A child is 2,5 year old. The parents complain about thumb sucking during sleep. What tactics should the doctor choose?
to recommend an ulnar fixator
medical intervention is unnecessary
removable device for suppression of bad habit
non-removable device for suppression of bad habit
to talk with a child about harm from thumb suction

A 14 year old patient applied to an orthodontist. Objective examination revealed that on the site of the second incisor a canine tooth had cut out, and on the site of the canine - the second incisor. The same pathology has also the patients father. Make a diagnosis:
transposition of lateral incisor and canine
distal position of lateral incisor
palatine position of lateral incisor
mesial position
superocclusion of incisor and infraocclusion of canine

Mother of a 3 year old child brought the child to an orthodontist and complained about total lack of crown part of the 51 and 61 teeth. What tactics should the doctor choose?
thin-walled cap
metal-ceramic crown
inlay
tooth extraction
stump tooth

Parents of an 8 year old boy complain about a cosmetic defect, inability to bite off food. The child often suffers from acute viral respiratory infections. Objectively: chin skewness, mental fold is most evident. The lower lip is everted, superior central incisor lies on it, nasolabial fold is flattened. In the oral cavity: occlusion period is early exfoliation period. The upper jaw is narrowed, there is gothic palate. Frontal teeth have fan-shaped position. Sagittal fissure is 6 mm. In the lateral parts contact of homonymous teeth is present. What is the most probable cause of dentoalveolar deformity?
pathology of upper airways
endocrinal diseases
missing of Caelinski ledge
gestational toxicosis
untimely sanitation of oral cavity

An 11 year old girl has adentia, the 35 tooth is missing, it was proved roentgenologically. Between the 34 and 33 teeth as well as between the 34 and 36 teeth there are diaereses, the 34 tooth is turned by 30° relative to its glossobuccal direction. What abnormal position does the 34 tooth have?

tortoocclusion (rotation of teeth) and distal
distal
oral
vestibular
mesial

A visiting nurse examined a newborn child. Examination revealed that lower face part is shorter than median one, chin is retrodeviated, teeth are missing, lower jaw is retrodisplaced. What is the name of such mandible position of a newborn?
physiological infantile retrogenia
distal occlusion
edge-to-edge occlusion
mesial occlusion
physiological occlusion

A teenager applied to an orthodontist complaining about tooth malposition. Objectively: the face is without pecularities. Occlusion of permanent teeth is present. There are no abnormalities of jaw correlation in three planes. The 23 tooth is vestibularly over the occlusive plane; the space in the dental arch is less than ⅓ of crown size. How is it possible to make room for the malpositioned 23 tooth?
to remove the 24 tooth
to remove the 23 tooth
to enlarge vertical dimensions
to enlarge transversal jaw dimensions
to enlarge sagittal jaw dimensions

Prophylactic examination of a 6 year old child revealed: occlusion of temporary teeth. Both superior and inferior dental arches are trapeziform. Superior incisors overlap the inferior ones by more than 2/3. Correlation of canines and second molars is homonymous. There are no spaces between frontal teeth. Superior dental arch is larger than inferior one by the size of buccal cusp. In what planes can the occlusion deformity be defined?
sagittal and vertical
sagittal and Frankforts
sagittal and nasal
sagittal and occlusal
sagittal and transversal

A 5 year old girl with crossbite was referred to an orthodontist. Objectively: between frontal teeth there are diaereses and diastems, canine tubera have no signs of physiological wear out. Central line between incisors doesnt match. What is the doctors tactics?
to remove unworn tubera of canines
to disconnect occlusion

to administer jaw massage
to wait for autoregulation
to make a screw plate for the upper jaw

A 10 year old boy applied to a dentist and complained about pain in his palate during eating. Objectively: the lower third of his face is shortened, mouth opening is not reduced. During joining of teeth the cutting edge of inferior incisors contacts with mucous membrane of palate. On the site of contact mucous membrane is hyperemic and slightly edematic. Lateral teeth have 1 class joining (according to Angles classification). Propose a rational plan of treatment of the patients lower jaw:
to knock in the frontal part
to broaden lower jaw
to lengthen the lateral parts
to lengthen the frontal part
to knock in the lateral parts

External examination of a 7 year old child revealed: thickening of nose bridge, semi-open mouth, dry lips. Mouth corners are peeling. Anamnesis data: the child sleeps with open mouth. Examination of oral cavity revealed no changes. What dispensary group will this child fall into?
the second
the third
-
the first
the fourth

A 12-year-old patient complains about an aesthetic defect. Objectively: the lower third of face is shortened, upper frontal teeth overbite the lower teeth by 3/3 of height, exhibit oral inclination, lateral parts all along exhibit cusp-to-cusp relationship between the antagonists; Angles class II malocclusion (joining of the upper permanent molars) is also present. Malocclusion is observed in the following planes:
in sagittal and vertical
in transversal and vertical
in transversal
in sagittal
in vertical

Analysis of a 10-year-old boys jaw models revealed that occlusal plane of the frontal maxillary teeth was of concave form, its lateral parts were convex. Form of the alveolar process also represents deformation of dental arches. The upper jaw is of saddle-like form with abrupt narrowing in the region of premolar teeth. What type of bite is it?
open

mesial
distal
cross
deep

A 9-year-old boy presents with face asymmetry due to the chin deviation to the left. When the third Il'ina-Marcosian diagnostic test is performed face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?
habitual deviation of mandible
unilateral narrowing of the maxillary dental arch
unilateral hypoplasia of mandible
ankylosis of the temporomandibular joint
bilateral narrowing of the maxillary dental arch

Parents of a 9-year-old boy complain about permanently open mouth of the child. External examination revealed elongation of the lower face part, nonclosure of lips. Examination of the oral cavity revealed early mixed dentition. Relationship of the first permanent molars is neutral, vertical space is 5 mm. What is the most likely diagnosis?
open bite
distal occlusion
deep overbite
cross bite
mesial occlusion

Preventive examination of a 4,5-yearold child revealed untimely missing of all the upper molars. The lower incisors contact with mucous membrane of palate. What is the tactics of choice?
fabrication of a removable laminar prosthesis
fabrication of an orthodontic appliance for deep overbite correction
half-yearly examination till cutting of the permanent teeth
medical intervention is not required
annual examination till cutting of the permanent teeth

A 10-year-old boy consulted a dentist about pain in the palate during eating. Objectively: the lower third of his face is shortened, mouth opening is not limited. By joining the teeth the cutting edge of inferior incisors contacts with the mucous membrane of palate. Mucous membrane in the contact point is hyperemic, slightly edematic. Lateral teeth exhibit Angle's class I malocclusion. What is the most appropriate plan of treatment of the lower jaw?
to impact frontal part
to widen the lower jaw
to impact lateral parts
to protract frontal part
to protract lateral parts

A 4-year-old child got a face trauma 2 hours ago. A stomatologist on duty made a diagnosis: intrusive luxation of the 61 tooth. What is the tactics of choice?
extraction of the 61 tooth
removal of pulp of the 61 tooth
reposition of the 61 tooth
observation
splinting of the 61 tooth

Examination of a 13-year-old patient allowed to make a final diagnosis: vestibular position of the 13 and 23 teeth with the total space deficit, narrowing of maxillary dental arch, torsion of the 12 and 22 tooth. To eliminate this pathology it was suggested to widen the dental arch and to extract some teeth. What teeth have orthodontic indication for their extraction?
first premolars
second incisors
canines
second premolars
first molars

An infant was born full-term with body weight at a rate of 3200 g and body length at a rate of 53 cm. It was the first physiological delivery. What position of child's mandible is usually observed after birth?
physiological retrogenia
deep overbite
open bite
physiological progenia
direct relation

