## Thematic plan of seminars in the discipline ''Prosthetic Dentistry'' for students of the educational program specialist in the specialty 31.05.03 Dentistry, direction (profile) Dentistry, form of study intramural for the 2023-2024 academic year

N⁰	Thematic blocks	Hours (academic)
1.	Organization of the clinic of prosthetic dentistry. Introduction to the work and equipment of the dental laboratory. Documents of the clinic of prosthetic dentistry. Patients chart (the form 043.U) - its structure, rules of filling and meaning. <sup>1</sup> Introduction to the clinic of prosthetic dentistry. Modern equipment of the clinic of prosthetic dentistry and dental laboratory. Sanitary and hygienic standards of the dental office and dental laboratory. System of disinfection, sterilization in the clinic and laboratory. <sup>2</sup> Part 1.	2
	Organization of the clinic of prosthetic dentistry. Introduction to the work and equipment of the dental laboratory. Documents of the clinic of prosthetic dentistry. Patients chart (the form 043.U) - its structure, rules of filling and meaning. <sup>1</sup> Safety in the clinic and laboratory. The doctor's medical documents (forms No. 37, No. 39, No. 43-U, the order form to the dental laboratory, informed consent). <sup>2</sup> Part 2.	1
2.	Methods of examination of patients with defects in hard tissues of teeth and dentition in the clinic of orthopedic dentistry. Methods for determining the functional state of the dentition (clinical, functional, laboratory and static). <sup>1</sup> Features of examination of a patient with pathology of hard dental tissues in the clinic of orthopedic dentistry. Methods for determining the functional value of teeth (clinical and laboratory). Methods for determining chewing efficiency (static and functional). Static methods of Agapov, Oksman). <sup>2</sup> Part 1	2
	Methods of examination of patients with defects in hard tissues of teeth and dentition in the clinic of orthopedic dentistry. Methods for determining the functional state of the dentition (clinical, functional, laboratory and static). <sup>1</sup> The odontoparodontogram by V.Yu. Kurlandsky (structure, filling, analysis). Functional (chewing tests - Gelman, Rubinov, gnathodinamometry) and graphic (electromyography, rheography, myotonometry) survey methods. <sup>2</sup> Part 2.	2
3.	Articulation, occlusion and its types. Physiological types of bite. Biomechanics of the lower jaw. The concept of prosthetic stabilization. Stabilization factors. The laws of articulation of Ganau-Bonneville. <sup>1</sup> Articulation, occlusion and its types. Physiological types of bite. Anatomical structure of the temporomandibular joint (TMJ). <sup>2</sup> Part 1.	2
	Articulation, occlusion and its types. Physiological types of bite. Biomechanics of the lower jaw. The concept of prosthetic stabilization. Stabilization factors. The laws of articulation of Ganau-Bonneville. <sup>1</sup> Biomechanics of the lower jaw. The concept of prosthetic stabilization. Stabilization factors. The laws of articulation of Ganau-Bonneville. <sup>2</sup> Part 2.	1

4.	Method for determining the central occlusion and central ratio of the jaws. Fixation of the dentition in the central occlusion using occlusion recorders. Devices that reproduce the movements of the lower jaw - occluders, articulators. The principle of working with them. Method for determining the central occlusion and central ratio of the jaws. A.I. Betelman. Fixation of the dentition in the central occlusion using silicone materials (occlusion recorders). Fixation of the dentition in the central occlusion using wax bases with occlusal rims. Possible doctor's mistakes at the stage of determining the central occlusion and the central ratio of the jaws. Part 1	2
	Method for determining the central occlusion and central ratio of the jaws. Fixation of the dentition in the central occlusion using occlusion recorders. Devices that reproduce the movements of the lower jaw - occluders, articulators. The principle of working with them. Occluders. Appointment. The principle of working with them. Articulators. Appointment. The principle of working with them. Part 2	2
5.	Dental crown defects, classification. Types of dentures that restore the anatomical shape of the teeth. Inlays, artificial crowns, post-and-cores structures - their types, indications for use. Lesions of hard dental tissues (carious and non-carious lesions). Classification, etiopathogenesis, clinical findings. Classifications of cavities by Black, WHO. Index of destruction of occlusal tooth surface (ИРОПЗ). Types of fixed dentures. Part 1.	2
	Dental crown defects, classification. Types of dentures that restore the anatomical shape of the teeth. Inlays, artificial crowns, post-and-cores structures - their types, indications for use. Indications on inlays, types of inlays. Indications on artificial crowns and posts, its types. Part 2.	2
6.	Rules for the preparation of hard tissues of teeth. Types and selection for grinding tools. Methods of anesthesia. Preparation of dental hard tissues. Types of preparation for crowns, control of the thickness of preparation of hard dental tissues. The sequence of stages of preparation of hard tooth tissues. Tools. Safety zones in different teeth groups. Part 1	2
	Rules for the preparation of hard tissues of teeth. Types and selection for grinding tools. Methods of anesthesia. The mechanism of pain and anesthesia when preparing hard tooth tissues for artificial crowns. Analysis of the correct preparation of teeth on models. Part 2.	1
7.	Imprints. Types. Impression materials. Classification. Properties. Indications for use. Methods for obtaining anatomical impressions and criteria for assessing their quality. Imprints. Types of impressions. Features of obtaining anatomical and "more precise" impressions. Impression trays: characteristics, varieties. Part 1	2
	Imprints. Kinds. Impression materials. Classification. Properties. Indications for use. Methods for obtaining anatomical impressions and criteria for assessing their quality. Impression materials. Classification. Properties of impression materials. Indications for use. Part 2	1
8.	Prosthetic treatment of lesions of hard dental tissues with inlays. Types of inlays. Formation of cavities for inlays. Clinical and laboratory steps to manufacturing of inlays. Materials and methods. Methods of treatment of lesions of hard dental tissues with inlays. Types of inlays – "inlay", "onlay", "overlay", "pinlay". Structural features of inlays depending on the Index of destruction of occlusal tooth surface. The main principles of formation of cavities for inlays. Formation of cavities for different types of inlays such as «O», «OM», «OD», «MOD». Creation of a retention zone for inlays. Parapulpary channels and pins. Part 1.	2

