

DANYLO HALYTSKYI NATIONAL MEDICAL UNIVERSITY
OF LVIV

Pediatric Dentistry Department

**SELF-CONTROL TESTS
ON OPERATIVE DENTISTRY
(FOR THE STUDENTS OF 2ND COURSE
OF DENTISTRY FACULTY)**

Lviv-2010

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1. Dental equipment and instruments, their types, and rules of application. Sterilization and disinfection.

1. Direct routs of disease transmision (choose the correct answer):

- A. Through tiny cuts or cracks in the skin while working in the oral cavity
- B. Through contact with an open woud or sore
- C. Through contact with the eyes either by splatter of blood or saliva or by rubbing the eyes with contaminated hands
- D. By swallowing organisms as a result of placing contaminated hands in or around the oral cavity
- E. Use of contaminated instruments and devises

2. Indirect routs of disease transmision (choose the correct answers):

- A. Use of contaminated instruments and devises
- B. Cuts from contaminated instruments and needle sticks from contaminated anesthetic needles
- C. Through tiny cuts or cracks in the skin while working in the oral cavity
- D. Through contact with an open wound or sore
- E. Through contact with the eyes either by splatter of blood or saliva or by rubbing the eyes with contaminated hands

3. Infection control includes the following elements (choose the incorrect answer):

- A. Reviewing the patient's health status
- B. Maintaning an aseptic microorganism - free technigue
- C. Decontaminating instruments, dental eguipment, and work surfaces
- D. Protecting the operating team
- E. Any correct answer-

4. Protection of the operating team includes the following elements (choose the incorrect answer):

- A. Immunisation of the dental personnel
- B. Barrier techniques
- C. All mention above

D. Any correct answer

5. The barrier techniques includes the following elements (choose the correct answer):

- A. Protective eyewear
- B. Face masks
- C. Clinic attire
- D. Rubber gloves
- E. All mention above

6. Cleaning is (follow the correct definition):

- A. the process of removing debris and some organisms from instruments, devices, and work surfaces
- B. the chemical destruction of most forms of microorganisms.
- C. is the process of destroying all living microorganisms, including viruses and bacterial spores

7. Disinfection is (follow the correct definition):

- A. the process of removing debris and some organisms from instruments, devices, and work surfaces
- +B. the chemical destruction of most forms of microorganisms.
- C. is the process of destroying all living microorganisms, including viruses and bacterial spores

8. Sterilization is (follow the correct definition):

- A. the process of removing debris and some organisms from instruments, devices, and work surfaces
- B. the chemical destruction of most forms of microorganisms.
- C. is the process of destroying all living microorganisms, including viruses and bacterial spores

9. Three major methods of the heat sterilization:

- A. Autoclaving (moist-heat)
- B. Dry-heat sterilization
- C. Chemical vapor sterilization
- D. Salt sterilization

10. An auxiliary method of sterilizing endodontic files and reamers is

- A. Autoclaving (moist-heat)
- B. Dry-heat sterilization
- C. Chemical vapor sterilization
- D. Salt sterilization

11. Autoclaving:

- A. is an efficient method of sterilization, or moist-heat sterilization
- B. is a popular method of sterilization that is essentially a process of “baking” instruments in an oven at temperatures greater than 160 C for 1 hour.
- C. is a combination of heat and chemical vapor

12. Dry-heat sterilization

- A. is an efficient method of sterilization, or moist-heat sterilization
- B. is a popular method of sterilization that is essentially a process of “baking” instruments in an oven at temperatures greater than 160 C for 1 hour.
- C. is a combination of heat and chemical vapor

13. Chemical vapor sterilization

- A. is an efficient method of sterilization, or moist-heat sterilization

B. is a popular method of sterilization that is essentially a process of “baking” instruments in an oven at temperatures greater than 160 C for 1 hour.

C. is a combination of heat and chemical vapor

14. **Salt sterilization:**

A. is an efficient method of sterilization, or moist-heat sterilization

B. is a popular method of sterilization that is essentially a process of “baking” instruments in an oven at temperatures greater than 160 C for 1 hour.

C. is used only in endodontic procedures

15. The advantages of preset tray system (choose the correct answer):

A. Reduced downtime

B. Improved instrument inventory

C. Improved procedural flow

D. Improved cleaning technique

E. is the initial costs of establishing-

16. The disadvantages of preset tray system (choose the incorrect answer):

A. Reduced downtime

B. Improved instrument inventory

C. Improved procedural flow

D. Improved cleaning technique

E. is the initial costs of establishing-

17. The rubber dam armamentarium include following items:

A. Rubber dam clamps

B. Rubber dam punch, rubber dam, rubber dam frame

C. Rubber dam stamp

- D. Rubber dam forceps, rubber dam napkins
- E. All mention above +

18. The generally placed on preset trays include the following items (choose the incorrect answer):

- A. Hand instruments
- B. Burs
- C. Cotton products
- D. Interproximal wedges
- E. Restorative materials

19. The items that should be kept in the assistants mobile are (choose the incorrect answer):

- A. Cements
- B. Cavity liners
- C. Impression materials
- D. Anesthetic syringes and cartridges
- E. Articulating paper

20. The basic equipment setup used in modern dental office includes the following items(choose the incorrect answer): :

- A. Dental chair
- B. Dental unit
- C. Operating stools
- D. Storage cabinets
- E. Salt sterilizer

21. The common optional items include the following (choose the incorrect answer):

- A. Nitrous oxide machine
- B. Ultrasonic scaler
- C. Salt sterilizer
- D. Air polisher
- E. Storage cabinets

22. The square of the dental room with one dental unit should be :

- A. 14
- B. 20
- C. 22
- D. 30
- E. 34

23. The square for each additional unit should be:

- A. 7 m²
- B. 14 m²
- C. 22 m²
- D. 30 m²
- E. 34 m²

24. The group of instruments for examination:

- A. Dental mirror, dental explorer, pliers
- B. Dental mirror, chisel, hatchet
- C. Dental mirror, condensers, amalgam carrier
- D. Dental mirror, cavity liner applicator
- E. Dental mirror, matrix retainer.

