Assessment tools for certification in the discipline "Gnathology" for students of the educational program of the specialty 31.05.03. Dentistry (specialist's level), form of study intramural for the 2023-2024 academic year

1.1. Evaluation tools for conducting current certification in the discipline

The current assessment includes the following types of tasks: testing, solving situational problems, evaluating the development of practical skills, writing and defending an abstract, and interviewing control questions.

1.1.1. Examples of test tasks

Verifiable competencies: OK-1, OPK-1, OPK-5, OPK-7, OPK-9

Choose one correct answer.

1) THE BENNETT MOVEMENT IS

a).lateral movement of the lower jaw

b).movement of the mandible, in which it deviates to the mid-sagittal plane

c).movement of the lower jaw, in which both articular heads simultaneously move down and forward

Choose one correct answer.

2) EQUIPMENT REQUIRED FOR SETTING UP THE ARTICULATOR JOINT MECHANISM

a).masticationograph

b) the axiograph

c) gnathodynamometer

Choose one correct answer.

3) THE INCISORS OF THE LOWER JAW IN CROSS-SECTION AT THE LEVEL OF THE TOOTH NECK HAVE THE FORM

a) the oval

b) trapezoids

i) the triangle

d). the square

Choose one correct answer.

4) WHAT IS THE DEGREE OF OVERLAP OF THE LOWER INCISORS WITH THE UPPER ONES WITH A DEEP BITE?

a).1 / 3 crown heights

b) more than 1/3 of the crown height

c) there is no overlap

Choose several correct answers.

5) DENTAL HARD TISSUE EXAMINATION METHODS INCLUDE

a) sensing

b) percussion

c) palpation

d) dental radiography

e) electrodontodiagnostics

e) occlusography

Choose several correct answers
6) TO IDENTIFY THE CONDITION OF THE SOFT TISSUES OF THE JOINT, USE
a).arthrography
b) magnetic resonance imaging
d) arthroscopy
e) ultrasound diagnostics

Choose one correct answer.
7) IN THE CENTRAL OCCLUSION, MULTIPLE OCCLUSAL CONTACTS MUST BE ACHIEVED DURING GRINDING
a) fissure
b) tubercular
c).fissure-tubercular

Choose one correct answer.
8) WHAT IS THE PURPOSE OF PLACING SHOCK ABSORBERS DURING IMPLANTATION?
a) avoid excessive strain on the bone
b) imitate a natural tooth
c) avoid breaking the implant
d) avoid breaking the prosthesis

Choose one correct answer.
9) WHEN THE MAIN ANTAGONIST IS LOST, THE LOWER MOLAR MOVES
a) strictly in the vertical direction
b) in the vertical and medial directions

Choose one correct answer.
10) WHAT ARE THE INDICATIONS FOR THE USE OF OCCLUSAL SPLINTS
a) normalize muscle function, position of the articular heads, and protect the joint tissues from existing occlusal disorders
b) restrict movement of the lower jaw
c) eliminate excessive load on the tooth tissues, periodontal, protect the joint tissues from existing occlusal disorders

1.1.2. Example of a situational problem

Verifiable competencies:OK-1, OPK-1, OPK-5, OPK-6, OPK-7, OPK-9, OPK-11

Patient D., 65, went to the orthopedic dentistry clinic with complaints about "uncomfortable" removable dentures that were made for him a year ago in another clinic.

From the medical history: BI tried to get used to my prostheses for a year, used tools that improve their fixation, and met all the requirements for hygiene and care of my prostheses. In addition, the patient developed persistent headaches in the left side of the head in the area of the temple and temporomandibular joint. The pain was severe, so the patient had to go to the clinic.

On external examination, the height of the lower part of the face is increased, the nasolabial folds are smoothed, the lips are closed, but slightly stretched. When opening and closing the mouth, you can hear the cheeks in the TMJ area on the left.

Examination of the oral cavity after removing the prostheses: atrophy of the alveolar process on the upper jaw and the alveolar part of the lower jaw of moderate degree, the mucous membrane is moderately pliable, pale pink color, well moistened.