	Prosthetic treatment of lesions of hard dental tissues with inlays. Types of inlays. Formation of cavities for inlays. Clinical and laboratory steps to manufacturing of inlays. Materials and methods. Clinical and laboratory steps manufacturing of inlays from ceramics, light-curing composites, glass ceramics. Computer technology for making inlays. Errors and complications in the clinical and laboratory steps of treatment of lesions of hard dental tissues with inlays. Ways to eliminate them. Part 2.	1
9.	Plastic and porcelain crowns. Features of tooth preparation. Clinical and laboratory steps of manufacturing. Techniques for obtaining a refined impression. Plastics and porcelain materials. Indications and contraindications on the treatment of plastic and porcelain crowns. Plastics and dental porcelain: composition, properties. Principles of tooth preparation with the formation of the shoulder. Working in the "four hands." Methods of making of temporary crowns. Morphology of the gingival sulcus (folds). Methods of gingival retraction. Protection of the gingival margin when the teeth are prepared with a shoulder. Part 1.	2
	Plastic and porcelain crowns. Features of tooth preparation. Clinical and laboratory steps of manufacturing. Techniques for obtaining a refined impression. Plastics and porcelain materials. Determination of the color of artificial crowns. Fitting and fixing plastic and porcelain crowns in the oral cavity. Errors and complications at the steps of treatment with plastic, porcelain crowns. Ways to eliminate them. Part 2.	2
10.	Whole-cast metal crowns. Features of teeth preparation. <sup>1</sup> Indications for treatment with whole-cast crowns. Features of the preparation of hard dental tissues for cast crowns.	2
	Whole-cast metal crowns. Features of teeth preparation. <sup>1</sup> Possible errors and complications of the doctor when preparing teeth for cast crowns. Ways to eliminate them. <sup>2</sup> Part 2	1
11.	Clinical and laboratory stages of manufacturing cast crowns. Construction materials. Technique of precision casting of metal alloys. Basic and auxiliary materials. Equipment. <sup>1</sup> Metal alloys for the manufacture of solid metal crowns. Stages of precision casting of metal alloys. <sup>2</sup> Part 1	2
	Clinical and laboratory stages of manufacturing cast crowns. Construction materials. Technique of precision casting of metal alloys. Basic and auxiliary materials. Equipment. <sup>1</sup> Clinical and laboratory stages of manufacturing cast crowns. Possible errors, solutions. <sup>2</sup> Part 2	1
12.	Cast metal crowns with veneer (metal-ceramic, metal-plastic). Basic and auxiliary materials. Characteristics of porcelain masses. Equipment. Features of teeth preparation. Clinical and laboratory stages of manufacturing. Possible errors of the doctor and technician at the stages of manufacturing cast and cast crowns with veneer. Ways to eliminate them. Indications for treatment with cast veneered (metal-ceramic, metal-plastic) crowns. Features of the preparation of hard dental tissues for cast crowns with veneering with various materials. Clinical and laboratory stages of making crowns. Possible mistakes of the doctor and the technician at the stages of manufacturing cast crowns with veneer. Ways to eliminate them. Part 1	2
	Cast metal crowns with veneer (metal-ceramic, metal-plastic). Basic and auxiliary materials. Characteristics of porcelain masses. Equipment. Features of teeth preparation. Clinical and laboratory stages of manufacturing. Possible errors of the doctor and technician at the stages of	2

	manufacturing cast and cast crowns with veneer. Ways to eliminate them. Basic and auxiliary materials. Equipment. Composition and properties of ceramic masses. Part 2.	
13.	Methods of restoration of lesions of hard dental tissues with post-and-cores. Indications for using. Clinical and laboratory steps of manufacturing of post-and-cores. Indications and contraindications on the use of post-and- cores. Classification of post-and-cores. Types of pin teeth and their constructional features (Logan's crowns, Richmond's crowns, pin teeth by Ilina-Markosyan). Roots system classification by F.N. Tscukanova, I. Peros. Requirements for teeth roots. Preparation of roots for the manufacture of a post-and-core. Part 1.	2
	Methods of restoration of lesions of hard dental tissues with post-and-cores. Indications for using. Clinical and laboratory steps of manufacturing of post-and-cores. Methods of manufacturing of post-and-cores: (direct and indirect). Clinical and laboratory steps. Manufacturing of post-and-cores in multi-rooted teeth with non-parallel canals: "Cast cores made in interlocking sections", individual whole-cast post supported by a cemented prefabricated post in one canal", prefabricated posts. Errors and complications at the steps of treatment with post-and-cores. Part 2.	2
14.	Defects in the dentition, their classification. Features of clinical examination of patients. Prosthetic treatment of defects in the dentition with bridges. The state of dentition with partial edentia. Uncomplicated form. Etiology, clinic, pathogenesis. Classification of dentition defects (Kennedy, Wild, Gavrilov). Part 1.	2
	Defects in the dentition, their classification. Features of clinical examination of patients. Prosthetic treatment of defects in the dentition with bridges. Odontoparodontogram V. Yu. Kurlandsky (analysis). Features of clinical examination of patients with dentition defects. gnathodynamometry, EDI, assessment of the functional state of periodontium of teeth by comparing their mobility before and after the dosed loading. Part 2.	1
15.	Types of bridges, structural elements. Justification of the choice of the design of the bridge prosthesis. The nature of the distribution of functional load on the abutment teeth. Features of preparation of abutment teeth for various types of bridges. Dental bridges. Structural elements of bridges. Biological, clinical and biomechanical substantiation of the prosthetic treatment removable dentures. The nature of the distribution of functional load on the abutment teeth. The types of dental bridges: swaged-soldered, whole-cast, "Maryland". Part 1.	2
	Types of bridges, structural elements. Justification of the choice of the design of the bridge prosthesis. The nature of the distribution of functional load on the abutment teeth. Features of preparation of abutment teeth for various types of bridges. Features of preparation abutment teeth for various types of bridges. Requirements for abutment teeth. Security zones. Errors and complications in the preparation of teeth. <sup>2</sup> Part 2.	1
16.	Whole-cast, metal ceramic and metal-plastic dental bridges. Clinical and laboratory steps of manufacturing. Indications and contraindications on the manufacture of whole-cast, metal ceramic and metal-plastic dental bridges. The concept of parallelometry. Intra- and extraoral parallelometers. The study of diagnostic models in a parallelometer: the determination of directional abutment teeth, imitation of preparation on models. The basic principles of tooth preparation for whole-cast bridges without facing, with	2