25. The group of hand cutting instruments(choose the incorrect answer):

- A. Hatchet
- B. Straight chisel
- C. Triple angel hue
- D. Straight angel former
- E. Cavity liner applicator

26. The dental mirror is used for (choose the incorrect answer) :

- A. the direct vision
- B. the indirect vision
- C. the retraction
- D. the percussion
- E. the examination of the cavity

27. The spoon excavator is used for (choose the incorrect answer):

- A. removing of debris and caries from an extensively damage tooth
- B. for the placement and shaping of cavity liners and cement bases
- C. for the placement of the gingival retraction cord
- D. for the removing of the temporary and permanent restorations
- E. examination of the cavity-

28. The dental explorer is used for:

- A. the examination of the cavity
- B. the carving the small areas of amalgam restorations
- C. the debridment of areas of food impaction
- D. the removing of the excess cement after cementation
- E. for the removing of the temporary and permanent restorations-

29. The group of instruments for the cavity preparation:

- A. spoon excavator, burs, hatchets, chisel
- B. dental mirror, dental explorer, cotton pliers
- C. dental mirror, dental explorer, cotton pliers
- D. All mention above
- E. Any correct answer

30. The group of instruments for cavity restoration:

- A. cement spatula, plastic composite spatula
- B. spoon excavator, burs, hatchets, chisels
- C. dental mirror, dental explorer, cotton pliers
- D. All mention above
- E. Any correct answer

**2: Organization of the dentists working place.
Peculiarities of the work with assistant. Ergonomics.**

1. Main principles of four - handed dentistry:

- A. Operating in a seated position.
- B. Employing the skills of trained dental auxiliaries.
- C. Organizing every component of the practice.
- D. Simplifying all tasks as much as possible.
- E. All mention above.

2. Elements of four - handed dentistry:

- A. Positive team attitude
- B. Favorable work environment
- C. Favorable position the patient and operating team
- D. Simplified instrumentation
- E. All mention above.

3. The classification of common movements used during dental procedures:

- A. Movement of only the fingers
- B. Movement of the fingers and wrist
- C. Movement of fingers, wrist and elbow
- D. Movement of the entire arm from the shoulder
- E. All mention above.

4. Elements of four - handed dentistry:

- A. Standard operating procedures
- B. Use of preset tray
- C. Efficient instrument delivery
- D. Proper time management
- E. All mention above

5. Sit-down dentistry includes next components:

- A. Proper equipment
- B. Proper position of patient
- C. Proper position the operative team
- D. All mention above
- E. Any correct answer

6. The auxiliary utilization includes the following elements:

- A. Delegation of as many duties as possible
- B. Instrument transfer
- C. Oral evacuation and debridment
- D. All mention above

7. The auxiliary utilization includes the following elements:

- A. Retraction
- B. Preparation of dental materials
- C. Preparation of operatory and patients
- D. All mention above

8. The organisation includes the following elements:

- A. Time management
- B. Treatment planning
- C. Design of facilities
- D. Business procedures
- E. Any correct answer

9. The work simplification includes the following elements:

- A. Rearrangement
- B. Elimination
- C. Combination
- D. Simplification
- E. All mention above

10. By placing the operating team and instrumentation close to the patients head the following objectives can be achieved:

- A. Favorable access to the operative field
- B. Good visibility
- C. Reduction of class IV and V movements
- D. Comfort for the operating team and for the patient, safety for the patient
- E. All mention above

11. Zones of the activity:

- A. Operators zone

- B. Static zone
- C. Assistans zone
- D. Transfer zone
- E. All mention above

12. The dentist's zone is (for right-handed operator):

- A. from 7 to 12 o'clock
- B. from 12 to 2 o'clock
- C. from 2 to 4 o'clock
- D. from 4 to 7 o'clock

13. The static zone is (for right-handed operator):

- A. from 7 to 12 o'clock
- B. from 12 to 2 o'clock
- C. from 2 to 4 o'clock
- D. from 4 to 7 o'clock

14. The assistant's zone is (for right-handed operator):

- A. from 7 to 12 o'clock
- B. from 12 to 2 o'clock
- C. from 2 to 4 o'clock
- D. from 4 to 7 o'clock

15. The transfer zone is (for right-handed operator):

- A. from 7 to 12 o'clock
- B. from 12 to 2 o'clock
- C. from 2 to 4 o'clock
- D. from 4 to 7 o'clock

16. The dentist's zone is (for left-handed operator):

- A. from 8 to 10 o'clock

- B. from 12 to 5 o'clock
- C. from 2 to 4 o'clock
- D. from 4 to 7 o'clock

17. The assistant's zone is (for left-handed operator):

- A. from 7 to 12 o'clock
- B. from 8 to 10 o'clock
- C. from 2 to 4 o'clock
- D. from 4 to 7 o'clock

18. The static zone is (for left-handed operator):

- A. from 12 to 5 o'clock
- B. from 8 to 10 o'clock
- C. from 10 to 12 o'clock
- D. from 4 to 7 o'clock

19. The transfer zone is (for left-handed operator):

- A. from 12 to 5 o'clock
- B. from 5 to 8 o'clock
- C. from 10 to 12 o'clock
- D. from 4 to 7 o'clock

20. According to ergonomics prolonged manipulations are accomplished:

- A. in sitting posture
- B. in standing posture
- C. position of the dentist does not matter

21. According to ergonomics principles physical effort manipulations are accomplished:

- A. in sitting posture
- B. in standing posture
- C. position of the dentist does not matter

22. The dentist should mentally go through the following positional checklist (choose the incorrect answer):

- A. Things somewhat parallel to the floor
- B. Forearm somewhat parallel to floor
- C. Elbows close to side
- D. should be in the 3 o'clock position for working in all quadrants

23. The dentist should mentally go through the following positional checklist (choose the incorrect answer):

- A. Neck and back straight
- B. Distance of 14 to 18 inches between the operators nose and patients face
- C. Operative field in dentist's midline
- D. The feet should rest on the foot support at the base of the stool

24. The position of the dental assistant (choose the incorrect answer):

- A. The assistant should be in the 3o'clock position for working in all quadrants

- B. The assistants stool should be placed so that the edge that is toward the top of the patients head is in line with the patient's oral cavity
- C. The stool should be as close to the dental chair as possible.
- D. The assistants back should be rather erect, with the body-support arm adjusted to support the upper body under rib cage
- E. Elbows close to side.