Fig. 1 Fig. 2 Fig. 3



Fig. 4 Fig. 5 Fig. 6

Tasks:

1.What was the reason for poor adaptation to removable plate prostheses and headaches?
2.What additional examination methods should be used for this patient and what specialist consultation should be obtained?
3.Make a diagnosis.
4.List possible treatment options.

1.1.3. Examples of practical skills assessment tasks
Tested competencies: PK-2, PK-6, PK-18
1. Assessment of occlusion, bite (on top of each other).
2. Diagnostics of the relief of the occlusal surface of dentition on diagnostic models.
3. Study of the characteristic areas of closure on phantom models of the jaws according to occlusogram data.

1.1.5. Examples of abstract topics
Tested competencies: OK-1, OPK-1, OPK-5, OPK-7, OPK-9

1. The function of chewing under physiological conditions.
2. The facial arch.Features. Appointment.
3. Normalization of occlusion.

1.1.6. Examples of control questions for an interview
Tested competencies: OK-1, OPK-1, OPK-5, OPK-6, OPK-7, OPK-9, OPK-11

1. Occlusal surface (morphological and functional features). Factors that determine the topography of the occlusal surface ("occlusion factors").
3.Parafunctions of the masticatory muscles. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis.
3. Fundamentals of occlusal diagnostics. Analysis ofocclusograms, diagnostic models in the articulator, marking of supercontacts.

4 Bruxism. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Treatment.

1.2. Evaluation tools for conducting intermediate certification in the discipline

Intermediate certification is carried out in the form of a test with an assessment.
Intermediate certification includes the following typesof tasks: testing, interviewing.

1.2.1. Examples of test tasks
Verifiable competencies:OK-1, OPK-1, OPK-5, OPK-7, OPK-9

Choose one correct answer.
1) THE POUND LINE IS
a) an imaginary line from the medial edge of the lower canine to the inner edge of the mandibular tubercle
b) a conditional sagittal line passing through the articular head of the working side, around which the lower jaw rotates in the frontal plane during lateral movements

Choose one correct answer.
2) THE ANATOMICAL NECK OF THE TOOTH IS
a) the place of transition of the subgingival part of the tooth to the intraalveolar- one
b) the place of transition of enamel to root cement
c) the narrowest visible part of the crown

Choose one correct answer.
3) WHAT IS THE RATIO OF THE HEIGHT OF THE CROWN OF THE TOOTH TO THE LENGTH OF THE ROOT IN THE LOWER MOLARS
a) 1: 1,2-1,5
b) 1: 1.5
c) 1: 1.5-1.7
d) 1:2.0
e) 1:2.0-2.5

Choose one correct answer.
4) AT WHAT TYPE OF BITE IS THE SLOPE OF THE UPPER AND LOWER INCISORS OBSERVED POSTERIORLY
a) orthognathic
b) biprognatic
c) opisthognathic
d) direct

Choose one correct answer.
5) GNATHODYNAMOMETER MEASURE
a) the absolute strength of the masticatory muscles
b) periodontal endurance
c) chewing efficiency
d) all answers are correct

Choose several correct answers.
6) X-RAY PICTURE OF TMJ ARTHROSIS
a) narrowing of the joint gap
b) absence of joint gap

c) expansion of the joint gap
d) compaction of the cortical layer of the articular head
e) change in the shape of the bone elements of the joint

BChoose one correct answer.
7) FOR THE CORRECT IMPLEMENTATION OF THE METHOD OF SELECTIVE GRINDING OF TEETH, THE USE OF DIAGNOSTIC MODELS
a) required
b) not required

Choose one correct answer.
8) WITH ORTHOGNATHIC BITE IN THE LATERAL OCCLUSIONS, GRIND ON THE WORKING SIDE
a) internal slopes of the cervical protuberances of the upper teeth
b) external slopes of the buccal protuberances of the lower teeth
c) external slopes of the buccal protuberances of the upper teeth
d) internal slopes of the lingual protuberances of the lower teeth
e) correct answers 1, 2, 3, 4