	facing ceramics, plastic, and compomers. Shapes of the shoulder, its	
	Whole-cast, metal ceramic and metal-plastic dental bridges. Clinical and laboratory steps of manufacturing. Obtaining of the "more precise"	1
	impression. Techniques. The main groups of materials. Their characteristic. Clinical and laboratory steps of the manufacturing of whole-	
	cast, metal ceramic and metal-plastic bridges. Criteria for evaluating the quality of a bridge prosthesis. fixation in the oral cavity. Materials. <sup>2</sup> Part 2.	
17.	Bridges with one-sided support (cantilever). Indications and contraindications on the use. Compound bridges. Possible complications	2
	when using bridges. Methods of prevention and elimination of causes. Bridges with one-sided support (cantilever). Indications and	
	contraindications on the use. Compound bridges. Indications and	
	Methods of manufacturing. Part 1.	
	Bridges with one-sided support (cantilever). Indications and contraindications on the use. Compound bridges. Possible complications when using bridges. Methods of prevention and elimination of causes. Possible complications when using bridges. Methods of prevention and	2
18.	elimination of causes. Part 2. Features of examination and laboratory methods of examination of patients	2
	with partial absence of teeth. Justification of the diagnosis. Clinical and	
	Compliance, mobility and pain sensitivity of the mucous membrane.	
	Partial absence of teeth, causes of development. Examination of the patient. Clinical and functional methods for assessing the tissues of the prosthetic	
	bed. Justification of the diagnosis. Part 1	
	Features of examination and laboratory methods of examination of patients with partial absence of teeth. Justification of the diagnosis. Clinical and functional methods for assessing the tissues of the prosthetic bed.	1
	Compliance, mobility and pain sensitivity of the mucous membrane. The structure and properties of the oral mucosa, classification. Definition of the concepts of "transitional fold", "compliance", "mobility" of the oral	
	mucosa. The concept of "prosthetic field" and "prosthetic bed". Characteristics of the oral mucosa (Suppli, Lund). Pain sensitivity of the oral mucosa. Part 2.	
19.	Types of removable dentures used in the partial absence of teeth. Indications for use and structural elements of removable lamellar dentures. The boundaries of the basis of a removable plate prosthesis. Clinical and	2
	laboratory stages of manufacturing removable lamellar dentures. Obtaining impressions (anatomical and functional). Impression materials.	
	Types of removable dentures used to treat patients with partial absence of teeth. Indications for the use of removable plate dentures. Structural elements of removable plate dentures in case of partial absence of teeth,	
	their purpose. Part 1	1
	for use and structural elements of removable lamellar dentures. The	1
	boundaries of the basis of a removable plate prosthesis. Clinical and laboratory stages of manufacturing removable lamellar deptures. Obtaining	
	impressions (anatomical and functional). Impression materials.	
	The boundaries of the basis of the plate prosthesis in the partial absence of teeth in the upper and lower jaws. Clinical and laboratory stages of	

	manufacturing removable plate dentures with partial absence of teeth. Obtaining impressions (anatomical and functional). Impression materials. Part 2	
20.	Methods of fixation of removable plate prostheses. Types of clasps and their constituent elements, purpose. The choice of the number, location and assessment of the condition of the teeth for clasp fixation. Clam line. Concepts: "point", "linear" and "planar" arrangement of clasps in the basis of the prosthesis. Statics of removable plate dentures depending on the number of clasps and their location in the denture. Definition of the concepts of fixation and stabilization of removable dentures. Methods of fixation and stabilization of prostheses in case of partial absence of teeth. Types of clasps. Components of a single-arm bent wire holding clasp, their purpose. Part 1	2
	Methods of fixation of removable plate prostheses. Types of clasps and their constituent elements, purpose. The choice of the number, location and assessment of the condition of the teeth for clasp fixation. Clam line. Concepts: "point", "linear" and "planar" arrangement of clasps in the basis of the prosthesis. Statics of removable plate dentures depending on the number of clasps and their location in the denture. The concept of "point", "linear", "planar" arrangement of clasps. Biomechanics of removable plate dentures depending on the number of clasps and their location in the denture. The concept of "point", "linear", "planar" arrangement of clasps. Biomechanics of removable plate dentures depending on the number of clasps and their location in the denture. Part 2	2
21.	Methodology for determining the central occlusion and the central ratio of the jaws. Possible errors detected at this stage, methods for their elimination. Definition of the concepts of "central occlusion", "central ratio of the jaws", "relative physiological rest" of the masticatory muscles and the position of the lower jaw. Part 1	2
	Methodology for determining the central occlusion and the central ratio of the jaws. Possible errors detected at this stage, methods for their elimination. Determination of central occlusion or central ratio of the jaws for all groups of dentition defects according to A.I. Betelman. Possible errors detected at this stage, methods for their elimination. Part 2.	1
22.	Clinical guidelines for the selection and setting of artificial teeth. Artificial teeth, their types. Selection of artificial teeth. Indications for setting teeth "on the inflow" and on the "artificial gum". Clinical guidelines for the selection and setting of artificial teeth. Application of anthropometric landmarks on occlusal rims. Artificial teeth and their types. Setting of artificial teeth in case of partial absence of teeth. Part 1	2
	Clinical guidelines for the selection and setting of artificial teeth. Artificial teeth, their types. Selection of artificial teeth. Indications for setting teeth "on the inflow" and on the "artificial gum". Indications for setting teeth on an "artificial gum" or "on the inflow". Modeling of the basis of the plate prosthesis. Isolation of bone formations (torus, exostoses) of the prosthetic bed. Part 2	1
23.	Clinical stage of testing the design of a removable plate prosthesis (method and sequence of implementation). Possible errors detected at this stage, methods for their elimination. Clinical stage of testing the design of a removable plate prosthesis. Criteria for assessing the quality of the wax construction of a plate prosthesis. Part 1	2