A 12-year-old patient presents with abnormal position of the upper jaw canine. The 13 tooth is in the vestibular position, above the occlusal plane. Space between the 14 and the 12 tooth is 6,5mm. Choose a rational treatment method:
instrumental
surgical and instrumental
instrumental and myogymnastics
surgical and myogymnastics
surgical and physiotherapeutic

A boy is 10 years old. His face is symmetric and proportional. He presents with mouth breath. Examination of the oral cavity revealed saddle-like form of dental arches and high arched palate. Upper first molar relationship (Angle's key to occlusion) remains intact. What is the most likely diagnosis?
narrowing of dental arches
widening of dental arches
elongation of dental arches

distal occlusion
mesial occlusion

An 11-year-old child complains about missing crown of the 12 tooth as a result of a trauma. The tooth root is well treated. What prosthetic construction is indicated for elimination of this defect?
Il'ina-Marcosian's pivot tooth
cantilever prosthesis supported by the 13 tooth
cantilever prosthesis supported by the 11 tooth
bridge-like prosthesis supported by the 13 and 11 teeth
partial removable replacing prosthesis

A 6,5-year-old child has a gap 2,5-3 mm large between frontal teeth from canine to canine. Relationship of the first permanent molars complies with Angles class I. Specify the severity degree of bite deformation:
I degree
IV degree
II degree
III degree
V degree

A 14-year-old child complains about a cosmetic defect in the frontal teeth region. Objectively: enamel of the 11, 12, 21, 22, 31, 32, 41, 42 teeth is thin in the region of cutting edge, there is a sulcate enamel pit 1,5 mm wide which encircles the tooth and is parallel to the cutting edge. The cusps of the 16, 26, 36, 46 teeth are underdeveloped and have conical form. What is the most likely diagnosis?
systemic hypoplasia
local hypoplasia
stainton-capdepont dysplasia
dentinogenesis imperfecta
enamel dysplasia

An 18-year-old patient complains about an aesthetic defect. Objectively: the lower teeth are set forward and overlap the upper antagonists. This symptom is typical for the following bite abnormality:
mesial bite
deep bite
cross bite
open bite
distal bite

Examination of a 9-year-old child revealed protrudent chin, the lower lip overlapping the upper lip. There are diastemas and tremas beetwen the lower incisors, the lower incisors overlap the upper ones by 2/3 of crown height. Sagittal fissure is 3 mm. Specify the treatment tactics:

Brueckl's appliance
Bynin's guard
Angle's sliding appliance
myogymnastics complex
Schwartz' guard

A 5-year-old child sustained a dental injury. Objectively: the crowns of the 51, 61 teeth are shorter than neighbouring teeth by 1/2. Mucous membrane is edematic and hyperemic in theregion of the 51, 61 teeth. X-ray picture shows that there is no periodontal fissure in the apical parts of roots of the 51, 61 teeth, apexes of the 51, 61 teeth are imbedded into the spongy substance of body of maxilla. What treatment tactics would be the most efficient?
extraction of the 51, 61 teeth
regular medical check-up
ligature splinting of the 51, 61 teeth
reimplantation
reposition of the 51, 61 teeth

A 10-year-old boy complains about missing teeth. Objectively: the face is symmetrical, disproportional because of shortening of the lower third. In the oral cavity: the 12, 14, 15, 17, 22, 24, 25, 27, 34, 35, 37, 44, 45, 47 teeth are missing. X-ray picture shows partial adentia and absence of some tooth germs. Choose the most efficient prosthetic device:
partial removable lamelalr prosthesis for both jaws
cantilever dental bridges
the defect should be restored by implants
bridge prostheses
clasp dental prostheses

A child was born with body weight at a rate of 3200 g and body length at a rate of 53 cm, 9 points on Apgar score. It was the first physiological delivery. What position of child's mandible is usually observed after birth?
physiological retrogenia
central occlusion
physiological progenia
direct relation
posterior occlusion

A 12-year-old male patient consulted an orthodontist about odontoloxia. Objectively: the face is symmetric and proportional. In the oral cavity: permanent occlusion, occlusal relationship is orthognathic in the lateral parts, the 13 tooth is located off dentition on the palate, biometric measurements show that the width of the 13 tooth is 11,4 mm, the distance between the 12 and 14 teeth is 4,6 mm, the width of the 14 tooth is 7,6 mm. Suggest the treatment plan:
extract the 14 tooth and move the 13 tooth into it's place

open the bite and move the 13 tooth into its due place
no treatment is required
extraction of the 14 tooth
move the 13 tooth into its due place without bite opening

Preventive examination of a 6-yearold child revealed temporary teeth bite. Upper and lower dental arches are trapeziformed. Upper incisors overlap lower incisors more than by 2/3. Incisors and second molars are in the same relation. There is no space between frontal teeth. Upper dental arch is bigger than lower dental arch by the cheek tubercle size. Bite abnormality is observed in the following planes:
sagittal and vertical
sagittal and occlusal
sagittal and lateral
sagittal and nasal
sagittal and Frankfurt

Preventive examination of a 9- year-old girl revealed broad bridge of nose, narrow nasal passages, halfopened mouth, problems with lip joining, elongated lower third of face. The child presents with transitional occlusion. There is vertical gap 4-5 mm large from the 53 to the 64 tooth in the frontal region. Relationship of the first permanent molars complies with Angle's class I. The child pronounces hissing sounds indistinctly. Specify the most likely factor of occlusion deformation:
nasal respiration disorder
tongue sucking
there is no correct answer
infantile swallowing
tongue parafunction

A 9-year-old boy presents with face asymmetry due to the chin deviation to the left. When the third Il'ina- Marcosian diagnostic test is performed face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?
habitual deviation of mandible
unilateral narrowing of the maxillary dental arch
unilateral hypoplasia of mandible
ankylosis of the temporomandibular joint
bilateral narrowing of the maxillary dental arch

An 18-year-old patient presented to the orthopedic department with complaint of a large diastema. Objectively: bodily lateral movement of central incisors induced by the missing 12, 22 teeth. What is the optimal appliance for moving the central incisors together?
Korkhaus apparatus
Begg appliance
cotton ligature
Vasilenko apparatus

Kalvelis apparatus

A 6,5-year-old child has a gap 2,5-3 mm large between frontal teeth from canine to canine. Relationship of the first permanent molars complies with Angles class I. Specify the severity degree of bite deformation:
I degree
IV degree
II degree
III degree
V degree

A 10-year-old girl complains of an aesthetic defect. She has a history of sucking her right thumb till the age of 7. Objectively: the height of the lower third of face is somewhat reduced. There is a 9 mm gap in sagittal direction between the upper and lower incisors, Engles class 2. As a result of Eschler-Bittner test the girls face appears at first better, then worse. What clinical form of occlusal anomaly is most likely?
maxillary macrognathia and mandibular micrognathia
mandibular micrognathia
maxillary prognathism with lateral compression
maxillary macrognathia
mandibular retrognathia

A 13 year-old girl has presented with gingival haemorrhage and mobility of the front teeth over the last month. Objectively: gingival mucosa around the lower incisors and canines is edematous, hyperemic, bleeds on touch. There is grade l tooth mobility, periodontal pockets are 3 mm deep. Orthopantomogram shows the resorption of interalveolar septa by ⅓ of their height. There is crowding of the lower front teeth. Hygiene index is 4,2. The patient has to consult the following specialist:
orthodontist
gastroenterologist
neuropathologist
endocrinologist
haematologist