Choose one correct answer.
9) FACTORS THAT ARE UNFAVORABLE FOR PLACING THE IMPLANT ON THE UPPER JAW ARE
a) prevalence of spongy bone
b) frequently encountered unsatisfactory anatomical relationships
c).poor blood supply
d) poor innervation
e) all of the above

Choose one correct answer.
10) DENTOALVEOLAR ELONGATION IS MORE TYPICAL
a) adlya maxilla
b) for the lower jaw
c) the same for both jaws

1.2.2. List of interview questions
Verifiable competencies OK-1, OPK-1, OPK-5, OPK-6, OPK-7, OPK-9, OPK-11

1. Fundamentals of clinical gnatology (biomechanics of the maxillofacial system). The main links of the maxillofacial system and their function. Interrelation of the main elements of the maxillofacial system.

2. Biomechanics of the maxillofacial system. Lower jaw movements.
3.Occlusal surface (morphological and functional features). Factors that determine the topography of the occlusal surface ("occlusion factors").
4. Fundamentals of occlusal diagnostics. Analysis ofocclusograms, diagnostic models in the articulator, marking of supercontacts.
5. Clinical and laboratory research methods in the clinic of orthopedic dentistry. Assessment of occlusion, occlusion, detection and characterization of supercontacts.
6. Analysis ofocclusograms, diagnostic models in the articulator, marking of supercontacts.
7. X-ray methods of research in the clinic of orthopedic dentistry. Electromyography. Rheoarthrography. Phonoarthrography.

8. Functional analysis of the maxillofacial system. Functional tests. Index of dysfunction.
9. Articulators and their use for the diagnosis and elimination of occlusion disorders.

10. Facial arch. Device. The overlay algorithm. Lower jaw position indicator. Analysis of jaw models.

11. Graphical research methods. Intraoral registration of mandibular movements (funktsiografiya).

12. Extraoral registration of lower jaw movements (axiography).

13. Definition of the term "deformation". Etiological factors of deformity of teeth and dentition rows. Pathogenesis of dentition deformities (theories of Hodon, Kalvelis, Kurlandsky, Abrikosov). Classification of deformities of teeth and dentition rows.
14. Treatment of dental deformities and horizontal deformities of dentition rows. Treatment of dental deformities of the dentition rows. Treatment of dentoalveolar deformities of dentition.

15. Classification of bite deformities. Types of clinical manifestations. Treatment of malocclusion.

16. Gnatological aspects of orthodontic and orthopedic treatment of patients with anomalies of teeth, dentition, occlusion. Methods of examination of patients with anomalies of the maxillary system.

17. Features of treatment of anomalies of the maxillary system complicated by periodontitis. Features of treatment of anomalies of the maxillary system complicated by deformities of the dentition rows.

18. Onthe prevalence of treatment of anomalies of the maxillary system complicated by diseases of the temporomandibular joint.

19. Diseases of the temporomandibular joint and masticatory muscles.
Etiology and pathogenesis of dysfunctional states of the temporomandibular joint. Classification of diseases of the temporomandibular joint.

20.Clinical manifestations of dysfunctional states of the temporomandibular joint and their differential diagnosis.

21.Parafunctions of the masticatory muscles. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis.

22. Bruxism. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Treatment.

23. Dislocations of the TMJ disk. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Treatment.

24. Diseasesof the temporomandibular joint. Habitual dislocations in the joint. Etiology and pathogenesis of habitual dislocations in the joint. Subluxation and dislocation of the head of the joint. Clinical picture. Differential diagnosis. Treatment.

25. Diseases of the temporomandibular joint. Diagnosis of condylar and disc disorders. Clinical picture. Differential diagnosis. Treatment.

26. Diseases of the temporomandibular joint.

Arthritis. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Comprehensive treatment.

27. Diseases of the temporomandibular joint.
Osteoarthritis. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Comprehensive treatment.

28. Diseases of the temporomandibular joint.
Musculoarticular dysfunction. Etiology and pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Comprehensive treatment.

