

RO#4

Spring 2004

Corrected

RPD Quiz #1

Student Name _____
Row/Seat Number _____

15 minutes

Instructions: Please print all written answers. Some questions may have more than one answer. If the row instructor cannot read your answer, they cannot be graded.

Grading:

All questions are worth 10 points

90-100 = A

80-88 = B

78-70 = C

68 and below = F

1. Stability is the quality of a prosthesis to be firm, steady, or constant, to resist displacement by functional ~~horizontal~~ or ~~tensile~~ stresses.
horizontal/compressive or rotational

2. The denture flange is the part of the denture base that extends from the cervical ends of the teeth to the gingival shelf denture border.

3. In the mandibular arch, the buccal shelf is the primary stress-bearing area because:

- (a) It contains cancellous bone
- (b) It can withstand vertical forces placed on the denture
- (c) It can distribute the occlusal load
- (d) It provides less force to the residual ridge per unit area
- (f) a and d
- (g) b, c, d and e

4. List the 5 factors that will provide the most desirable path of placement when the RPD is inserted and removed. (Each answer is worth 2 points)

parallel walls, Survey line, Reciprocating arm, Guide planes, Retentive Arms
Esthetics Bracing Arm

5. All surveying procedures on either maxillary or mandibular casts should be conducted from the following position:

- (a) Behind the cast
- (b) In front of the cast
- (c) From the position of the tongue
- (d) a and c
- (e) b and c

6. To obtain the most desirable position for metal components of a RPD framework, the following procedures must be accomplished:

- (a) Recontour abutment teeth on the diagnostic cast
~~(b)~~ Perform enamelplasty on the natural abutment teeth during the clinical procedure
~~(c)~~ Tilt the cast to decrease undercuts
~~(d)~~ No preparation is necessary
(e) a
(f) a and b

7. Ideally, the reciprocal or bracing arm should be located at the junction of the gingival and middle 1/3.

8. Recontouring survey lines on abutment teeth accomplishes the following:

- (a) Moves/lowers the survey line closer to the rotational point
~~(b)~~ Exposes dentin and should not be done
(c) Reduces off-vertical forces
(d) a only
(e) a and c

9. The retromolar pad is covered by the denture base because of the following:

- (a) Denture support is maintained
(b) Resorption of the residual ridge is reduced
(c) No muscles are inserted into the area
~~(d)~~ The position of the pad never changes
(e) c and d
(f) a, b and d

10. Contraction of the mylohyoid muscle produces the following:

- (a) Pushes the denture downward
(b) Limits the length of the lingual flange
(c) Pushes the buccinator medially
(d) a and c

2005
RPD Quiz #1

First initial of last name: _____

15 minutes

Student Name _____

Row/Seat Number _____

Instructions: Please print all written answers. . Some questions may have more than one answer.
No partial credit given. If the row instructor cannot read your answer, they cannot be graded.

Grading:

All questions are worth 10 points

90-100 = A

80-88 = B

78-70 = C

68 and below = F

1. Stabilization is defined as the seating of a fixed or removable denture so that it will not rotate or be displaced under stress (horizontal)
2. The base of a denture is defined as that part of a denture that supports the residual ridge and replaces missing teeth and soft tissue.
3. In the mandibular arch, the buccal shelf is the primary stress-bearing area because:
- (a) It contains cancellous bone
 - (b) It can withstand vertical forces placed on the denture
 - (c) It can distribute the occlusal load
 - (d) It provides less force to the residual ridge per unit area
 - (e) a and d
 - (f) b, c, and d
4. In RPD design, the clinical significance for tripoding the diagnostic cast is to:
- 1. Mark the cast for later use
 - 2. Create a horizontal plane that is perpendicular to the force of occlusion. (Stability of denture)
5. All surveying procedures on either maxillary or mandibular casts should be conducted from the following position:
- (a) Behind the cast
 - (b) In front of the cast
 - (c) From the position of the tongue
 - (d) a and c
 - (e) b and c

