

Operative Dentistry D262 Quiz #3A February 24, 2005

| Seat Number | |
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| Number correct: _ Graded by: | 5 Showels |

- 1. In a Class V amalgam preparation for an incipient lesion, the ideal internal/form of the preparation has which of the following features?
 - a. the axial wall is flat
 - b. the mesial and distal walls converge
 - c. the occlusal and gingival walls converge
 - the axial wall is uniformly deep into dentin.
- 2. When removing a rubber dam, the first step should be to
 - a. remove the clamp
 - b. release the holder
 - c. apply a water-soluble lubricant
 - d cut the interseptal rubber with scissors
 - e. massage the gingival tissues under the dam to increase blood circulation
- 3. The direction of mesial and distal walls of a Class V amalgam cavity preparation is determined by the
 - a. necessity for retention

- c. size of the carious lesion
- direction of the enamel rods
- d. gingivoaxial and occlusoaxial line angles
- 4. Which of the following correctly describe the Class III distal of the canine preparation for amalgam?
 - 1. usually lingual approach is used to preserve esthetics
 - 2. lingual dovetail is not indicated unless it existed previously or is necessary to enhance retention form for the cavity preparation.
 - → 3. enter the tooth with the bur held perpendicular to the lingual surface of the tooth.
 - 4. bur is positioned so the entry cut will penetrate into the decay.
 - 5. the lingual outline blends with the incisal and gingival margins creating a preparation with little or no lingual proximal wall.
 - (a) All of the above are correct
 - b. 1, 2, 3 and 4
 - c. 1, 2 and 5
 - d. 1, 2 and 4
 - e. 2, 3 and 4
- 5. Which of the following are true statements concerning the lingual dovetail for a Class III distal of the canine preparation?
 - 1. Dovetails should be conservative, generally not extending beyond the mesiodistal midpoint of the tooth.
 - 2. Dovetails may be considered in larger Class III distal of canine preparations, especially when there is excessive incisal extension.
 - 3. The lingual dovetail should be prepared before preparation of the proximal portion has been completed.
 - 4. It is important to round the axiopulpal line angle to decrease stress in the final restoration.
 - -5. The pulpal wall should be parallel to the lingual surface of the tooth.