25. The position of the dental assistant (choose the incorrect answer):

- A. The top of the assistant head is 30 cm higher than that of the dentist
- B. The assistant legs should be directed to toward the head end of the chair
- C. The assistant's thighs should be parallel to the floor or sloping slightly downward
- D. The feet should rest on the foot support at the base of the stool

26. During the treatment of the masticatory teeth of the lower jaw slope angel of the back of the dental chair should be:

- A. 20-25
- B. 5-20
- C. 40-45

27. During the treatment of the upper jaw teeth or the frontal teeth of the lower jaw slope angel of the back of the dental chair should be:

- A. 20-25
- B. 5-20
- C. 40-45

28. The instrument transfer divided into:

- A. 3 stages
- B. 4 stages
- C. 5 stages

D. 6 stages

29. The instrument transfer realized in next stages (choose the incorrect answer):

A. working stage

B. signal stage

C. pre-transfer stage

D. mid-transfer stage

E. post transfer stage

30. Instrument exchange between the dentist and the assistant is taken place in:

A. Operators zone

B. Static zone

C. Assistants zone

D. Transfer zone

3: The dental anatomy of the primary and permanent teeth.

1. The crown of the primary maxillary central incisor (choose the correct answer):

A. is wider mesiodistally than incisocervically

B. is wider incisocervically than mesiodistally

C. has mamelons and pits

D. has a relatively long and sharp cusps.

2. The permanent maxilla first pre-molar has:

A. one root

B. two roots

C. three roots

D. four roots

1. How many canines are there in the primary dentition?

A. 20

B. 8.

C. 5.

D. 6.

2. How many pre – molars are there in primary dentition?

A. 4.

B. 6.

C. 8.

D. Any correct answer.

3. How many molars are there in primary dentition?

A. 6.

B. 4.

C. 8.

D. Any correct answer.

6. How many incisor are there in primary dentition?

A. 4.

B. 6.

C. 8.

D. Any correct answer.

7. How many pre – molars are there in permanent dentition?

A. 4.

B. 6.

- C. 8.
- D. 10.

8. The crown of the primary mandibular central incisors (choose the correct answer):

- A. is wider mesiodistally than incisocervically
- B. is wider incisocervically than mesiodistally
- C. has mamelons and pits
- D. the lingual surface appears smooth and tapers toward the prominent cingulum

9. The crown of the primary maxillary lateral incisors (choose the correct answers):

- A. is wider mesiodistally than incisocervically
- B. is wider incisocervically than mesiodistally
- C. has mamelons and pits
- D. the incisal angles are more rounded than the central ones

10. The crown of the primary maxillary first molars (choose the correct answers):

- A. the occlusal table have four cusps
- B. is wider incisocervically than mesiodistally
- C the occlusal table has a very prominent transverse ridge, oblique ridge
- D. the incisal angles are more rounded than the central ones

11. The crown of the primary maxillary second molars (choose the correct answer):

- A. is wider mesiodistally than incisocervically

- B. is wider incisocervically than mesiodistally
- C. has mamelons and pits
- D. has a cusp of Carabelli, the minor fifth

12. The crown of the primary maxillary canine (choose the correct answers):

- A. has a relatively long and sharp cusps
- B. the mesial cusp slope is longer than the distal cusp on this tooth+
- C. is wider mesiodistally than incisocervically
- D. is wider incisocervically than mesiodistally

13. The crown of the primary mandibular lateral incisors (choose the correct answers):

- A. is wider and longer than of the central one
- B. the labial and lingual surface appears smooth and tapers toward the prominent cingulum
- C. is wider mesiodistally than incisocervically
- D. is wider incisocervically than mesiodistally

14. The crown of the primary mandibular canine (choose the correct answers):

- A. is much smaller labiolingually
- B. the mesial cusp slope is longer than the distal cusp on this teeth
- C. the distal cusp slope is longer than the mesial cusp slope
- D. is wider incisocervically than mesiodistally

15. The crown of the primary mandibular first molars (choose the correct answers):

- A. has four cusps
- B. is wider incisocervically than mesiodistally

- C. the mesiolingual cusp is long, pointed, angled in on the occlusal table+
- D. is wider mesiodistally than incisocervically

16. The crown of the primary mandibular second molars (choose the correct answers):

- A. the three buccal cusps are nearly equal in size
- B. is much smaller labiolingually
- C. has four cusps
- D. the tooth has an overall oval occlusal shape

17. The permanent maxilar first molar has:

- A. one root
- B. two roots
- C. three roots
- D. four roots

18. The crown of the permanent canines (choose the incorrect answers):

- A. is the longest in the dentition
- B. has only one cusp
- C. is wider labiolingually than incisors
- D. has four cusps
- E. has an incisal edge

19. The crown of permanent premolars (choose the correct answers):

- A. the buccal surface is rounded
- B. has four cusps
- C. the buccal surface has a prominent vertical in the center of the crown+
- D. has an incisal edge

20. The permanent mandibular first molar has:

- A. one root
- B. two roots
- C. three roots
- D. four roots

19. Describe the root of the primary maxillary central incisor (choose the correct answer):

- A. is generally round and tapers eventually to apex.
- B. the proximal surfaces are slightly flattened.
- C. have a distal curvature in its apical third.
- D. is twice as long as the crown.

20. Describe the root of the primary mandibular central incisor (choose the correct answers):

- A. is generally round and tapers eventually to apex.
- B. the proximal surfaces are slightly flattened.
- C. may have a distal curvature in its apical third.
- D. the labial and lingual surfaces are rounded.

21. Describe the root of the primary mandibular lateral incisor (choose the correct answer):

- A. is generally round and tapers eventually to apex.
- B. the proximal surfaces are slightly flattened.
- C. may have a distal curvature in its apical third.
- D. the labial and lingual surfaces are rounded.

22. Describe the root of the primary maxillary canine (choose the correct answer):

- A. is generally round and tapers eventually to apex.
- B. the proximal surfaces are slightly flattened.

- C. is twice as long as the crown.
- D. the labial and lingual surfaces are rounded.

23. Describe the root of the primary mandibular canine (choose the correct answers):

- A. is generally round and tapers eventually to apex.
- B. the proximal surfaces are slightly flattened.
- C. is long, narrow.
- D. is twice as long as the crown.