- + left
6. During the surveying procedure, a right lateral tilt was performed to increase the undercut on the buccal surface of tooth number 20. What effect did this have on tooth #29?
- (a) Increased the undercut on the buccal surface
 - (b) Decrease the undercut on the lingual surface ✓
 - (c) Increased the undercut on the lingual surface
 - (d) No effect on the lingual surface
7. Ideal stabilization is obtained when minor connectors are located at the junction of the middle and gingival third
8. Recontouring survey lines on abutment teeth accomplishes the following:
- ~~(a)~~ Moves/lowers the survey line closer to the rotational point
 - (b) Exposes dentin and should not be done
 - ~~(c)~~ Reduces off-vertical movement
 - (d) a only
 - (e) a and c
9. The retromolar pad is covered by the denture base because of the following:
- (a) Denture support is maintained
 - (b) Resorption of the residual ridge is reduced
 - ~~(c)~~ No muscles are inserted into the area
 - (d) The position of the pad never changes
 - (e) c and d
 - (f) a, b and d
10. Contraction of the mylohyoid muscle produces the following:
- ~~(a)~~ Pushes the denture downward
 - (b) Pushes the buccinator medially
 - (c) Pushes the buccinator medially
 - (d) a and c
 - (e) None of the above

8005

First Initial of Last Name _____

75

RDIV—Complete Denture Section
Quiz #140 minutesPlease answer the following questions to the best of your ability. All essay questions must be **LEGIBLE**. If they cannot be read, they will not be graded. Please print.

1. What influence does the buccinator, mylohyoid, masseter, and genioglossus have on the flange extensions of the denture? (40pts)

Buccinator- Forms the buccal flange of the maxillary and mandibular denture

Mylohyoid- Forms the lingual flange of the mandibular denture.

Masseter- Forms the buccal flange of the mandibular denture.

Genioglossus- Forms the ^{anterior lingual} notch on the mandibular denture for the lingual frenum.

2. What is the clinical significance of custom tray fabrication? (10 pts)

(a) To limit the amount of impression material needed

-5X (b) To create a rigid tray with a secure fit.

3. List four ideal features for custom tray fabrication. (10 pts)

(a) Rigid

(b) Stable

(c) Able to disinfect

(d) Uniformly thick

10
15
25

4. What are the advantages and disadvantages of irreversible hydrocolloid? (10 pts)

Advantages Accurate, inexpensive, highly flexible

Disadvantages Stains clothing, odor, dimensionally unstable

5. List three objectives of a final impression and how each objective is obtained? (10 pts)

(a) Accurate - Irreversible hydrocolloid is used

(b) Retentive - Trid is uniformly thick (1-2 mm)

(c) Stability - 2-3 mm is left for addition of green stick compound.

6. What is the difference between a mucostatic and selective pressure techniques for final impressions? (10 pts)

Mucostatic The tray filled with impression material is seated in the patient's mouth with equal pressure exerted in

Selective Pressure The tray w/ impression material is everywhere placed in the patient's mouth with selective pressure placed on certain areas with the thumb.

7. Explain the technique for obtaining centric relation? (10 pts)

Baseplate wax is removed on the mandibular occlusal wax rim from the mesial of the premolar area to the distal end of the rim. Aluwax is heated uniformly (either with an alcohol torch or in a 140° hot water bath) and then tempered before placing in the patient's mouth. The aluwax is placed on the area cut out on the mandibular wax rim and then the mandibular base is placed in the patient's mouth.

(The maxillary base + wax rim is already in place in the patient's mouth w/ notches placed in the wax.)

The patient is then asked to bite down until the aluwax fills in the notches of the maxillary wax rim.

? Forward backward

15

1, 2, 287-89

3-8 10

104Buen

165-69

14, 18

16, 17, 1590

172-85

First initial of last name:

RPD Quiz #1

15 minutes

Student Name Row/Seat Number *Corrected*

Instructions: Please **print** all written answers. Some questions may have more than one answer. No partial credit given. If the row instructor cannot read your answer, they cannot be graded.

Grading:

All questions are worth 10 points

90-100 = A

80-88 = B

78-70 = C

68 and below = F

1. Denture stability is defined as ability to prevent rotation or displacement from horizontal force
2. Denture retention is defined as Ability to prevent dislodgement from foundation from forces (especially vertical)
3. In the mandibular arch, the buccal shelf is the primary stress-bearing area because:
 - (a) It contains cancellous bone ☒
 - (b) It can withstand horizontal forces placed on the denture ☒ *vertical forces*
 - (c) It can distribute the occlusal load ☒
 - (d) It provides more force to the residual ridge per unit area ☒
 - (e) None of the above
4. In RPD design, the clinical significance for tripoding the diagnostic cast is to:
 1. record position so cast can be used later
 2. for point of insertion
push
5. All surveying procedures on either maxillary or mandibular casts should be conducted from the following position:
 - (a) Behind the cast ☒
 - (b) In front of the cast
 - (c) From the position of the tongue ☒
 - (d) a and c ☒
 - (e) b and c