a. All of the above are true

(b.) 1, 2, 4 and 5

c. 1, 2 and 4

d. 2, 4 and 5

e. 1 and 4 only

| | Operative Dentistry D262 Seat Number: Number correct: |
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| | Operative Dentistry D262 Number correct: |
| Ac | 1) For Class V amalgam preparations that extend onto the root surface, the recommended axial depth is approximately (p. 755-56) a. 1.75mm b. 1.0mm c. 1.5mm d. penetrate 0.5 into dentin for proper retention groove placement |
| T | 2 (True or False) If a Class V outline form (for an amalgam) approaches an existing proximal restoration, it is better to extend slightly into the bulk of the proximal restoration, rather than to leave a thin section of tooth structure between the two restorations. (p.758) |
| Ac | 3. The recommended waiting time before polishing amalgams restorations is 24 hours. Polishing restorations of high-copper amalgam is unnecessary, because high-copper amalgam is less prone to corrosion and marginal deterioration than its low-copper predecessor. (p. 761) a. Both statements are true. b. Both statements are false. d. Statement one is false; statement two is true. |
| E | There are few indications for a Class III amalgam restoration. It is generally reserved for the distal surface of maxillary and mandibular canines if: (p. 743-44) a the preparation is extensive with only minimal facial involvement b. the gingival margin involves primarily cementum c. moisture control is difficult d. two of the above e. all of the above |
| B | 5. When preparing a Class III on the distal surface of the mandibular canine, the initial axial depth should be (p. 745) a. extended far enough to see the facial cavosurface margin about 0.5 mm inside the DEJ c. about 2mm and follow the external contour of the tooth |
| Brent a | Lingual y huckal walk converging 8. Name the hand instrument which can most effectively round the axiopulpal line angle and remove unsupported enamel |
| tooth structure | 8. Name the hand instrument which can most effectively round the axiopulpal line angle and remove unsupported enamel rods at the gingival cavosurface margin of a Class II cavity prepared for amalgam 9. The most deleterious effect of polymerization shrinkage of a resin composite is: (Lecture) a. color change b. increased wear c. microgap formation d. increase in softness |
| | 10. Bond strengths for superficial dentin close to the dentinoenamel junctions are greater than those for deep dentin because in deep dentin the greater number of tubules and the larger diameter of tubules reduce the amount of intertubular dentin available for bonding. (Lecture) both statements are true c. statement one is true; statement two is false both statements are false d. statement one is false; statement two is true. |
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| Name Operative Dentistry D262 Quiz # 3A | March 1, 2007 | Seat Number. Number correct: 9 Graded by: 00000000000000000000000000000000000 | |
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| 1. For Class V amalgam pre a.0.75mm | eparations that extend onto b. 1.0mm c. 1.5 | the root surface, the recommender 5mm d. penetrate 0.5 into | d axial depth is approximately dentin for proper retention groove placement |
| 1. Dovetails shoul 2. Dovetails may be incisal extension. 3. The lingual dov 4. It is important to | d be conservative, general be considered in larger Cla Should to vetail should be prepared b | efore preparation of the proximal p angle to decrease stress in the fina | distal midpoint of the tooth. especially when there is excessive ortion has been completed. |
| (b.), 2, c. 1, 2 d. 2, 4 | | | |
| 3. The current consensus is a. chemically | that dentin bonding agents (b) mechanically | | tooth structure. |
| canines if: A. the preparation | is extensive with only mining rgin involves primarily cember lis difficult | mal facial involvement | or the distal surface of maxillary and mandibular |
| a. extended far en b. about 0.5 mm in | ough to see the facial cave | , | al depth should be |
| remove | e all decay | am preparation (clinically) must sati | sfy what two criteria: |
| brea | k contact | | |
| 8. The direction of mesial ar a necessity for re b direction of the | etention | amalgam cavity preparation is dete c. size of the carious lesion d. gingivoaxial and occlusoax | |
| 9. The most deleterious efferal a. color change | ct of polymerization shrink b. increased wear | - / \ | d. increase in softness |
| because in deep dentin the intertubular dentin available (a, both statements are | greater number of tubules for bonding. true c. sta | entinoenamel junctions are greater and the larger diameter of tubules r atement one is true; statement two | reduce the amount of is false |
| b. both statements are | idise 0. Sta | atement one is false; statement two | is true. |

| | Name: Operative Dentistry D262 Quiz # 3A February 26, 2008 Seat Number: Number correct: Graded by: | |
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| | For Class V amalgam preparations that extend onto the root surface, the recommended axial depth is approximately (p. 798) O.75mm b. 1.0mm c. 1.5mm d. penetrate 0.5 into dentin for proper retention groove plants. | acement |
| | If a Class V outline form (for an amalgam) approaches an existing proximal restoration, it is better to extend slightly into the b proximal restoration, rather than to leave a thin section of tooth structure between the two restorations. (p.802) True b. False | ulk of the |
| C | 3. In populations with a high caries prevalence there is little indication for Caries Risk Assessment, because individuals in these high caries populations won't benefit from population strategies. (Lecture notes) Statement one is true, Statement two is true. Statement one is false, Statement two is true. G. Statement one is false, Statement two is false. Statement one is false, Statement two is false. | |
| | 4. There are few indications for a Class III amalgam restoration. It is generally reserved for the distal surface of maxillary and ma canines if: (p. 786) a. the preparation is extensive with only minimal facial involvement b. the gingival margin involves primarily cementum c. moisture control is difficult d. two of the above all of the above | ındibular |
| 02 | 5. Risk indicators are factors or circumstances that are directly related to caries development. (Lecture notes) True b. False | |
| | 6. Name the hand instrument which can most effectively round the axiopulpal line angle and remove unsupported enamel rods at the gingival cavosurface margin of a Class II cavity prepared for amalgam Gingival margin trimmer | |
| | 7. Reduced salivary flow results in an increase of the patient's caries risk. (Lecture notes) (a) True b. False | |
| 1 | 8. The diameter of a No. ¼ round bur is (Page 788) a. 0.1 b25 mm d. 0.75 | |
| | 9. Treatment Planning is mostly an information gathering process that ultimately leads to the establishment of a diagnosis (es). (Lecture notes) a True b. false | |
| | 10. In a Class V amalgam preparation for an incipient lesion, the ideal internal form of the preparation has which of the following feether the axial wall is flat 2. the mesial and distal walls diverge 3. the occlusal and gingival walls converge 4. the axial wall is uniformly deep into dentin. | atures? |
| | a. None of the above b. one of the above c. two of the above d. three of the above | |