	Clinical stage of testing the design of a removable plate prosthesis (method and sequence of implementation). Possible errors detected at this stage, methods for their elimination. Possible errors detected at this stage, methods for their elimination. Part 2	1
24.	Laboratory stages of manufacturing removable plate dentures. Final modeling, types of gypsum plasters, polymerization methods. Possible consequences of violations of the polymerization regime, their prevention. Final modeling of the basis of a removable prosthesis. Materials used for the manufacture of prosthesis bases. Composition and properties. Stages of plastic polymerization. Plastering models in a ditch. Types of plaster. Part 1	2
	Laboratory stages of manufacturing removable plate dentures. Final modeling, types of gypsum plasters, polymerization methods. Possible consequences of violations of the polymerization regime, their prevention. Methods for replacing wax with plastic. polymerization methods. Possible consequences of violations of the polymerization regime, their prevention. Finishing removable plate dentures. Criteria for assessing the quality of removable plate dentures. Possible errors and methods for their elimination. Part 2	1
25.	Causes of fractures of plate prostheses. Types and methods of repairing plate prostheses. Causes of breakdowns of removable plate dentures (breaking off the edge of the base, fracture or crack of the base, setting additional artificial teeth, breaking off the shoulder or transferring the clasp). Types and methods of repairing plate prostheses. Part 1	2
	Causes of fractures of plate prostheses. Types and methods of repairing plate prostheses. Methods of relining of prostheses. Part 2	1
26.	Indications for the manufacture of two-layer, metal, metallized bases. Manufacturing technology. Features of the manufacture of two-layer, metal, metallized bases. Indications. Characteristics of materials. <sup>2</sup> Part 1.	2
	Indications for the manufacture of two-layer, metal, metallized bases. Manufacturing technology. Clinical and laboratory stages of manufacturing two-layer, metal, metallized bases. <sup>2</sup> Part 2	1
27.	Fitting and imposition of a plate prosthesis. Control of occlusal-articulatory relationships in all types of occlusion. Evaluation of the quality of the manufactured prosthesis. Fitting and application of a removable plate prosthesis in the oral cavity. Part 1	2
	Fitting and imposition of a plate prosthesis. Control of occlusal-articulatory relationships in all types of occlusion. Control of occlusal-articulation relationships in all types of occlusion. Conduct sequence. Identification of premature contacts and elimination of them. <sup>2</sup> Part 2	1
28.	Adaptation to removable dentures. Instructions to the patient about the rules for using removable plate dentures. Correction of removable prostheses. Complications arising from the use of removable dentures. The process of adapting the patient to prostheses. Phases of adaptation according to V.Yu. Kurlyandsky. Rules for the use of removable dentures and recommendations to the patient. Part 1	2
	Adaptation to removable dentures. Instructions to the patient about the rules for using removable plate dentures. Correction of removable prostheses. Complications arising from the use of removable dentures.	1

-		
	Correction of removable plate prostheses. Instruments and materials. Complications arising from the use of removable dentures. Part 2	
1.	"Supported" prostheses (clasp and removable bridges). Indications for use.	2
	Structural elements, their purpose. Fixation systems. Materials used in the	
	manufacture of removable dentures.	
	Indications for treatment with bar ("supported") prostheses. Structural	
	elements of a removable bridge prosthesis Part 1	
	"Supported" prostheses (clasp and removable bridges) Indications for use	2
	Supported prostnesses (clusp and removable or ages). Indications for use.	<i>L</i>
	manufacture of removable dentures	
	Structural elements of the bar prosthesis their purpose. Types of fixation	
	systems (clasp lock telescopic beam) Indications basic concepts Basic	
	systems (clasp, lock, telescopic, beam). Indications, basic concepts. Basic	
	and auxiliary materials for the manufacture of removable dentures in the	
	partial absence of teeth. Part 2	1
	Supported prostneses (clasp and removable bridges). Indications for	1
	application. Structural elements, their purpose. Systems	
	Tixation. Materials used in the manufacture of removable dentures.	
	Biomechanics of the clasp prosthesis. The work of "on" and "terminal"	
	removable denture saddles. <sup>2</sup> Part 3	
2.	Parallelometry. Devices for parallelometry (parallelometers), their	2
	systematization, principles of operation. Definition of the concept of	
	"prosthetic equator" ("line of sight", "boundary line", "common equatorial	
	line", "clinical equator" - synonyms); changing its topography depending	
	on the position of the dentition model to the diagnostic pin. Methods of	
	parallelometry.	
	Devices for parallelometry (parallelometers), their systematization,	
	principles of operation. Parallelometry. Tasks solved at the stage of	
	parallelometry (clinical and laboratory). Stages of diagnostic measurement	
	of the model. Model tilt options. Definition of the concept "path of insertion	
	of the prosthesis". <sup>2</sup> Part 1	
	Parallelometry. Devices for parallelometry (parallelometers), their	2
	systematization, principles of operation. Definition of the concept of	
	"prosthetic equator" ("line of sight", "boundary line", "common equatorial	
	line", "clinical equator" - synonyms); changing its topography depending	
	on the position of the dentition model to the diagnostic pin. Methods of	
	parallelometry.	
	Definition of the concept of "prosthetic equator" ("line of sight", "boundary	
	line", "common equatorial line", "clinical equator" - synonyms); changing	
	its topography depending on the position of the dentition model to the	
	diagnostic pin. Options for the location of the line of sight by L. Blatterfein.	
	Part 2	
	Parallelometry Devices for parallelometry (parallelometers), their	1
	systematization principles of operation Definition of the concept of	1
	"prosthetic equator" ("line of sight" "boundary line" "common equatorial	
	line" "clinical equator" - synonyms): changing its tonography depending	
	on the position of the dentition model to the diagnostic nin. Methods of	
	narallelometry	
	Methods of parallelometry. Determining the location of the holding and of	
	the class arm. Drawing of the frame of the bar prosthesis. Dort 2	
3	The sequence of clinical and laboratory stages of manufacturing soldered	2
5.	and east har prostheses using investment easting technology. Technological	2
	and cast bar prosureses using investment casting technology. Technological	
1	processes at the stages of manufacturing bar prostnesses (casting, soldering).	

	The sequence of aligned and laboratory stages of manufacturing soldered	
	bar prostheses. Part 1	
	The sequence of clinical and laboratory stages of manufacturing soldered	2
	and cast bar prostheses using investment casting technology. Technological	
	processes at the stages of manufacturing bar prostheses (casting, soldering).	
	The sequence of clinical and laboratory stages in the manufacture of one-	
	piece cast bar prostheses using investment casting technology Part 2	
	The sequence of clinical and laboratory stages of manufacturing soldered	1
	and cast har prostheses using investment casting technology. Technological	1
	processes at the stages of manufacturing bar prostheses (casting, soldering)	
	Tachnological processes at the stages of manufacturing bar prostheses	
	(assting coldering) Decommondations to the notions on the myles for using	
	bar prostheses. Part 2	
4.	Modern methods of orthopedic treatment of patients with defects in hard	2
	tissues of teeth using ceramic inlays 1	
	Indications for the treatment of complex carious cavities with tabs	
	Principles of tooth preparation for inlays <sup>2</sup> Part 1	
	Modern methods of orthogodic treatment of patients with defects in hard	2
	tissues of teeth using ceramic inlaws 1	2
	The sequence of clinical and laboratory stages of manufacturing coronic	
	inlaws in an indiract way. Production of inlaws from molded accomics	
	Finally in an induced way. Floquetion of image from molecu cerannes.	
	Fixation of ceranic images. Part 2	1
	Modern methods of orthopedic treatment of patients with defects in hard	1
	dental tissues using ceramic inlays. I	
	Methods for manufacturing ceramic inlays CAD / CAM milling method.	
-	Fixation of ceramic inlays. 2 Part 2	
5	Increased tooth wear Definition of the concents of "physiological"	•
5.	increased toolin wear. Definition of the concepts of physiological,	2
0.	"delayed", "increased" erasure of hard dental tissues. Etiology.	2
5.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age;	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear.	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear.	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion).	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of	2
	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2	2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of	2 2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination,	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. Orthopedic treatment of patients with increased tooth wear, depending	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. Orthopedic treatment of patients with increased tooth wear, depending on the stage and extent of the process. Types of dentures 2 Part 1	2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. Orthopedic treatment of patients with increased tooth wear, depending on the stage and extent of the process. Types of dentures.2 Part 1 Increased tooth wear. Features of orthopedic treatment and features of	2 2 2 2 2 2
6.	"delayed", "increased" erasure of hard dental tissues. Etiology. Pathogenesis.1 Definition of the concepts of "physiological" tooth wear, its limits with age; and "pathological" tooth wear ("delayed" and "increased"). Etiological factors. Pathogenesis. Structural and morphological changes in the tissues of the tooth, periodontium. Classifications and common clinical manifestations of increased tooth wear.2 Part 1 Increased tooth wear. Localized form of increased tooth wear. 1 Clinical manifestations in various degrees of localized increased tooth wear. Complex methods of treatment of localized tooth wear in the anterior section, in the lateral sections (depending on the degree of abrasion). Varieties of orthopedic structures. Technology for the manufacture of plastic dental diagnostic mouthguards (splint). 2Part 2 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form with a decrease in the height of the lower face. Preventive measures, clinical examination, prognosis. ICD10 - (K03.0.)1 Clinical manifestations of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. The concept of myoarticular dysfunctional syndrome. Principles of complex treatment of generalized increased tooth wear with a decrease in the height of the lower third of the face. Orthopedic treatment of patients with increased tooth wear, depending on the stage and extent of the process. Types of dentures.2 Part 1 Increased tooth wear. Features of orthopedic treatment and features of complex rehabilitation of patients with a generalized form without lowering	2 2 2 2 2 2

