain in tooth 1.6. Previously, the tooth was treated for pulpitis.

An objective examination: collateral swelling of soft tissues in the area of tooth 1.6, pain in the lymph nodes, tooth mobility 1.6, palpation along the transitional fold is painful. Percussion of the tooth is sharply painful in all directions. Soreness and an increase in the submandibular and submental lymph nodes on the side of the diseased tooth are determined.

Tasks:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis.
3. How is this disease differentiated? Tactics for the treatment of this disease.

Periodontal diseases.

Clinical situation #1

Patient L., 29 years old, turned to the dentist with complaints of bleeding gums when brushing his teeth, an unpleasant odor from the oral cavity. He considers himself ill for more than 10 years, when he began to pay attention to the appearance of blood during brushing his teeth. Conducted examinations at the dentist every 6 months, dental treatment for caries. On external examination: the skin without visible changes. When examining the oral cavity: hygiene is unsatisfactory, the mucous membrane of the lips, cheeks is pale pink in color, sufficiently moistened, without visible pathological changes. In the area of teeth 13 12 11 21 22 23 3.5 mm pockets.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the cause of pathological changes in the gums in this patient.
3. Determine the PMA index in the area of teeth 13 12 11 21 22 23.
4. Make a preliminary diagnosis. Name the method of examination necessary to clarify the diagnosis.
5. Make a treatment plan.

Clinical situation #2

Patient P., 43 years old, went to the dentist with complaints about the mobility of the incisors of the upper jaw, the appearance of a gap between the teeth, the appearance of blood during brushing and swelling of the gums, which occurred three times during the last year.

Dentist visits regularly 2 times a year: dental treatment, removal of tartar. External examination: skin without visible pathology. Examination of the oral cavity: the mucous membrane of the lips, cheeks is pale pink in color, sufficiently moistened, without visible pathological changes. The gingival papillae and marginal gingiva are swollen, hyperemic, and bleed on probing.

Periodontal pockets in the area

13 12 11 21 22 23 are equal to 4-5 mm. Pathological mobility 12 11 21 22 corresponds to I degree.

Tasks:

1. Describe the radiograph of the maxillary central incisors.
2. Determine the periodontal index (PI).
3. Conduct a differential diagnosis and formulate a preliminary diagnosis of the disease.
4. Make a plan for additional testing.
5. Determine a treatment plan.

Clinical situation No. 3

A 27-year-old patient R. turned to the dentist with complaints of tooth mobility, missing teeth 11, 21, 31, bleeding gums, pus, pain, bad breath from the mouth, frequent swelling of the gums, accompanied by pain and fever up to 37.9 degrees. She has a history of diabetes, fasting peripheral blood glucose of 7.5 mmol/L. External examination: skin without visible changes, regional lymph nodes are not palpable. Examination of the oral cavity: the mucous membrane of the lips, cheeks without visible pathological changes. The gum in the area of existing teeth is stagnantly hyperemic, purulent discharged from periodontal pockets. Periodontal pockets 6-9 mm. Pathological tooth mobility I-II degree.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the data of the anamnesis that need to be clarified to clarify the diagnosis.
3. Name the methods of examination necessary to clarify the diagnosis. Make a preliminary diagnosis.
4. Plan a treatment plan.
5. Justify the long-term prognosis of the disease.

Clinical situation No. 4

A 22-year-old patient complains of bleeding and soreness of the gums when brushing her teeth and when eating hard food. The gum bleeds from the age of 16, was treated with herbal rinses, after giving birth 2 years ago, bleeding became constant, pain appeared when eating hard food. General diseases: childhood infections, frequent acute respiratory viral infections, other diseases, according to the conclusion of the therapist, were not identified.

On examination: the appearance is without features, the submandibular lymph nodes are slightly enlarged and painful. Teeth 12-23 and 35-45 are crowded, 31-41 - diastema, short frenulum of the lower lip and small vestibule of the oral cavity. Swelling, deformation of the gingival papillae, hypertrophied gum covers the crown of the tooth to its middle in the area of teeth 12-23, 35-45. Oral hygiene is unsatisfactory, there are many supragingival dental deposits. Carious cavities on the proximal surfaces of teeth 35, 32, 44. Mixed bite. On the orthopantomogram, a compact plate of the tops of the interalveolar septa is preserved.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the methods of examination necessary to clarify the diagnosis. Make a preliminary diagnosis.
3. Plan a treatment plan.

Clinical situation No. 5

A 17-year-old patient complains of bleeding and soreness of the gums when brushing her teeth. The gum has been bleeding since the age of 14. Treatment at the dentist with local applications ointments were irregular. Recently, bleeding has intensified, he is afraid to brush his teeth.

Common diseases: whooping cough, chronic tonsillitis.

