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

a. Distal occlusion
b. Deep overbite
c. Cross bite
d. Open bite
e. Mesial occlusion

2. A 12-year-old female patient was diagnosed with open bite and dentoalveolar elongation of lateral part of mandible. What construction of apparatus is required?

a. Upper jaw appliance with occlusal rest seats
b. Angles sliding face bow
c. Upper jaw appliance with a face bow
d. Herbst appliance
e. Extraoral face bow

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

a. Open bite
b. Cross bite
c. Distal bite
d. Deep bite
e. Mesial bite

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

a. Deep
b. Distal
c. Open
d. Mesial
e. Cross

5. Examination of a 9-year-old child revealed protrudent chin, the lower lip overlapping the upper lip. There are diastemas and tremas beetwen the lower incisors, the lower incisors overlap the upper ones by ⅔ of crown height. Sagittal fissure is 3 mm. Specify the treatment tactics:

a. Angles sliding appliance
b. Myogymnastics complex
c. Bynins guard
d. Schwartz quard
e. Brueckls appliance

6. Preventive examination of a 4,5-year-old child revealed untimely missing of all the upper molars. The lower incisors contact with mucous membrane of palate. What is the tactics of choice?

a. Fabrication of an orthodontic appliance for deep overbite correction
b. Half-yearly examination till cutting of the permanent teeth
c. Medical intervention is not required
d. Fabrication of a removable lamellar prosthesis
e. Annual examination till cutting of the permanent teeth

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

a. To impact lateral parts
b. To protract frontal part
c. To protract lateral parts
d. To impact frontal part
e. To widen the lower jaw

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

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

10. A child was born with body weight at a rate of 3200 g and body length at a rate of 53 cm, 9 points on Apgar score. It was the first physiological delivery. What position of childs mandible is usually observed after birth?
a. Posterior occlusion
b. Physiological retrogenia
c. Central occlusion
d. Physiological progenia
e. Direct relation

11. The 12, 22 teeth of an 8-year-old child are missing. There is not enough space in dentition for them. X-ray picture shows no tooth germs. The 12 tooth of the childs father is missing and the 22 tooth is conoid. What is the reason for such pathological changes?
a. Caries
b. Trauma
c. Rachitis
d. Hereditary adentia
e. Extraction of teeth

12. A 12-year-old male patient consulted an orthodontist about odontoloxia. Objectively: the face is symmetric and proportional. In the oral cavity: permanent occlusion, occlusal relationship is orthognathic in the lateral parts, the 13 tooth is located off dentition on the palate, biometric measurements show that the width of the 13 tooth is 11,4 mm, the distance between the 12 and 14 teeth is 4,6 mm, the width of the 14 tooth is 7,6 mm. Suggest the treatment plan:
a. Extraction of the 14 tooth
b. Extract the 14 tooth and move the 13 tooth into its place
c. Move the 13 tooth into its due place without bite opening
d. Open the bite and move the 13 tooth into its due place
e. No treatment is required

13. Examination of a 13-year-old patient allowed to make a final diagnosis: vestibular position of the 13 and 23 teeth with the total space deficit, narrowing of maxillary dental arch, torsion of the 12 and

22 tooth. To eliminate this pathology it was suggested to widen the dental arch and to extract some teeth. What teeth have orthodontic indication for their extraction?

a. Canines
b. Second premolars
c. First molars
d. First premolars
e. Second incisors

14. A visiting nurse examined a newborn child. Examination revealed that lower face part is shorter than median one, chin is retrodeviated, teeth are missing, lower jaw is retrodisplaced. What is the name of such mandible position of a newborn?

a. Mesial occlusion
b. Distal occlusion
c. Edge-to-edge occlusion
d. Physiological infantile retrogenia
e. Physiological occlusion

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

a. -
b. The second
c. The third
d. The first
e. The fourth

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

a. Mesial position
b. Superocclusion of incisor and infraocclusion of canine
c. Distal position of lateral incisor
d. Palatine position of lateral incisor
e. Transposition of lateral incisor and canine

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

a. Pathology of upper airways
b. Endocrinal diseases
c. Gestational toxicosis
d. Untimely sanitation of oral cavity
e. Missing of Caelinski ledge

18. An infant was born full-term with body weight at a rate of 3200 g and body length at a rate of 53 cm. It was the first physiological delivery. What position of child’s mandible is usually observed after birth?

a. Physiological progenia
b. Deep overbite
c. Open bite
d. Physiological retrogenia
e. Direct relation

19. A 5 year old girl with crossbite was referred to an orthodontist. Objectively: between frontal teeth there are diaereses and diastems, canine tubera have no signs of physiological wear out. Central line

between incisors doesnt match. What is the doctors tactics?

a. To administer jaw massage
b. To wait for autoregulation
c. To disconnect occlusion
d. To remove unworn tubera of canines
e. To make a screw plate for the upper jaw