26. Describe the root of the primary maxillary first molars (choose the correct answers):

- A. the root trunk is short
- B. the mesiobuccal root is wider buccolingually than the distobuccal root
- C. the lingual root is the longest and the most divergent.
- D. is generally round and tapers eventually to apex.
- E. the proximal surfaces are slightly flattened.

27. The permanent maxillary first premolar has:

- A. one root
- B. two roots
- C. three roots
- D. four roots

28. Morphological difference between primary and permanent teeth:

- A. lighter color of the primary teeth
- B. longer and slender roots of the primary teeth
- C. the crowns of the primary teeth are wider mesiodistally in comparison to their crown.
- D. All mentioned above.

29. Morphological difference between primary and permanent teeth:

- A. the cervical ridge of the enamel at the cervical third of the anterior crown is much more prominent labially and lingually in the primary than in the permanent teeth.
- B. The cervical ridge on the buccal aspect of the primary molars is much more definite than on the permanent molars.
- C. The buccal and lingual surfaces of the primary molars are flatter about the cervical curvatures than those on the permanent molars.
- D. All mention about.

30. Life cycle of the tooth:

- A. Initiation
- B. Cap stage
- C. Bell stage
- D. Apposition
- E. All mention about.

4. Physiology and pathology of teeth eruption. Terms of teeth eruption of primary and permanent teeth. Terms of formation and resorption of roots of primary and permanent teeth.

1. Terms of eruption of primary central incisor:

- A. 6-8 month
- B. 8-10 month
- C. 10-12 month
- D. 12-14 month

2. The terms of eruption of primary lateral incisor:

- A. 6-8 month
- B. 8-10 month
- C. 10-12 month
- D. 12-14 month

3. The terms of eruption of primary canine:

- A. 6-8 month
- B. 8-10 month
- C. 10-12 month
- D. 16-20 month

4. The terms of eruption of primary first molar:

- A. 6-8 month
- B. 8-10 month
- C. 12- 16 month
- D. 16-20 month

5. The terms of eruption of primary second molar:

- A. 6-8 month
- B. 8-10 month
- C. 16- 20 month
- D. 20-30 month

6. How many teeth are there in primary dentition?

- A. 20
- B. 22
- C. 30
- D. 32

7. How many teeth are there in permanent dentition?

- A. 20
- B. 22
- C. 30
- D. 32

8. The sequence of eruption of the primary teeth:

A. 1, 2, 4, 3, 5

B. 1, 2, 3, 4, 5

C. 1, 2, 5, 4, 3

D. 5, 1, 2, 3, 4, 5

9. The sequence of eruption of the permanent teeth:

A. 6, 1, 2, 4, 3, 5, 7, 8.

B. 1, 2, 3, 5, 6, 7, 8.

C. 6, 1, 2, 3, 4, 5, 7, 8.

D. 1, 2, 4, 3, 5, 6, 7, 8.

10. The histological phases of the eruption are:

A. pre – eruptive phase.

B. pre – functional (eruptive) phase.

C. functional (post – eruptive) phase.

D. All mention above.

11. The histological phases of eruption (choose incorrect answer):

A. pre – eruptive phase.

B. pre – functional (eruptive) phase.

D. functional (post – eruptive) phase.

E. Any correct answer.

12. The term of the finishing the eruption of the primary teeth is:

A. 2 - 2,5 years.

B. 2,5 – 3 years.

C. 3 – 4 years.

D. 4 – 5 years.

13. The term of the finishing the eruption of the permanent teeth is:

A. 10-12 years.

B. 12-14 years.

C. 12 years.

D. 11-12 years.

14. The term of the root formation of the first primary incisor is:

- A. 1, 5 years
- B. 2 years.
- C. 3 – 4 years.
- D. 4 – 5 years.

15. The term of the root formation of the second primary incisor is:

- A. 1, 5 years
- B. 2 years.
- C. 3 – 4 years.
- D. 4 – 5 years.

16. The term of the root formation of the primary canine is:

- A. 1, 5 years.
- B. 2 years.
- C. 3 – 4 years.
- D. 4 – 5 years.

17. The term of the root formation of the first primary molars is:

- A. 1, 5 years.
- B. 2 years.
- C. 4 - 5 years.
- D. 3 - 4 years.

18. The term of the root formation of the second primary molars is:

- A. 1, 5 years.
- B. 2 years.
- C. 4 - 5 years.
- D. 4 years.

19. The term of the eruption of the first permanent incisor is:

- A. 6-8 years.
- B. 5-6 years.
- C. 8-9 years.
- D. 10-12 years.

20. The term of the eruption of the second permanent incisor is:

- A. 6-8 years.
- B. 5-6 years.
- C. 8-9 years.
- D. 10-12 years.

21. The term of the eruption of the permanent canine is:

- A. 6-8 years.
- B. 10-12 years.
- C. 5-6 years.
- D. 8-9 years.

22. The term of the eruption of the first permanent premolars is:

- A. 6-8 years.
- B. 10-12 years.
- C. 9 - 11 years.
- D. 8-9 years.

23. The term of the eruption of the second permanent premolars is:

- A. 6-8 years.
- B. 10-12 years.
- C. 9 - 11 years.
- D. 11-13 years.

24. The term of the eruption of the first permanent molars is:

- A. 5 -6 years.
- B. 10-12 years.
- C. 9 - 11 years.
- D. 11-13 years.

25. The term of the eruption of the second permanent molars is:

- A. 5 -6 years.
- B. 10-12 years.
- C. 9 - 11 years.
- D. 12-13 years.

26. The term of the root formation of the first permanent incisors is:

- A. 10 years.
- B. 12 years.
- C. 13 years.
- D. 15 years.

27. The term of the root formation of the permanent canines is:

- A. 10 years.
- B. 12 years.
- C. 13 years.
- D. 15 years.

28. The term of the root formation of the first permanent molars is:

A. 10 years.

B. 12 years.

C. 13 years.

D. 15 years.

29. The term of the root formation of the second permanent molars is:

A. 10 years.

B. 12 years.

C. 13 years.

D. 15 years.

30. The term of the root formation of the second permanent premolars is:

A. 10 years.

B. 12 years.

C. 13 years.

D. 15 years

5. Preparation of Class I and Class V cavities in the primary and permanent teeth. Choice of the instruments.

1. What carious cavities are referred to the Class I by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle
- E. lesion localized on the cervical surface of all groups of teeth.

