1. What system of fixation of an arch prosthesis is most suitable at low clinical crowns of supporting teeth?

A. Telescopic

B. Using Attachments

C. Tiller beam system

D. Using interlocks

E. Use of reverse-action clasps

2. The most beneficial direction of the clamping line on the upper jaw is?

A. Diagonal

B. Sagittal

C. Transversal

D. Linear

E. Parasagittal

3. The most likely direction of the clamping lines on the lower jaw is?

A. Transversal

B. Sagittal

C. The diagonal

D. Front-sagittal

E. Circular

4. Indicate the number of saddle parts in the clasp prosthesis in class 2 of the Kennedy Dowel Defects subclass:

A. 4

B. 3

C. 5

D. 1

E. 2

5. Indicate the number of saddle parts in the clasp prosthesis construction in class 2 of the 2 subclass of Kennedy dentition defects:

A. 3

B. 4

C. 5

D. 1

E. 2

6. What is the function of a continuous clamp?

A. Performs a splicing action

B. Increases denture strength

C. Increases stiffness of the prosthesis

D. Decreases the weight of the prosthesis

E. Performs a cosmetic function

7. What are the methods of connecting the support-restraining elements to the basis of the prosthesis? A. Movable

B. Compression

C. Polygonal

D. Differentiated

E. Compression

8. Retaining elements of the arch prosthesis prevent the prosthesis from moving:

A. Vertically in the direction from the prosthetic bed

B. In the sagittal direction

C. In the transversal direction

D. In none of these areas

E. In all these directions

9. Providing a semi-mobile clamp connection with the basis of the prosthesis is possible due to:

A. The elongated process of the clammer

B. Increased number of support pads

C. Increasing the holding arms of the clammer

D. Reducing the process of the clammer

E. Exceptions of the support plates

10. The use of extendental attachments is possible:

A. When dentition defects are included

B. At the end defects of the dentition

C. At low clinical crowns

D. When convergence of supporting teeth

E. In order to reduce the burden on the supporting teeth

11. How much need to cast gypsum models of workers and assistants in making a clasp prosthesis on the refractory model on the upper jaw?

A. Two working and one auxiliary

B. Three workers and two subsidiary

C. Three workers and one auxiliary

D. Two working and two auxiliary

E. One working and one supporting

12. Which duplicate mass should be used to duplicate the gypsum model?

A. Gehlin

B. Siolite

C. Carboplast

D. Moldin

E. Quartz

13. What is the thermal expansion temperature of silamine?

A. 500-7000 C

B. 700-9000 C

C. 600-8000 C

D. 400-6000 C

E. 300-5000 C

14. For the production of a refractory model, it is necessary to use a refractory mass:

A. Siolite

B. Kremposet

C. Quartz

D. Sylaur

E. Carboplast

15. How many laboratory steps involves the technology of making a clasp prosthesis for ashless wax compositions?

A. Three

B. One

C. Four

D. Two

E. Five

16. What is it necessary to prepare a duplicate mass for duplicating the gypsum model?

A. In a water bath

B. Couple

C. On an electric cooker

D. On Fire

E. On the spirit lamp

17. Modeling of the wax composition of the clasp prosthesis is carried out using?

A. "Formodent"

B. Bugelnogo wax

C. Wax "Lavax"

D. Base wax

E. Wax "Voskolit"

18. What material is the isolation between the mucosa and the basis of the clasp prosthesis on the gypsum model?

A. Bugel wax

B. Basic wax

C. Wax "Lavax"

D. Wax "Voskolyt"

E. Sticky wax

19. What kind of acrylic plastic is used to make the basis of the clasp prosthesis?

A. Bakril

B. Redont

C. Protouracil

D. Acryloxide

E. Acrodent

20. Clamper is made of such materials, except?

A. Plastic

B. ChC

C. Gold

D. Steel

E. Titan

21. At what temperature do the models obtained from the refractory mass in the silicone form dry?

A. 700 C

B. 650 C

C. 800 C

D. 600 C

E. 750 C

22. At what temperature do the models obtained from the refractory mass in the hydrocolloid forms dry?

A. 2500 C

B. 3000 C

C. 3500 ° C

D. 4000 C

E. 4500 C

23. The following conditions are necessary for the application of the locking locking system:

A) firm supporting teeth

B) high crowns of supporting teeth

C) low clinical crowns of supporting teeth

D) Incorrect or terminal defect in the dentition

E) Converted crowns of supporting teeth

24. The following conditions are peculiar to the application of the beam locking system:

A) Included defects

B) high crowns of supporting teeth

C) low clinical coronaries of supporting teeth

D) Faulty defects

E) uneven atrophy of alveolar processes

25. How to solve the problem of the end saddle without reducing chewing efficiency and not overloading the supporting teeth?

A) Movable connection of support elements to the basis of the prosthesis

B) Full saddle and shortened dentition

C) Arc placement in the frontal compartment

D) Decrease in the height of the crowns of artificial teeth

E) Establishment of artificial teeth with high tubercles

26. What anatomical and topographic conditions of the upper jaw contribute to good stability of the arch prosthesis?

A) Well expressed alveolar processes

B) High clinical crowns with pronounced equator

C) Well-defined cheek strands

D) A pronounced torus

E) The absence of hills

27. What measures can be taken to avoid injury of the frenum of the tongue with an arch of the prosthesis?

A) Move the arch of the prosthesis to the vestibular side of the alveolar process

B) Move the arch of the prosthesis to the vestibular side of the dentition

C) Cover the arc with elastic plastic

D) Carry plastic frenulum of tongue

E) To retreat from the frenum of the tongue by 3 mm and leave the arch from the oral aspect of the alveolar process

28. When checking the skeleton of the clasp prosthesis, the following drawbacks are determined?

A. Arc deformation

B. Large distance between arc and mucosa

C. Incorrect position of the clasps of the occlusal linings

D. Lack of balancing

E. Unobstructed movement of the lower jaw

29. The deformation of the arc, the wrong position of the arc and parts of the clasps can be a consequence?

A. Metal shrinkage during casting

B. Negligent attitude to the wax reproduction of the frame

C. Rapid cooling of metal

D. Use of wet gypsum

E. Incomplete wax melting

30. Prosthetics with submerged constructs provides for such laboratory measures, except?

A. Definition of central occlusion

B. Removing impressions

C. Checking the frame

D. Modeling

E. Carcass molding

31. What duplicate mass is used to duplicate the gypsum model?

A. Bugelit B.

Silamin C.

