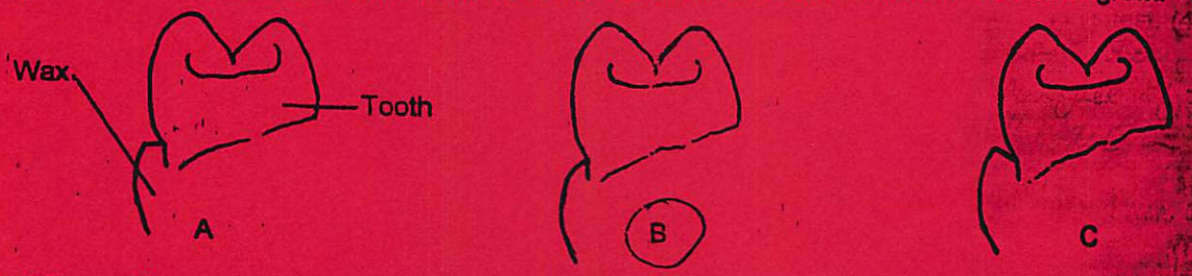
RESTORATIVE DENTISTRY IV
QUIZ #4
May 8, 2002

100

NAME: [redacted]

Lab Seat No. [redacted]

1. When performing the waxup/festooning for a complete denture, which of the following schematic diagrams depicts the recommended relationship of the wax to the buccal surface of the posterior teeth at the area of the marginal gingival. Circle the letter under the correct diagram.




2. When adding excess baseplate wax to a setup in preparation for developing the root eminences (festooning), what is the danger of adding too much hot (molten) wax to a limited area at one time?

The heat from hot molten wax may transfer into the wax-rim in the teeth are mounted, to cause these teeth to move

3. True/False: It is generally recommended that "stippling", when added to a complete denture, be limited to the maxillary denture and then only from the area of the first bicuspid to first bicuspid. Circle the correct response below.

(a.) True  b. False

4. Name two areas of the mandibular trial denture (recording base with teeth set in wax) that must be made/kept concave during the final waxup of the base prior to submitting for processing.

a. buccal flange (right below the eminence portion)  b. lingual flange

5. In the lab manual there are noted three reasons why you must exercise caution when using the Hanau torch to "flame" areas of festooning. Name one concern. Be more specific than "to melt the wax".

a. May cause the {marginal ridges} to flow out of {shaped} wax-u {carved}

6. As noted in lecture, when arranging the posterior teeth in the anatomic (20°, 33°) setup, the maxillary posterior teeth are positioned before placing the mandibular posterior teeth. How do you know where to place the maxillary posteriors bucco-lingually so the buccal cusps of the mandibular teeth, when set in tight centric occlusion, are over the crest of the mandibular ridge in the final setup?

the Central fossa of the Maxillary posteriors should be lined u with the crest-ridge line carved on the Mandibular wax-rim (The buccal cusps of mandibular posterior will be at this Crest-Ridge line

7. Below you will find a listing of Hanau's five factors which affect balanced occlusion. Please refer to the questions below the list and write your answer(s) opposite each of the questions.

Condylar guidance (inclination)
Cuspal angulation (height)
Compensating curve
Incisal guidance
Plane of orientation

a. Over which one does the "operator" have the least control? Condylar Guidance (NO contro Incisal guidance and plane of orientation (slight Control)

b. For the pre-clinical anatomic setup, over which one do we have the most control in terms of developing a balanced occlusion? Compensating curve and Cuspal angulation (height

c. Which two are known as the "end-controlling factors" in developing balanced occlusion?

Condylar guidance [illegible] Incisal Guidance

First Initial of Last Name _____

PRINT NAME _____
RDIV—Complete Denture Section
Quiz #4

50

**20 minutes**

Please answer the following questions to the best of your ability. Unless indicated, each question is worth 10 points. There is only **one response** to every question.

10

1. Which element is added to nickel and cobalt to reduce tarnish and corrosion?
   a. silver
   b. cobalt
   c. chromium
   d. zinc
   e vanadium

2. Which minor element in nickel-chromium alloys, which form an intermetallic compound with nickel, contributes to the alloys strength and hardness?
   a. nickel
   b tungsten
   c. manganese
   d aluminum
   e beryllium

3. Dr. Toothacher has just poured-up the functional impression for a Class I altered cast. After removing the impression from the cast, he notices that the distal extension sections are 2-3 mm below the gingival crest of the distal abutments. The most probable case for this situation would be:
   a. Excessive pressure on the metal rest of the distal abutments when the functional impression was made
   b. Excessive pressure on the edentulous areas when the functional impression was made
   c. Insufficient vibration when the new stone mixture was poured into the impression
   d. Insufficient border molding on the buccal and lingual flange areas