A child was born with schistasis of alveolar process, hard and soft palate. The optimal way to feed the child before the surgery will be through:
obturator
-
enteric feeding tube
spoon
baby bottle nipple

After a preventive orthodontic examination a 9-year-old child was diagnosed with mesial occlusion. The treatment of this pathology involves application of an apparatus with mechanic action. What working element is to be applied in the apparatus intended for the correction of this pathology?
screw or spring
elastics and buccal shields
inclined plane
screw and bite plate
occlusal applications

A 17-year-old patient consulted an orthodontist about improper position of an upper canine. Objectively: permanent occlusion, class I Angles relationship of the first molars, the 13 tooth has vestibular position above the occlusal line, there is a 6,5 mm gap between the 14 and 12 teeth. What period of orthodontic treatment will reduce the time of lidase phonophoresis therapy?
active period
retention period
passive period
preparatory period
-

Preventive examination of a 5-year-old child reveals the infantile swallowing. The bad habit of thrusting the tongue between the teeth may cause the following complication:
incomplete eruption of the front teeth
narrowing of the lower dental arch
narrowing of the upper dental arch
broadening of the lower dental arch
broadenning of the upper dental arch

Analysis of a 10-year-old boys jaw models revealed that occlusal plane of the frontal maxillary teeth was of concave form, its lateral parts were convex. Form of the alveolar process also represents deformation of dental arches. The upper jaw is of saddle-like form with abrupt narrowing in the region of premolar teeth. What type of bite is it?
open
mesial
distal
cross
deep

External examination of a 9-year-old boy revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely

overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?
supraocclusion
dentoalveolar maxillary lengthening
distal occlusion
mesial occlusion
dentoalveolar mandibular lengthening

A 12-year-old child presents with missing 31 and 41 teeth, the gap between the 32 and 42 teeth is 10 mm. Choose the most rational denture construction:
partial laminar removable adjustable denture
clasp denture
interdental wedge
adjustable microprosthesis
dental bridge

Parents of a 12-year-old child consulted an orthodontist about improper position of the childs upper teeth. Objectively: the face is narrow, elongated; the developing occlusion is present (temporary second molars). The 13 and 23 teeth are located beyond the dental arch, they deviate to the lips above the occlusal plane, there is a 2,5 mm gap between the 12 and 14 teeth, and a 1,5 mm gap between the 22 and 24 ones, 45o rotation the 33 and 43 teeth is present. Choose the most rational method of treatment:
extraction of the premolars and relocation of the canines
compact osteotomy and expansion of dental arches
expansion of dental arches in the region of canine apices
extraction of temporary premolars and expansion of dental arches
all the answers are wrong

A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastemas and tremas between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angle's class III relation. Sagittal gap is 3 mm. The correct doctor's tactics will be to:
use bruckl's appliance
use angle's apparatus
recommend a complex of myogymnastic exercises
use bynin appliance
use Schwartz appliance

A 5-year-old child was found to have missing upper molars. Lower incisors are in contact with the mucous membrane of palate. Specify the doctor's tactics:
fabricate a removable laminar denture
examine the child once a year until the eruption of permanent teeth
medical intervention is not needed

fabricate an orthodontic appliance for the treatment of closed bite
examine the child every six months until the eruption of permanent teeth

A 3-year-old child got an injury of the upper teeth as a result of a fall. Objectively: crowns of the 51 and 61 teeth are deep in the surrounding tissues with only their cutting edge visible, the gingival margin is hyperaemia, edematic. What is the treatment tactics?
tooth extraction
anti-inflammatory therapy
monitoring
endodontic treatment
reposition

A boy is 10 years old. His face is symmetric and proportional. He presents with mouth breath. Examination of the oral cavity revealed saddle-like shape of dental arches and high arched palate. Upper first molar relationship (Angles key to occlusion) remains intact. What is the most likely diagnosis?
narrowing of dental arches
widening of dental arches
elongation of dental arches
mesial occlusion
distal occlusion

A 9-year-old boy presents with face asymmetry due to the chin displacement to the left. When the third Ilina-Marcosian diagnostic test is performed, face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?
habitual displacement of mandible
unilateral hypoplasia of mandible
ankylosis of the temporomandibular joint
unilateral narrowing of the maxillary dental arch
bilateral narrowing of the maxillary dental arch

External examination of a 7-year-old child revealed: thickening of nose bridge, semi-open mouth, dry lips. Mouth corners are peeling. Anamnesis data: the child sleeps with open mouth. Examination of oral cavity revealed no changes. What dispensary group will this child fall into?
the second
-
the fourth
the third
the first

An orthodontist monitors a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are

situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?
standard Schonherrs vestibular screen
Rudolphs appliance
Andresen-Haupl activator
vesibular and oral Kraus screen
Frankels function regulator

A 12-year-old patient complains about an aesthetic defect. Objectively: the lower third of face is shortened, upper frontal teeth overbite the lower teeth by 3/3 of height, exhibit oral inclination, lateral parts all along exhibit cusp-to-cusp relationship between the antagonists; Angles class II malocclusion (joining of the upper permanent molars) is also present. Malocclusion is observed in the following planes:
in sagittal and vertical
in transversal and vertical
in transversal
in sagittal
in vertical

Intraoral examination of a 5-year-old child revealed primary occlusion, tremas and diastemas, worn tubercles and cutting surfaces of teeth. The distal surfaces of the second lower molars are anterior to the distal surfaces of the second upper molars. This stage of primary occlusion is called:
aging
formation
eruption
there is no correct answer
stable occlusion

Preventive examination of a 5-year-old child revealed half-open mouth, difficult closing of lips, primary occlusion, 4 mm sagittal gap, homonymous canines and second molars. The upper dental arch is V-shaped, the lower one is trapezoid. Both dental arches in primary occlusion should have the following shape:
semicircle
quadrangle
parabola
semiellipse
triangle

A child is 7 years old. He has early transitional dentition. There is overcrowding of the lower front teeth: the 42 and 32 teeth erupted orally with a complete lack of space. Make a plan of treatment:
serial consecutive extraction by Hotz method
extraction of the 84 and 74 teeth

extraction of the 42 and 32 teeth
extraction of the 41 and 31 teeth
extraction of the 83 and 73 teeth

A patronage nurse visited a newborn baby. Examination revealed the shortened lower part of the face, the backward-sloping chin, missing teeth, the retroposed lower jaw. What is the number of dental follicles in each jaw of a newborn baby?
18
16
12
10
14

Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?
anterior bite
deep overbite
cross-bite
prognathic bite
open bite

A 7,5-year-old child has square dental arches of both jaws, the relationship between the canines and the first permanent molars corresponds with Angles class I. Specify the dental anomaly according to Kalvelis classification:
anomaly of the dental arch shape
anomalies of jaw size
anomalies of individual teeth
malocclusion
anomaly of dental arch development

Mother of a 3-year-old child consulted a dentist about discolouration and abrasion of the childs teeth. The child has a history of enamel spalling shortly after the tooth eruption. Objectively: the crowns of all the teeth are worn by nearly a half and have yellow-gray colour. Make a provisional diagnosis:
Stainton-Capdepont syndrome
amelogenesis imperfecta
dentinogenesis imperfecta
osteogenesis imperfecta
systemic enamel hypoplasia

As a result of an injury the 51and 61 teeth of a 3-year-old child have completely cut into the alveolar bone. History record: the teeth were partially decayed, changed in colour. Select an appropriate treatment tactics:
extraction of the injured teeth
extraction of teeth, endodontic treatment, reposition

treatment is not required
follow-up as the teeth may erupt again
reposition of teeth, endodontic treatment