Panasil

D. Carboplast

E. Quartz

32. Do shortcomings of duplicate materials include?

A. Absence of strength at the moment of removing the model from the cuvette

B. Presence of water in the material

C. The material is released in the form of a gel

D. The material is discharged in the form of powder and liquid

E. There are no shortcomings

33. Patient S., aged 58, applied to the orthopedic dentistry clinic complaining of a partial absence of teeth on the upper jaw, a difficult chewing of food, a cosmetic defect. Anamnesis of the disease: the teeth are lost 16 years ago, which is associated with a complication of the carious process. The last extraction of teeth 5 years ago. Previously I used partial removable dentures. Objectively: the configuration of the face is not broken, the mucous membrane is pale pink. Dental formula: available on the upper jaw 13,12,11,21,22,23 - stable, have high crowns, anatomical shape and position without deviation from the norm. The alveolar process in the area of absent teeth is slightly atrophied. What are the design features of the clasp prosthesis in this clinical case?

A. Using kipmeyderov and multilink clammer

B. Maximum splinting by Jackson and Bonville clasps

C. Shortening of saddle parts in distal areas

D. Additional fixation in the area of the hillocks

E. Decrease in the height of artificial teeth

34. Patient N., 46 years old with an objective examination, observed a one-sided end defect of the dentition of the lower jaw, limited to 34 teeth. In order to restore the integrity of the dentition, a clasp prosthesis is planned. Specify its design features.

A. The use of Jackson and Bonville lockers on the healthy side

B. Using Accker Clamps on the Healthy Side

C. Using a 34-tooth ring clamp

D. Secure the lock on the 34 tooth

E. Decrease in the height of artificial teeth

35. A 62-year-old patient turned to the clinic of orthopedic dentistry. During an objective examination, it was revealed that there was a defect in the Kennedy 4th class dentition. 34, 33, 32, 31, 41, 42, 43, 44 are absent. The remaining teeth have high crowns and a pronounced equator. Specify the design features in this case.

A. The use of clasps of Jackson, Bonville, Reichelman

B. The use of restraining clamps on the last teeth

C. Use of 4 clamps of Akker

D. Inclusion of finger-shaped processes

E. Additional fixation in the frontal region

36. Patient D., 53 years of age, turned to the clinic of orthopedic dentistry for the purpose of prosthetics. He works as an announcer on television. Objectively: the dentition of the lower jaw is continuous. On the upper jaw - included defects in the lateral areas (Grade 3 subclass by Kennedy). The remaining teeth of 18, 17, 14, 13, 12, 11, 21, 22, 23, 26, 27 are stable, with high clinical crowns. What fixing elements of the clasp prosthesis can be used in this case?

A. Using the beam locking system

B. Use of a multi-member clamper on the remaining teeth

C. Using a telescopic locking system

D. Inclusion of finger-shaped processes

E. Use as reference only distal teeth

37. Patient K., 69 years old, turned to the clinic of orthopedic dentistry for the purpose of prosthetics. Objectively: the dentition of the lower jaw has a two-sided terminal defect. There are 38, 37, 35, 45, 46, 47, 48. The alveolar ridge in the area of missing teeth is unevenly atrophied. Available teeth of the lower jaw have mobility of 1-2 degrees. The dentition of the upper jaw is intact. Secondary defoormatsii dentition of the upper and lower jaws are absent. The patient is recommended to make an arch prosthesis on the lower jaw. What are the design

features in this clinical case?

A. The use of a multi-link clamper on the remaining teeth

B. Provision of loose occlusal contact in the area of artificial teeth

C. Reduction of chewing area of artificial teeth

D. Use of acetal clasps on 34 and 45 teeth

E. Shortening of the border of the saddle parts of the prosthesis

38. In the clinic of orthopedic dentistry the patient appealed with complaints about the absence of teeth on the lower jaw. A tubal prosthesis is made. At the stage of the carcass inspection, foreign inclusions (slags) were found in the casting. What is the reason for their occurrence?

A. Poor quality of the refractory model (insufficient drying), contamination of the crucible before melting

B. Insufficient mold temperature

C. A large amount of metal used in carcass molding

D. Insufficient holding time under centrifugal compaction

E. Used insufficient metal during carcass casting

39. In the clinic of orthopedic dentistry, the patient was approached with a prosthesis for the purpose of prosthetics. At the stage of the carcass check, the pores are revealed. The cause of their occurrence is? A. Insufficient filling of individual places of casting with liquid metal

B. Poor quality of the cladding layer

C. Poor quality of the refractory model

D. Low temperature of metal during casting

E. Insufficient thickness of the cladding layer

40. Patient K., 58 years old, a clasp prosthesis is manufactured. During the inspection of the carcass, the seams were identified. What is the reason for their occurrence?

A. Insufficient amount and wrong position of the sprue channels

B. Poor wettability of the wax model

C. Overheating of metal

D. Sharp transition in casting from thick to fine details

E. Low-quality material is used