

TREATMENT PLANNING COURSE D533
FINAL EXAMINATION A
SUMMER 2004

1. In a patient where centric occlusion and centric relation are not the same:
 - a. The position of the mandible is higher in centric relation than in centric occlusion.
 - b. Centric occlusion represents the most distal position of the condyles.
 - ☒ c. Centric occlusion is the most superior position of the mandible.
 - d. Mandible position is the same.
2. The components of the masticatory system include:
 1. Teeth ✓
 2. Temporomandibular joints ✓
 3. Muscles of mastication ✓
 4. Tongue and lips ✓
 - a. 1, 2, 3
 - b. 1, 3, 4
 - c. 2, 3, 4
 - ☒ d. all of the above
3. Primary occlusal trauma is distinguished from secondary occlusal trauma by:
 - a. Both are excessive forces on the periodontium.
 - ☒ b. Both occur in a compromised periodontium.
 - ☒ c. Primary occlusal trauma is excessive forces on a compromised periodontium.
 - d. Secondary occlusal trauma is excessive forces on a compromised periodontium.
 - ☒ e. Primary occlusal trauma is excessive forces on an essentially normal periodontium.
4. Common pathology of the masticatory system include:
 1. ✓ Wear
 2. Mobility
 3. Caries
 4. Occlusal trauma ✓
 - a. 1, 3, 4
 - b. 4 only
 - c. 1, 2, 4
 - ☒ d. 2, 3, 4
 - e. 3, 4 only

5. The objectives of comprehensive care can include:
- To maintain the functions of the masticatory system.
 - To restore the functions of the masticatory system.
 - To eliminate pain and discomfort.
 - To maximize the prognosis.
 - ☒ All of the above
6. The following information can not be obtained from hand articulated study casts:
- Individual tooth form.
 - Arch form
 - ☒ Centric Relation
 - Palatal form.
 - Vestibular shape
7. A facebow transfer will give you:
- ☒ 1. A position versus an estimated hinge axis. ✓
 - ☒ 2. An angulation versus a reference plane. ✓
 - ☒ 3. A position versus an accurate hinge axis. ✓
 4. An angulation as a reference plane
- * a. 1, 2
☒ b. 1, 4
c. 2, 3
d. 3, 4
8. When sequencing treatment, the following treatments belong to an initial preparatory phase:
- Emergency treatment ✓
 - Control of active decay. ✓
 - ☒ 3. Occlusal adjustments and minor tooth movements. ✓
 - Periodontal surgery
 - Observation of healing
- ~~a. 1, 2, 4~~
☒ b. 1, 2, 3
~~c. 1, 4, 5~~
~~d. 2, 3, 5~~
~~e. 1, 3, 5~~
9. When determining tooth restorability you have to consider the following EXCEPT:
- Anticipated resistance and retention of final restoration.
 - Integrity of the attachment apparatus.
 - Endodontic status
 - ☒ d. Age of the patient.
 - Presence of root fractures.

10. An "ideal" treatment plan will offer the following EXCEPT:
- a. Maximum function ✓
 - b. No pain or discomfort ✓
 - c. Excellent long-term prognosis ✓
 - ☒ d. Most complex and expensive
 - e. Maximize all preventive aspects of care ✓
11. For complete denture patients, a bony tuberosity interference is a common occurrence. To create space for the dentures, the upper tuberosities are generally surgically reduced.
- a. Both statements are true.
 - ☒ b. First statement is true, second is false.
 - c. First statement is false, second is true.
 - d. Both statements are false.
12. In complete dentures, a Class I palate form means:
- a. Palate contour angulation is very acute with good retention.
 - b. Palate contour angulation is very flat with good retention.
 - ☒ c. Palate contour angulation is gradual with good retention.
 - d. Palate contour is not a predictor of an upper denture retention.
13. After removal of the patient's existing denture, you notice a soft tissue overgrowth in the vestibular area. Your possible diagnosis is:
- a. Epulis fissuratum due to an ill-fitting denture
 - ☒ b. Papillary hyperplasia due to an ill-fitting denture.
 - c. Pre-cancerous lesion due to an ill-fitting denture.
 - d. Kelly syndrome due to an ill-fitting denture.
14. The main thrust of treatment planning in removable prosthodontics is the anticipation of problems.
- ☒ a. TRUE
 - b. FALSE
15. Upon examination, you notice moderate size bi-lateral mandibular tori in your patient.
- a. As a rule, all tori have to be removed before a removable prosthesis is fabricated.
 - b. As a rule, all tori do not have to be removed before a removable prosthesis is fabricated.
 - c. As a rule, mandibular tori do not have to be removed if a complete denture is fabricated.
 - d. As a rule, all tori have to be removed only if a removable partial denture is fabricated.
 - ☒ e. As a rule, tori will be removed only if it interferes with the insertion and stability of the prosthesis.

