

PROSTHODONTICS

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General Considerations (21)

- Diagnosis and treatment planning
- Preprosthodontic treatment
- Maxillomandibular relations
- Impressions and casts
- Esthetics and Phonetics
- Restorative implantology

Complete and Removable Partial Denture Prosthodontics (8)

- Design of prosthesis and mouth preparation
- Occlusion
- Dental Materials
- Insertion and postinsertion

Fixed Partial Prosthodontics (16)

- Design of Prosthesis and mouth preparation
- Occlusion
- Ceramic techniques
- Dental Materials
- Insertion and postinsertion

- Complete Denture
- Crown & Bridge
- Impression Materials
- Miscellaneous
- Occlusion/Temporomandibular Joint
- Porcelain
- Removable Partial Denture

Complete Denture

83/11

Excessive vertical dimension may result in

- poor denture retention.
- Drooping of the corners of the mouth.
- Creases and wrinkles around the lips.
- Trauma to the underlying supporting tissues. CORRECT

83/21

Overextension of a mandibular denture base in the distofacial area will cause dislodgment of the denture during function as the result of the action of the

- masseter muscle. CORRECT
- buccinator muscle.
- Pterygomandibular raphe.
- Superior pharyngeal constrictor muscle.

83/25

The distal palatal termination of the maxillary complete denture base is dictated by the

- tuberosity.
- fovea palatinae.
- Maxillary tori.
- Vibrating line. CORRECT
- Posterior palatal seal.

83/32

An excessive vertical dimension of occlusion in a patient with complete dentures will adversely affect

- retention.
- Protrusion.
- Centric relation.
- Balanced occlusion.
- Interocclusal clearance. CORRECT

83/43

Placement of maxillary anterior teeth in complete dentures too far Superiorly and anteriorly might result in difficulty in pronouncing

- "f" and "v" sounds. CORRECT
- "d" and "t" sounds.
- "s" and "th" sounds.
- Most vowels.

83/52

Papillary hyperplasia in a denture-wearing patient results primarily from

- overextension of the lingual flange.
- Inadequate eccentric occlusal contact.
- An inappropriate relief chamber on the maxillary denture. CORRECT
- Invasion of soft tissue by *Candida albicans*.
- An unpolished tissue surface on the maxillary denture.

83/64

The bearing area of the maxillary denture of an elderly patient shows hyperplastic tissue over the entire ridge. Treatment for this condition is to

- remove surgically all the hyperplastic tissue.
- Make an impression immediately in order to compress the entire area.
- Instruct the patient to leave the denture out of the mouth for several months.
- Use tissue treatment material for several weeks before making an impression. CORRECT

83/73

A generalized inflammatory condition in the stressbearing mucosa may be caused by (a) faulty occlusion; (b) ill-fitting dentures; (c) wearing the dentures for 24 hours consecutively; (d) an overclosed occlusal vertical dimension.

- (a) and (b) only
- (a), (b) and (c) CORRECT
- (a) and (c) only
- (b), (c) and (d)
- All of the above

86/29

Proper lip support for a patient with complete dentures is provided primarily by the

- convex surface of the labial flange.
- Festooned carvings on the facial surface.
- Thickness of the border in the vestibule.
- Facial surfaces of teeth and simulated attached gingiva. CORRECT

86/41

A balanced occlusion in maxillary and mandibular complete dentures exists when

- opposing teeth contact in centric occlusion.
- Opposing teeth contact in centric occlusion, working, balancing and protrusive positions. CORRECT
- Incisors contact without contact of posterior teeth in a protrusive position.
- Facial cusps touch in working position without contact on balancing cusps.

86/45

When testing the arrangement of teeth at the trial insertion of complete dentures, the lower lip should, when pronouncing the letter "f" as in fifty,

- be anterior to maxillary incisors.
- Be posterior to maxillary incisors.
- Not come near maxillary incisors.
- Contact lightly the incisal edges of maxillary incisors. CORRECT

88/04

The usual cause of contacting or clicking of posterior teeth when a patient speaks is

- decreased vertical dimension of occlusion
- increased vertical dimension of occlusion. CORRECT
- posterior teeth set too far lingually.
- Posterior teeth set too far facially.

88/16

Excessive vertical dimension of occlusion may result in

- poor denture retention.
- Increased interocclusal distance.
- Drooping of the corners of the mouth.
- Creases and wrinkles around the lip.
- Trauma to underlying supporting tissues. CORRECT

88/18

A patient who wears complete dentures is having trouble pronouncing the letter "C". This is probably caused by

- too thick a palatal seal area.
- Too thick a base in the mandibular denture.
- Incorrect positioning of maxillary incisors. CORRECT
- Improper positioning of mandibular incisors.