A patient is 12 years old. He has been undergoing orthodontic treatment for pseudo prognathism with Angles fixed appliance for 10 months. What is the optimal duration of the retentive period?
20 months
12 months
6 months
10 months
3 months

During examination of a 5-year-old child the orthodontist revealed no wear of teeth, no tremata and diastemata, orthogenic occlusion. Which of the following symptoms in a 5-year old child is a sign of future teeth overcrowding?
absence of tremata and diastemata
orthognathic bite
absence of mesial step in the region of second temporary molars
absence of wear of teeth
orthogenic occlusion

Parents of a 6,5-year-old boy consulted an orthodontist about no contact between the front teeth. The child has a bad habit of sucking his tongue. Objectively: there is a symptom of multiple pits in his chin when the lips are closed, speech disturbance, between the front teeth there is a vertical gap up to 8 mm. Specify the occlusion anomaly:
open bite
cross-bite
mesial bite
overbite
distal occlusion

A 6-year-old girl has unrestricted opening of the mouth. The alveolar process of the upper jaw is intact. Soft and hard palate are of a triangular shape and have a cleft up to the level of the 13 and 23 teeth. Soft palate is shortened. Speech is indistinct. The child was born with this defect. What is the most likely diagnosis?
natural partial cleft palate
isolated partial uranoschisis
isolated complete cleft palate
submucous cleft palate
-

Routine examination of a 9-year-old girl revealed symmetrical horizontal grooves on the vestibular surfaces of the 16, 12, 11, 21, 22, 26, 31, 32, 36, 41, 42, 46 teeth.

The grooves alternated with intact tooth tissues and were present in these teeth at the time of their eruption. The patient has a history record of pneumonia at the age of 10 months treated with a course of antibiotics. Make a diagnosis:
systemic hypoplasia
local hypoplasia
initial caries
dental fluorosis
focal hypoplasia

Parents of a 6-year-old girl consulted an orthodontist about protrusion of the lower jaw. The child looks like his father. Objectively: the child has primary bite, there are diastemata and tremata on both jaws, reverse incisal overlap of front teeth, the sagittal gap is up to 3 mm, the lateral parts are characterized by mesio-occlusion. Ilyina-Markosyan test for the distal displacement of mandible is negative. What principle of treatment will be most effective?
to delay the growth of mandible in sagittal direction
to stimulate the growth of maxilla in sagittal direction
no to start treatment until the end of transitional dentition
to start orthodontic treatment after the second dentition is completed
the treatment is not required

A 12-year-old child has half retention of the 25 tooth, the dental arch lacks space for 1/3 of the crown. The upper incisors overlap the lower ones by 2/3, the relationship of the first permanent molars on the left corresponds with Angles class 2. Rational design of orthodontic appliance for the upper jaw should include:
unilateral screw for the 25 tooth and bite plate
bilateral expansion screw
radial symmetric screw
radial asymmetric screw
lateral inclined plane

A 13-year-old child has been taken to an orthodontist. Objectively: the child has permanent dentition. The 13 tooth with mesio-distal dimensions of 8,9 mm erupted vestibularly outside the dental arch, the interval between the 14 and 12 tooth is 9,2 mm. Select a rational plan of treatment:
moving the 13 tooth into its proper place in the dental arch
extraction of the14 tooth, moving the 13 tooth in the distal direction into the dental arch
extraction of the 13 tooth
expansion of the dental arch and moving the 13 tooth
finger massage of the 13 tooth

A 15-month-old child diagnosed with intrusive luxation of the 51 tooth has been referred to a childrens dental surgeon. What is the optimal treatment tactics?
monitoring the independent eruption of the affected tooth

51 tooth replantation
51 tooth splinting
51 tooth reposition
51 tooth extraction

Floating obturators (Cases, Chasovskayas etc.) for the defects in the hard and soft palate are fabricated according to impressions obtained by means of S-shaped spatula. Which impression material is used in this case?
Stens
Stomalgin
Dentafol
Orthocor
Plaster

On the basis of subjective complaints, anamnesis and objective examination, a 5-year-old child has been diagnosed with impacted dislocation of the 71 tooth. What is the most appropriate treatment tactics?
extraction of the 71 tooth
endodontic treatment of the 71 tooth
no intervention is required
reposition and fixation of the 71 tooth
orthodontic treatment of the 71 tooth

A 15-year-old teenager consulted an orthodontist about misalignment of teeth. Objectively: the face is unremarkable. The patient has permanent dentition. There are no abnormalities of jaw relationship in three dimensions. The 23 tooth has a vestibular position and is located above the occlusal plane, the space in the dental arch is less than 1/3 of crown. The space for the misaligned 23 tooth can be gained due to:
extraction of the 24 tooth
increase of the sagittal jaw dimensions
increase of the transverse jaw dimensions
extraction of the 23 tooth
increase of the vertical jaw dimensions

Preventive examination a 6-year-old child revealed that the child had deciduous dentition, direct incisor contact in the frontal segment, no gaps between teeth; contact of homonymous canines and molars; abrasion of masticatory tubercles of the molars. The child's condition corresponds with the following period:
physiological wear of deciduous dentition
mixed dentition
exfoliation
development of deciduous dentition
stable deciduous dentition

Parents of a 10-year-old boy consulted an orthodontist about misalignment of the 21 tooth. Objectively: the 21 tooth is in a vestibular position, there is enough space for it in the dental arch. What additional methods of examination should be applied to specify the treatment plan?
X-ray
Pont's index measuring
paralleling
masticaciography
Korkhaus' index measuring

A 16-year-old female patient complains of a deformation and restricted mouth opening since birth. Objectively: the face is symmetrical, disproportionate, there is a bird-like face symptom. The mouth opens up to 1 cm. The patient has an occlusal abnormality, namely deep incisal overbite. What pathology is found in this patient?
micrognathia with congenital ankylosis
mandibular protraction
maxillary protraction
micrognathia with acquired ankylosis
prognathism

Parents of a 5-year-old child consulted an orthodontist about mispronunciation of sounds by the child. Objectively: the child's face is unremarkable. The patient has deciduous dentition. There are 1-1,5 mm gaps in the frontal segment from 53 to 63. Occlusion in the sagittal and transversal planes is normal. What type of Frankel's functional regulator is used to treat the above-described malocclusion?
type IV
-
type II
type III
type I

An 8-year-old boy complains of a defect in the 11 tooth crown. Objectively: 1/3 of the 11 tooth crown is broken off, the pulp chamber is closed. Radiograph shows incomplete root formation. Select the optimal way of prosthetics for the 11 tooth:
thin-walled metal crown
plastic crown
combined crown
post and core
metal-ceramic crown

Radiography of the 46 tooth in a 7-year-old child revealed parallel root walls with a gradual decrease of their thickness resulting in pointed ends. There is a root canal narrowing in the region that is adjacent to the tooth cavity, and a widening at the nascent apical aperture. Periodontal ligament space has a uniform width over the

entire root length. In the periapical region it merges with the growth zone. Specify the stage of the root development:
open apex
complete root and periodont development
-
incomplete periodont development
incomplete root growth

A child is 11 years old. Examination of the oral cavity revealed that the front maxillary teeth completely overlap the mandibular ones. Lateral teeth in the sagittal and transversal planes have a normal contact. The child has been diagnosed with a deep overbite. This abnormality is typically accompanied by the dysfunction of:
chewing, biting off
swallowing, biting off
breathing, swallowing
biting off, breathing
speech, chewing