6. During the surveying procedure, a right lateral tilt was performed to increase the undercut on the buccal surface of tooth #29. What effect did this have on tooth #20?
- (a) Increased the undercut on the buccal surface
 - (b) Decrease the undercut on the lingual surface
 - (c) Increased the undercut on the lingual surface
 - (d) No effect on the buccal surface
7. Ideal stabilization is obtained when minor connectors are located at the junction of the gingival and middle third.
8. Recontouring survey lines on abutment teeth accomplishes the following:
- (a) Moves/lowers the survey line closer to the rotational point ✓
 - (b) Exposes dentin and should not be done X
 - (c) Reduces off-vertical movement ✓
 - (d) a only
 - (e) a and c
9. The distal extension denture base covers the retromolar pad because of the following reason(s):
- (a) Denture support is maintained
 - (b) Resorption of the residual ridge is reduced ✓
 - (c) The position of the pad never changes ✓
 - (d) b and c only
 - (e) All of the above → correct
10. Contraction of the mylohyoid muscle produces the following:
- (a) Pushes the denture downward up
 - (b) Pushes the buccinator medially X
 - (c) Pushes the denture laterally X
 - (d) a and b
 - (e) None of the above

Corrected

RPD Quiz #3

First Initial of Last Name _____

Name _____

Lab Seat _____

RDIV—Complete Denture Section
Quiz #1

30 minutes

Please answer the following questions to the best of your ability. All essay questions must be LEGIBLE. If they cannot be read, they will not be graded. Please print.

Grading:

At 1 question

90-100 =

80-89 =

70-79 =

60-69 =

What influence does the buccinator, mylohyoid, masseter, and genioglossus have on the flange extensions of the denture? (40pts)

Buccinator-

Limits extent of buccal flange of denture
(5)

Mylohyoid-

Limits extent of lingual flange of denture

Masseter-

Limits extent of posterior flange of denture

Genioglossus-

(10) (5) Limits extent of anterior lingual flange of denture

2. What is the clinical significance of custom tray fabrication? (10 pts)

(a) Limits amount of impression material

(10) (b) It prevents displacement of tissues that, if displaced, will keep denture from seating properly leading to bone resorption

3. List four ideal features for custom tray fabrication. (10 pts)

(a) Rigid

(b) Extension

(c) Relief

(d) Stability

4. What are the advantages and disadvantages of irreversible hydrocolloid? (10 pts)

(10) Advantages It is inexpensive and properties can be manipulated easily, for example mixing w. warm water to speed setting time
Disadvantages It has low accuracy and low dimensional stability.

5. List three objectives of a final impression and how each objective is obtained? (10 pts)

(10) (a) Preservation of bone by not applying too much pressure
(b) Get the tissue border thickness to give proper facial contour and lip position
(c) Retention by atmospheric pressure, adhesion, cohesion and neuromuscular control.

6. What is the difference between a mucostatic and selective pressure techniques for final impressions? (10 pts)

(10) Mucostatic Impression of tissues in an undisplaced form
Selective Pressure Impression of tissues in a displaced or functional form

7. Explain the technique for obtaining centric relation? (10 pts)

(10) Place patient in supine position
Advise patient to put tongue on roof of mouth and close, not bite down!

Name _____
RDIV—Complete Denture Section
Quiz #1

70
Lab Seat _____

5-20-08

30 minutes

Please answer the following questions to the best of your ability. All essay questions must be **LEGIBLE**. If they cannot be read, they will not be graded. Please print.

1. Describe the following anatomical structures as they relate to complete dentures. Each section is worth 10 points.
 - a. Incisive papilla: - Dense connective tissue at the incisive foramen. The denture must be relieved in this area to allow for proper blood flow and comfort for the patient on the maxillary arch.
 - b. Fovea palatina: - 2 depressions on the maxilla just posterior to the hard & soft palate junction. These 2 areas must be relieved in the maxillary denture for the patient.
 - c. Retromylohyoid space: - This space ^{located} on the mandible provides retention and stability for the denture in the distal alveolar sulcus of the mandible.
 - d. Hamular notch: Provides retention to the upper denture in the maxilla. It is a narrow cleft on distal end of the maxillary tuberosity.
2. What are the advantages and disadvantages of irreversible hydrocolloid? (10 pts.)