29. Basic principles of complex treatment of diseases of the temporomandibular joint and masticatory muscles. Occlusal correction. Types of medical diagnostic devices and prostheses.

30. Methods of manufacturing occlusal splints. Features of their application. Complications in the use of bite plates and occlusal splints.

31. Methods for determining the central ratio of the jaws. The central ratio of the jaws and the articular axis of the articular heads. Central jaw ratio, central and" habitual " occlusions. The central ratio of the jaws to the temporomandibular joint. Checking the correctness of determining the central ratio of the jaws.

32. Restoration and preservation of occlusion in restorative dentistry. Restoration of anterior teeth with fixed dentures, taking into account the registration of incisor paths.Principles of recording the incisor path in the articulator. The use of articulators in the productionof works in the laboratory (inlays, veneers, removable and non-removableopenings).

33. Gnatological bases of occlusal surface modeling. Modeling of the occlusal surface taking into account occlusal movements of the lower jaw. Tools and materials.

34. Diagnostic wax modeling of restorations taking into account the "occlusal compass". Tools and materials. Markup and preparation of models. Sequence of modeling elements of the occlusal surface.

35. Occlusion of dentures on implants. Examination of patients before implantation. Planning of structures on implants. Features of prosthetics on implants.

36. Basic principles of designing prostheses on implants. Risk factors for prosthetics on implants. Causes of complications.

37. Medical errors in the clinic of orthopedic dentistry, their prevention, elimination of consequences. Errors and complications at the stages of orthopedic treatment with fixed structures of prostheses: veneers, inlays; pin stump structures. Prevention of complications.

38. Medical errors in the clinic of orthopedic dentistry, their prevention, elimination of consequences. Errors and complications at the stages of orthopedic treatment with removable prosthetic structures. Prevention of complications.

1.2.4. Sample ticket

federal State Budgetary Educational Institution of Higher Education "Volgograd State Medical University"
of the Ministry of Health of the Russian Federation
Department: orthopedic Dentistry with a course in clinical dentistry
Discipline: Gnatology
Specialty code 31.03.05 Dentistry
Academic year: 20_ _ -20 _ _
Ticket # 6

Questions:

1. Fundamentals of clinical gnatology (biomechanics of the maxillofacial system). The main links of the maxillofacial system and their function. Interrelation of the main elements of the maxillofacial system.
2. Diseases of the temporomandibular joint and masticatory muscles.
Etiology and pathogenesis of dysfunctional costates of the temporomandibular joint. Classification of diseases of the temporomandibular joint.

M. P. Head of the Department _____ V. I. Shemonaev

1.1. Assessment tools for conducting current certification in the discipline
Current certification includes the following types of tasks: testing, solving situational problems, evaluating the development of practical skills(abilities), writing and defending an abstract, interviewing control questions

1.1.1. Examples of test tasks

Tested competencies: OK-1, OPK-1, OPK-5, OPK-7

1. Indications for use of 3 types кламмера системы of Ney system
clamp a) for distal tilt of canines, premolars, molars. The line of sight has a high location. Retention depth of 0.75 mm;
b) with vestibular or oral tilt of premolars, molars. The line of sight has a low location. Retention depth of 0.25 mm;
c) when the teeth are tilted to the oral or vestibular side. The line of sight will run high on the side of the slope, and low on the opposite side.

2. High accuracy of obtaining a refractory model is provided by duplication in
a) supergypsum;
b) silicone material;
c) thermoplastic material.

3. When replacing the wax base of a removable prosthesis with a plastic one, there are the following ways of plastering models in the cuvette
a) : straight;
b) cross;
c) reverse;
d) duplicated;
e) combined.

4. Purpose of the support-retaining clamp:
a) Fixation of the prosthesis. Stabilization of the prosthesis

b) Fixation of the prosthesis. Stabilization of the prosthesis. Reference function.
c) Stabilization of the prosthesis. Reference function.