20. Preventive examination of a 6-year-old child revealed temporary teeth bite. Upper and lower dental arches are trapeziformed. Upper incisors overlap lower incisors more than by ⅔. Incisors and second molars are in the same relation. There is no space between frontal teeth. Upper dental arch is bigger than lower dental arch by the cheek tubercle size. Bite abnormality is observed in the following planes:

a. Sagittal and occlusal
b. Sagittal and lateral
c. Sagittal and vertical
d. Sagittal and nasal
e. Sagittal and frankfurt

21. Preventive examination of a 9-year-old girl revealed broad bridge of nose, narrow nasal passages, half-opened mouth, problems with lip joining, elongated lower third of face. The child presents with transitional occlusion. There is vertical gap 4-5 mm large from the 53 to the 64 tooth in the frontal region. Relationship of the first permanent molars complies with Angles class I. The child pronounces hissing sounds indistinctly. Specify the most likely factor of occlusion deformation:

a. Tongue sucking
b. Tongue parafunction
c. Nasal respiration disorder
d. Infantile swallowing
e. There is no correct answer

22. A child is 2,5 year old. The parents complain about thumb sucking during sleep. What tactics should the doctor choose?

a. Medical intervention is unnecessary
b. To talk with a child about harm from thumb suction
c. To recommend an ulnar fixator
d. Non-removable device for suppression of bad habit
e. Removable device for suppression of bad habit

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

a. In transversal and vertical
b. In transversal
c. In sagittal and vertical
d. In vertical
e. In sagittal

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

a. Surgical and instrumental
b. Instrumental and myogymnastics
c. Surgical and myogymnastics
d. Instrumental
e. Surgical and physiotherapeutic

25. An 11 year old girl has adentia, the 35 tooth is missing, it was proved roentgenologically. Between

the 34 and 33 teeth as well as between the 34 and 36 teeth there are diaereses, the 34 tooth is turned by 30o relative to its glossobuccal direction. What abnormal position does the 34 tooth have?

a. Distal
b. Vestibular
c. Oral
d. Tortoocclusion (rotation of teeth) and distal
e. Mesial

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

a. Elongation of dental arches
b. Narrowing of dental arches
c. Mesial occlusion
d. Distal occlusion
e. Widening of dental arches

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

a. I degree
b. III degree
c. V degree
d. IV degree
e. II degree

28. Mother of a 3 year old child brought the child to an orthodontist and complained about total lack of crown part of the 51 and 61 teeth. What tactics should the doctor choose?

a. Thin-walled cap
b. Stump tooth
c. Tooth extraction
d. Inlay
e. Metal-ceramic crown

29. A 9-year-old boy presents with face asymmetry due to the chin deviation to the left. When the third Ilina-Marcosian diagnostic test is performed face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?

a. Unilateral narrowing of the maxillary dental arch
b. Habitual deviation of mandible
c. Unilateral hypoplasia of mandible
d. Ankylosis of the temporomandibular joint
e. Bilateral narrowing of the maxillary dental arch

30. An 11-year-old child complains about missing crown of the 12 tooth as a result of a trauma. The tooth root is well treated. What prosthetic construction is indicated for elimination of this defect?

a. Cantilever prosthesis supported by the 13 tooth
b. Cantilever prosthesis supported by the 11 tooth
c. Ilina-Marcosians pivot tooth
d. Bridge-like prosthesis supported by the 13 and 11 teeth
e. Partial removable replacing prosthesis

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

a. Mesial occlusion
b. Distal occlusion

c. Open bite
d. Deep overbite
e. Cross bite

32. A 12-year-old female patient was diagnosed with open bite and dentoalveolar elongation of lateral part of mandible. What construction of apparatus is required?
a. Angles sliding face bow
b. Extraoral face bow
c. Upper jaw appliance with occlusal rest seats
d. Herbst appliance
e. Upper jaw appliance with a face bow

33. An 18-year-old patient complains about an aesthetic defect. Objectively: the lower teeth are set forward and overlap the upper antagonists. This symptom is typical for the following bite abnormality:
a. Distal bite
b. Open bite
c. Cross bite
d. Mesial bite
e. Deep bite

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

35. Examination of a 9-year-old child revealed protrudent chin, the lower lip overlapping the upper lip. There are diastemas and tremas beetwen the lower incisors, the lower incisors overlap the upper ones by 2/3 of crown height. Sagittal fissure is 3 mm. Specify the treatment tactics:
a. Myogymnastics complex
b. Brueckls appliance
c. Schwartz quard
d. Bynins guard
e. Angles sliding appliance

36. Preventive examination of a 4,5-year-old child revealed untimely missing of all the upper molars. The lower incisors contact with mucous membrane of palate. What is the tactics of choice?
a. Half-yearly examination till cutting of the permanent teeth
b. Medical intervention is not required
c. Fabrication of an orthodontic appliance for deep overbite correction
d. Annual examination till cutting of the permanent teeth
e. Fabrication of a removable lamellar prosthesis

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

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

a. Maxillary prognathism with lateral compression
b. Mandibular retrognathia
c. Maxillary macrognathia
d. Mandibular micrognathia
e. Maxillary macrognathia and mandibular micrognathia