	the height of the lower face. Preventive measures clinical examination	
	prognosis ICD10 (K03.0) 1	
	Clinical manifestations of generalized increased tooth wear without	
	Children in the height of the lower third of the foce. The concernt of the	
	reduction in the height of the lower third of the face. The concept of the	
	myostatic reflex according to Rubinov and the physiological basis of its	
	restructuring.2 Part 2	
	Increased tooth wear. Features of orthopedic treatment and features of	1
	complex rehabilitation of patients with a generalized form without lowering	
	the height of the lower face. Preventive measures, clinical examination,	
	prognosis. ICD10 - (K03.0).1	
	Principles of complex treatment of generalized increased tooth wear without	
	reducing the height of the lower third of the face. Preventive measures,	
	clinical examination, prognosis.2 Part 3	
7.	Features of orthopedic treatment of elderly patients with non-removable.	2
	removable prostheses 1	_
	Morphological and functional changes occurring in the structures of the	
	maxillofacial region in the elderly and senile age. Features of orthonedic	
	trastment of senile patients with non removable prostheses. Features of the	
	implementation of the aligned stages of orthopodic treatment in patients of	
	applementation of the chinear stages of orthopedic treatment in patients of	
	Senne age.2 Part 1	2
	Features of orthopedic treatment of elderly patients with removable	2
	prostheses. Phonetic adaptation to dentures in the absence of teeth. I	
	Features of orthopedic treatment of senile patients with removable	
	prostheses. 2 Part 2	
	Features of orthopedic treatment of elderly patients with removable	1
	prostheses. Phonetic adaptation to dentures in the absence of teeth. 1	
	Phonetic adaptation to dentures in the absence of teeth. Hygienic care of the	
	oral cavity and prostheses of various designs. 2 Part 3	
8.	Examination of patients with extensive defects in the dentition. Clinic.	2
	Indications and contraindications for the preservation of single standing	
	teeth and roots of teeth. 1	
	Methods of examination of patients with extensive defects in the dentition.	
	Clinical manifestations, choice of treatment plan. Indications and	
	contraindications for the preservation of single teeth and roots of teeth 2	
	Part 1	
	Examination of natients with extensive defects in the dentition. Orthopedic	2
	transmant with removable prostheses. Features of preparation of abutment	2
	teath and tooth roots for telescopic crowns and root attachments. 1	
	Orthopadia trastment with removable prostheses. Covering prostheses	
	Indications for evendentume. Class free fixation systems for removable	
	functions for overdemures. Clasp-free fixation systems for removable	
	dentures. Features of preparation of abutment teetin and tooth roots for	
	telescopic crowns and root attachments. Problems of restoring speech	
-	function (sound formation). 2 Part 2	
9.	Features of clinical examination in the complete absence of teeth.	2
	Determination of the morphological features of the tissues of the prosthetic	
	bed; the degree of atrophy of the bone tissue of the alveolar processes of the	
	upper jaw and the alveolar part of the lower jaw (classification of Schroeder,	
	Keller, V.Yu. Kurlyandsky, A.I. Doinikov, I.M. Oksman). 1	
	Change in the appearance of the patient in the complete absence of teeth.	
	Characterization of the morphological features of the bone and facial skull,	
	tissues of the prosthetic bed and TMJ in the complete absence of teeth 2 Part	
	1	

		1
	Features of the clinical examination of the patient in the complete absence of teeth. Determination of the degree of atrophy of the bone tissue of the alveolar processes of the upper jaw and the alveolar part of the lower jaw (classification by Schroeder, Keller, V.Yu. Kurlyandsky, A.I. Doinikov, I.M. Oksman). 1	2
	The structure of the edentulous upper and lower jaws, the shape of the alveolar process and the hard palate. Classification of atrophy of the edentulous jaws (classification of Schroeder, Keller, I.M. Oksman, V.Yu. Kurlyandsky, A.I. Doinikov) .2 Part 2	
10.	Classification of mucosal compliance and mobility (Suppli). The structure of the mucous membrane and its features in various parts of the prosthetic bed.1	2
	The structure of the mucous membrane and its features in various parts of the prosthetic bed. Classification of the oral mucosa according to Suppli. Mobility of the oral mucosa. The concept of transitional fold, neutral zone. Topography of the sublingual, retromolar and retroalveolar regions.2 Part 1	
	Classification of mucosal compliance and mobility (Suppli). Pain sensitivity of the mucous membrane. 1 Compliance of the mucous membrane of the prosthetic bed of the upper and lower jaws. Topography of mucosal compliance according to Lund. Buffer zones according to Gavrilov. Pain sensitivity of the mucous membrane and methods for its determination.2 Part 2	2
11.	Methods of fixation and stabilization of removable dentures in the complete absence of teeth. Definition of the concept of fixation and stabilization. Factors that ensure the fixation of prostheses on edentulous jaws. 1 Definition of the concept of fixation and stabilization. Factors that ensure the fixation of prostheses on edentulous jaws. Anatomical and physiological features of the structure of edentulous jaws in ensuring the fixation of dentures.2 Part 1	2
	Methods of fixation and stabilization of removable dentures in the complete absence of teeth. Definition of the concept of fixation and stabilization. Factors that ensure the fixation of prostheses on edentulous jaws. 1 The concept of the "valve zone". The mechanism of formation of the valve zone in various parts of the edentulous upper and lower jaws.2 Part 2	2
	Methods of fixation and stabilization of removable dentures in the complete absence of teeth. Methods for manufacturing individual spoons for the upper and lower jaws (wax, plastic). 1 Methods for obtaining impressions from edentulous jaws. Methods for manufacturing individual trays for the upper and lower jaws (wax, plastic).2 Part 3	1
12.	Methods for fitting individual plastic trays. Functional tests according to Herbst et al. 1 Requirements for an individual tray. Fitting of individual trays. Functional tests according to Herbst for the upper jaw. Functional tests according to Herbst for the lower jaw.2 Part 1	2
	Methods for fitting individual plastic trays. The boundaries of the bases of prostheses in the complete absence of teeth. 1 Materials for clarifying the boundaries of individual trays (wax compositions, thermoplastic masses, silicone masses). The boundaries of the bases of prostheses in the complete absence of teeth. 2 Part 2	2