| Name: Operative Dentistry D262 Quiz # 3A March 17, 2009 Seat Number Number correct:/O Graded by: |
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| Because the proximity of the coronoid process, access to the facial surface of maxillary molars, particularly second molars, is often limited. The operator can have the patient move the mandible to increase visibility. Which of the following mandibular movements will improve access to the facial surface of the maxillary second molar? a. Have the patient protrude the mandible into an edge to edge anterior tooth position Have the patient partially close and shift the mandible toward the tooth being operated on c. Have the patient partially close and shift the mandible away from the tooth being operated on d. Have the patient open as wide as possible |
| The advisability of applying pressure with a sharp explorer has been called into question, because of the documented damag to the tooth surface and possible implantation of organisms. a. First statement is true, second statement is false. b. First statement is false, second statement is true. Both statements are true and related. d. Both statements are true and not related. e. Both statements are false. |
| 3. New technologies for caries detection may provide supplemental information, but they can not yet replace traditional methods for the diagnosis of caries. a. First statement is true, second statement is false. b. First statement is false, second statement is true. c. Both statements are true. d. Both statements are false and related. e. Both statements are false. |
| 4. (True False) The tensile but not the horizontal strength of pin retained restorations decreases compared to amalgam restorations without pin retention |
| 5. Adhesion can be affected by the remaining dentin thickness after tooth preparation. Bond strengths are generally less in deep dentin than in superficial dentin. (a) Statement one is true, Statement two is true. (b) Statement one is true, Statement two is false. (c) Statement one is false, Statement two is true. (d) Statement one is false, Statement two is false. |
| 6. The direction of mesial and distal walls of a Class V amalgam cavity preparation is determined by the a. necessity for retention b. size of the carious lesion d. gingivoaxial and occlusoaxial line angles |
| 7 (True) False) Regarding the slot preparation for amalgam on the distal of the canine, when viewed from the lingual the incisal and gingival walls diverge slightly towards the proximal creating 90 degree cavosurface angles. |
| 8. (True False) Inadequate isthmus width is the most likely cause for isthmus fracture of Class II amalgam. |
| 9. If a small pulpal exposure occurs during a Class I composite cavity preparation and is not due to caries (mechanical pulp exposure), a layer of can be placed over the exposed site, and covered with a layer of before placement of the composite resin. a. Copalite; dycal b. IRM; glass ionomer Class I composite cavity preparation and is not due to caries (mechanical pulp exposure). During the placement of the composite resin. Copalite; dycal |

(False) Caries Risk Assessment is best carried out where the majority of the population is caries active.

10. (True

IRM; glass ionomer Dycal; IRM

| | Name: Restorative Dentist Quiz # 3B | ry D262 March 2, 2010 | | Seat Number: Number correct: Graded by: | 3 | | |
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| × | b. direction of | Name and the second | gingivoaxial and | us lesion I occlusoaxial line ang | iles | proximal the | 1 |
| X | | Class V cavity preparation is | ntact between n | naxillary | facing cusp inclin | es and | , |
| | 5. The gingival margin of | | is often anical t | c. buccal; lingual | uch a gingival margin nece st suited for this purpose is | Mand; | 16 |
| | | | | | | | |