5. In type II, the relationship of dentition according to A. I. Betelman determining the central occlusion, the following steps
are carried out: a) determining the height of the lower third of the face at physiological rest;
b)storing wax bite rollers;
c) fixing the mesio-distal position of the lower jaw;
d) applying anthropometric landmarks;
e) correct answers 2,3;
f) correct answers 1,2,3,4.

6. The value of the basis of a removable plate prosthesis depends on:
a) the number of preserved teeth;
b)the extent of the defect;
c) the shape of the alveolar process of the upper jaw and the alveolar part of the lower jaw;
d) the degree of mobility and compliance of the oral mucosa;
e) the degree of atrophy of the alveolar process of the upper jaw and the alveolar part of the lower jaw;
f) the threshold of pain sensitivity of the oral mucosa.

7. When choosing artificial teeth, consider:
a) the size, shape and color of the preserved teeth;
b) the shape of the face, the color of the skin;
c) the type of bite;
d) the extent of the defect;
e) the age of the patient.
Complete it.
8. The larger the diameter of the wire, the shorter the segment of the free end of the wire (shoulder), the more_____elasticity.

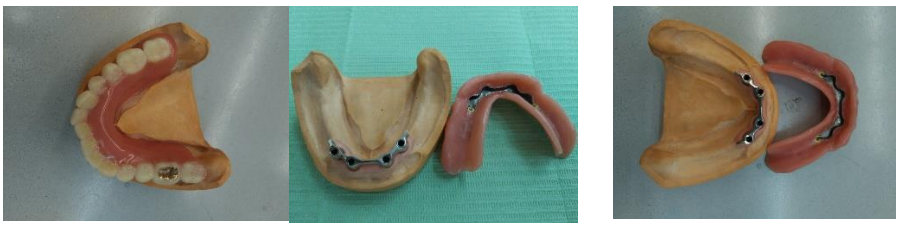
9. The gingivomuscular reflex occurs:
a) due to the sensitivity of the oral mucosa to pressure, the masticatory muscles relax reflexively.
b) due to the sensitivity of the oral mucosa to pressure, the masticatory muscles are reflexively strained.

10. The supply of a removable plate prosthesis is made
by a) a dental technician on the model;
b) a doctor in the oral cavity;
c) a dental technician on the model, then a doctor in the oral cavity.

1.1.2. Example of a situational task

Verifiable competencies:OK-1, OPK-1, OPK-5, OPK-7, OPK-11

Patient A., 63 years old, was made the design shown in the figures. Fixation and stabilization of the prosthesis is satisfactory. The patient does not present any complaints at the time of re-examination after treatment is completed.
Adaptation to the prosthesis was successful.



Task:

1. Name the construction shown in the figures and describe the clinical and laboratory stages of its manufacture.
2. Describe the advantages and disadvantages of this type of attachment of removable dentures.

1.1.3. Examples of tasks for assessing the development of practical skills
Tested competencies: PK-3, PK-5, PK-6, PK-12, PK-13, PK-17, PK-18

1.	Modeling of the frame of a solid cast clasp prosthesis with a clamp fixation system.
2.	Obtaining ananatomic impression with a silicone mass.
3.	Preparationof the tooth for a metal-ceramic crown.
4.	Getting an updated print of an open page/with a closed spoon.
5.	Production of bite rollers with partial absence of teeth.

1.1.4. Examples of abstract

topics Tested competencies: OK-1, OPK-1, OPK-5, OPK-7

1. Modern telescopic systems for fixing removable dentures based on intraosseous implants.[1] Types of telescopic prostheses. Indications for use. Technology of manufacturing telescopic prostheses based on intraosseous implants.[2]
2. Modern beam systems for fixing removable dentures based on intraosseous implants.[1] Types of beam systems for fixing removable dentures on intraosseous implants. Indications for use. Manufacturing technology.[2]
3. Materials and methods of obtaining impressions for complex removable prosthetics of dental patients.[1] Classification, basic requirements, indications for the use of various impression materials. Methods for obtaining refined anatomical impressions.[2]
4. Planning of reconstructive operations of CHLO using CAD / CAM technologies.