88/25

Proper lip support for a patient with complete dentures is provided primarily by the

- convex surface of the labial flange.
- Rounded contours of interdental papillae.
- Proper pronouncement of sibilant sounds.
- Thickness of the border in the vestibule.
- Facial surfaces of teeth and simulated attached gingiva. CORRECT

88/31

In determining the posterior limit of a maxillary denture base, which of the following is on the posterior border?

- Hamular notch. CORRECT
- Hamular process
- Fovea palatine
- Vibrating line
- Pterygomandibular raphe

88/38

Treatment of choice for a patient with a maxillary complete denture with severe bilateral tuberosity undercuts is to

- remove both tuberosity undercuts.
- Reduce the tissue bilaterally.
- Reduce the tissue on one side only, if possible. CORRECT
- None of the above. No treatment is necessary

88/41

During postinsertion adjustment, errors in occlusion may be checked most accurately by

- having the patient leave the dentures out of the mouth for 24 hours.
- Directing the patient to close the jaws, bringing the teeth into occlusion.
- Having the patient close in occlusion and making a transfer record to the articulator.
- Remounting the dentures on the articulator using remount casts and new interocclusal records. CORRECT

88/53

The error that most frequently contributes to poor esthetics of dentures is the practice of placing maxillary anterior teeth

- following the smile line.
- Too far below the lip line.
- Directly over the edentulous ridge. CORRECT
- Too far to the facial of the edentulous ridge.
- Too far to the lingual of the edentulous ridge.

97/239

When construction complete dentures, the ala tragus line must be parallel to

- Frankfort horizontal plane
- The maxillary posterior occlusal rims. CORRECT
- The mandibular posterior occlusal rims.

Ala Tragus



97/140

A plaster index is used to

- preserve face bow transfer CORRECT
- maintain vertical dimension of occlusion
- maintain bite registration

2004/161

Which on of the following is the most important factor for providing retention for complete dentures?

- cohesion
- adhesion
- peripheral seal CORRECT

Crown & Bridge

88/83

The retentive characteristics of a full crown may be enhanced by (a) using glass ionomer cement; (b) using zinc phosphate cement; (c) adding pinholes in the preparation; (d) adding grooves parallel to the path of draw; (e) maximizing the parallelism of the axial walls.

- (a), (c) and (d)
- (a), (d) and (e)
- (b), (c) and (d)
- (b), (c) and (e)
- (c), (d) and (e) CORRECT
- All of the above

97/54

What is the most accurate way of checking the occlusion for a fixed prosthesis?

- articulating paper
- shimstock CORRECT
- patient information

97/70

How far should implants be placed from one another?

- 3mm CORRECT
- 4mm
- 5mm
- 7mm

97/189

The ideal time to wait for osseointegration of an implant to take place is

- 3 months
- 6 months CORRECT
- 9 months
- 12 months

Impression Materials

97/133

Impression material with least tear resistance

- rubber base
- irreversible hydrocolloid
- reversible hydrocolloid CORRECT

97/179

What is the impression material with the best dimensional stability 24 hours after taking the impression?

- polyvinyl siloxane CORRECT
- reversible colloid
- irreversible colloid

Miscellaneous

86/28

At which of the following positions is sibilant sound usually produced?

- rest position
- occluding position
- open form rest position
- between rest and occluding positions. CORRECT

88/76

The lateral pterygoid muscle functions to (a) elevate the mandible; (b) protrude the mandible; (c) lift the mandible from the pterygoid plate; (d) move the mandible to the opposite side.

- (a) and (b)
- (a) and (c)
- (a) and (d)
- (b) and (c)
- (b) and (d) CORRECT
- (c) and (d)

98/63

- GOLD CASTING ALLOYS
 - Type I – soft gold-for inlays
 - Type II – medium- inlays
 - Type III – hard – onlays and crowns
 - Type IV – extra hard w/low fusing temp – partial dentures
 - Ceramic-metal restorations (contain iron, tin, indium)

When do you clean zinc phosphate cement from crown margins?

- immediately
- 4 hours after the cement has set
- after the cement has set completely CORRECT
- the next day

88/11

The proper zone of a gas-air blowpipe flame used for melting casting gold alloys is

- the reducing zone CORRECT
- the oxidizing zone
- the zone closest to the nozzle
- a combination of oxidizing and reducing zones

88/16

The property that most closely describes the ability of a cast gold inlay to be burnished is

- elastic limit
- ultimate strength
- percentage elongation. CORRECT
- modulus of resilience
- modulus of elasticity

88/31

In mixing zinc phosphate cement, which clinical variable has the greatest effect on the strength of the cement?