13.	Determination of the central ratio of the jaws in the complete absence of teeth. Methods for determining the height of the lower face. 1 Anthropometric method for determining the central ratio of the jaws in the complete absence of teeth. Anatomical and physiological method for determining the central ratio of the jaws. Stages: Determining the state of physiological rest and measuring the height of the lower face. Fitting a wax base with an occlusal roller to the upper jaw and forming a prosthetic plane. Fitting a wax base with an occlusal roller to the lower face in the position of the central ratio.	2
	Pixation of occlusal rollers and application of anthropometric landmarks. 2 Part 1	
	Determination of the central ratio of the jaws in the complete absence of teeth. 1 Functional-physiological method for determining the central ratio of the jaws. 2 Part 2	2
	Determination of the central ratio of the jaws in the complete absence of teeth. 1 Photographic method for determining the height of the lower face. Methods for determining and the sequence of transferring landmarks to wax bases with occlusal rollers. 2 Part 3	1
14.	Biomechanics of the lower jaw. Patterns of articulation and occlusion of the dentition (the law of articulation of Bonville, Hanau) .1 Biomechanics of the lower jaw. Mouth opening, Gizi chewing cycle. Movements of the lower jaw in the vertical, sagittal and transversal directions. Patterns of articulation and occlusion of the dentition.2 Part 1	2
	Biomechanics of the lower jaw. Patterns of articulation and occlusion of the dentition (the law of articulation of Bonville, Hanau) .1 Articular and incisive sagittal angles; articular and incisive transversal angles. Triangle of Bonville. Balkville corner. The concept of stabilization of prostheses. stabilization factors. The laws of articulation of Bonville, Hanau.2 Part 1	2
	Biomechanics of the lower jaw. Articulators, principles of designing therapeutic agents.1 Device and types of articulators. Principles of designing dentures.2 Part 1	1
15.	Features of the design of prostheses with an orthognathic ratio of dentition in the occluder and articulator, on glass.1 Landmarks used in the design of artificial dentition. Methods of setting artificial teeth. Setting teeth according to Gizi. Setting artificial teeth according to Vasiliev. Setting artificial teeth according to Gerber.2 Part 1	2
	Features of the design of prostheses with an orthognathic ratio of dentition in the occluder and articulator, on glass. Setting artificial teeth according to individual occlusal curves. Artificial teeth. 1 Fundamentals of "spherical theory". Setting artificial teeth on spherical surfaces. Designing artificial dentitions according to individual occlusal curves. 2 Part 2	2
	Features of the design of prostheses with an orthognathic ratio of dentition in the occluder and articulator, on glass. Setting artificial teeth according to individual occlusal curves. Artificial teeth. 1 Aesthetic aspects in the setting of artificial teeth. Choice of teeth color. Determining the shape and size of teeth. 2 Part 3	1
16.	Features of the design of dentition in prostheses with progenic and prognathic ratio of the jaws. 1	2

	Features of the design of dentition in prostheses with a progenic ratio of the	
	jaws. 2 part 1	
	Features of the design of dentition in prostheses with progenic and	2
	prognathic ratio of the jaws. 1	
	Features of the design of dentition in prostheses with a prognathic ratio of	
	the jaws.2 Part 2	
17.	Checking the design of prostheses in the complete absence of teeth. 1	2
	Evaluation of the wax construction of prostheses in the occluder or	
	articulator. Checking the wax construction of prostheses in the oral cavity.2	
	Part 1	
	Checking the design of prostheses in the complete absence of teeth. 1	2
	Possible medical (doctor's) errors made in determining the central occlusion	
	and their clinical manifestations (decrease in the height of the lower part of	
	the face, increase in the height of the lower part of the face, fixation of the	
	anterior occlusion, lateral occlusions)2 Part 2	
	Checking the design of prostheses in the complete absence of teeth.	1
	Identification of possible errors and ways to eliminate them. 1	
	Possible errors and ways to eliminate them.2 Part 3	
18.	Clinical and laboratory stages of manufacturing removable plate dentures	2
	in the complete absence of teeth with various base designs (plastic, metal,	
	metallized, two-layer). Correction of prostheses. 1	
	Clinical and laboratory stages of manufacturing removable plate dentures	
	in the complete absence of teeth with a plastic base. Production of	
	prostheses with metal bases (stamped, cast). Technology for the	
	manufacture of prostheses with reinforced bases. 2 Part 1	
	Clinical and laboratory stages of manufacturing removable plate dentures	2
	in the complete absence of teeth with various base designs (plastic, metal,	
	metallized, two-layer). Correction of prostheses, 1	
	Features of the manufacture of prostheses with combined bases.	
	Manufacturing technology of two-layer prosthesis bases. Errors in the	
	clinical and laboratory stages of manufacturing removable plate dentures in	
	the absence of teeth.2 Part 2	
	Clinical and laboratory stages of manufacturing removable plate dentures	1
	in the complete absence of teeth. Adaptation to prostheses. The use of	-
	adhesive preparations that promote the fixation of prostheses.	
	Adaptation to removable plate dentures in the complete absence of teeth.	
	Correction of removable plate dentures. The use of adhesive preparations	
	that promote the fixation of prostheses. 2 Part 3	
19.	Features of orthopedic treatment of patients with complete absence of teeth	2
	during repeated prosthetics, with a decrease in the height of the lower face.	_
	Techniques for the manufacture of soft linings for prosthesis bases. 1	
	Indications for re-prosthetics. Techniques for the manufacture of soft	
	linings for prosthesis bases. Features of orthopedic treatment methods for	
	repeated prosthetics. 2 Part 1	
	Features of orthopedic treatment of patients with complete absence of teeth	2
	with a decrease in the height of the lower face. Correction of prostheses 1	-
	Features of orthopedic treatment methods for lowering the height of the	
	lower face. Methods for making mouthquards (splints) Correction of	
	prostheses, 2 Part 2	
1	Periodontal disease. Examination of patients with periodontal disease	2
1.	Classification of periodontal diseases Making of complex treatment plan	<i>L</i>
	Fundamentals of the choice of designs of medical devices. <sup>1</sup>	