39. A teenager applied to an orthodontist complaining about tooth malposition. Objectively: the face is without pecularities. Occlusion of permanent teeth is present. There are no abnormalities of jaw correlation in three planes. The 23 tooth is vestibularly over the occlusive plane; the space in the dental arch is less than 1/3 of crown size. How is it possible to make room for the malpositioned 23 tooth?

a. To enlarge transversal jaw dimensions
b. To remove the 23 tooth
c. To enlarge vertical dimensions
d. To remove the 24 tooth
e. To enlarge sagittal jaw dimensions

40. A 10-year-old boy complains about missing teeth. Objectively: the face is symmetrical, disproportional because of shortening of the lower third. In the oral cavity: the 12, 14, 15, 17, 22, 24, 25, 27, 34, 35, 37, 44, 45, 47 teeth are missing. X-ray picture shows partial adentia and absence of some tooth germs. Choose the most efficient prosthetic device:

a. Partial removable lamelalr prosthesis for both jaws
b. Clasp dental prostheses
c. The defect should be restored by implants
d. Cantilever dental bridges
e. Bridge prostheses

41. A child was born with body weight at a rate of 3200 g and body length at a rate of 53 cm, 9 points on Apgar score. It was the first physiological delivery. What position of childs mandible is usually observed after birth?

a. Central occlusion
b. Physiological progenia
c. Physiological retrogenia
d. Direct relation
e. Posterior occlusion

42. The 12, 22 teeth of an 8-year-old child are missing. There is not enough space in dentition for them. X-ray picture shows no tooth germs. The 12 tooth of the childs father is missing and the 22 tooth is conoid. What is the reason for such pathological changes?

a. Trauma
b. Rachitis
c. Caries
d. Extraction of teeth
e. Hereditary adentia

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

a. No treatment is required
b. Extraction of the 14 tooth

c. Open the bite and move the 13 tooth into its due place
d. Move the 13 tooth into its due place without bite opening
e. Extract the 14 tooth and move the 13 tooth into its place

44. External examination of a 9-year-old boy revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?
a. Mesial occlusion
b. Supraocclusion
c. Distal occlusion
d. Dentoalveolar maxillary lengthening
e. Dentoalveolar mandibular lengthening

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

46. An orthodontist monitors a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?
a. Rudolphs appliance
b. Standard Schonherrs vestibular screen
c. Frankels function regulator
d. Vesibular and oral Kraus screen
e. Andresen-Haupl activator

47. A visiting nurse examined a newborn child. Examination revealed that lower face part is shorter than median one, chin is retrodeviated, teeth are missing, lower jaw is retrodisplaced. What is the name of such mandible position of a newborn?
a. Physiological infantile retrogenia
b. Physiological occlusion
c. Edge-to-edge occlusion
d. Distal occlusion
e. Mesial occlusion

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

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

c. -
d. The second
e. The third

50. Preventive examination of a 5-year-old child reveals the infantile swallowing. The bad habit of thrusting the tongue between the teeth may cause the following complication:
a. Broadenning of the upper dental arch
b. Narrowing of the lower dental arch
c. Narrowing of the upper dental arch
d. Incomplete eruption of the front teeth
e. Broadening of the lower dental arch

51. After a preventive orthodontic examination a 9-year-old child was diagnosed with mesial occlusion. The treatment of this pathology involves application of an apparatus with mechanic action. What working element is to be applied in the apparatus intended for the correction of this pathology?
a. Screw and bite plate
b. Screw or spring
c. Elastics and buccal shields
d. Occlusal applications
e. Inclined plane

52. A 14 year old patient applied to an orthodontist. Objective examination revealed that on the site of the second incisor a canine tooth had cut out, and on the site of the canine - the second incisor. The same pathology has also the patients father. Make a diagnosis:
a. Palatine position of lateral incisor
b. Distal position of lateral incisor
c. Transposition of lateral incisor and canine
d. Mesial position
e. Superocclusion of incisor and infraocclusion of canine

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

54. An infant was born full-term with body weight at a rate of 3200 g and body length at a rate of 53 cm. It was the first physiological delivery. What position of child’s mandible is usually observed after birth?
a. Direct relation
b. Physiological progenia
c. Physiological retrogenia
d. Deep overbite
e. Open bite

55. A 5 year old girl with crossbite was referred to an orthodontist. Objectively: between frontal teeth there are diaereses and diastems, canine tubera have no signs of physiological wear out. Central line between incisors doesnt match. What is the doctors tactics?
a. To disconnect occlusion
b. To remove unworn tubera of canines
c. To make a screw plate for the upper jaw
d. To administer jaw massage

e. To wait for autoregulation

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

a. Sagittal and frankfurt
b. Sagittal and vertical
c. Sagittal and occlusal
d. Sagittal and lateral
e. Sagittal and nasal

57. Preventive examination of a 9-year-old girl revealed broad bridge of nose, narrow nasal passages, half-opened mouth, problems with lip joining, elongated lower third of face. The child presents with transitional occlusion. There is vertical gap 4-5 mm large from the 53 to the 64 tooth in the frontal region. Relationship of the first permanent molars complies with Angles class I. The child pronounces hissing sounds indistinctly. Specify the most likely factor of occlusion deformation:

a. There is no correct answer
b. Nasal respiration disorder
c. Tongue sucking
d. Tongue parafunction
e. Infantile swallowing