2. What is the sequence of the tooth cavity preparation?

- A. Tooth cavity formation, enamel margins preparation, necrectomy
- B. Opening and widening of the carious cavity, tooth cavity formation, enamel margins preparation, necrectomy
- C. Opening and widening of the carious cavity, necrectomy, tooth cavity formation, enamel margins preparation.
- D. Enamel margins preparation, necrectomy, tooth cavity formation, opening and widening of the carious cavity.

E. Necrectomy, tooth cavity formation, opening and widening of the carious cavity, enamel margins preparation.

3. What types of instruments are used for opening of the carious cavity during preparation?

- A. Diamond fissure and round burs, excavators, and probe
- B. Smoother, round burs
- C. Excavator, probe, fissure burs
- D. Diamond fissure and round burs
- E. Fissure and round burs, excavators, probe, smoother.

4. What carious cavities are referred to the Class V by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle
- E. Lesions are localized on the cervical surfaces of all groups of teeth.

5. What peculiarities of permanent and primary teeth structure should be taken into consideration while tooth preparation?

- A. Thickness of hard tissues of the primary teeth is less than permanent
- B. Hard tissues of the primary teeth are less mineralized considered to permanent
- C. The pulp chamber of the primary teeth is bigger considered to permanent
- D. Corn of pulp are localized closer to the cusps in the primary teeth
- E. All mentioned above

6. How many classes of carious cavities are defined by Dr. Black?

- A. 8
- B. 4
- C. 7
- D. 5
- E. 3

7. What types of instruments are used for necrectomy of the carious cavity during preparation?

- A. Round burs, excavator
- B. Smoother, fissure burs
- C. Excavator, diamond round burs, probe
- D. Fissure burs
- E. Plugger, excavator

8. What angle between the floor and walls is the most correct for the tooth cavity preparation by Dr. Black?

- A. 45°
- B. 110°
- C. 90°
- D. 75°
- E. The angle is not important

9. What instruments should be used for bevel formation?

- A. Round diamond burs
- B. Fissure diamond finishing burs
- C. Inverted conical dental drill
- D. Butt end shaped bur
- E. All answers are correct

10. What angle is the most appropriate for the bevel formation?

- A. 30°
- B. 60°

- C. 45°
- D. 90°
- E. The angle is not important

11. What is the main goal of the bevel formation?

- A. For better filling fixation
- B. To prevent the cracks of the enamel margins after filling
- C. To prevent the margin depressurization of enamel
- D. All answers are right
- E. -----

12. What is the proper way to achieve the retention in Class V carious cavities preparation?

- A. No bevel is required for the gingival enamel wall; inverted conical or fissured dental drill is used
- B. Round bur is used; deep carious cavity should be prepared
- C. 90° angle should be formed
- D. Inverted conical dental drill is used
- E. All mentioned above

13. What shape of the prepared carious cavity of the Class V is correct?

- A. Rhomboid
- B. Cross-like
- C. Rectangular
- D. Elongated oval
- E. The shape is not important

14. What complications can be observed during incorrect carious cavity preparation?

- A. Perforation of the tooth cavity floor
- B. Crack of the wall of carious cavity

- C. Depressurization of filling
- D. Recurrence of the caries (secondary caries)
- E. All mentioned above

15. The bottom of the Class I deep carious cavity should be formed as:

- A. Convex
- B. Flat
- C. Concave
- D. All answers are correct
- E. All answers are incorrect

16. Necrectomy is:

- A. Removing of overhanging enamel edges
- B. Softened dentin removing
- C. Shaping of the carious cavity due to which the better filling fixation can be achieved
- D. Bevel formation
- E. All answers are incorrect

17. What is the name of the new saving approach the modern dentist accept to the carious cavity formation, due to which teeth tissues are removed safety till the visibly intact tissues?

- A. Biologically expedient
- B. Extension for the secondary caries prevention
- C. Technical expedient
- D. No correct answers
- E. All answers are correct

18. The bottom of the carious cavity should be prepared by:

- A. Big-sized burs with low rpm
- B. Small-sized burs with high rpm

- C. Small-sized burs with low rpm
- D. Big-sized burs with high rpm
- E. No correct answer

19. Drilling of the hard tissues in the cervical region should be:

- A. Not deeper than 1, 5 mm
- B. Not deeper than 1 mm
- C. Not deeper than 2.0 mm
- D. The depth is not important
- E. All answers are right

20. What angle between the bottom and walls of the Class V carious cavity should be performed during preparation?

- A. Obtuse angle
- B. Straight angle
- C. Straight or sharp angle
- D. Reversed angle
- E. The angle is not important

21. What should we do when mucose membrane growth into the subgingival cervical carious cavity?

- A. Gums should be pressed out with cotton pellet
- B. Retraction thread should be used
- C. Gums cutting with electric coagulator with anesthesia
- D. Gums cutting with diathermic coagulator with anesthesia
- E. All mentioned above

22. When the additional retention should be performed?

- A. Small carious cavity especially in the cervical region
- B. Wedge defects
- C. Filling materials with low adhesive properties (amalgam, some types of cements)

D. -----

E. All mentioned above

23. What is the main peculiarity of the deep cavity preparation of the primary teeth?

A. Cavity preparation should be performed no deeper than 2, 5 mm

B. It is possible to leave some amount of the softened dentin on the bottom of the carious cavity

C. Cavity preparation should be performed with diamond round burs with high rpm

D. The angle between walls and bottom of the cavity should be 120°

E. Do not use water and air cooling during preparation

24. What is the meaning of the method of the technology rationality?

A. Formation of the best conditions for the filling fixation

B. Extension of the carious cavity

C. Preparation to the intact tissues

D. Performing of the bevels

E. Straight angle preparation

25. Preparation of the overhanging enamel should be performed:

A. By using diamond burs on high rpm with coma-like movements from the bottom to the top of the cavity

B. By using diamond burs on high rpm with coma-like movements from the top to the bottom of the cavity

C. By using carbide burs on low rpm

D. By using excavator and probe

E. All mentioned above

26. What shape of the carious lesion is mostly observed in Class I typical cavity?

A. Box-like

B. Oval

C. Triangle with the top on the fissure

- D. Triangle with the bottom on the fissure
- E. Rhomboid

27. The cavity in the blind fossae of incisors and molars belong to:

- A. Class II by Dr. Black
- B. Class V by Dr. Black
- C. Class I by Dr. Black
- D. Class III by Dr. Black
- E. Class IV by Dr. Black.