Student of the 1st year of the technical institute.

On examination: appearance without features, submandibular lymph nodes are not enlarged, painless on palpation. mucous membrane the mouth is pale pink, moderately moist. Teeth 18, 16.13, 23, 27, 28, 38, 35, 43,47,48 - outside the arc. The teeth are sanitized, the fillings on the proximal surfaces of the teeth 15, 24, 26, 34, 46 fill the interdental spaces. Hyperemia with a cyanotic tint, swelling, hypertrophy of the gingival papillae and bleeding There is a lot of soft and dense plaque when probing the gingival margin. Bite: mixed.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the methods of examination necessary to clarify the diagnosis. Make a preliminary diagnosis.
3. Plan a treatment plan.

Clinical situation No. 6

Patient S., aged 58, came to the clinic with complaints of an aesthetic gum defect in the area of the existing metal-ceramic crowns.

History: hypertension, uterine fibroids

It was prosthetized 9 years ago, a gum defect formed after 2 years.

Inspection: the appearance corresponds to the anatomical and physiological age characteristics, the submandibular lymph nodes are not enlarged and painless.

Examination of the oral cavity: the mucous membrane of the lips, cheeks without visible pathological changes. There is a one-piece cast bridge with a ceramic veneer supported by

21, 23. The gums in the area of these teeth are cyanotic, on the vestibular side, the roots of the teeth are exposed by 4 mm.

Periodontal pockets in the area 41 42 43 31 32 33 are equal to 9 mm, pathological mobility corresponds to the III degree. On the lingual surface of the teeth - mineralized dental deposits. On the radiograph, bone resorption is more than 3/4

Teeth 15, 46 are absent.

Tasks:

1. Make a diagnosis
2. Name the cause of pathology
3. Make a treatment plan

Samples of test tasks

on_discipline_ Clinical Dentistry

by specialty_31.05.03. Dentistry

1. The height of the cabinet must be at least

- one) 2 m
- 2) 3m
- 3) 4 m

2. Kulazhenko's test determines the state

- one) nonspecific resistance
- 2) gum capillaries
- 3) inflammation of the gums

3. Anomalies of the jaw bones in the sagittal direction can be determined using

- one) orthopathography
- 2) TRG in lateral projection
- 3) panoramic radiography

4. When falling on the chin, a reflected fracture of the lower jaw should be expected in the area

- one) angles of the lower jaw
- 2) branches of the lower jaw
- 3) condylar processes of the mandible

5. To determine the symmetry of the growth of the lower jaw, it is advisable to make the child

- one) panoramic radiograph of the mandible
- 2) teleroentgenogram in direct projection
- 3) orthopantomogram and teleroentgenogram in direct projection

6. The nature of the displacement of fragments in a fracture of the lower jaw is decisively influenced by

- one) direction of pull of the muscles attached to the jaw fragments
- 2) the weight of the fragments, due to their size
- 3) the nature of the injury

7. Light factor

(the ratio of the glazed window surface to the floor area) should be

- one) 1:1 - 1:2
- 2) 1:3 - 1:4
- 3) 1:4 - 1:5

8. Electrical excitability of the pulp during inflammation

- one) increases
- 2) declining
- 3) does not change

9. When OGS and RGS are detected in smears from the contents of the vesicles and in scrapings from the surface of erosion in the first 2-4 days

- one) a large number of mushroom mycelium
- 2) giant multinucleated cells
- 3) tuberculosis mycobacteria

10. A doctor's office for one dental unit should occupy an area of at least

- one) 10 m²
- 2) 12 m²
- 3) 14 m²

11. Radiography allows you to determine

- one) hidden carious cavities
- 2) dental pulp condition
- 3) the position of the teeth and their relationship with the tissues of the jaw
- four) the state of blood flow in the teeth, jaws, soft tissues

12. On the orthopantomogram get

- one) expanded x-ray image of the upper jaw
- 2) x-ray image of the temporomandibular joint
- 3) expanded x-ray image of the mandible
- four) detailed x-ray image of the upper and lower jaws
- 5) detailed x-ray image of the upper, lower jaws and temporomandibular joint

13. The workplace of a dentist working with an assistant is located in a position in relation to the patient

- one) for 6 hours
- 2) at 9 o'clock
- 3) at 12 o'clock

14. The workplace of a dentist working without an assistant is located in a position in relation to the patient

- one) for 6 hours
- 2) at 9 o'clock
- 3) at 12 o'clock

15. When OGS and RGS in smears from the contents of the bubbles and in scrapings from the surface of erosion in the first 2-4 days, they detect

- one) a large number of mushroom mycelium
- 2) giant multinucleated cells
- 3) tuberculosis mycobacteria