Advantages: - Low cost, Hydrophilic nature, & properties easily modified, (setting time, & viscosity) The properties are modified by the H₂O & powder ratios & temperature of the water.

Disadvantages: Low surface detail & poor dimensional stability

3. What are the objectives when making a preliminary impression for complete dentures? Include the required anatomic landmarks in your explanation. (30 pts.)

Objective: To capture the tissues and anatomic landmarks of the maxillary & mandibular arches accurately to be able to fabricate custom trays.

Anatomic Landmarks:

Maxillary arch

Palate, buccal frenum, labial frenum
buccal & lingual vestibules, peripheral seal
Maxillary tuberosity with buccal notch
Residual alveolar ridge

Mandibular arch

Buccal & lingual vestibules, buccal frenum,
labial frenum, buccal shelf, residual
alveolar ridge

↳ Retromolar Pad
Retromylohyoid space.

4. What is the rationale for incorporating tissue stops when fabricating custom trays? (10 pts)

a. To allow a proper impression of the tissues (allow proper amount of impression material)

2 b. To prevent over seating of the custom trays.

5. Explain the rationale for the specific dimensions for the handle of the custom tray? Excluding patient comfort, what is the consequence of an improperly extended tray handle? (10 pts)

You want the tray to be comfortable for the patient so the handle is angled 45° and is 15mm long & 10mm wide. This will allow you to take an accurate & comfortable impression. Improper extended tray handle can cause discomfort for the patient and even create an inaccurate impression.

First initial of last name:

RPD Quiz #1

20 minutes

Student Name

Row/Seat Number

Instructions: Please print all written answers. . Some questions may have more than one answer.
No partial credit given. If the row instructor cannot read your answer, they cannot be graded.

Grading:

All questions are worth 10 points

90-100 = A

80-88 = B

78-70 = C

68 and below = F

1. An extension base removable partial denture is defined as: A denture with natural teeth supporting a portion of the denture and has an area (extension) over the residual ridge with no tooth support on its distal end that is subjected to occlusal forces along the residual ridge.
2. Height of contour is defined as: The greatest circumferential area around the tooth (object) in a specific plane.
3. Compare and contrast the following terms as they would apply for abutment teeth.
Guide plane versus guide plate: The guide plane is determined by the anterior-posterior tilt of the cast and are located close to the gingival's middle third of the tooth crown. Guide plate is a plate use in the RPD to help with the POI.
4. In RPD design, the clinical significance for tripodding the diagnostic cast is to:
 - a. Mark the cast in a specific plane (Mark the POI)
 - b. To reestablish accurately the tilt of the cast or recreate the tilt at a latter time.
5. All surveying procedures on either maxillary or mandibular casts should be conducted from the following position:
 - (a) Behind the cast [✓]
 - (b) In front of the cast [✓]
 - (c) From the position of the tongue [✓]
 - (d) a and c
 - (e) b and c

- 20 2nd pr notes
6. During the surveying procedure, a right lateral tilt was performed to increase the undercut on the buccal surface of tooth number 29. What effect did this have on tooth #20?
- (a) Increased the undercut on the buccal surface
 - (b) Decrease the undercut on the buccal surface
 - (c) Decrease the undercut on the lingual surface
 - (d) No effect on the lingual surface
7. List six factors that determine the most desirable path of placement when a RPD is inserted and removed (No Partial Credit): Guiding plane, Retentive areas, Reciprocal areas, Interferences, Esthetics, Occlusion
8. What is the clinical significance for re-contouring survey lines on abutment teeth?
- a. To lower the survey line
 - b. To obtain the most desirable POI
9. According to McCracken's text, the end result of selecting a suitable anteroposterior tilt should be to: Provide parallel equalized undercuts in the proximal areas of the abutment teeth & oral structures
10. With the diagnostic cast securely clamped to the adjustable table and the stylus in the vertical spindle, what orientation of the occlusal plane to the base of the surveyor is recommended as a provisional study position?
- Parallel orientation to what?

EXTRA CREDIT: You must answer BOTH questions correctly. (10 points)

Define the following:

What is the intaglio surface?

