TREATMENT PLANNING COURSE D533 FINAL EXAMINATION A JUNE 2003

A 45 y/o African American patient comes to TUSoD because "my front tooth is jagged and cuts my lip".

Medical History: Patient denies having any drug allergies, states he has been told he has high blood pressure and the doctor gave him a "little white pill" to take for it. Upon questioning, he gives a history of Diabetes. Today his B.P. is 165/98.

Dental History: Patient has seen the dentist in the past for painful/ broken teeth. Missing teeth have not been replaced.

Clinical and Radiographic Findings: Presents multiple missing teeth, remaining teeth are mobile (Class II, II mobility), decay is present.

Tooth #7- Class III primary carious lesion on distal surface extending radiographically to the DEJ.

DIAGNOSIS: incipient primary caries

Tooth #8- Periapical radiolucency radiographically. Tooth is asymptomatic, Fractured with jagged edges, caries present that extends into pulpal chamber. Tooth is non-reactive to electric pulp testing.

DIAGNOSIS: Fractured incisal and chronic periapical abscess.

Tooth #9- Class III primary carious lesion on the mesial surface that extends radiographically to within 0.5 mm of the pulp chamber. No periapical radiolucency radiographically and the tooth is vital and responds normally to electric pulp tests ting. Tooth is asymptomatic. DIAGNOSIS: extensive primary caries.

Tooth #10- Root only remains with subgingival caries. Root canal is exposed to the oral cavity and there is an apical radiolucency. Tooth is asymptomatic. DIAGNOSIS: chronic periapical abscess and caries.

Tooth #14- tooth is missing, radiographically there is a retained MB root tip with no radiolucencies and is covered by bone.

There is a unilateral bony undercut area #14-16, and large bilateral mandibular tori present. There is generalized moderate to severe bone loss, mostly in maxilla (see charting).

- When treatment planning this patient, what would you do first?
 - a. Send patient to Oral Surgery and have tooth #8 removed.
 - b. A medical consult is indicated prior to any dental treatment.
 - c. Take patient to Operative and fix #9.
 - d. Patient needs to go to Perio before any treatment is started.
 - e. Patient needs to go to Endo before any other treatment is started.
- 2. The primary phase of treatment for this patient includes:
 - a. Endo treatment #8.
 - b. Caries control deep caries #9.
 - c. Removal symptomatic/non-restorable teeth.
 - d. 2 of the above.
 - e. 3 of the above.
- 3. The "ideal" treatment plan for this patient will include:
 - a. Fabrication of maxillary/mandibular partial dentures.
 - b. Fabrication maxillary complete denture/mandibular partial denture.
 - c. Fabrication fixed bridge and implants to replace missing posterior teeth.
 - d. Removal mandibular tori prior to any removable prosthesis.
 - e. Post/Crown #8, fixed bridge #9-11, Max/Mand partials.
- 4. Of the Maxillary anterior teeth (6-11), which tooth you treat last?
 - a. #7
 - b. #8
 - c. #9
 - d. #10

- 5. Which tooth would you treat first? a. #7 b. #8 c. #9 d. #10 6. What treatment would you perform on this tooth? a. caries excavation b. pulpotomy
 - - c. one-visit endodontic treatment
 - d. extraction
- 7. When analyzing this patient's unmounted study casts you can determine which of the following?
 - a. Difference between centric relation and centric occlusion.
 - b. Existing occlusal contacts.
 - c. Inter-ridge spacing
 - d. 2 of the above
 - e. 3 of the above
- To decide if tooth #10 is restorable you can use:
 - a. Radiographic information.
 - b. Clinical information.
 - c. Excavation and a final restoration.
 - Two of the above
 - e. Three of the above
- 9. You decided to fabricate removable prosthesis for this patient. The undercut present area #14-16 and the mandibular tori will:
 - a. Interfere with the prosthesis, need to be removed.
 - b. Unilateral undercuts do not need to be removed, but the tori do.
 - c. You only remove excess bone that will interfere with the insertion of the prosthesis.
 - d. 2 of the above.
 - e. 3 of the above.
- Your 68y/o patient requires a new full upper denture. A diagnosis of Combination (Kelly) Syndrome is established. This Pt. will show:
 - a. Multiple exostoses throughout the mouth.
 - b. Resorbed maxillary anterior ridge.
 - c. Multiple impacted supernumerary teeth.
 - d. A collection of dentures that they cannot wear.
 - e. None of the above.
- 11. This patient also complains of cheek biting with his dentures. The most probable cause is:
 - a. Denture teeth were set edge to edge.
 - b. Denture teeth were set on cross bite.
 - c. Denture teeth were set without an over jet.
 - d. Denture teeth were set without a Curve of Spee.
- 12. When remaking this patient dentures, as you make your final impression:
 - a. Send the Pt. to Oral Surgery and remove excess/flabby tissue before your impression.
 - b. Do your border moulding very carefully.
 - c. Use a stiff impression material like Impregum to capture all the detail.
 - d. Use an impression material that will not displace the tissues.
 - e. Consider a bone graft for the anterior area for denture stability.