58. Parents of a 12-year-old child consulted an orthodontist about improper position of the childs upper teeth. Objectively: the face is narrow, elongated; the developing occlusion is present (temporary second molars). The 13 and 23 teeth are located beyond the dental arch, they deviate to the lips above the occlusal plane, there is a 2,5 mm gap between the 12 and 14 teeth, and a 1,5 mm gap between the 22 and 24 ones, 45°rotation the 33 and 43 teeth is present. Choose the most rational method of treatment:

a. Extraction of temporary premolars and expansion of dental arches
b. Expansion of dental arches in the region of canine apices
c. Extraction of the premolars and relocation of the canines
d. Compact osteotomy and expansion of dental arches
e. All the answers are wrong

59. A child is 2,5 year old. The parents complain about thumb sucking during sleep. What tactics should the doctor choose?

a. Removable device for suppression of bad habit
b. To recommend an ulnar fixator
c. Medical intervention is unnecessary
d. To talk with a child about harm from thumb suction
e. Non-removable device for suppression of bad habit

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

a. Instrumental
b. Surgical and physiotherapeutic
c. Surgical and myogymnastics
d. Instrumental and myogymnastics
e. Surgical and instrumental

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

a. Vestibular
b. Oral

c. Distal
d. Mesial
e. Tortoocclusion (rotation of teeth) and distal

62. A boy is 10 years old. His face is symmetric and proportional. He presents with mouth breath. Examination of the oral cavity revealed saddle-like form of dental arches and high arched palate. Upper first molar relationship (Angle's key to occlusion) remains intact. What is the most likely diagnosis?
a. Distal occlusion
b. Widening of dental arches
c. Elongation of dental arches
d. Narrowing of dental arches
e. Mesial occlusion

63. A 12-year-old child presents with missing 31 and 41 teeth, the gap between the 32 and 42 teeth is 10 mm. Choose the most rational denture construction:
a. Clasp denture
b. Interdental wedge
c. Partial lamellar removable adjustable denture
d. Dental bridge
e. Adjustable microprosthesis

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

65. Mother of a 3 year old child brought the child to an orthodontist and complained about total lack of crown part of the 51 and 61 teeth. What tactics should the doctor choose?
a. Metal-ceramic crown
b. Inlay
c. Tooth extraction
d. Thin-walled cap
e. Stump tooth

66. An 8-year-old child is found to have convex facil profile, forced closing of lips, sagittal gap of 7 mm. Eschler-Bittner test produces some face improvement. This abnormality can be eliminated by means of Frankel type regulator. What is the mechanism of action of this device?
a. Normalization of upper front teeth position by means of a vestibular bar
b. Normalization of labial, buccal and lingual pressure as well as of mandible position
c. Maxillary expansion by means of a screw
d. Inhibition of maxilla growth in the sagittal direction
e. Normalization of mandible position and growth by means of intermandibular traction

67. An 11-year-old child complains about missing crown of the 12 tooth as a result of a trauma. The tooth root is well treated. What prosthetic construction is indicated for elimination of this defect?
a. Bridge-like prosthesis supported by the 13 and 11 teeth
b. Partial removable replacing prosthesis
c. Cantilever prosthesis supported by the 11 tooth
d. Cantilever prosthesis supported by the 13 tooth
e. Ilina-Marcosians pivot tooth

68. Parents of a 9-year-old boy complain about permanently open mouth of the child. External examination revealed elongation of the lower face part, non-closure of lips. Examination of the oral

cavity revealed early mixed dentition. Relationship of the first permanent molars is neutral, vertical space is 5 mm. What is the most likely diagnosis?

a. Cross bite

b. Open bite

c. Mesial occlusion

d. Distal occlusion

e. Deep overbite

69. A 12-year-old female patient was diagnosed with open bite and dentoalveolar elongation of lateral part of mandible. What construction of apparatus is required?

a. Herbst appliance

b. Upper jaw appliance with a face bow

c. Extraoral face bow

d. Angles sliding face bow

e. Upper jaw appliance with occlusal rest seats

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

a. Deep bite

b. Distal bite

c. Mesial bite

d. Open bite

e. Cross bite

71. An 8-year-old boy complains of improper arrangement of teeth. Examination at an orthodontic clinic revealed broad, tight, low-attached upper lip frenulum. Broad frenulum and its low attachment may cause:

a. Narrowing of the upper dentition

b. Protrusion of the upper front teeth

c. Shortening of the upper dentition

d. Elongation of the upper dentition

e. Diastema

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

a. Mesial

b. Cross

c. Distal

d. Deep

e. Open

73. Examination of a 9-year-old child revealed protrudent chin, the lower lip overlapping the upper lip. There are diastemas and tremas beetwen the lower incisors, the lower incisors overlap the upper ones by &frac32 of crown height. Sagittal fissure is 3 mm. Specify the treatment tactics:

a. Bynins guard

b. Angles sliding appliance

c. Myogymnastics complex

d. Brueckls appliance

e. Schwartz quard

74. Preventive examination of a 4,5-year-old child revealed untimely missing of all the upper molars. The lower incisors contact with mucous membrane of palate. What is the tactics of choice?