The internal or reverse surface of the RPD or restoration
(the surface of the impression)

Why is the retromolar pad import in denture base coverage? To provide support

First initial of last name: — —

RPD Quiz #1

20 minutes

Student Name —
Row/Seat Number —

Instructions: Please print all written answers. . Some questions may have more than one answer.
No partial credit given. If the row instructor cannot read your answer, they cannot be graded.

100
Excellent

Grading:

All questions are worth 10 points

90-100 = A

80-88 = B

78-70 = C

68 and below = F

1. An extension base removable partial denture is defined as: The most distal portion of the base extending beyond the last abutment tooth.
2. Height of contour is defined as: The portion of the tooth's incisal-gingival aspect of greatest convexity, bulge.
3. Compare and contrast the following terms as they would apply for abutment teeth.
Guide plane versus guide plate: The guide plate is from which clasps and other retentive metal components stem from while the guide plane is a minor connector that provides stabilization on the occlusal surface of a tooth.
4. In RPD design, the clinical significance for tripoding the diagnostic cast is to:
a. Record position for later use
b. Path of Insertion
5. All surveying procedures on either maxillary or mandibular casts should be conducted from the following position:
☒ (a) Behind the cast
☐ (b) In front of the cast
☐ (c) From the position of the tongue
☒ (d) a and c
☐ (e) b and c

6. During the surveying procedure, a right lateral tilt was performed to increase the undercut on the buccal surface of tooth number 29. What effect did this have on tooth #20?
- (a) Increased the undercut on the buccal surface
 - ☒ (b) Decrease the undercut on the buccal surface
 - (c) Decrease the undercut on the lingual surface
 - (d) No effect on the lingual surface



7. List six factors that determine the most desirable path of placement when a RPD is inserted and removed (No Partial Credit): Retentive area, Reciprocal area, guide plane, esthetic, occlusion, interferences.
8. What is the clinical significance for re-contouring survey lines on abutment teeth?
- a. Lower the height of contour closer to point of rotation to improve retention prevent dislodgement
 - b. Lower away from destructive occlusal forces
9. According to McCracken's text, the end result of selecting a suitable anteroposterior tilt should be to: Balance the mesiodistal undercuts on the abutment teeth and obtain parallelism for guiding planes.
10. With the diagnostic cast securely clamped to the adjustable table and the stylus in the vertical spindle, what orientation of the occlusal plane to the base of the surveyor is recommended as a provisional study position?
- The horizontal position, parallel to table top or floor.

EXTRA CREDIT: You must answer BOTH questions correctly. (10 points)

Define the following:

What is the intaglio surface?

The intaglio surface is the underside of the denture, that which is facing/contacting the gingiva.

Why is the retromolar pad important in denture base coverage? It is important to cover the retromolar pad to prevent residual ridge and bone resorption.

RPD Quiz #1

First initial of last name:

Student Name:

30 minutes

Row/Seat Number:

96

Instructions: Please print all written answers. Some questions may have more than one answer. No partial credit given. If the instructor cannot read your answer, they cannot be graded.

Grading:

All questions are worth 10 points

90-100 = A

80-88 = B

78-70 = C

68 and below = F

The following questions are worth 10 points.

1. List two differences between removable partial dentures and fixed partial dentures:

a. Fixed partial dentures cannot be removed from the mouth

b. Removable partial dentures can replace missing dentition on opposite sides of the arch with a single denture

Name the two types of removable partial dentures:

a. Tooth supported

b. Non-tooth supported

List six criteria for an ideal tooth abutment.

a. Caries free

b. Good stability

c. Proper opposing dentition

d. Correct crown to root ratio

e. Correct tilt

f. No periodontal complications

2. Height of contour is defined as: Greatest circumference of a tooth.

3. Using biomechanics, anatomy and physiology compare and contrast the differences between:
a. Crest of the mandibular residual ridge and, b. Buccal shelf.

The residual ridge is made of cancellous bone which will erode very quickly under occlusal forces which are directed in a vertical plane. The Buccal shelf is made of cortical bone which resists erosion from occlusal forces better than cancellous bone. The Buccal shelf sits at a right angle from the residual ridge making it a better load bearing area and is thus an important area to include on the dentures buccal flanges.