16. In complete dentures, muscle and frenum attachments are examined for their position relative to the ridge crest. Only on rare occasions will they be close enough to require surgery.

- ☒ a. TRUE
- b. FALSE

17. For a patient diagnosed with Combination (Kelly) Syndrome:

- a. A maxillary complete denture occludes against natural lower teeth.
- b. A maxillary complete denture occludes against a loose lower complete denture.
- c. A mandibular complete denture occludes against maxillary natural teeth.
- ☒ d. A maxillary partial denture occludes against a mandibular partial denture.

18. The clinical picture of a Combination (Kelly) Syndrome patient is:

- a. Exofitic tissues present on the maxillary vestibular areas.
- b. Redness of the oral mucosa under the base of the dentures.
- ☒ c. Flabby maxillary anterior ridge area with associated bony resorption.
- d. Excessive papillary tissues in the maxillary palate.

19. During the past two decades, significant changes have occurred in the prevalence of dental caries in children and adolescents in the USA. These changes suggest:

- * ☒ a. For the general adolescent population, overall caries rate is decreasing.
- ☒ b. A large proportion of children and adolescents have high caries susceptibility.
- c. A large proportion of children and adolescents have high caries rates.
- d. Largest increase of caries among children and adolescents occurred on the interproximal surfaces.

20. The management of an adolescent patient with a high caries rate requires:

- a. Restoring all active lesions
- b. Diet analysis
- c. Oral Hygiene improvement
- d. Fluoride use
- ☒ e. All of the above

21. For the young patient with a high caries rate, the restoring of lesions without an intensive preventive program will result in new carious lesions, recurrent lesion and treatment failure.

- ☒ a. TRUE

22. As part of their development, adolescents tend to question adult authority:
- a. Their acceptance of dental counseling has nothing to do with this statement.
 - b. Because of this, you should use an authoritarian approach and impose your will.
 - c. If you use a non-threatening approach, they will not listen to you.
 - ☒ d. Dental counseling should be discussed in a straightforward and factual manner.

23. For the adolescent patient, the majority of caries are found on the occlusal surfaces of teeth with susceptible pit and fissures. If you do a saliva culture test you will find:

- a. High Lactobacilli count
- ☒ b. High *S. mutans* count
- c. High *S. sobrinus* count
- d. High Actinomyces count
- e. High Bacteroides count

24. The following are characteristics of both *S. mutans* and Lactobacilli EXCEPT:

- a. Both are highly acidogenic ✓
- b. Both are acid tolerant ✓
- ☒ c. Both are associated with the progression of cavitated lesions ✓
- d. Both are constituents of dental plaque ✓

25. Dental caries is not a bacteria-mediated disease, but its manifestation will depend upon the complex interplay of many other factors.

- a. Both statements are true
- b. First statement is true, but the second is false
- ☒ c. First statement is false, but the second is true
- d. Both statements are false

26. For caries development, certain important factors are required. These include:

1. Type of sugar ingested ✓
2. Total carbohydrate consumed ✓
3. Frequency of cariogenic meals ✓
4. How the food was prepared

- ☒ a. 1, 2, 3 only
- b. 1, 2, 4 only
- c. 2, 3, 4 only
- d. 1, 3 only
- ☒ e. All of the above