Clinical examination of a 10-year old girl's oral cavity revealed an 11 mm gap in a sagittal plane, the contact of the lateral maxillary teeth with the front mandibular teeth, mesiobuccal cusps of the 16 and 26 tooth located on the cusps of the 35 and 45 tooth. What additional examination method will allow to make a definitive diagnosis and specify clinical form of malocclusion?
profile teleroentgenography
orthopantomography
determining morphological facial index
clinical functional tests
anthropometric measuring of jaw models

An 11-year-old boy had been diagnosed with a 6 mm wide diastema of type 2 (by Khoroshilkina F.I. classification). To normalize the incisor position, the Korkhaus appliance was used. What kind of movement is facilitated by this appliance?
bodily movement
intrusion
rotation
extrusion
torque

Examination of a 7-year-old child revealed that all temporary maxillary molars were extracted. Mandibular incisors were in contact with the palatal mucosa. What is the optimal doctor's tactics?
fabrication of a removable laminar claspless denture for the maxillary teeth restoration
check-ups every six months until the eruption of permanent teeth

check-ups once a year until the eruption of permanent teeth
fabrication of an orthodontic device for the treatment of deep overbite
fabrication of a removable denture with clasp fixation for the maxillary teeth restoration

A 12-year-old boy due to trauma of the 44 and 45 teeth area suffers from the following: pathologic displacement of the mandibular alveolar process; rupture of the alveolar process mucosa. What additional examination is necessary to specify the diagnosis?
X-ray of the mandibula in frontal and lateral projections
X-ray of the mandibula in frontal and Parma projection
X-ray of the cranium in axillary projection
tomography of the mandibula
-

An 11-year-old girl complains of a cosmetic defect: the placement of the 23rd tooth is incorrect. Objectively: the face is symmetrical. The 24th tooth has buccal placement above the occlusion area. The space between the 22nd and 24th is 3 mm. What additional examination is required?
all of the methods named below
Korkhaus analysis
X-ray examination
Pont analysis
measuring the length of the dentititon

A 10-year-old girl complains of an aesthetic flaw. The anamnesis states, that she had been sucking her right thumb up to the age of 7. Objectively: the face lower third is somewhat reduced. The sagittal fissure between the upper and lower incisors, is 9 mm wide, class 2 according to the Angle classification. Eshler-Bittner test leads to initial temporary improvement of the girl's face, followed by renewed deterioration. What clinical malocclusion is the most probable in this case?
maxillary macrognathia and mandibular micrognathia
mandibular retrognathia
mandibular micrognathia
maxillary macrognathia
maxillary prognathism with lateral compression

A child is 13 years old. The third upper tooth is fully cut, but situated slightly above the occlusion surface. What kind of abnormal placement is it?
supraversion
vestibular
torsoversion
infraversion
oral

During examination of the 11-year-old childs oral cavity the 23rd tooth vestibular position was detected. Correlation of the 16th and 46th is Angle class 1, and 26th and 36th is Angle class 2. The width of the 23rd crown is 8 mm. The dentition lacks 4 mm to place the 23rd properly. Front teeth occlusion is normal. Choose the optimal treatment approach.
move the upper lateral teeth on the right side in distal direction, than move the canine into the correct place
widen the upper and lower dentitions, and move the canine into the correct place
extract the first premolar, and move the canine into the correct place
widen the upper dentition, and move the canine into the correct place
extract the canine; move the 24th and 25th teeth to replace the 23rd

A 3,5-year-old child has symmetrical face, the middle part is predominant in proportions, swallowing is infantile, breathing is nasal. In the oral cavity the dentition corresponds with the age norms, the sagittal fissure is 3 mm, every tooth in the lateral part has its anatagonist, the lower teeth touch the hard palate. Miogymnastics with Dassa orbicularis oris activator is recommended. What function is normalised by this apparatus in the given case?
lips closure
chewing
breathing
swallowing
speech

An 18-year-old patient with complaint of large diastem has made an appointment with prosthodontics specialist. Objectively: there is full lateral displacement of central incisors due to absence of the 12th and 22nd teeth. What instrument is the most advisable for moving the central incisors closer together?
Korkhaus appliance
Begg appliance
simple cotton ligature
Vasylenko appliance
Kalvelis appliance

To perform a differentiated diagnostics of the lower jaw displacement a patient was asked to open his mouth as wide as possible, and then the lateral displacement of the lower jaw and face asymmetry were measured. What clinical test is it?
Ilyina-Markosyan clinical functional test 3
Ilyina-Markosyan clinical functional test 2
Eschler-Bittner clinical diagnostic test
Ilyina-Markosyan clinical functional test 4
Ilyina-Markosyan clinical functional test 1

What measurements are necessary to determine the width of dental arch according to the Pont’s method of analysis?

crown width of four upper incisors
crown width of upper central incisors and the first premolars
size of dentition frontal segment
crown width of upper central incisors
crown width of six upper front teeth

Parents of an 8-year-old child have made and appointment with an orthodontist. There are complaints of their child having traumas of oral mucosa. Objectively: decreased height of the face lower part, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisors fully cover the lower ones; cutting surface of the lower incisors make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification.
deep traumatic overbite
deep neutral occlusion
deep incisor overbite
deep prognatic (roof-shaped) occlusion
–

Parents of an 8-year-old girl are concerned that she is chewing food too slowly. Objectively: it is a period of transitional dentition. The first permanent molars has neutral relationship; sagittal fissure is 2 mm wide. The upper front teeth cover the lower ones by two thirds. Name the pathology.
deepening of incisor overbite
decrease of the lower face height
tooth-alveolar lengthening of the front teeth
widening of the sagittal fissure
tooth-alveolar shortening of the lateral teeth

A 14-year-old girl complains of indistinct pronunciation that developed at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation didn't reveal cleft palate. Uvula doesn't move during pronunciation of sounds, its palpation does not cause gag reflex. What is the reason for indistinct pronunciation of sounds?
paresis of the soft palate and uvula muscles
palatal slit
adenoid vegetations
hypertrophy of lingual tonsil
deformation of the bite

A 5-year-old shild has sustained a trauma. Objectively: the crowns of the 51st and 61st teeth are shorter then their adjacent ones. The mucosa surrounding the 51st and 61st teeth is hyperemic and swollen. X-ray imaging shows the periodontal

fissure to be absent in the apical area of the 51st and 61st roots, 51st and 61st roots apexes are submerged in the spongy bone of the body of the lower jaw. Choose the optimal treatment.
extraction of the 51st and 61st teeth
regular medical check-up
resection of the 51st and 61st teeth and their splinting
anti-inflammatory therapy
splinting of teeth

What impression material is used to obtain impressions for making orthodontic appliances?
Ypeen
Repin
Orthocor
Sielast
Stomaflex

A 5-year-old child was found to have missing upper molars. Lower incisors are in contact with the mucous membrane of palate. Specify the doctor's tactics:
fabricate a removable laminar denture
examine the child once a year until the eruption of permanent teeth
medical intervention is not needed
fabricate an orthodontic appliance for the treatment of closed bite
examine the child every six months until the eruption of permanent teeth

A 14-year-old girl complains of indistinct pronunciation that showed up at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation did not reveal cleft palate. Uvula does not move during pronunciation of sounds, its palpation does not cause gag reflex. What is the cause of indistinct pronunciation of sounds?
paresis of the soft palate and uvula muscles
deformation of the bite
palatal slit
adenoid vegetations
hypertrophy of lingual tonsil