- 13. The facebow transfer for this patient will capture which of the following determinants of the masticatory system?
 - a. Condylar guidance.
 - b. Vertical dimension of occlusion.
 - c. Anterior guidance.
 - d. Estimated arc of closure of the mandible.
 - e. Freeway space.
- 14. When setting your semi adjustable articulator for your denture patient, the progressive Bennett shift is represented by:
 - a. Angle of the eminentia in the condylar housing on the working side.
 - b. Angulation of the medial wall of the condylar housing on the non-working side.
 - c. Recording the arbitrary hinge axis via the face bow transfer.
 - d. Orientation of the occlusal plane.
 - e. Inter-occlusal wax bite record of the freeway space.
- 15. Your patient has been diagnosed with Xerostomia; fortunately, multiple aids can be used to ease this condition. But, if the condition is due to loss of glandular function, nothing will work.
 - a. Both of these statements are true.
 - b. Both statements are false.
 - c. First statement is true, second statement is false.
 - d. First statement is false, second statement is true.
- 16. For your removable prosthodontics patient, the key to success in their treatment will depend on:
 - a. Anticipation of problems during planning stage.
 - b. Proper border moulding and extension of the denture flanges.
 - c. Proper setting of the denture teeth during construction of the denture.
 - d. Proper selection of the denture teeth to the patient's esthetic zone.
- 17. To determine if a patient has lost some of the vertical dimension of occlusion, you can check:
 - a. Anterior guidance of teeth.
 - b. For occlusal interferences.
 - c. Freeway space
 - d. Centric relation of both arches.
- 18. The objectives of comprehensive care include:
 - a. Maintaining function of the masticatory system.
 - b. Elimination of pain and discomfort.
 - c. Elimination of risk factors
 - d. Two of the above
 - e. Three of the above
- 19. Speech, swallowing, mastication, and esthetics are all functions of the masticatory system.
 - a. True
 - b. False
- 20. Major considerations taken in determining the restorability of teeth, include:
 - 1. Economic status of the patient.
 - 2. Functional requirements of the final restoration.
 - 3. Anticipated resistance and retention final restoration.
 - 4. Integrity of attachment apparatus.
 - a. 1 and 2 only
 - b. 2 and 3 only
 - c. 3 and 4 only
 - d. 1 and 4 only
 - e. 2 and 4 only

- 21. Oral conditions usually associated with primary occlusal trauma include:
 a. Greater than 50% horizontal alveolar bone loss.
 b. An essentially normal amount of periodontal ligament attachment.
 c. Clinically detectable tooth mobility.
 d. Gingival bleeding upon periodontal probing.
 e. Two of the above.
- 22. Secondary occlusal trauma results from essentially normal forces acting upon a compromised periodontium.
 - a. True
 - b. False
- 23. Some of the components of the masticatory system include:
 - a. Teeth
 - b. Temporomandibular joints
 - c. Muscles of mastication.
 - d. Two of the above
 - e. Three of the above
- 24. In the horizontal movements of the mandible, an immediate Bennett shift will occur as a:
 - a. Balancing movement
 - b. Working movement
 - c. Protrusive movement
 - d. Translation movement
 - e. Pure hinge movement
- 25. Dental caries, one of mankind chronic diseases is:
 - a. Bacterial in nature
 - b. Infectious disease
 - c. Carbohydrate modified disease
 - d. Two of the above
 - e. Three of the above
- 26. Lactobacilli found in dental plaque is usually:
 - a. Associated with the progression of cavitated lesions.
 - b. A minor constituent of the dental plaque found in fissures.
 - c. A major constituent of dental plaque found in intact axial surfaces.
 - d. Two of the above
 - e. Three of the above
- 27. Mutans streptococci as found in dental plaque can be described as:
 - a. Highly acidogenic
 - b. Transmissible
 - c. Associated with carrous lesion initiation.
 - d. Two of the above
 - e. Three of the above
- 28. The occurrence of dental caries in a given population over a given time is defined as:
 - a. DMFT
 - b. Caries activity
 - c. Caries risk
 - d. Caries Prevalence
 - e. Caries susceptibility