1.1.5. Examples of control questions for an interview

Verifiable competencies: OK-1, OPK-1, OPK-5, OPK-7, OPK-11, PK-13, PK-17, PK-18

1. Comprehensive planning of orthopedic treatment using CAD / CAM technologies.
2. Requirements for the surgical template. Methods of making surgical templates.
3. Treatment of patients with removable denture structures based on dental intraosseous implants and mini-implants.
4. Indications and contraindications to the use of clasp prostheses with a telescopic fixation system

1.2. Evaluation tools for conducting intermediate certification in the discipline

Intermediate certification is carried out in the form of a test.

Intermediate certification includes the following types of tasks: testing, assessment of the development of practical skills, and an interview.

1.2.1. Examples of test tasks

Tested competencies: OK-1, OPK-1, OPK-5, OPK-7

1. Theposition of the arch in the clasp prosthesis for the lower jaw is determined by the following position of the front teeth of the lower jaw
: a) pronounced protrusion of the front teeth of the upper jaw;
b) pronounced protrusion of the front teeth of the lower jaw;
c) vertical position of the longitudinal axes of the lower front teeth;
d) patient's desire;
c) high alveolar process of the lower jaw.

2. Aboutthe occlusal pad of the support-retaining clampclamp performs the following functions
: a) supporting;
b) stabilizing;
c) retention;
d) connecting the clamp itself кламмерато the metal frame of the clasp prosthesis.

3. Position of theseat frame of the clasp prosthesis
ıe top of the alveolar ridge;
ıe oral slope of the alveolar ridge;
ıe vestibular slope of the alveolar ridge;
ıe oral slope and the top of the alveolar ridge.
Choose thecorrect sequence.
4.When applying the finished clasp prosthesis, the following is performed:
a) storage of the prosthesis in the oral cavity;
b) inspection of the finished prosthesis (outside the oral cavity);
c) verification of occlusal contacts;
d) training in the rules for using the prosthesis.

5. In case of type III relationship of dentition according to A. I. Betelman, determining the central occlusion, the following steps are performed:
a) determining the height of the lower third of the face at physiological rest;
b) storing wax bite pads;
c) fixing the mesio-distal position of the lower jaw;
d) drawing anthropometric landmarks;
e) correct answers 2,3;
f) correct answers 1,2,3,4.

6.The boundary of the base of a removable plate prosthesis is located within:
a) active-mobile mucosa;
b) passive-mobile mucosa;
c) immobile mucosa.

7. Variants of the location of the base of a removable plate prosthesis for included defects in the dentition of the upper jaw
(Kennedy class III):
a) front;
b) rear;
c) middle;
d) in the form of a parabola;
e) ring.

8. In the partial absence of teeth, morphofunctional rows of teeth are divided into:
a) working and balancing sides;
b) functioningand non-functioning links.

9. When the plate prosthesis is subjected to a vertical load, the supporting tooth is displaced at the end defect:
a) posteriorly (periodontal tissues are squeezed in the marginal part of the distal surface and from the medial surface at the root apex);
b) anteriorly (periodontal tissues are squeezed in the marginal
part of the medial surface and from the distal surface at the root apex).

10. The supply of partial removable plate prostheses includes:
a) a) insertion of the prosthesis into the oral cavity and achieving good fixation;
b) insertion of the prosthesis into the oral cavity, achieving good fixation and "sliding" occlusion by occlusogram;
d) application of the prosthesis to the prosthetic bed, achieving good fixation, "sliding" articulation, excluding balancing of the prosthesis, checking the accuracy of the boundaries of the base and the location of the supporting elements

1.2.2. List of questions for assessing practical skills
Tested competencies: PK-3, PK-5, PK-6, PK-12, PK-13, PK-17, PK-18

1.	Modeling of the frame of a solid cast clasp prosthesis with a clamp fixation system.
2.	Obtaining an anatomical impression with an alginate mass.
3.	Preparation of the tooth for a telescopic crown.
4.	Getting an updated print of an open page/with a closed spoon.
5.	Production of bite rollers with partial absence of teeth.
6.	Production of bite rollers in the complete absence of teeth.
7.8 .	Determination of the central ratio of the jaws. Preparation of a tooth for a metal-ceramic crown.