28. When the method of Dr. Black preparation could be used?

- A. In the immature teeth
- B. In the teeth with formed roots
- C. In the primary and permanent teeth
- D. All answers are correct
- E. All answers are incorrect

29. General principles of the carious cavity preparation and formation by Dr. Black are the following:

- A. Extension of the carious cavity preparation with preventive purpose to avoid secondary caries
- B. Box-like cavity formation
- C. Carious cavity should be formed with counting of the retention and resistant properties of filling materials
- D. Additional preparation of the enamel edge
- E. All mentioned above

30. What basic armamentarium should be used for the class I (by Dr. Black) cavity preparation?

- A. Excavator, round bur, fissured bur, fissure diamond finishing burs
- B. Butt end shaped bur, finishing burs

- C. Round bur
- D. Smoother, excavator, probe
- E. Fissure diamond finishing burs, conical burs.

6. Preparation of Class II cavities in the primary and permanent teeth. Choice of the instruments.

1. What carious lesions are referred to the Class II cavities by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth (mesial and distal; only one proximal surface)
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle
- E. Lesion localized on the cervical surface of all groups of teeth.

2. What is the sequence of the tooth cavity preparation?

- A. Opening and widening of the carious cavity, necrectomy, tooth cavity formation (including additional cavity on the occlusal surface), enamel margins preparation.
- B. Opening and widening of the carious cavity, tooth cavity formation, enamel margins preparation, necrectomy
- C. Tooth cavity formation, enamel margins preparation, necrectomy
- D. Enamel margins preparation, necrectomy, tooth cavity formation, opening and widening of the carious cavity.

E. Necrectomy, tooth cavity formation, opening and widening of the carious cavity, enamel margins preparation.

3. What surface of the tooth should be used for the additional cavity formation?

- A. Cervical surface
- B. Occlusal surface
- C. Proximal surface
- D. Distal surface
- E. The additional cavity is not necessary

4. What is the main purpose of the additional cavity formation?

- A. Better adhesion of the filling material to the tooth structure
- B. For the better filling fixation and even distribution of chewing pressure on the tooth
- C. For the better distribution of chewing pressure on the tooth
- D. To avoid pulp cavity perforation
- E. To avoid injury of the gingival margin

5. What types of instruments are used for opening of the carious cavity during preparation?

- A. Diamond fissure and round burs, excavators, and probe
- B. Smoother, round burs
- C. Excavator, probe, fissure burs
- D. Hatchet (excavator), chisel, pear shaped bur
- E. diamond fissure and round burs

6. What angle should be formed between the main and additional cavity?

- A. 45°
- B. 90°
- C. 110°

D. 75°

E. The angle is not important

7. What peculiarities of permanent and primary teeth structure should be taken into consideration while tooth preparation?

A. Thickness of hard tissues of the primary teeth is less than permanent

B. Hard tissues of the primary teeth are less mineralized considered to permanent

C. The pulp chamber of the primary teeth is bigger considered to permanent

D. Corn of pulp are localized closer to the cusps in the primary teeth

E. All mentioned above

8. What should be taken into the consideration during Class II cavity preparation?

A. The deepness of the carious cavity preparation

B. Not to injure the adjacent teeth as the tooth cavity of the affected tooth is located too close to it

C. Not to affect the proximal gingival margin

D. The angel between the basic and additional cavities should be 90°

E. All mentioned above

9. What types of instruments are used for necrectomy of the carious cavity during preparation?

A. Fissure burs

B. Smoother, fissure burs

C. Excavator, diamond round burs, probe

D. Round burs, excavator

E. Chisel, plugger, excavator

10. What angle between the floor and walls is the most correct for the tooth cavity preparation by Dr. Black?

A. 45°

B. 110°

- C. 90°
- D. 75°
- E. The angle is not important

11. What shape of additional cavity on the occlusal surface can be formed?

- A. Cross- like
- B. Triangle
- C. In a shape of a dovetail
- D. T-like shape
- E. All listed above

12. What is the requirement to the additional cavity deepness?

- A. 3 mm
- B. 1-2 mm
- C. 4mm
- D. The deepness is not important
- E. Till the pulp chamber

13. What is the proper way to achieve the retention in Class II carious cavities preparation?

- A. Forming of the additional cavity, no bevel is required for the gingival enamel wall
- B. Round bur is used; deep carious cavity should be prepared
- C. 120° angle should be formed between the main and additional cavity
- D. Inverted conical dental drill is used
- E. All mentioned above

14. What width of the additional cavity is correct?

- A. Less than the main cavity width
- B. Wider than the main cavity width
- C. Equal to the main cavity width

- D. 1-2 mm
- E. The width is not important

15. What complications can be observed during incorrect carious cavity preparation?

- A. Perforation of the tooth cavity floor or thermal burning of the pulp
- B. Falling out of the filling due to incorrect formation of the additional cavity
- C. Depressurization of filling
- D. Recurrence of the caries (secondary caries)
- E. all mentioned above

16. The length of the additional cavity should be:

- A. Equal $\frac{1}{3}$ of the length of occlusal surface of the tooth
- B. Equal $\frac{1}{4}$ of the length of occlusal surface of the tooth
- C. Equal to the length of occlusal surface of the tooth
- D. All answers are correct
- E. All answers are incorrect

17. Necrectomy is:

- A. Removing of overhanging enamel edges
- B. Shaping of the carious cavity due to which the better filling fixation can be achieved
- C. Softened dentin removing
- D. Bevel formation
- E. All answers are incorrect

18. What is the name of the new saving approach the modern dentist accept to the carious cavity formation, due to which teeth tissues are removed safety till the visibly intact tissues?