In RPD design, explain the sequencing for surveying a diagnostic cast. (Be Specific)

- Place cast so occlusal plane is horizontal to surveying table
- Tilt cast in maximum ~~parallel~~ distal surfaces on abutment
- Place graphite in surveyor and mark ~~heights~~ of contour on abutment ^{with}
- If lines are too occlusal, move lines and surveyor to lower the height of contour
- Measure areas of undercut and adjust cast to achieve parallelism
- Tripod cast so tilt and POI can be reestablished later

5. All surveying procedures on either maxillary or mandibular casts should be conducted from the following position:

- Behind the cast ✓
- In front of the cast
- From the position of the tongue ✓
- ☒ a and c
- b and c

6. During the surveying procedure, a left lateral tilt was performed to increase the undercut on the lingual surface of tooth number 29. What effect did this have on tooth #20?

- ☒ Increased the undercut on the buccal surface
- Decreased the undercut on the buccal surface
- Increased the undercut on the lingual surface
- No effect on the lingual surface

bb

7. List six factors that determine the most desirable path of placement when a RPD is inserted and removed (No Partial Credit): Guide plane, retentive area, reciprocal area, Interference, Esthetics, Occlusion

8. During the surveying process, what is the clinical significance for lowering the height of contour on a previously marked abutment teeth?

- Lowers survey line to center of rotation
- Reduces off-vertival movement

9. Define the following terms:

Reciprocation Movement to one side of an object will have an equal and opposite reaction to the opposing side of the same object

Tripod marking Marking a diagnostic cast in three separate places all in the same plane so that a tilt and POI can be reestablished later

10. With the diagnostic cast securely clamped to the adjustable table and the stylus in the vertical spindle, what orientation of the occlusal plane to the base of the surveyor is recommended as a provisional study position?

Parallel to the base of the surveyor

First initial of last name: _____

RPD Quiz #1

20 minutes

Student Name _____

Row/Seat Number _____

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Grading:

All questions are worth 10 points

90-100 = A

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68 and below = F

1. ✓ Explain how denture stability differs from denture retention. DENTURE STABILITY IS THE ABILITY FOR THE DENTURE TO RESIST HORIZONTAL MOVEMENT, WHEREAS, DENTURE RETENTION IS THE ABILITY OF THE DENTURE TO RESIST PULLING AWAY FROM THE TISSUE FOUNDATION, ESPECIALLY IN THE VERTICAL PLANE
2. ✓ In the mandibular arch, the buccal shelf is the primary stress-bearing area because:
 - (a) It contains more cancellous than cortical bone
 - (b) It can withstand vertical forces placed on the denture
 - (c) It can distribute the occlusal load to the crest of the ridge
 - (d) It provides more force to the residual ridge per unit area
3. ✓ In RPD design, the clinical significance for tripoding the diagnostic cast is to:
 1. TO DESIGNATE CASTING TILT
 2. DESIGNATE A PATH OF INSERTION
4. ✗ In the maxillary arch, what is considered the major role of the buccal and lingual slopes? TO CREATE DENTURE STABILITY
5. ✗ When surveying, what are the four critical factors that should be determined for the most favorable tilt of the cast? (No partial credit)
 1. PATH OF INSERTION
 2. BUCCAL AND LINGUAL UNDERCUTS
 3. MESIAL & DISTAL UNDERCUTS
 4. _____

6. During the surveying procedure, a left lateral tilt was performed to increase the undercut on the buccal surface of tooth #20. What effect did this have on tooth #31?

- (a) Increases the undercut on the buccal surface.
- (b) Decreases the undercut on the lingual surface.
- (c) Increases the undercut on the lingual surface.
- (d) No effect on the buccal surface of the tooth.

7. Ideal stabilization is obtained when minor connectors of the partial denture framework are located at the junction of the ENAMEL and THE CEMENTUM.

8. Re-contouring survey lines on abutment teeth is accomplished in order to:

ACHIEVE IDEAL UNDERCUTS FOR THE PLACEMENT OF CLASPS & PATENT BANDS.

9. Define height of contour THE HEIGHT OF CONTOUR IS THE WIDEST DIAMETER OF THE TOOTH.

10. What affect would contraction of the mylohyoid muscle have on a denture? *(Be specific)*

CONTRACTION OF THE MYLOHYOID WILL PUSH THE DENTURE MEDIALY OUT OF POSITION IN THE MOUTH.