a. Fabrication of a removable lamellar prosthesis

b. Annual examination till cutting of the permanent teeth

c. Medical intervention is not required

d. Half-yearly examination till cutting of the permanent teeth

e. Fabrication of an orthodontic appliance for deep overbite correction

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

a. Mandibular retrognathia
b. Maxillary macrognathia and mandibular micrognathia
c. Mandibular micrognathia
d. Maxillary macrognathia
e. Maxillary prognathism with lateral compression

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

a. 20 months
b. 6 months
c. 12 months
d. 3 months
e. 10 months

77. A 10-year-old boy complains about missing teeth. Objectively: the face is symmetrical, disproportional because of shortening of the lower third. In the oral cavity: the 12, 14, 15, 17, 22, 24, 25, 27, 34, 35, 37, 44, 45, 47 teeth are missing. X-ray picture shows partial adentia and absence of some tooth germs. Choose the most efficient prosthetic device:

a. The defect should be restored by implants
b. Partial removable lamelalr prosthesis for both jaws
c. Clasp dental prostheses
d. Bridge prostheses
e. Cantilever dental bridges

78. A child was born with body weight at a rate of 3200 g and body length at a rate of 53 cm, 9 points on Apgar score. It was the first physiological delivery. What position of childs mandible is usually observed after birth?

a. Direct relation
b. Posterior occlusion
c. Physiological progenia
d. Central occlusion
e. Physiological retrogenia

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

a. Quadrangle
b. Triangle
c. Semiellipse
d. Parabola
e. Semicircle

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

a. Open bite
b. Distal occlusion
c. Overbite
d. Mesial bite

e. Cross-bite

81. The 12, 22 teeth of an 8-year-old child are missing. There is not enough space in dentition for them. X-ray picture shows no tooth germs. The 12 tooth of the childs father is missing and the 22 tooth is conoid. What is the reason for such pathological changes?

a. Hereditary adentia
b. Extraction of teeth
c. Rachitis
d. Trauma
e. Caries

82. Parents of a 6-year-old girl consulted an orthodontist about protrusion of the lower jaw. The child looks like his father. Objectively: the child has primary bite, there are diastemata and tremata on both jaws, reverse incisal overlap of front teeth, the sagittal gap is up to 3 mm, the lateral parts are characterized by mesio-occlusion. Ilyina-Markosyan test for the distal displacement of mandible is negative. What principle of treatment will be most effective?

a. No to start treatment until the end of transitional dentition
b. To start orthodontic treatment after the second dentition is completed
c. To stimulate the growth of maxilla in sagittal direction
d. The treatment is not required
e. To delay the growth of mandible in sagittal direction

83. External examination of a 9-year-old boy revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?

a. Distal occlusion
b. Dentoalveolar maxillary lengthening
c. Supraocclusion
d. Dentoalveolar mandibular lengthening
e. Mesial occlusion

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

a. Second incisors
b. Canines
c. First premolars
d. Second premolars
e. First molars

85. An orthodontist monitors a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by ⅓; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?

a. Andresen-Haupl activator
b. Rudolphs appliance
c. Vesibular and oral Kraus screen
d. Frankels function regulator
e. Standard Schonherrs vestibular screen

86. A visiting nurse examined a newborn child. Examination revealed that lower face part is shorter than median one, chin is retrodeviated, teeth are missing, lower jaw is retrodisplaced. What is the name of such mandible position of a newborn?

a. Physiological occlusion
b. Mesial occlusion
c. Physiological infantile retrogenia

d. Distal occlusion
e. Edge-to-edge occlusion

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

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

89. Preventive examination of a 5-year-old child reveals the infantile swallowing. The bad habit of thrusting the tongue between the teeth may cause the following complication:
a. Broadening of the lower dental arch
b. Broadenning of the upper dental arch
c. Incomplete eruption of the front teeth
d. Narrowing of the lower dental arch
e. Narrowing of the upper dental arch

90. After a preventive orthodontic examination a 9-year-old child was diagnosed with mesial occlusion. The treatment of this pathology involves application of an apparatus with mechanic action. What working element is to be applied in the apparatus intended for the correction of this pathology?
a. Occlusal applications
b. Inclined plane
c. Screw and bite plate
d. Screw or spring
e. Elastics and buccal shields

91. A 14 year old patient applied to an orthodontist. Objective examination revealed that on the site of the second incisor a canine tooth had cut out, and on the site of the canine - the second incisor. The same pathology has also the patients father. Make a diagnosis:
a. Distal position of lateral incisor
b. Mesial position
c. Superocclusion of incisor and infraocclusion of canine
d. Transposition of lateral incisor and canine
e. Palatine position of lateral incisor

