PEDS 730 MIDTERM EXAM REVIEW – 2022

You will mainly be responsible for the material covered in all the live SimLab lectures (Sessions # 1-5), and the PEDS Treatment Planning Cases (#'s 1-5[pages 1-7]) discussed in the smaller groups. [There should be ECHO recordings of all these lectures on Sakai for your review.]

However, each treatment planning subgroup was exposed to separate discussions and some amount of different material. Therefore, I will list below specific areas of importance that you are expected to have learned and remembered, that will be covered on the midterm exam. Keep in mind that some of this material will be found in the resources posted to Sakai in the various Sessions. Be 'familiar' with the references, however for the exam I will attach images of the tables for you to look for your answer, just as you would in your own office.

The exam consists of 60 multiple-choice and true/false questions.

If you have any questions, please contact Caitlin or myself at any time.

SIMLAB LECTURES

1. Know the length and diameter of a 330 bur, and how useful this is as a depth gauge to determine the depth of your prep on a primary tooth vs a permanent tooth.
2. Know pulpal depth ranges for the primary 1st molar and the primary 2nd molar.
3. Be aware of the internal 'qualities' of your prep on a primary tooth.
4. Know the acceptable wall depth for a buccal pit preparation.
5. Be aware of common errors in Class I and Class II preps on primary teeth.
6. Know the modifications made for a Class II prep on primary vs permanent teeth.
7. Know elements of Class III prep, begin on box 1st or not, vs where start the Class II prep.
8. Know amount of tooth structure to leave on incisal wall of Class III prep on primary tooth and why.
9. Know what determines which side of the anterior tooth you achieve interproximal access for a Class III preparation.
10. Know that the wire for your splint needs to be 'flat', it lays flat on the tabletop.
11. Know where the splint wire is to be positioned across the teeth (incisal-gingivally).
12. Know where the composite is placed for containment of the splint wire, and where the composite should not be found.
13. Know primary tooth reduction amounts on incisal and facial for strip crown.
14. Know how far down to seat your composite crown form loaded with composite, keeping in mind that the crown form has some amount of thickness.
15. Know how much lingual reduction is supposed to be done for a strip crown preparation if the child has an open bite or a closed bite.
16. Know the axial depth of your shoulder if being placed for the preparation of a Class IV restoration and one simple way to gauge this.

17. Know the main reasons or benefits of placing shoulders and/or bevels on Class IV restorations.
18. Know the amount of occlusal reduction and how far below the gingival margin is your prep for a SSC.
19. Know the restoration of choice for posterior primary teeth treated with pulp therapy.
20. Know the names of the 8 pliers discussed in the Session #5 lecture.
21. Know the good reasons for using the rubber dam.
22. Know what the proper level of the occlusal surface of your stainless steel crown is and also for the marginal ridges.
23. Know the difference between a contouring plier and a crimping plier and how/when each is used.
24. Know the sequence of steps after trimming your stainless steel crown.
25. Know that the proximal slices for a SSC ends in a feather edge and NO LEDGES.
26. Be mindful of the proper size of a pulpotomy access opening and the relative size of the pulp chamber in deciduous teeth vs permanent teeth when compared to the overall size of the tooth.
27. While inside of the pulp chamber of any tooth, know what surface is never to be touched by a turning bur.

CASES 1 & 2 – New patient exam, radiology, fluoride, caries risk, LA, Tx planning

1. Know the elements of Anticipatory Guidance and the recommendations by age [3rd reference].
2. Know the ADA dietary Fluoride Supplement Schedule for children at high caries risk when the fluoride concentration in drinking water is < 0.3 ppm [5th reference].
3. Know the recommendations for Prescribing Dental Radiographs for a new/recall patient as dependent on their age [child to adolescent] and dental developmental stage [Table 1, 6th reference].
4. Be able to determine the child's Caries Risk and why [7th reference].
5. Be able to determine the Maximum Dosage of the local anesthetic 2% lidocaine given the child's weight and how many 1.8 mL cartridges (**36mg/cartridge-know this for exam**). **I expect you to also remember 2.0 mg/lb. or 4.4 mg/kg, in order to calculate this on the exam** [Table 1, 8th reference].
6. Be familiar with the amount of fluoridated toothpaste to use vs age discussed below Tables #3 & #4 in Reference #7.

CASES 3 & 4 – Dental Trauma

1. Know the correct 'diagnostic name' for the 6 different fractures involving primary teeth, and the 6 different luxation injuries involving primary teeth [Tables #1 to #12, reference #11].
2. Know the recommended treatment for deciduous teeth that are intruded, excessively extruded and/or mobile, or avulsed [Tables 9, 11 & 12, reference #11].
3. Name at least 2 important instructions to give to parents for good healing following an injury to the teeth and oral tissues [reference #11].

4. Know what the most common adverse sequelae to permanent teeth you can be expected to see after intrusion and/or avulsion of primary anterior teeth during the ages of 1-3.

5. Understand when the use of antibiotics is appropriate for trauma to permanent teeth.

<u>CASE 5</u> [pages 1-7] – Management of pain and infection

1. Understand the indications for antibiotic therapy in pediatric dental patients with pulpitis/apical periodontitis/draining sinus tract/localized intra-oral swelling, acute facial swelling of dental origin, and dental trauma [reference #15].

2. Be cognizant of when it's appropriate to refer you child patient to a specialist.

3. Know the recommendations for Prescribing Dental Radiographs for a new/recall patient as dependent on their age [child to adolescent] and dental developmental stage [Table 1, 6th reference]. (repeat)