- spatulation time.
- Liquid-powder ratio CORRECT
- Temperature of the mixing slab
- Number and size of powder increments

Occlusion Temporomandibular Joint

83/68

Group function occlusion in an existing dentition is characterized by having (a) no balancing side contacts; (b) working side contacts from canine to third molar; (c) a long centric from centric relation to centric occlusion; (d) canine rise in protrusion; (e) total balance in lateral excursion.

- (a) and (b) only CORRECT
- (a), (b), (c), and (d)
- (a), (b), and (d) only
- (b), and (d) only
- (c), (d) and (e)
- (c), and (e) only

88/29

In a restorative problem involving all teeth in the mouth, the protrusive condylar path inclination has its primary influence on

- incisal guidance.
- Anterior teeth only.
- Mesial inclines of mandibular cusps and distal inclines of maxillary cusps. CORRECT
- Mesial inclines of maxillary cusps and distal inclines of mandibular cusps.

97/91

Best way to image TMJ

- CT
- MRI CORRECT
- High pan
- Lateral oblique

Class II malocclusion

- Division I: is when the maxillary anterior teeth are proclined and a large overjet is present
- Division II: is where the maxillary anterior teeth are retroclined and a deep overbite exists.

Classification of malocclusion

June 2, 2004

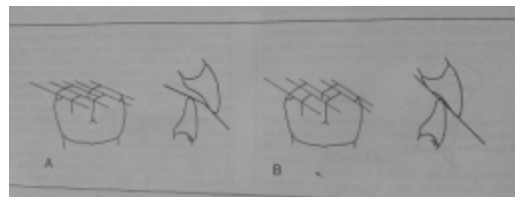
Dr. Robert Gallois

- <http://www.columbia.edu/itc/hs/dental/ortho/ClassificationMalocclusion.pdf>

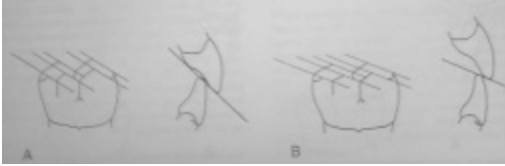
- The overlap of the cusps helps to keep the soft tissue of the tongue and cheeks out from the occlusal tables, preventing self-injury during chewing

- The amount of horizontal (overjet) and vertical (overbite) can significantly influence mandibular movement and thus influence the cusp design of restorations.

Overjet



Overbite



The TMJ and its influence



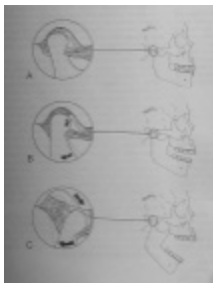
TMJ

- Condyle
- Articular Disk (superior and inferior joint spaces)
- Articular eminences

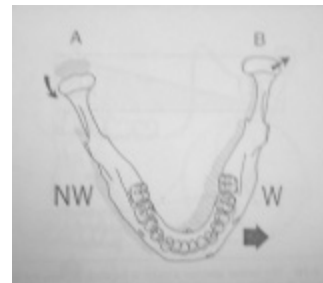
Mandibular Movements

- Rotation (superior joint space)
- Translation (inferior joint space)
- Immediate side shift (working side in lateral excursion)

Rotation and Translation



Side Shift



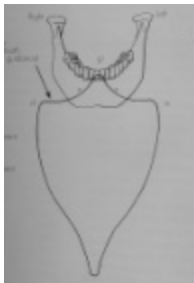
Planes of Motion

- Sagittal
- Frontal
- Horizontal

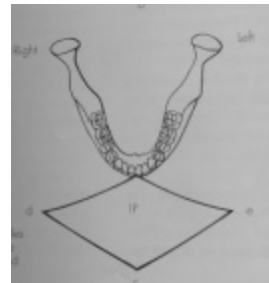
Sagittal (Posselt's diagram)



Frontal



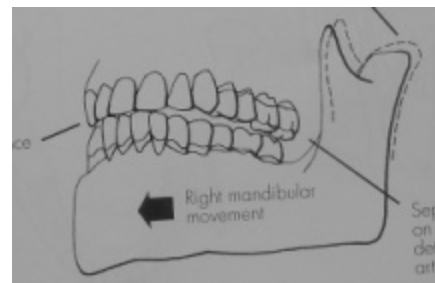
Horizontal



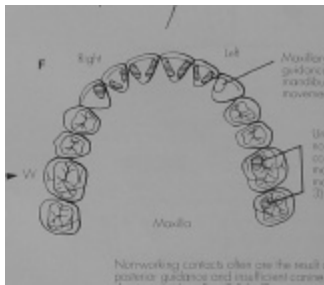
Types of Occlusion we use

- Canine guidance
- Group function
- Balanced occlusion

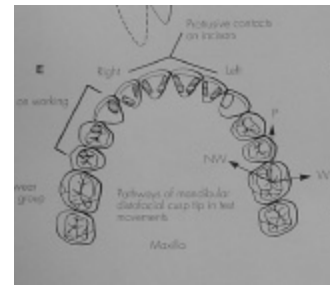
Canine Guidance



Canine Guidance



Group Function



Balanced Occlusion

- Used in denture patients
- A minimum of three point bilateral supporting contact occurs between the maxillary and mandibular teeth at all times in lateral and protrusive excursions (compensating curve)