An orthodontist has been addressed by parents of a 5-year-old child. The child has the 54 tooth extracted, all the other deciduous teeth are present. The doctor made a thin-wall crown for the 55 tooth with interdental wedge to the 53 tooth. What is the purpose of such treatment?
prevention of dentition malformation
restoration of masticatory efficiency
aesthetical restoration
acceleration of permanent tooth eruption

deceleration of permanent tooth eruption

Parents of a 4-year-old child have made an appointment with an orthodontist for preventive examination of the child. In the oral cavity: scissor bite is observed in the front area in the place of inscisor contact; distal surfaces of the second temporary molars are situated in one plane. Teeth in the dental arch are placed tightly, without intervals. Determine, what period of occlusion development is described:
stability of temporary occlusion
involution of temporary occlusion
late stage of developing occlusion
early stage of developing occlusion
formation of temporary occlusion

A 22-year-old patient addressed an orthodontist with complaints of incorrect teeth placement on the upper jaw. The appearance is without changes. Occlusion is permanent. The first molar relation is of the 1-st type according to Angle's classification. Analysis of the control diagnostic models revealed the disturbance of the Andrews' second key of optimal occlusion of the 12 and 22 teeth. The patient suffers from:
angulation of the maxillary teeth
maxillary teeth contact
Spee curve concavity
axial rotation of the teeth
cusp-to-fissure contact between the first permanent maxillary and mandibular molars

Preventive examination of the oral cavity of a 9,5-year-old child revealed bilateral cross bite without displacement of the lower jaw. What biometric method of dentition model investigation should be applied in this case?
Pont index
Korkhaus index
Tonn index
Gerlach index
Schwarz index

A girl is 8 years old. She complains of impaired mastication. Objectively: on examination of the oral cavity the cutting edges of her lower incisors touch the palatine mucosa in the frontal area; the upper frontal teeth overlap with the lower ones by full height of their crowns. On the lower jaw the occlusal curve of the front teeth is markedly concave. Make the provisional diagnosis:
deep overbite
open bite
false prognathism
true prognathism

cross bite

A boy is 10 years old. He complains of sloped chin and impaired mastication. Anamnesis states formula feeding. Objectively: corellation of the 6th teeth is of the Angle's II class. Sagittal fissure is 7 mm. Eschler-Bittner test is positive. What is the most likely diagnosis?
prognathism, distal mandibular displacement
prognathism, maxillary macrognathia
retrusion of the lower jaw frontal area
progenia, mandibular macrognathia
protrusion of the upper jaw frontal area

A child is 8 years old. There are complaints of congested upper incisors. Objectively: the first molars closure is of Angle's I class, frontal overbite is orthognathic. The 12 and 22 teeth erupt palatinally with space deficiency of 2/3 of the tooth crown. The 11 and 21 teeth are 10 mm each in cross-section. The child has inherited father's facial type with prognathism and macrodontia of the central incisors. Choose the preventive treatment, considering this hereditary pathology:
Hotz serial extraction to reduce the dental arch
jaw expansion to provide the space for the 12 and 21 teeth
massage of the 12 and 21 teeth area to stimulate their eruption
extraction of the 12 and 21 teeth to reduce the dental arch
filing down of the 11 and 21 approximal surfaces to provide the space for the 12 and 22 teeth

A 5-year-old child has bad habit of sucking on his tongue. At the front area there is a small vertical fissure up to 2 mm in size. Neutral closure is observed in the lateral areas of the jaws. The child is diagnosed with open traumatic bite of the I degree. A vestibulo-buccal shield was prescribed for treatment. What is the function of the appliance in the given case?
treatment and prevention
prevention
retention
passive
treatment

Parents of an 8-year-old child have made and appointment with an orthodontist. There are complaints of their child having traumas of oral mucosa. Objectively: decreased height of the lower face, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisors fully cover the lower ones; cutting surface of the lower incisors make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification:
deep traumatic overbite

deep incisor overbite
deep neutral occlusion
deep prognatic (roof-shaped) occlusion
–

A 3-year-old child received an injury of the upper teeth as a result of a fall. Objectively: crowns of the 51 and 61 teeth are embedded deep into the surrounding tissues with only their cutting edge visible, the gingival margin is hyperemic, edematic. What is the treatment tactics?
tooth extraction
monitoring
reposition
endodontic treatment
anti-inflammatory therapy

A 14-year-old boy complains of rapid wearing-off of tooth crowns. Objectively: tooth crowns are worn-off by 1/3. Enamel easily chips off and is pale gray in color. Make the diagnosis:
Stainton-Capdepont syndrome
dentinogenesis imperfecta
fluorosis
systemic hypoplasia
local hypoplasia

An orthodontist has registered for regular check-ups a 3,5-year-old child, who has a bad habit of finger sucking and presents with infantile swallowing. On examination: milk occlusion, direct contact of incisors. What preventive appliance would be optimal in this case?
vestibulo-buccal shield
Schonherr's standard vestibular plate
Frankel's functional regulator
Janssen's bionator
Rudolf's plate with loops

A 43-year-old woman complains of mobility and displacement of her upper front teeth. Objectively: dental formula is 17 16 15 14 13 12 11 21 22 23 24 25 26 27 47 46 45 44 43 42 41 31 323334353637 . Teeth 12 11 21 22 are slanted towards the vestibular side, diastema and tremata are observed, I –II degree teeth mobility is detected. Select the orthodontic appliance for correction of teeth misalignment as a part of complex treatment of periodontal disease:
palatal plate with vestibular arch
Bynin appliance
Schwartz appliance
Katz crown
palatal plate with inclined plane

After adenotonsillectomia it is necessary to break the mouth breathing habit in a 4-year-old child. The orthodontist recommends application of an oral vestibular shield (Kerbitz' vestibular plate). Vestibular shield facilitates training of the following muscle:
orbicular muscle
temporal muscle
masseter muscle
lateral pterygoid muscle
medial pterygoid muscle

How often should the dentures be replaced in children during the period of milk occlusion according to Ilyina-Markosian?
every 6-8 months
every 8-10 months
every 10-12 months
every 12-16 months
every 16 months

A 25-year-old man complains of incorrectly positioned maxillary left central incisor due to trauma sustained 2 months ago. Objectively tooth 21 is rotated around its axis into palatal position. What would be the most advisable treatment method for correction of this defect?
orthodontic treatment
surgical treatment
instrumental surgical treatment
–
splinting followed by prosthetic treatment

Teeth 71 and 81erupted in a 6-year-old child, the lower jaw is retrogenic, the palate is flat with pronounced cross-folds. Determine the condition of the oral cavity:
physiologic
pathologic
abnormal
subcompensated
decompensated

Parents of a 3-year-old child complain of food periodically getting in to the child's nasal cavity during feeding. Objectively there is a fissure in the area of the soft palate. Make the diagnosis:
isolated partial nonunion of the soft palate
congenital hidden cleft palate
isolated nonunion of the hard and soft palate
cleft hard palate
combined cleft palate

A 2.5-year-old child is registered for regular check-ups with the orthodontist. The I stage of physiogical occlusion development corresponds with eruption of the following group of temporary teeth:
temporary molars
temporary central incisors
temporary lateral incisors
temporary canines
front teeth

An orthodontist has been addressed by parents of a 5-year-old child. The child has the 54 tooth extracted, all the other deciduous teeth are present. The doctor made a thin-wall crown for the 55 tooth with interdental wedge to the 53 tooth. What is the purpose of such treatment?
prevention of dentition malformation
aesthetic restoration
restoration of masticatory efficiency
acceleration of permanent tooth eruption
deceleration of permanent tooth eruption

During Eschler-Bittner test the profile of a 12-year-old girl with posterior occlusion has shown some improvement. Specify the condition that resulted in the development of posterior occlusion in this patient:
mandibular underdevelopment
maxillary overdevelopment
mandibular underdevelopment and maxillary overdevelopment
mandibular overdevelopment
maxillary underdevelopment