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

e. Gestational toxicosis

93. Preventive examination of a 6-year-old child revealed temporary teeth bite. Upper and lower dental arches are trapeziformed. Upper incisors overlap lower incisors more than by &frac32. Incisors and second molars are in the same relation. There is no space between frontal teeth. Upper dental arch is bigger than lower dental arch by the cheek tubercle size. Bite abnormality is observed in the following planes:

a. Sagittal and frankfurt
b. Sagittal and vertical
c. Sagittal and occlusal
d. Sagittal and lateral
e. Sagittal and nasal

94. Preventive examination of a 9-year-old girl revealed broad bridge of nose, narrow nasal passages, half-opened mouth, problems with lip joining, elongated lower third of face. The child presents with transitional occlusion. There is vertical gap 4-5 mm large from the 53 to the 64 tooth in the frontal region. Relationship of the first permanent molars complies with Angles class I. The child pronounces hissing sounds indistinctly. Specify the most likely factor of occlusion deformation:

a. Tongue parafunction
b. Infantile swallowing
c. There is no correct answer
d. Nasal respiration disorder
e. Tongue sucking

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

a. All the answers are wrong
b. Extraction of the premolars and relocation of the canines
c. Extraction of temporary premolars and expansion of dental arches
d. Expansion of dental arches in the region of canine apices
e. Compact osteotomy and expansion of dental arches

96. Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?

a. Deep overbite
b. Cross-bite
c. Prognathic bite
d. Open bite
e. Anterior bite

97. A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastemas and tremas between the lower incisors, the lower incisors overlap the upper incisors by &frac32 of the crown height. First permanent molars demonstrate Angles class III relation. Sagittal gap is 3 mm. The correct doctors tactics will be to:

a. Use Bruckls appliance
b. Use Angles apparatus
c. Use Schwartz appliance
d. Use Bynin appliance
e. Recommend a complex of myogymnastic exercises

98. A child is 2,5 year old. The parents complain about thumb sucking during sleep. What tactics should the doctor choose?

a. To talk with a child about harm from thumb suction
b. Non-removable device for suppression of bad habit

c. Removable device for suppression of bad habit
d. To recommend an ulnar fixator
e. Medical intervention is unnecessary

99. A 5-year-old child was found to have missing upper molars. Lower incisors are in contact with the mucous membrane of palate. Specify the doctors tactics:
a. Examine the child once a year until the eruption of permanent teeth
b. Examine the child every six months until the eruption of permanent teeth
c. Fabricate a removable laminar denture
d. Fabricate an orthodontic appliance for the treatment of closed bite
e. Medical intervention is not needed

100. A child is 7 years old. He has early transitional dentition. There is overcrowding of the lower front teeth: the 42 and 32 teeth erupted orally with a complete lack of space. Make a plan of treatment:
a. Extraction of the 42 and 32 teeth
b. Extraction of the 83 and 73 teeth
c. Extraction of the 84 and 74 teeth
d. Serial consecutive extraction by Hotz method
e. Extraction of the 41 and 31 teeth

101. A 14-year-old girl complains of indistinct pronunciation that developed at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation didnt reveal cleft palate. Uvula doesnt move during pronunciation of sounds, its palpation does not cause gag reflex. What is the reason for indistinct pronunciation of sounds?
a. Adenoid vegetations
b. Hypertrophy of lingual tonsil
c. Deformation of the bite
d. Paresis of the soft palate and uvula muscles
e. Palatal slit

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

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

104. An 11 year old girl has adentia, the 35 tooth is missing, it was proved roentgenologically. Between the 34 and 33 teeth as well as between the 34 and 36 teeth there are diaereses, the 34 tooth is turned by 30o relative to its glossobuccal direction. What abnormal position does the 34 tooth have?
a. Oral
b. Tortoocclusion (rotation of teeth) and distal
c. Mesial

d. Distal
e. Vestibular

105. A boy is 10 years old. His face is symmetric and proportional. He presents with mouth breath. Examination of the oral cavity revealed saddle-like shape of dental arches and high arched palate. Upper first molar relationship (Angles key to occlusion) remains intact. What is the most likely diagnosis?
a. Distal occlusion
b. Widening of dental arches
c. Elongation of dental arches
d. Narrowing of dental arches
e. Mesial occlusion

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

107. Mother of a 3 year old child brought the child to an orthodontist and complained about total lack of crown part of the 51 and 61 teeth. What tactics should the doctor choose?
a. Inlay
b. Tooth extraction
c. Metal-ceramic crown
d. Stump tooth
e. Thin-walled cap

108. An 8-year-old child is found to have convex facil profile, forced closing of lips, sagittal gap of 7 mm. Eschler-Bittner test produces some face improvement. This abnormality can be eliminated by means of Frankel type regulator. What is the mechanism of action of this device?
a. Normalization of labial, buccal and lingual pressure as well as of mandible position
b. Maxillary expansion by means of a screw
c. Normalization of upper front teeth position by means of a vestibular bar
d. Normalization of mandible position and growth by means of intermandibular traction
e. Inhibition of maxilla growth in the sagittal direction