	The concept of "periodontal tooth" and "periodontal disease". Classification	
	of periodontal diseases. Etiology and pathogenesis of periodontal diseases.	
	The main symptoms of periodontitis <sup>2</sup> Part 1.	
	Periodontal disease. Examination of patients with periodontal disease.	2
	Classification of periodontal diseases. Making of complex treatment plan.	
	Fundamentals of the choice of designs of medical devices. <sup>1</sup>	
	Methods of examination of periodontal tissues and their diagnostic	
	significance. Odontoparodontogram and its analysis. Gnatodynamometry.	
	Periotestmetry, devices for measuring. <sup>2</sup> Part 2.	
	Periodontal disease. Examination of patients with periodontal disease.	2
	Classification of periodontal diseases. Making of complex treatment plan.	
	Fundamentals of the choice of designs of medical devices. <sup>1</sup>	
	Obtaining impressions and studying diagnostic models in the articulator.	
	Identification of super contacts and comparison with occlusiogram data.	
	Formulation of the diagnosis. <sup>2</sup> Part 3.	
	Periodontal disease. Examination of patients with periodontal disease.	2
	Classification of periodontal diseases. Making of complex treatment plan.	
	Fundamentals of the choice of designs of medical devices. <sup>1</sup>	
	Drawing up a comprehensive treatment plan for periodontitis. The role and	
	place of orthopedic treatment in complex therapy. Fundamentals of the	
	choice of designs of medical devices. <sup>2</sup> Part 4.	
2.	Traumatic overload of the periodontium. Comprehensive therapy of	2
	periodontitis. <sup>1</sup>	
	The concept of traumatic occlusion and its types. The concept of functional	
	overload of teeth. Differential diagnosis of primary and secondary traumatic	
	occlusion. Selective grinding of teeth. Indications, methodology. Treatment	
	of teeth after selective grinding of teeth. <sup>2</sup> Part 1.	
	Traumatic overload of the periodontium. Comprehensive therapy of	2
	periodontitis.	
	Biomechanical basics of splinting. Classification of splints. Requirements	
	for splints. Comparative evaluation of removable and non-removable types $\int \frac{1}{2} P dx^2 P$	
	of splints. <sup>2</sup> Part 2	
	I raumatic overload of the periodontium. Comprehensive therapy of	2
	periodontitis. Types of stabilization of the dentition. <sup>2</sup> Part 3.	2
	I raumatic overload of the periodontium. Comprehensive therapy of	2
	periodontitis. <sup>1</sup> The method of temporary splinting as a therapeutic stage	
2	Ease and a creating the stability of teeth and defititions. Part 4.	2
з.	focal (localized) neriodentitic <sup>1</sup>	2
	Ticlagy nethogenesis of focal neriodentitic Clinic of focal (localized)	
	eurology, pathogenesis of local periodoniuus. Chinc of local (localized)	
	Food periodontitis. Fuil 1	2
	focal (localized) periodontitis <sup>1</sup>	2
	Justification of the splint or prosthesis design and their length based on	
	neriodontogram analysis data <sup>2</sup> Part 2	
	Focal periodontitis Etiology nathogenesis clinic Orthopedic treatment of	2
	focal (localized) periodontitis <sup>1</sup>	2
	Designs of splints and splinting prostheses: fixed removable combined	
	Requirements for fixed appliances in the presence of focal periodoptitis $^2$	
	Part 3	
	Focal periodontitis, Etiology, pathogenesis, clinic, Orthopedic treatment of	2
	focal (localized) periodontitis. <sup>1</sup>	-

	Carrying out the clinical stage depending on the design of the splinting	
4.	Generalized periodontitis. Etiology. Pathogenesis. Clinic. Treatment. Orthopedic methods of treatment of generalized periodontitis. <sup>1</sup> Etiology, pathogenesis of generalized periodontitis. Analysis of radiographs	2
	in generalized periodontitis. Rationale for the choice of splinting prosthesis design. <sup>2</sup> Part 1	
	Generalized periodontitis. Etiology. Pathogenesis. Clinic. Treatment. Orthopedic methods of treatment of generalized periodontitis. <sup>1</sup> Orthopedic treatment of generalized periodontitis with intact dentition. Types of medical devices <sup>2</sup> Part 2	2
	Generalized periodontitis. Etiology. Pathogenesis. Clinic. Treatment. Orthopedic methods of treatment of generalized periodontitis. <sup>1</sup>	2
	teeth. Types of medical devices. Clinical and laboratory stages of manufacturing splinting structures. <sup>2</sup> Part 3	
	Generalized periodontitis. Etiology. Pathogenesis. Clinic. Treatment. Orthopedic methods of treatment of generalized periodontitis. <sup>1</sup> Indications for extraction of teeth in periodontal diseases. Direct prosthetics for periodontal diseases. Direct Prosthetics. Clinical and technical stages of manufacturing direct prosthesis splints. <sup>2</sup> Part 4.	2
5.	Orthopedic treatment of patients with periodontal diseases with clasp splinting prostheses with a fixation system on support-retaining clasps, prostheses with a telescopic, beam or lock fixation system <sup>1</sup> . Clinical and laboratory stages of manufacturing of solid splinting clasp prostheses with clamp fixation. Parallelometry in the manufacture of solid- cast removable tires and prosthetic tires used in the treatment of periodontal diseases <sup>2</sup> . Part 1	2
	Orthopedic treatment of patients with periodontal diseases with clasp splinting prostheses with a fixation system on support-retaining clasps, prostheses with a telescopic, beam or lock fixation system <sup>1</sup> . Clinical and laboratory stages of manufacturing of clasp splints-prostheses with a lock and beam fixation system. Types of structures of beam systems and indications for their use. Classification of lock fasteners. Clinical and laboratory stages of manufacturing of clasp splints-prostheses with a lock fasteners of beam systems and indications for their use. Classification of lock fasteners. Clinical and laboratory stages of manufacturing of clasp splints-prostheses with a locking system of fixation <sup>2</sup> . Part 2	2
	Orthopedic treatment of patients with periodontal diseases with clasp splinting prostheses with a fixation system on support-retaining clasps, prostheses with a telescopic, beam or lock fixation system <sup>1</sup> . Clinical and laboratory stages of manufacturing of clasp splints-prostheses with a beam fixation system <sup>2</sup> . Part 3	2
	Orthopedic treatment of patients with periodontal diseases with clasp splinting prostheses with a fixation system on support-retaining clasps, prostheses with a telescopic, beam or lock fixation system <sup>1</sup> . Clinical and laboratory stages of manufacturing of clasp splints-prostheses with a telescopic fixation system <sup>2</sup> . Part 4	2
6.	Diagnostic, tactical and technical errors in the orthopedic treatment of patients with periodontal diseases. <sup>1</sup> Diagnostic and tactical errors in orthopedic treatment of patients with periodontal diseases. <sup>2</sup> Part 1	2
	Diagnostic, tactical and technical errors in the orthopedic treatment of patients with periodontal diseases. <sup>1</sup>	2