Compensating Curve



86/11

Porcelain

The phenomenon where porcelain appears different under varying light conditions is

- metamerism. CORRECT
- translucency.
- Transmittance
- Opacification
- Refractive optics

86/77

Which of the following are causes of separation or fracture of the porcelain from the metal in the metal-ceramic technique? (a) Poor metal framework design; (b) Excessive porcelain condensation; (c) Centric occlusal contacts entirely on porcelain; (d) Contamination of metal prior to opaque application

- (a), (b) and (d)
- (a) and (c)
- (a) and (d) only
- (b) and (d) only CORRECT

Removable Partial Dentures

83/18

A properly designed rest on the lingual surface of a canine is preferred to a properly designed rest on the incisal surface because

- less leverage is exerted against the tooth by the lingual rest. CORRECT
- The enamel is thicker on the lingual surface.
- Visibility of as well as access to the lingual surface is better.
- The cingulum of the canine provides a natural surface for the recess.

83/57

The most important function of an indirect retainer is to prevent

- tissue resorption.
- Occlusal interferences.
- Movement of the denture base toward the tissue.
- Movement of the teeth after orthodontic treatment.
- Movement of a distal extension base away from the tissues. CORRECT

83/45

Clasps should be so designed that, upon insertion or removal of a removable partial denture, the reciprocal arms contact the abutment teeth when the retentive arms engage the height of contour in order to

- permit insertion and removal without applying excessive force. CORRECT
- assure complete seating of the framework
- prevent distortion of the clasps.
- All of the above.

83/85

Which of the following problems may occur in a patient with a maxillary removable partial denture if the palatal bar is made too thick?

- Difficulty in pressing food backward for swallowing. CORRECT
- Poor dissipation of force because of excessive rigidity
- Irritation of the palatal tissues
- Distortion under occlusal stress
- Injury to the abutment teeth

83/90

In designing a retainer on a noncarious mandibular first premolar abutment with a short clinical crown, which of the following restorations is most appropriate?

- An inlay
- A full crown CORRECT
- An MOD onlay
- A reverse $\frac{3}{4}$ crown

86/26

The most frequent cause of tissue soreness along the mucobuccal area of a removable partial denture is

- use of anatomic teeth.
- A centric prematurity .
- Heavy balancing contact.
- Extension of the denture border. CORRECT
- Lack of rigidity of the major connector.

88/20

When a removable partial denture is completely seated, the retentive terminals of the retentive clasp arms should be

- passive and applying no pressure on the teeth. CORRECT
- contacting the abutment teeth only in the suprabulge areas.
- Resting lightly on the height of contour line on the abutment teeth.
- Applying a definite, positive force on the abutment teeth in order to prevent dislodgment of the removable partial denture.

88/34

Which of the following is likely to occur under the distal extension maxillary partial denture of a patient with Paget's disease?

- The bone will tend to expand and the partial denture will have to be remade periodically. CORRECT
- The bone is like "cottonwool" and will be resorbed rapidly, thus, making frequent rebasing necessary.
- The bone will become very dense and hard, thus, soreness of the basal seat is likely to occur.
- Nothing will occur because maxillary bone is not usually affected.

88/46

Indirect retention is designed to

- stabilize tooth-borne removable partial dentures.
- Engage an undercut area of an abutment tooth.
- Help resist tissueward movement of an extension base partial denture.
- Help resist dislodgment of an extension base partial denture in an occlusal direction. CORRECT

■ KENNEDY CLASSIFICATIONS

- Class I – bilateral distal extension
- Class II – unilateral distal extension
- Class III – unilateral tooth borne edentulous area
- Class IV – bilateral (crossing midline) edentulous area (tooth borne)

97/108

When placing an I-clasp on a premolar for a distal extension RPD, the I-bar moves _____ and _____ under occlusal forces.

- occlusally and distally
- occlusally and mesially
- apical and distal
- apical and mesial CORRECT

97/139

A patient wearing a new bilateral RPD complains of soreness in tissue bearing areas 24 hours after insertion. The most likely cause would be

- occlusal discrepancies CORRECT
- over extended denture
- under extended denture
- allergy