109. A 9-year-old boy presents with face asymmetry due to the chin displacement to the left. When the third Ilina-Marcosian diagnostic test is performed, face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?
a. Unilateral narrowing of the maxillary dental arch
b. Habitual displacement of mandible
c. Unilateral hypoplasia of mandible
d. Ankylosis of the temporomandibular joint
e. Bilateral narrowing of the maxillary dental arch

110. Intraoral examination of a 5-year-old child revealed primary occlusion, tremas and diastemas, worn tubercles and cutting surfaces of teeth. The distal surfaces of the second lower molars are anterior to the distal surfaces of the second upper molars. This stage of primary occlusion is called:
a. Eruption
b. There is no correct answer
c. Stable occlusion
d. Formation
e. Aging

111. An 18-year-old patient complains about an aesthetic defect. Objectively: the lower teeth are set

forward and overlap the upper antagonists. This symptom is typical for the following bite abnormality:

a. Cross bite

b. Mesial bite

c. Deep bite

d. Distal bite

e. Open bite

112. An 8-year-old boy complains of improper arrangement of teeth. Examination at an orthodontic clinic revealed broad, tight, low-attached upper lip frenulum. Broad frenulum and its low attachment may cause:

a. Protrusion of the upper front teeth

b. Diastema

c. Elongation of the upper dentition

d. Shortening of the upper dentition

e. Narrowing of the upper dentition

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

a. Open

b. Deep

c. Cross

d. Mesial

e. Distal

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

a. Bynins guard

b. Angles sliding appliance

c. Myogymnastics complex

d. Brueckls appliance

e. Schwartz quard

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

a. To protract frontal part

b. To protract lateral parts

c. To impact lateral parts

d. To widen the lower jaw

e. To impact frontal part

116. A teenager applied to an orthodontist complaining about tooth malposition. Objectively: the face is without pecularities. Occlusion of permanent teeth is present. There are no abnormalities of jaw correlation in three planes. The 23 tooth is vestibularly over the occlusive plane; the space in the dental arch is less than 1/3 of crown size. How is it possible to make room for the malpositioned 23 tooth?

a. To remove the 23 tooth

b. To enlarge vertical dimensions

c. To enlarge transversal jaw dimensions

d. To enlarge sagittal jaw dimensions

e. To remove the 24 tooth

117. A patient is 12 years old. He has been undergoing orthodontic treatment for pseudo prognathism

with Angles fixed appliance for 10 months. What is the optimal duration of the retentive period?

a. 3 months
b. 12 months
c. 10 months
d. 6 months
e. 20 months

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

a. Overbite
b. Open bite
c. Distal occlusion
d. Cross-bite
e. Mesial bite

119. The 12, 22 teeth of an 8-year-old child are missing. There is not enough space in dentition for them. X-ray picture shows no tooth germs. The 12 tooth of the childs father is missing and the 22 tooth is conoid. What is the reason for such pathological changes?

a. Extraction of teeth
b. Caries
c. Hereditary adentia
d. Trauma
e. Rachitis

120. Parents of a 6-year-old girl consulted an orthodontist about protrusion of the lower jaw. The child looks like his father. Objectively: the child has primary bite, there are diastemata and tremata on both jaws, reverse incisal overlap of front teeth, the sagittal gap is up to 3 mm, the lateral parts are characterized by mesio-occlusion. Ilyina-Markosyan test for the distal displacement of mandible is negative. What principle of treatment will be most effective?

a. To delay the growth of mandible in sagittal direction
b. The treatment is not required
c. To start orthodontic treatment after the second dentition is completed
d. No to start treatment until the end of transitional dentition
e. To stimulate the growth of maxilla in sagittal direction

121. External examination of a 9-year-old boy revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?

a. Supraocclusion
b. Distal occlusion
c. Mesial occlusion
d. Dentoalveolar mandibular lengthening
e. Dentoalveolar maxillary lengthening

122. An orthodontist monitors a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?

a. Andresen-Haupl activator
b. Rudolphs appliance
c. Vesibular and oral Kraus screen
d. Frankels function regulator
e. Standard Schonherrs vestibular screen

123. External examination of a 7-year-old child revealed: thickening of nose bridge, semi-open mouth,

dry lips. Mouth corners are peeling. Anamnesis data: the child sleeps with open mouth. Examination of oral cavity revealed no changes. What dispensary group will this child fall into?

a. The fourth
b. -
c. The first
d. The third
e. The second

124. Preventive examination of a 5-year-old child reveals the infantile swallowing. The bad habit of thrusting the tongue between the teeth may cause the following complication:

a. Narrowing of the upper dental arch
b. Incomplete eruption of the front teeth
c. Broadening of the lower dental arch
d. Broadenning of the upper dental arch
e. Narrowing of the lower dental arch

125. After a preventive orthodontic examination a 9-year-old child was diagnosed with mesial occlusion. The treatment of this pathology involves application of an apparatus with mechanic action. What working element is to be applied in the apparatus intended for the correction of this pathology?