	Technical errors in the manufacture of splinting structures. Complications	
	reclinical errors in the manufacture of spinning structures. Complications	
	and errors in splinting teetn, the imposition of complex splints and splints-	
	prostheses Long-term prognosis of the disease <sup>2</sup> . Part 2	
1.	The concept of aesthetics in dentistry. The main aesthetic parameters. Facial	2
	composition; dental composition; stomato-facial composition.1 Medical	
	aesthetics, its structure. Research methods in medical aesthetics:	
	descriptive. Quantitative: anthropometric, cephalometric, photostatic,	
	telerentgenographic, functional, biometric.2 Part 1	
	The concept of aesthetics in dentistry. The main aesthetic parameters. Facial	2
	composition: dental composition: stomato-facial composition. 1 The main	
	aesthetic parameters Implementation of aesthetic patterns in the design of	
	destilette parameters. Implementation of destilette patterns in the design of dentures ? Part ?	
2	Modern methods of orthopedic treatment of patients with defects of hard	2
2.	tissues of teeth with the use of ceremic veneers 1	2
	Indications and contraindications for the manufacture of vencore. Dringinlas	
	indications and contraindications for the manufacture of veneers. Frinciples	
	of preparation of teeth for veneers. Part 1.	2
	Modern methods of orthopedic treatment of patients with defects of hard	Z
	ussues of teeth with the use of certainic veneers.	
	Methods of manufacturing ceramic veneers (layer-by-layer application	
	method, casting or injection molding method, CAD/CAM milling method).	
	Fixing ceramic veneers.2 Part 2.	-
3.	Implant materials. Biotechnical standards for intraosseous	2
	dental implants (designs, dimensions, surface treatment,	
	manufacturing methods, tooling). Morphology of biocompatibility of	
	implants (mechanisms of osteogenesis in implantation) 1.	
	The main materials used in the clinic for dental implantation. Requirements	
	for materials for intraosseous implants.2. Part1	
	Implant materials. Biotechnical standards for intraosseous dental implants	2
	(designs, dimensions, surface treatment, manufacturing methods, tooling).	
	Morphology of biocompatibility of implants (mechanisms of osteogenesis	
	in implantation) 1. Designs, implant sizes, surface treatment, manufacturing	
	methods.2 Part 2	
	Implant materials Biotechnical standards for intraosseous dental implants	2
	(designs dimensions surface treatment manufacturing methods tooling)	-
	Morphology of biocompatibility of implants (mechanisms of osteogenesis	
	in implantation) 1 Mechanisms of osteogenesis in implantation	
	Biocompatibility of implants 2 Part 3	
Δ	Examination methods and determination of anatomical and topographic	2
т.	conditions for implantation Indications contraindications for dental	2
	implantation. Dianning factures of orthogodic treatment based on	
	implaintation. Flaining, leatures of orthopeure treatment based on	
	accomplete absence of teeth for implentation planning 2 Part 1	
	complete absence of teeth for implantation planning.2 Part 1.	2
	Examination methods and determination of anatomical and topographic	2
	conditions for implantation. Indications, contraindications for dental	
	implantation. Planning, features of orthopedic treatment based on	
	intraosseous implants1. The specifics of X-ray studies: reading	
	orthopantomograms, studying CBCT. Determination of parameters of the	
	volume of bone tissue of the toothless area of the jaws.2 Part 2	
	Examination methods and determination of anatomical and topographic	2
	conditions for implantation. Indications, contraindications for dental	
	implantation. Planning, features of orthopedic treatment based on	
	intraosseous implants1. Implantation under unfavorable anatomical and	

topographic conditions. Equipment and tools. Methods of manufacturing a	
surgical template.2 Part 3	
5. The sequence of clinical and laboratory stages of orthopedic treatment with	2
support on one-stage implants, with two-stage implantation. Criteria	
assessment of the condition of implants1. One-stage implantation; two-	
stage implantation. Criteria for assessing the condition of implants. 2 Part 1	
The sequence of clinical and laboratory stages of orthopedic treatment with	2
support on one-stage implants, with two-stage implantation. Criteria	
assessment of the condition of implants1. The sequence of clinical and	
laboratory stages of orthopedic treatment of patients with the use of single	
artificial crowns and bridges supported by implants. The technique of	
obtaining impressions with a closed and open tray Materials Fixation:	
cement: screw 2 Part 2	
The sequence of clinical and laboratory stages of orthopedic treatment with	2
support on one-stage implants with two-stage implantation Criteria	-
assessment of the condition of implants1 Removable prostheses supported	
by two implants by means of a locking spherical push-button lock. The use	
of magnetic fixation of removable dentures. Beam fastening of prostheses	
on implants. The use of endossal implants in maxillofacial orthopedics.	
Part 3	
6 From and complications after dental prosthetics on implants	2
Hygienic measures necessary in the presence of orthopedic structures on	2
dental implants in the oral cavity 1 Peri implantitis Mucosities Causes of	
dental implaits in the oral cavity 1.1 en-implaintits. Mucosities. Causes of	
occurrence. Fleventive measures. Mechanical damage and flactures of	
components of implants and prostnesses. Preventive measures. Features of	
nygienic care of prostnetic structures based on dental intraosseous	
implants.2 Part I	
Intermediate certification (part 1)	2
Intermediate certification (part 2)	2
Total	256

<sup>1</sup> -Subject

<sup>2</sup> - essential content (if necessary)

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

Allaworcoof

V.I. Shemonaev