29.	The occurrence of dental ca	ries in an individual at a given time is defined as:
	a. DMFT	-
	b. Caries risk	
	c. Caries activity	
	d. Caries prevalence	
	e. Caries susceptibili	ty
30	In the U.S. a decreasing pr	oportion of the population is caries resistant, and an increasing
50.	proportion is caries suscept	
	a. Both statement are	
	b. Both statements ar	
		alse, second statement is true.
	d. First statement is t	rue, second statement is false.
31	Caries rick assessment is th	e science of diagnosing caries risk as evidenced by the detection of
31.	carious lesions in the patier	
	a. True	
	b. False	
32.		kes plaque, but the cariogenic potential of the individual's plaque
	cannot be estimated.	
	a. Both statements ab. Both statements a	
		rue, second statement is false.
		false, second statement is true.
33.	For dental caries lesions:	
		d on the diagnosis of risk.
		before they are treated.
		based on the surgical model.
	d. Two of the abovee. Three of the abov	
	e. Three of the abov	e
34.	Dental caries that does not	responds or is resistant to treatment or cure is define as:
	a. Rampant decay	•
	 b. Adult decay 	
	c. Refractory decay	
	d. Arrested decay	
	e. None of the above	
35.	The medical model of dent	al care relies on the principle that control of the disease depends on an
	accurate diagnosis.	
	a. True	
	b. False	
26	Dantal carias is amanchla	to medical management because:
30.	a. Is caused by know	
	b. Progresses quickl	
	c. Is not site specific	
	d. Is diet dependant	
	e. Two of the above	

- 37. Functions of the dental record include:
 - a. Legal evidence
 - b. Forensic purposes
 - c. Research purposes
 - d. Two of the above
 - e. Three of the above
- 38. For a successful case presentation to a patient, you can:
 - a. Present from a written plan.
 - b. Explain what is normal
 - c. Have direct eye contact
 - d. Two of the above
 - e. Three of the above
- 39. Which of the following are usually characteristics of "alternative" treatment plans?
 - a. They are less comprehensive than emergency treatment plans.
 - b. They do not include esthetic considerations.
 - c. They are more difficult to accomplish from a technical perspective.
 - d. They involve patient choice between risk and benefit considerations.
 - They include only Phase One treatment objectives and procedures.
- 40. Is good practice to verify that the dentist and patient hear the same message. You can do this by using the patient's own words in your responses and gauging your vocabulary to the patient's experience.
 - a. Both statements are true
 - b. Both statements are false
 - c. First statement is true, the second is false
 - d. The first statement is false, the second is true
- 41. Patient chief concern is usually best recorded in the patient's own words, BECAUSE, a clear and concisely stated chief concern saves time in the evaluation process.
 - a. Both the statement and the reason are true and related
 - b. Both the statement and the reason are true but not related
 - c. The statement is correct but the reason is not
 - d. The statement is not correct and the reason is correct
 - e. Neither the statement nor the reason are correct
- 42. The sequencing of individual treatment procedures results in a list that addresses:
 - a. Patient's most severe problems first
 - b. Which clinics the patient is to be seen
 - c. Patients least severe problems first
 - d. Patient's periodontal health first
 - e. Patient's treatment and ability to pay
- 43. The disease control phase should include plans for the management of:
 - 1. Any active oral disease or infection
 - 2. Teeth requiring stabilization
 - 3. Any missing teeth
 - 4. Combined ortho-perio treatment
 - 5. Risk factors predispose patient to disease
 - a. 1,2 and 3
 - b. 2,3 and 4
 - c. 1,4 and 5
 - d. 1,2 and 5
 - e. 3,4 and 5

 a. 1 only b. 1 and 3 c. 2 and 4 d. 2 and 3 e. 1 and 2 	
45. PA Code 33.209 requires all one. Which one is the EXC	of the following items to be included in the patient's chart except EPTION?
 a. Date each chart ent b. Date of each patien c. Description of treat d. Fee for each service e. Identification of pe 	t visit ment rendered
a. Immediately after bb. Three to four timesc. Once a day for six	
47. A patient who remains unintegrated provide informed consent.a. TRUEb. FALSE	ormed about diagnoses and treatment options, is ill prepared to
48. The "golden rule of treatment begins.a. TRUEb. FALSE	nt planning" is that a diagnosis should be made before treatment
49. After completing the patient creates a list of proposed trea. TRUEb. FALSE	examination, the dentist gathers all the significant findings and atments.
 50. The most favorable soft pala a. Class I b. Class II c. Class III d. Class IV e. Class II, Division 2 	are classification for a denture base is:

44. Before performing any invasive examination or treatment, the dentist must determine:
1. There are no contraindications for dental treatment
2. There are no systemic health limitations

3. There is dental insurance to cover proposed treatment

4. There is an adequate radiographic survey