

MATCHING

1. Neutrocentric - No compensating curve
2. Facebow-Registration for the maxillary cast
3. Intaglio-Surface that touches hard/soft tissue
4. Ridge-lap-Denture tooth that contacts ridge of cast
5. Anatomic Occlusion-Bilateral posterior contact
6. Centric Relation-Registration for the mandibular cast

(those are the answers listed by the quiz)

2. Denture teeth were set in balance but in the try in the teeth separate in protrusive because of the Christiansen phenomenon. What can the dentist do if he/she did not want to change the compensating curve of the occlusal plane?

A: add balancing ramps anterior to the retromolar pad

3. In the edentulous patient the coronoid process may:

A: limit the width of the denture border in the max buccal vestibule

4. The closest speaking space is a method used to

A: determine vertical dimension of occlusion

5. In patients wearing complete dentures, the most frequent cause of tooth contact/clicking during speaking is

A: Excessive occlusal vertical dimension

--> Excessive VDO = Inadequate Interocclusal Distance

6. To maintain balanced occlusion in complete dentures, if the compensating curve is increased:

A: incisal guidance is increased.

(other answers were from the equation in the lectures)

$$C = (\text{cond. incl} \times \text{inc guidance}) / (\text{ocplane} \times \text{cuspal incl} \times \text{comp curve})$$

7. During the fabrication of new complete dentures, which of the following can be modified to achieve the desired occlusion?

1. compensation curve
2. orientation of the occlusal plane
3. cusp inclination

(condylar inclination cannot be altered.... occlusal plane cannot be (but can be just a little?))

8. The vibrating line of the palate is:

1. an area which marks the movement of the soft palate

2. useful landmark in complete denture fabrication
(NOT 3. easily located on cast and 4 always on hard palate)