16. When calculating the PMA index, the gum is stained

- one) methylene blue
- 2) Schiller-Pisarev solution
- 3) iodinol

17. With secondary deforming osteoarthritis of the temporomandibular joint on the left, the left corner of the mouth

- one) omitted
- 2) elevated
- 3) symmetrical with right

18. Articular gap on the radiograph in chronic arthritis of the temporomandibular joint

- one) expanded evenly
- 2) expanded unevenly
- 3) evenly narrowed
- four) narrowed unevenly

19. The leading method for determining the form of chronic periodontitis is

- one) EDI
- 2) radiological
- 3) transilluminative
- four) determination of the PMA index

20. The sequence of actions of the person responsible for the provision of medical care at the scene of a mass incident

1. report the incident to the dispatcher, determine the place of gathering of the victims, sort out the victims, inform the dispatcher about the number and severity of the condition of the victims, start providing medical assistance;
2. provide medical assistance to the maximum possible number of victims, inform the dispatcher about the number of victims, call the required number of teams for transportation;
3. draw up a list of the injured, inform the dispatcher of the passport data of the most severely injured, inform the required number of medical teams, transfer the injured to the teams in strict order;
4. assistance and transportation of the most seriously injured.

21. Drug used in cardiac arrest

1. Novocainamide;
2. Droperidol;
3. Adrenaline;
4. Digoxin

22. Emergency care for hyperglycemic coma at the prehospital stage

1. introduction of physiological saline;
2. introduction of 5% glucose solution;
3. administration of insulin;
4. administration of dopamine.

23. Emergency medical assistance to citizens of the Russian Federation and other persons located on its territory is provided

1. free;
2. free of charge if you have a health insurance policy;
3. free of charge if you have a residence permit;
4. free of charge if you have documents confirming your identity.

24. The public organization in the field of organization, diagnosis and treatment of emergency conditions in Russia at the prehospital stage is

1. Association of nurses;
2. Russian Society of Emergency Medicine (ROSMP);
3. Association of doctors;
4. National Scientific and Practical Society of the SMP (NNPSMP)

25. Health worker may not wear gloves

1. when working with disinfectants;
2. when working with drugs (antibiotics, cytostatics, etc.);
3. before carrying out manipulations associated with contact with mucous membranes or damaged skin;
4. when measuring blood pressure.

26. Prevention of dental caries should be carried out:

- a) in childhood;
- b) in adolescents;
- c) in pregnant women;
- d) in adults;
- d) throughout a person's life.

27. Indicators of the intensity of caries in children aged 15-18 years, interpreted as the first degree of its activity:

- a) KPU + kp up to 4;
- b) KPU + kp up to 5;
- c) KPU + kp up to 6;
- d) KPU + kp 6-8;
- e) KPU + kp 7-9.

28. For remineralizing therapy, Remodent solution is used at a concentration of:

- a) 1%;
- b) 3%;
- c) at 5%;
- d) 10%;
- e) 30%.

29. To increase the processes of enamel remineralization, the following are indicated:

- a) vitamins;
- b) fluorine;
- c) preparations containing dextranase
- d) hormones;
- e) trace elements.

30. For sealing fissures of teeth, it is better to use materials:

- a) sealants;
- b) glass ionomer cements;
- c) phosphate cements;
- d) compomers;
- e) any filling materials.

31. Non-carious lesions of the teeth include

- 1) pulpitis
- 2) periodontitis
- 3) pathological abrasion
- 4) enamel hypoplasia
- 5) fluorosis

MATCH

32. HYPOPLASIA OF THE ENAMEL OF THE TEETH DEVELOPING ON THE BACKGROUND OF ON-DISTURBANCE OF METABOLISM, IS CHARACTER

- 1) systemic
- 2) local

33. SPOTTY FORM OF HYPOPLASIA IS DIFFERENTIATED WITH

- 1) fluorosis
- 2) superficial caries
- 3) erosion of hard tissues of the tooth
- 4) wedge-shaped defect

34. Normal pulse rate of an adult within:

- a) 40-80 beats per minute;
- b) 60-100 beats per minute;
- c) 80-120 beats per minute;
- d) 90-130 beats per minute;
- e) 100-140 beats per minute.

35. In case of increased sensitivity of the patient to sulfasoc4R|III substances, select the drug, the use of which reduces the risk of complications:

a) ulitracaine DS;

- b) lidocaine 2% with adrenaline 1:100000;
- c) lidocaine 2% without adrenaline;
- d) prilocaine 4% without adrenaline;
- e) ultracain DS - forte.

36. Treatment of patients with severe heart failure should be carried out:

- a) in a horizontal position;
- b) in a semi-horizontal position;
- c) in a vertical position;
- d) in a horizontal position with raised legs;
- e) no treatment.