Parents of an 8-year-old girl complain of their child having an aesthetic defect of her teeth. Objectively the patient’s lower face is shortened. Her chin protrudes forwards and her upper lip is sunken. During teeth closure the deep underbite becomes apparent. Mesio-occlusion is observed in the lateral areas. Choose the apparatus optimal for the treatment:
Frankel functional regulator-3
Frankel functional regulator-2
Osadchy apparatus
Andresen-Haupl activator
Frankel functional regulator-1

Parents of a 7-year-old child addressed a hospital with complaints of their child having no permanent teeth in the front area of the mandible. Anamnesis states that he first deciduous teeth erupted at the age of 11 months. Objective clinical examination revealed the following: appearance is without changes; milk occlusion; there are physiological diastema and tremata; edge-to-edge incisor

contact. What preliminary diagnosis can be made according to Kalvelis classification?
retarded eruption
supernumerary tooth
adentia
dystopia
hypoplasia

An 11-year-old child presents with protrusion of the upper front teeth, there are tremata and diastema between the child's teeth. What apparatus can be used for treatment of this pathology?
Osadchy
Brukle
Frankel, type3
Vasylenko
Mershon

A hit to the face has forced the upper central incisors of a 15-year-old boy to sink into the jaw to the half of their crown height. What treatment tactics should the dentist choose?
surgical repositioning of 11 and21 teeth immobilization, endodontic treatment if necessary
transplantation of 11 and 21 into the dentition, endodontic treatment
dynamic observation, endodontic treatment of 11 and 21 if necessary
replantation of 11 and 21 into the dentition, ligation
extraction of 11 and 21, their replacement with dentures

To clarify the diagnosis, the orthodontist performed Escher-Bittner clinical diagnostic test. As the result the facial signs became more marked. What jaw abnormality is the most likely in this case?
maxillary macrognathia
mandibular macrognathia
maxillary micrognathia
mandibular micrognathia
combined pathology of both jaws

An 18 year-old girl in her childhood undervent a surjery for complete bilateral cleft upper lip. Examination defects multiple scars on the markedly flat upper li. There is no visible asymmetry, but the upper lip is slightly deformed. Wide bases on the wings of her nose are symmetrically displaced laterally and posteriorly. Her nasal septum is shortened. The tip of the nose is bifurcated and drawn to the upper lip. Her nasal dorsum is arcuate. What changes occurred in the patient's jaws?
the lower jaw is underdeveloped due to reduced masticatory load, the upper jaw is flattened

the upper jaw is underdeveloped, the intermaxilla is frontally displaced due to interrupted labial muscle layer
both upper and lower jaws are flattened in their lateral areas due to disturbed nasal breathing
both upper and lower jaws are underdeveloped due to reduced masticatory load and flattened in their frontal areas
the upper jaw is underdeveloped in its frontal areas remain while its lateral areas remain without pathologic changes

A child is 8 years old. There are complaints of overcrowded upper incisor. Objectively: the first molars closure is of Angle's 1 class, frontal overbite is orthognathic. The 12 and 22 teeth erupt palatinally with space deficiency of 2/3 of the tooth crown. The 11 and 21 teeth are 10mm each in cross-section/ The child has inherited father's facial type with prognathism and macrodontia of the central incisors. Choose the preventive treatment, considering this hereditary pathology
filing down of the 11 and 21 approximal surfaces to provide the space for the 12 and 22 teeth.
Hotz serial extraction to reduce the dental arch
jaw expantsion to prowide the srace for the 12 and 21 teeth to reduce the dental arch
extraction of the 12 and 21 tooth to reduce the dental arch
massage of the 12 and 21 teeth area to stimulate their eruption

What shape does the upper dental arch have in the permanent dentition?
semi-ellipse
semicircle
trapezoid
parabola
saddle-shaped

A patient is prescribed mandibular vestibuloplasty. What pathology is likely to occur if the vestibule of the mouth is too shallow?
diseases of periodontal tissues
parafunction of mimic muscles
ovecrowding of the front teeth
deep occlusion
delayed growth of the jaw

The parents of a 3-year-old child came to the orthodontist. They complain of aesthetical defect in the teeth of their child. The child has history of tongue sucking habit. In the front region there is a vertical fissure 5 mm. What orthodontic appliance is indicated for the treatment of this pathology?
Schonher plate
Dass activator appliance
Friel plate

Kraus plate
Kerbitz plate

During examination the child presents with retracted mucosa on the soft palate and uvula. The child was diagnosed with congenital submucous cleft soft palate. What surgical operation ix necessary in this case?
veloplasty
uranoplasty
cheiloplasty
uranostafyloplasty
rhinocheiloplasty

What prosthodontic appliance has mechanical type of action?
expansion plate with Coffin spring
Schonher vestibular plate
Case obturator
Frankel functional regulator
Bynin appliance

A 6-month-old child was diagnosed with bilateral bronchopneumonia and prescribed broad-spectrum antibiotics. The child is formula-fed and presents with maldigestion (dyspepsia). What pathologic changes can occur in hard dental tissues in this case?
sysamination of enamel hypoplasia
Fournier teeth
Hutchinson teeth
Local hypoplasia
Stainton-Capdepont syndrome

During exsamination of schoolchildren, the orthodontist noticed that some of them present with strained orbicularis oris muscle. What dental appliance can be used for exercising of the orbicularis oris muscle?
Dass activator appliance
Frankel functional regulator III
Bruckl appliance
Andressen-Haupl activator appliance
Angle appliance

What period of the bite formation in a child can be normally characterized by physiological tremata and diastemata?
preparation for the change of dentition (4,5-6 years)
permanent occlusion
it is always a sign of pathology
changing occlusion
formation of milk occlusion (6 months-3 years)

An 18-year-old patient with complaint of large diastem has made an appointment with prosthodontics specialist. Objectively there is full lateral displacement of central incisors due to absence of the 12 th and 22 nd teeth. What instrument is be most advisable for moving the central incisors together?
Korkhaus appliance
Begg appliance
simple cotton ligature
Vasylenko appliance
Kalvelis appliance

A 7-year-old boy during primary examination was found to have a habit of sleeping with his fist under the cheek. What bite anomaly can develop due to this habit?
crossbite
prognathism
open bite
deep bite
mesial bite

A 25 year-old man complains of incorrectly positioned maxillary left central incisor due to trauma sustained 2 months ago. Objectively tooth 21 is rotated its axis into palatal position. What would be the most advisable treatment method for correction of this defect?
orthodontic treatment
splinting followed by prosthetic treatment
–
instrumental surgical treatment
surgical treatment

A 2-year-old child received a dental trauma. Objectively the crowns of 51 and 61 are shorter then the crowns of adjacent teeth by 1/3. Mucosa in the area of 51 and 61 is hyperemic and swollen. X-ray shows no periodontal fissure in the apical area of 51 and 61. What treatment tactics would be optimal in this case?
dispensary observation
reimplantation
extraction of teeth 51,61
reposition of teeth 51,61
ligature splinting

A 10 year-old girl complains of an aesthetic flaw. The anamnesis states, that she had been sucking her right thumb up to the age of 7. Obgectively the face lower third is somewhat reduced. The segittal fissure between the upper and lower incisors, is 9 mm wide, class 2 according to the Angle classification. Eshler-Bittner

test leads to initial temporary improvement of the girl's face, followed by renewed deterioration. What clinical malocclusion is the most likely in this case?
maxillary macrognathia and mandibular micrognathia
mandibular retrognathia
maxillary prognathism with lateral compression
maxillary macrognathia
mandibular micrognathia