- A. Biologically expedient
- B. Extension for the secondary caries prevention

- C. Technical expedient
- D. No correct answers
- E. All answers are correct

19. The bottom of the carious cavity should be prepared by:

- A. Big-sized burs with high rpm
- B. Small-sized burs with high rpm
- C. Small-sized burs with low rpm
- D. Big-sized burs with low rpm
- E. No correct answer

20. What do we want to achieve by performing the proper angle between the main and the additional cavities?

- A. Avoiding of the falling out of the filling and correct spreading of the pressure on the tooth
- B. Avoiding the perforation of the pulp
- C. Avoiding the thermal trauma of the pulp
- D. Avoiding the injury of the gingival margin
- E. Avoiding of the secondary caries development

21. What should we do when mucose membrane growth into the subgingival cervical carious cavity?

- A. Gums should be pressed out with cotton pellet
- B. Retraction thread should be used
- C. Gums cutting with electric coagulator with anesthesia
- D. Gums cutting with diathermic coagulator with anesthesia
- E. All mentioned above

22. What should be done to achieve the additional retention?

- A. Bevel formation
- B. Additional cavity formation on the cervical region

- C. Additional cavity formation on the occlusal surface
- D. using the amalgam as filling material
- E. All mentioned above

23. What is the main peculiarity of the deep cavity preparation of the primary teeth?

- A. Cavity preparation should be performed no deeper than 2, 5 mm
- B. Do not use water and air cooling during preparation
- C. Cavity preparation should be performed with diamond round burs with high rpm
- D. The angle between walls and bottom of the cavity should be 120°
- E. It is possible to leave some amount of the softened dentin on the bottom of the carious cavity

24. What is the meaning of the method of the technology rationality?

- A. Performing of the bevels
- B. Extension of the carious cavity
- C. Preparation to the intact tissues
- D. Formation of the best conditions for the filling fixation
- E. Straight angle preparation

25. Preparation of the overhanging enamel should be performed by:

- A. Using carbide burs on low rpm
- B. Using diamond burs on high rpm with coma-like movements from the top to the bottom of the cavity
- C. Using diamond burs on high rpm with coma-like movements from the bottom to the top of the cavity
- D. Using excavator and probe
- E. All mentioned above

26. What shape of the carious lesion is mostly observed in Class II typical cavity?

- A. Box-like

- B. Oval
- C. Triangle with the top on the proximal surface
- D. Triangle with the bottom on the fissure
- E. Rhomboid

27. The lesion that involves either mesial and distal surfaces or only one proximal surface of a posterior tooth belongs to:

- A. Class II by Dr. Black
- B. Class V by Dr. Black
- C. Class I by Dr. Black
- D. Class III by Dr. Black
- E. Class IV by Dr. Black.

28. When the method of Dr. Black preparation could be used?

- A. In the teeth with formed roots
- B. In the immature teeth
- C. In the primary and permanent teeth
- D. All answers are correct
- E. All answers are incorrect

29. General principles of the carious cavity preparation and formation by Dr. Black are the following:

- A. Extension of the carious cavity preparation with preventive purpose to avoid secondary caries
- B. Box-like cavity formation
- C. Carious cavity should be formed with counting of the retention and resistant properties of filling materials
- D. Additional preparation of the enamel edge
- E. All mentioned above

30. What basic armamentarium should be used for the class II (by Dr. Black) cavity preparation?

- A. Round bur

- B. Butt end shaped bur, finishing burs
- C. Excavator, round bur, fissured bur, fissure diamond finishing burs
- D. Smoother, excavator, probe
- E. Fissure diamond finishing burs, conical burs.

7. Preparation of Class III and Class IV cavities in the primary and permanent teeth. Choice of the instruments.

1. What carious cavities are referred to the Class III by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle
- E. Lesion localized on the cervical surface of all groups of teeth.

2. What carious cavities are referred to the Class IV by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle

E. Lesion localized on the cervical surface of all groups of teeth.

3. What shape of the prepared carious cavity of the Class III is correct when there is a good access to the caries cavity?

- A. Triangle or oval
- B. Cross-like
- C. Rectangular
- D. Elongated oval
- E. The shape is not important

4. What shape of the prepared carious cavity of the Class III is correct when there is an extensive lesion?

- A. With an additional prepared space on the lingual or palatal surface
- B. Triangle
- C. Oval
- D. Rectangular
- E. With an additional prepared space on the cervical region

5. What surface should be penetrated first for the formation of an access to the carious cavity Class III and IV?

- A. Incisal margin
- B. Vestibular surface
- C. Lingual (palatal) surface
- D. Occlusal surface
- E. Cervical surface

6. What shape of the bottom of Class III cavity should be formed in case of superficial or medium caries?

- A. Concave
- B. Plane

- C. Convex
- D. Oval
- E. Rectangle

7. What shape of the bottom of Class III cavity should be formed in case of deep carious lesion?

- A. Concave
- B. Plane
- C. Convex
- D. Oval
- E. Rectangle

8. What instruments should be used for preparation of Class III cavities?

- A. Round diamond burs
- B. Diamond finishing burs
- C. Conical dental drill, fissured burs
- D. Butt end shaped bur
- E. All answers are correct

9. When the method of Dr. Black preparation could be used?

- A. In the teeth with formed roots
- B. In the immature teeth
- C. In the primary and permanent teeth
- D. All answers are correct
- E. All answers are incorrect

10. What should be done for the better filling fixation in the deep carious cavities?

- A. Additional grooves into the incisal direction and notches in the cervical labial and lingual surfaces
- B. Additional grooves
- C. Bevel formation

- D. Only additional notches
- E. All answers are incorrect

11. What instruments should be used to achieve better filling fixation?

- A. Fissured burs
- B. Pear shaped burs
- C. Small round or wheel shaped burs
- D. Conical burs
- E. Excavators

12. When additional space should be formed during Class IV carious cavity preparation?

- A. When the enamel edge is worn
- B. In cases of minor incisal edge defect and with preservation of labial and lingual walls
- C. When there is a thin incisal edge and labial and lingual walls are blasted
- D. All answers (a, b, c) are right
- E. No additional space is required

13. The walls of additional space near the incisal edge should be located no closer from the incisal edge than:

- A. 2, 5-3 mm
- B. 1, 5-2 mm
- C. 3-4 mm
- D. 0, 5-1 mm
- E. more than 4 mm

14. What complications can be observed during incorrect carious cavity preparation?

- A. Perforation of the tooth cavity floor
- B. Crack of the enamel edge of carious cavity