37. Indication of myocardial infarction, transferred less than 6 months ago or recurrent myocardial infarction makes local anesthesia:

- a) absolutely contraindicated;
- b) indicated for emergency indications, in combination with premedication;
- c) shown without restrictions;
- d) shown with the use of vasoconstrictors;
- e) no treatment.

38. Multiform exudative erythema is usually referred to:

- a) infectious;
- b) allergic;
- c) infectious-allergic;
- d) medicinal;
- e) unknown etiology.

39. It is customary to distinguish between forms of leukoplakia:

- a) one;
- b) two;
- c) at three o'clock;
- d) four;
- e) five.

40. list the reasons for the development of perforations

- 1) failure to perform a diagnostic radiograph
- 2) poor knowledge of the topography of the tooth cavity
- 3) insufficient disclosure of the tooth cavity
- 4) excessive expansion of the mouths
- 5) all of the above

41. Dynamic X-ray observation of the tooth after perforation closure

- 1) necessary
- 2) it is not necessary

42. Composites are used for aesthetic restoration

- 1) light curing
- 2) Chemical curing
- 3) fluid composite

43. Causes of depressurization of the composite seal photo:

- 1) incorrect formation of a carious cavity
- 2) the ingress of saliva or blood on the treated surface of the tooth
- 3) no bond
- 4) everything is correct

44. Periodontal fibers running at an angle to the axis of the tooth:

- 1) loose gum fibers
- 2) circular fibers
- 3) alveolar scallop fibers
- 4) oblique fibers
- 5) transseptal fibers

45. Glomerular endings provide regulation of:

- 1) plastic function
- 2) force of chewing pressure
- 3) touch function
- 4) support-retaining f. The method of filling canals by the method of cold lateral 46. The method of condensation of gutta-percha involves:
 - 1) insertion of one central pin into the canal
 - 2) introduction of heated gutta-percha on a metal or polymer base
 - 3) introduction of several gutta-percha pins into the canal, followed by sideseal
 - 4) successive filling of the canal with filling material of pasty consistency
 - 5) impregnation into the channel of the drug, followed by its polymerization

47. The symptom of vasoparesis is determined during the examination of patients with:

- 1) chronic fibrous periodontitis
- 2) chronic granulating periodontitis
- 3) chronic granulomatous periodontitis
- 4) acute periodontitis in the phase of intoxication
- 5) chronic gangrenous pulpitis

48. The cause of acute periodontal injury can be:

- 1) rough endodontic treatment of the canal
- 2) bad habits
- 3) crowding of teeth

- 4) traumatic occlusion
- 5) cavity preparation

49. General intoxication of the body is more caused by:

- 1) chronic fibrous periodontitis
- 2) chronic granulating periodontitis
- 3) chronic granulating periodontitis
- 4) cystogranuloma
- 5) chronic gangrenous pulpitis

50. When the depth of the people's pocket is more than 5 mm it is advisable to:

- 1) curettage
- 2) open curettage
- 3) patchwork operation
- 4) bone grafting
- 5) gingivotomy

51. In chronic generalized periodontitis in remission recommended:

- 1) clinical examination
- 2) antibiotic therapy
- 3) desensitizing therapy
- 4) taking fluoride tablets
- 5) sealing fissures of teeth

52. The first stage of the periodontitis treatment plan:

- 1) drug anti-inflammatory treatment
- 2) orthodontic treatment
- 3) orthopedic treatment
- 4) professional oral hygiene
- 5) surgery

53. Method of "manual" canal filling with pastes

- one) X-ray quality control of filling
- 2) introduce the next portion of the paste to a shallower depth and condense it
- 3) condense the paste with a cotton swab on an endodontic instrument
- four) at the tip of the K-file, K-reamer or root needle into the canal to the apex add a small amount of paste
- 5) continue the introduction and condensation of subsequent portions of the paste until complete obturation of the canal
- 6) sealing excess paste over the mouth of the root canal with a cotton ball

54. Antidote for arsenic is:

- 1) sodium bicarbonate solution
- 2) potassium permanganate solution
- 3) 3% sodium hypochlorite solution
- 4) unitiol
- 5) 3% hydrogen peroxide solution

55. Antidote, arsenic acid is drugs

- 1) iodine
- 2) metronidazole (trichopolum)
- 3) bromine

56. after applying arsenic paste, the tooth cavity is closed

- 1) dentine paste
- 2) zinc eugenol paste
- 3) phosphate cement
- 4) water dentine

57. The method of vital amputation is not indicated in the case of:

- 1) acute focal pulpitis
- 2) accidental opening of the dental pulp
- 3) acute diffuse pulpitis
- 4) inefficiency of the biological method
- 5) chronic fibrous pulpitis