1.2.3. List of interview questions

Verified competencies OK-1, OPK-1, OPK-5, OPK-6,OPK-7,OPK-9, OPK-11

No.	Questions for intermediate certification	Verifiable competencies
1.	Indications and contraindications for the manufacture of solid-cast clasp prostheses with кламмернойа clamp fixation system.	OK-1, OPK-1
2.	Features of prosthetics in the complete absence of teeth on one of the jaws.	OPK-1, OPK-5, OPK-11,
3.	Structural elements of solid cast clasp prostheses.	OK-1, OPK-7, OPK-11
4.	Design features of dentures supported on dental implants in the complete absence of teeth.	OPK-5, OPK-11
5.	Clinical and laboratory stages of manufacturing solid-cast clasp prostheses with a lock fixation system.	OPK-1, OPK-7, OPK-1, OPK-11; PK-12
6.	Orthopedic treatment for lichen planus, leukoplakia.	OK-1, OPK-1, OPK-5, OPK-7, OPK-11;PK-12; PK-17
7.	The concept of the" combined "and" double-layer " basis of removable dentures.	OPK-1, OPK-7
8.	Treatment planning, selection of a system for fixing removable prostheses based on implants.	OK-1, OPK-1, OPK-5, OPK-7,
9.	Clinical and laboratory stages of treatment of patients relying on implants.	OPK-1, OPK-7, OPK-1, OPK-11
10.	Orthopedic treatment for electroplating.	OPK-1, OPK-5, OPK-7, OPK-11
11.	Features of prosthetics with a progenic ratio of the jaws.	OPK-1, OPK-5, OPK-11
12.	Etiology and pathogenesis of hard and soft palate defects. Clinic, functional disorders.	OK-1, OPK-1, OPK-7
13.	Basic methods for obtaining medical diagnostic images.	OPK-1, OPK-5, OPK-7, PK-18
14.	Errors and complications in the manufacture of clasp prostheses with кламмернойа clamp fixation system.	OK-1, OPK-5, OPK-7
15.	Indications and contraindications for the use of clasp prostheses with a telescopic fixation system.	OK-1, OPK-1; PK-12
16.	Clinical and laboratory stages of manufacturing solid-cast clasps prostheses with a telescopic fixation system.	OPK-1, OPK-7, OPK-1, OPK-11
17.	Requirements for the surgical template. Methods of making surgical templates.	OPK-1, OPK-7, OPK-11
18.	Concept of the beam fixation system. Types of beam elements.	OPK-1, OPK-7
19.	Features of prosthetics in the prognatic ratio of the jaws.	OPK-1, OPK-5, OPK-11
20.	Features of orthopedic treatment of patients with chronic diseases of the oral mucosa.	OPK-1, OPK-5, OPK-11,, PK-17

21.	Design features, methods of fixing obturating prostheses.	OPK-1, OPK-7

1.2.4. Exam ticket example

federal State Budgetary Educational Institution of Higher Education "Volgograd State Medical University"
of the Ministry of Health of the Russian Federation
Department: orthopedic Dentistry with a course in clinical dentistry
Discipline: Complex removable prosthetics of dental patients
Specialty code 31.03.05 Dentistry
Academic year: 20_ _ -20 _ _

Ticket # 5

Questions:

1. Indications and contraindications for the manufacture of solid-cast clasp prostheses with a lock fixation system.

2. Design features, methods of fixing obturating prostheses.

M. P. Head of the Department _____ V. I. Shemonaev

The full fund of assessment tools for the discipline is available in the EIOS of VolgSMU at the link: https://www.volgmed.ru/apprentice/kafedry/kafedra-ortopedicheskoy-stomatologii-s-kursom-klinicheskoy-stomatologii/faylovyy-menedzher/28938/

Considered at the meeting of the Department for Prosthetic dentistry with course of clinical dentistry "23" May 2023, protocol No 10.

Head of the Department V.I. Shemonaev