4. Mr. Jones wears a Class I mandibular RPD and has not seen the dentist in over five years. During his first visit, Dr. Toothacher detects excessive bone loss that was not present five years ago. Mr. Jones' only complaint was that the denture lifts up when he eats. What is the **MOST** probable cause for this occurrence?
   a. Denture flange over-extension and loose direct retainers
   b. Denture flange under-extension and loose major connector
   c. Denture flange under-extension and loose direct retainers
   d. Denture flange over-extension and loose major connector

5. When mounting master casts with metal frameworks on an articulator (maxillary Kennedy Class IV opposing a mandibular Kennedy Class II), what is the **MOST** appropriate sequence of procedures?

1. Altered cast
2. Vertical dimension and centric relation
3. Set teeth
4. Try-in and adjust framework

a. 4, 1, 2, and 3
b. 1, 4, 2, and 3
c. 2, 1, 4, and 3
d. 4, 2, 1, and 3

6. Retention, stability, and support are critical factors that must be assessed and incorporated during denture fabrication. Of these three factors **circle the factor(s)** that are provided or enhanced by the anatomical structure.
**(Total 50 points....10 points for each response)**

| Anatomical Structure | Critical Factors | | |
|---|---|---|---|
| *Example:* Buccal shelf | Retention | Stability | Support |

Answer: Support, because the buccal shelf provides the primary support area in the mandibular arch

| Anatomical Structure | Critical Factors | | |
|---|---|---|---|
| Canine eminence | Retention | Stability | Support |
| Tuberosity | Retention | Stability | Support |
| Labial vestibule | Retention | Stability | Support |
| Retromolar pad | Retention | Stability | Support |
| Retromylohyoid space | Retention | Stability | Support |

RPD Quiz #4 Spring 2004

Not Corrected

ial of last Name [redacted]

80

Instructions: Please print all written answers. If the row instructor cannot read your answer, they cannot be graded. There is only one word for each blank space.

Grading:
All questions are worth 10 points
90-100 = A
80-88 = B
78-70 = C
68 and below = F

1. The minor connector for a lower distal extension base should extend posteriorly what length of the edentulous ridge?
   (a) 1/6
   (b) 1/4
   (c) 1/2
   (d) 2/3

2. Which of the following factors determines the amount of retention that a clasp is capable of generating?
   (a) Degree of the angle of cervical convergence
   (b) How far into the angle of cervical convergence the clasp terminal is placed
   (c) Flexibility of the clasp arm
   (d) All of the above are correct

3. 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 horizontal movement
   (d) a and b
   (e) a and c

4. Denture resin packing is defined as: denture resin material put in the correct location for it to be cured.

5. List two objectives of a functional impression.
   a. Capture soft tissue of the edentulous ridge, b. because you are relining or rebasing the denture

-1-

-20

Patient has come back because the denture may not fit correctly, so you have to reline the denture to fit correctly.

6. Which of the following are characteristics of nickel-chromium alloys? *(Multiple responses)*

~~(a) High heat~~

Yes — (b) Gypsum bonded

~~(c) Mold at temperature of 2000-2100F~~

Yes — (d) Fine grain

7. When making a functional impression, the framework should be seated in the mouth and held in place in the following manner:

~~(a)~~ Press on the edentulous area to stabilize the tray

~~(b)~~ No specific position is required when seating the impression

(c) Press on the metal rests of the framework

~~(d)~~ Allow the patient to hold the impression

Dr. Toothacher has just completed a functional impression for his patient Mrs. Jones. He promised his patient that she would have her Class I lower partial in 24 hours. Unfortunately, his laboratory is no longer in business. Dr. Toothacher has therefore decided to do the work himself. Based on this scenario, answer the following questions:

8. List two laboratory techniques that Dr. Toothacker can use to pour-up the functional impression.

(a) Beading and Boxing Wax Technique (b) North Caroling Technique

9. To section the edentulous area(s), what measurements should Dr. Toothacker use?

~~(a)~~ 1 mm from the lingual slope of the residual ridge and 5 mm from the distal abutment

~~(b)~~ 2 mm from the lingual slope of the residual ridge and 10 mm from the distal abutment

~~(c)~~ Sectioning of the cast is not required for a Kennedy Class I or Class III clinical situation

(d) None of the above

10. After the impression has been poured, Dr. Toothacker notices a small amount of stone on the occlusal surfaces of the teeth. Select the most appropriate response(s) that could have caused this problem.

(a) The framework should have been luted to the master cast

~~(b)~~ Excess impression material was removed from the non-edentulous areas

(c) The cast was not properly sealed with wax and verified with slurry water

(d) a and c

(e) All of the above