A 7-year-old girl was brought to the clinic by her parents during the first hours after she received a trauma of her upper central incisor. The girl complains of pain in the tooth on touching. Objectively, during examination the traumatized tooth is slightly mobile in one direction, its percussion is painful, and no changes are observed in the surrounding tissues. The tooth became pink-colored. What is the cause of tooth discoloration?
disturbed intactness of the neurovascular bundle
trauma of the oral mucosa in the area of the causative tooth
disturbed intactness of the growth zone
trauma of the interdental papilla
disturbed intactness of the marginal periodontium

After adenotonsilectomia it is necessary to break the mouth breathing habit in a 4-year old child. The orthodontist recommends application of an oral vestibular shield (Kerbitz' vestibular plate). Vestibular shield facilitates training of the following muscle:
orbicular muscle
medial pterygoid muscle
temporal muscle
masseter muscle
lateral pterygoid muscle

A child is 5 years old. There are complaints of an aesthetical defect. An extraoral examination shows that the face is symmetrical, but disproportionate, because of reduced lower third of the face. In the oral cavity, teeth 55, 54, 65, 64 are lost. What dental device is necessary for this patient?
removable partial denture for the upper law
Frankel appliance
dental bridge
clasp-retained (bugel) denture
Andresen-Haupl appliance

A 7-year-old boy during primary examination was found to have a habit of sleeping with his fist under the cheek. What bite anomaly can develop due to this habit?
crossbite
deep bite

prognathism
mesial bite
open bite

What denture construction should be chosen in the cases of multiple adentia during the initial period of occlusion change?
removable partial denture
dental bridge
clasp-retained (bugel) denture
no denture is necessary
removable complete denture

The lateral incisors of a child are rotated around their axis by 45°. Name this anomaly of tooth position
tortoanomaly
infraocclusion
transposition
supraocclusion
dystopya

After examination, a 6-month-old infant was diagnosed with a complete labial c left. What surgical operation should be performed in this case to remove this defect?
cheiloplasty
frenulectomy
uranoplasty
uranostaphyloplasty
frenulotomy

A child born with cleft palate needs an obturator. What is the optimal age for installing a palatal obturator in this case?
the first days after birth
5-6 years
1 years
3-4 years
1,5 years

An 11-years child undergoes an orthodontic treatment. The child is prescribed a dental appliance with combined action (functional direction and mechanical action). What structural elements are likely to be present in this dental appliance?
occlusive onlays, screw
omega loop, screw
occlusive onlays, labial bandages
inclined plane, tongue shield
occlusive onlays, buccal shields

A 7-years- old child needs mandibular vestibuloplasty. What pathology is most often caused by a shallow vestibule of the mouth?
diseases of periodontal tissues
parafunction of the facial muscles
crowded front teeth
deep bite
mandibular growth retardation

A child is 5 years old. There are complaints of an aesthetical defect. An extraoral examination shows that the face is symmetrical, but disproportionate because of reduced lower third of the face. In the oral cavity, teeth 54, 55, 64, 65 are missing. What dental device is necessary for this patient?
removable partial denture for the upper jaw
Andresen-Hauple appliance
Frankel appliance
clasp-retained (bugel) denture
dental bridge

A 5-years old child has all temporary teeth in the oral cavity with tremas between them. The incisors are in direct contact and their cutting edges are worn off. The distal surfaces of two temporary molars form a mesio-sagittal step – the Zielinsky sing. What period of bite formation is it?
aging of the temporary bite
formation of the temporary bite
stabilization of the temporary bite
late transitional dentition
early transitional dentition

The jaws of a newborn are in direct relation to each other. The baby is full term, healthy, and breastfed. What bite can be prognosed in this case?
mesial bite
deep bite
open bite
distal bite
direct bite

What prosthodontic appliance has the mechanical type of action?
expansion plate with Coffin's spring
Frankel's functional regulator
Case's obturator
Shoenherr's vestibular plate
Bynin's appliance

After examination, an 8 years-old child was diagnosed with torsiversion of the lateral maxillary incisors and arch-length deficiency caused by macrodontia. To prevent the vestibular position of the canines, a Hotz serial extraction was performed. In what order were the teeth removed in this case?
temporary canines, firs temporary molars, first premolars
first temporary molars, temporary canines, first premolars
second incisor, temporary canines and first temporary molars
firs temporary molars, temporary canines, second premolars
first temporary molars, first premolars, temporary canines

During examination, an 8-year-old child was diagnosed with torsiversion of the lateral maxillary incisors and an arch-length deficiency caused by macrodontia. To prevent the vestibular position of the canines, a Hotz serial extraction was performed. What is the correct order of teeth extraction in this case?
Deciduous canines, first deciduous molars, first premolars
Second incisors, deciduous canines and first deciduous molars
First deciduous molars, first premolars, deciduous canines
First deciduous molars, deciduous canines, first premolars
First deciduous molars, deciduous canines, second premolars

A 14-year-old patient was referred to a dental orthodontist for consultation. Objectively, the upper canines have erupted on the vestibular side, the upper and lower dentition is narrowed. What auxiliary method will allow diagnosing the narrowing of the upper dentition?
Pont
Gerlach
Tonn
X-ray
Nance

During examination by a dental orthodontist, a 10-year-old child presents with a chin that protrudes forwards, a sunken upper lip, and a concave facial profile. Intraoral examination detects a mesial shift of the crowns of teeth 36 and 46, the upper front teeth are overlapped by the lower front teeth, the upper front teeth have an oral inclination. What appliance should be used to treat this pathology?
Bruckl appliance
Frankel functional regulator, type 1
Khurgina appliance
Klammt activator
Oral vestibular plate

The parents of an 8-year-old girl came to a dental orthodontist complaining of an aesthetic defect in their child. Objectively, the lower part of the face is shortened, the chin is pushed forward, the upper lip sinks. When teeth are closed, reverse deep

incisal overlap is revealed. Mesioocclusion is observed laterally. Select the appliance for the treatment.
Frankel functional regulator, type 3
Frankel functional regulator, type 2
Osadchy appliance
Andresen-Haupl activator
Frankel functional regulator, type 1

5-year-old child has all the temporary teeth in the oral cavity with tremata between them. The incisors are in direct contact and their cutting edges are worn off. The distal surfaces of two temporary molars form a mesiosagittal step – the Tsilinsky sign. What period of bite formation is it?
aging of the temporary bite
stabilization of the temporary bite
early transitional dentition
formation of the temporary bite
late transitional dentition

A 2-year-old child has suffered a dental trauma. Objectively, the crowns of teeth 51 and 61 are shorter than the crowns of the adjacent teeth by 1/3. The mucosa in the area of teeth 51 and 61 is hyperemic and edematous. X-ray shows no periodontal fissure in the apical part of the roots of teeth 51 and 61. What treatment tactics would be optimal in this clinical case?
regular check-ups
removal of teeth 51 and 61
reposition of teeth 51 and 61
replantation of teeth 51 and 61
ligature splinting

An 8-year-old child has a neutral ratio of first permanent molars, a vertical gap 4 mm wide between the front teeth, and a bad habit of sucking the tongue. What orthodontic appliance should be used for correction of this condition?
removable orthodontic appliance for the upper jaw with occlusal overlays and Rudolph loops
Frankel functional regulator, type 2
Frankel functional regulator, type 3
removable orthodontic appliance for the upper jaw with an inclined plane and a vestibular arch
BruckI appliance

When does the upper lip become fully formed during the gestation of a human fetus?
second month
fifth month
fourth month

first month
third month

A dental orthodontist has diagnosed an 11-year-old child with microdontia of the upper incisors. What diagnostic method was used in this case?
Tonn
Gerlach
Korkhauz
Pont
Howes