a. Screw or spring
b. Elastics and buccal shields
c. Screw and bite plate
d. Inclined plane
e. Occlusal applications

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

a. Superocclusion of incisor and infraocclusion of canine
b. Transposition of lateral incisor and canine
c. Palatine position of lateral incisor
d. Distal position of lateral incisor
e. Mesial position

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

a. Gestational toxicosis
b. Pathology of upper airways
c. Endocrinal diseases
d. Missing of Caelinski ledge
e. Untimely sanitation of oral cavity

128. An infant was born full-term with body weight at a rate of 3200 g and body length at a rate of 53 cm. It was the first physiological delivery. What position of child’s mandible is usually observed after birth?

a. Open bite
b. Physiological retrogenia
c. Direct relation
d. Physiological progenia
e. Deep overbite

129. Preventive examination of a 6-year-old child revealed temporary teeth bite. Upper and lower dental arches are trapeziformed. Upper incisors overlap lower incisors more than by 2/3. Incisors and second molars are in the same relation. There is no space between frontal teeth. Upper dental arch is

bigger than lower dental arch by the cheek tubercle size. Bite abnormality is observed in the following planes:

a. Sagittal and lateral
b. Sagittal and nasal
c. Sagittal and frankfurt
d. Sagittal and vertical
e. Sagittal and occlusal

130. Preventive examination of a 9-year-old girl revealed broad bridge of nose, narrow nasal passages, half-opened mouth, problems with lip joining, elongated lower third of face. The child presents with transitional occlusion. There is vertical gap 4-5 mm large from the 53 to the 64 tooth in the frontal region. Relationship of the first permanent molars complies with Angles class I. The child pronounces hissing sounds indistinctly. Specify the most likely factor of occlusion deformation:

a. Nasal respiration disorder
b. Tongue sucking
c. There is no correct answer
d. Infantile swallowing
e. Tongue parafunction

131. Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?

a. Cross-bite
b. Anterior bite
c. Open bite
d. Prognathic bite
e. Deep overbite

132. A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastemas and tremas between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angles class III relation. Sagittal gap is 3 mm. The correct doctors tactics will be to:

a. Use Bynin appliance
b. Use Schwartz appliance
c. Recommend a complex of myogymnastic exercises
d. Use Angles apparatus
e. Use Bruckls appliance

133. A 5-year-old child was found to have missing upper molars. Lower incisors are in contact with the mucous membrane of palate. Specify the doctors tactics:

a. Fabricate a removable laminar denture
b. Examine the child once a year until the eruption of permanent teeth
c. Medical intervention is not needed
d. Fabricate an orthodontic appliance for the treatment of closed bite
e. Examine the child every six months until the eruption of permanent teeth

134. A 14-year-old girl complains of indistinct pronunciation that developed at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation didnt reveal cleft palate. Uvula doesnt move during pronunciation of sounds, its palpation does not cause gag reflex. What is the reason for indistinct pronunciation of sounds?

a. Paresis of the soft palate and uvula muscles
b. Palatal slit
c. Deformation of the bite
d. Hypertrophy of lingual tonsil
e. Adenoid vegetations

135. A 12-year-old patient complains about an aesthetic defect. Objectively: the lower third of face is shortened, upper frontal teeth overbite the lower teeth by 3/3 of height, exhibit oral inclination,

lateral parts all along exhibit cusp-to-cusp relationship between the antagonists; Angles class II malocclusion (joining of the upper permanent molars) is also present. Malocclusion is observed in the following planes:

a. In transversal and vertical
b. In transversal
c. In sagittal and vertical
d. In vertical
e. In sagittal

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

a. Instrumental and myogymnastics
b. Surgical and myogymnastics
c. Surgical and instrumental
d. Surgical and physiotherapeutic
e. Instrumental

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

a. Distal
b. Vestibular
c. Oral
d. Tortoocclusion (rotation of teeth) and distal
e. Mesial

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

a. Elongation of dental arches
b. Narrowing of dental arches
c. Mesial occlusion
d. Distal occlusion
e. Widening of dental arches

139. A 12-year-old child presents with missing 31 and 41 teeth, the gap between the 32 and 42 teeth is 10 mm. Choose the most rational denture construction:

a. Partial lamellar removable adjustable denture
b. Clasp denture
c. Adjustable microprosthesis
d. Dental bridge
e. Interdental wedge

140. A 9-year-old boy presents with face asymmetry due to the chin displacement to the left. When the third Ilina-Marcosian diagnostic test is performed, face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?

a. Habitual displacement of mandible
b. Unilateral hypoplasia of mandible
c. Unilateral narrowing of the maxillary dental arch
d. Bilateral narrowing of the maxillary dental arch
e. Ankylosis of the temporomandibular joint

141. Intraoral examination of a 5-year-old child revealed primary occlusion, tremas and diastemas, worn tubercles and cutting surfaces of teeth. The distal surfaces of the second lower molars are anterior to the distal surfaces of the second upper molars. This stage of primary occlusion is called:

a. Stable occlusion
b. Eruption
c. There is no correct answer
d. Aging
e. Formation