- C. Thermal pulp burning
- D. Recurrence of the caries (secondary caries)
- E. All mentioned above

15. What is the main purpose of additional space formation during preparation of Class IV carious cavities?

- A. For the incisal edge strengthening during its filling restoration
- B. To avoid the thermal pulp burning
- C. To avoid recurrence of the caries
- D. To avoid the trauma of marginal periodontium
- E. To avoid the perforation of the tooth cavity floor

16. What sizes of the additional space should be performed?

- A. No less than 1/3 of the palatal (lingual) surface of the tooth
- B. 1-2 mm
- C. The same size as the main cavity
- D. All answers are right
- E. 3-4 mm

17. What width of the additional space should be performed compare to the main cavity?

- A. The width should be smaller than the width of the main cavity
- B. The width should be larger than the width of the main cavity
- C. Equal sized of the cavities
- D. The additional space should involve the whole palatal space
- E. The width is not important

18. The bottom of the Class III and IV carious cavity should be prepared by:

- A. Big-sized burs with low rpm
- B. Small-sized burs with high rpm
- C. Small-sized burs with low rpm

D. Big-sized burs with high rpm

E. No correct answer

19. Where the additional space should be located during the preparation of Class IV cavities?

A. No additional space is required

B. On the oral surface of the tooth

C. On the vestibular surface of the tooth

D. On the approximal surface of the tooth

E. Cervical region

20. What should we do when mucose membrane growth into the subgingival cervical carious cavity?

A. Gums should be pressed out with cotton pellet or water dentin

B. Retraction thread should be used

C. Gums cutting with electric coagulator with anesthesia

D. Gums cutting with diathermic coagulator with anesthesia

E. All mentioned above

21. What is the main peculiarity of the deep cavity preparation of the primary teeth?

A. Cavity preparation should be performed no deeper than 2,5 mm

B. It is possible to leave some amount of the softened dentin on the bottom of the carious cavity

C. Cavity preparation should be performed with diamond round burs with high rpm

D. The angle between walls and bottom of the cavity should be 150°

E. Do not use water and air cooling during preparation

22. What Classes by Dr. Black do require the additional cavities formation?

A. Class I

B. Class II

- C. Class III & V
- D. Class II & IV
- E. Class I & IV

23. What should be taken into consideration during preparation of carious cavities of Class III and IV in primary dentition?

- A. Immature mineralization of the hard tissues
- B. Anatomy and topography of the tooth tissues
- C. Bigger size of pulp chamber
- D. Thickness of the hard tissues of the primary tooth is less than permanent one
- E. All answers are correct

24. Why the complications are observed during caries cavity preparation?

- A. As the result of careless preparation
- B. Unknowing of the basic of anatomy and topography of the tooth
- C. Failure of the main principles and rules of tooth cavity preparation
- D. Working without water and air cooling
- E. All mentioned above

25. What carious cavities belong to Class III (subclass A) in the modified Dr. Black classification:

- A. Cavities with preserved enamel on the vestibular surface
- B. Cavities with thinned or blasted enamel on the vestibular surface of the tooth
- C. Subgingival carious cavities
- D. Fissured carious cavities
- E. Proximal carious cavities

26. What carious cavities belong to Class III (subclass B) in the modified Dr. Black classification:

- A. Cavities with preserved enamel on the vestibular surface
- B. Cavities with thinned or blasted enamel on the vestibular surface of the tooth
- C. Sub gingival carious cavities

D. Fissured carious cavities

E. Proximal carious cavities

27. What carious cavities belong to Class III (subclass C) in the modified Dr. Black classification:

A. Cavities with preserved enamel on the vestibular surface

B. Cavities with thinned or blasted enamel on the vestibular surface of the tooth

C. Subgingival carious cavities

D. Fissured carious cavities

E. proximal carious cavities

28. What carious cavities belong to Class IV (subclass A) in the modified Dr. Black classification:

A. Cavities with preserved enamel on the vestibular surface

B. Cavities with thinned or blasted enamel on the vestibular surface of the tooth

C. Subgingival carious cavities

D. Carious cavities with affected incisal edge of the crown less than 1/3 of the width in the mesio-distal direction

E. Carious cavities with affected incisal edge of the crown till 1/2 of the width in the mesio-distal direction

29. What carious cavities belong to Class IV (subclass B) in the modified Dr. Black classification:

A. Cavities with preserved enamel on the vestibular surface

B. Cavities with thinned or blasted enamel on the vestibular surface of the tooth

C. Subgingival carious cavities

D. Carious cavities with affected incisal edge of the crown less than 1/3 of the width in the mesio-distal direction

E. One-sided carious cavities with affected incisal edge of the crown till 1/2 of the width in the mesio-distal direction

30. What carious cavities belong to Class IV (subclass C) in the modified Dr. Black classification:

- A. Cavities with preserved enamel on the vestibular surface
- B. Cavities with thinned or blasted enamel on the vestibular surface of the tooth
- C. One-sided large cavities with destroying of the incisal edge till 1/2 and more of the width in the mesio-distal direction, two sided cavities with destroying of incisal edge, subgingival cavities
- D. Carious cavities with affected incisal edge of the crown less than 1/3 of the width in the mesio-distal direction
- E. Carious cavities with affected incisal edge of the crown till 1/2 of the width in the mesio-distal direction

8. Restorative materials - dental cements and amalgam fillings. Dental filling of the carious cavities of Class I, Class V in primary and permanent dentition.

1. What kind of armamentarium is used for dental filling?

- A. Plugger, smoother, spatula, glass slab
- B. Probe, excavator
- C. Amalgam trigger, tweezers
- D. Excavator, smoother
- E. Round bur, tweezers

2. There are such temporary filling materials:

- A. Amalgam, glass-ionomer cements
- B. Resin-based composite
- C. Zinc phosphate-cement
- D. Water dentin, dentine-paste, Zinc-eugenol cement
- E. ZOE- cement, glass-ionomer

3. What is the purpose of using of isolative liners?

- A. To provide a barrier against chemical irritation
- B. To provide a barrier against chemical irritation, provide thermal insulation
- C. To resist forces applied during condensation of the restorative material

D. To restore the form of the tooth

E. For the root canal filling

4. What is the purpose of using of the base materials?

A. To provide a barrier against chemical irritation

B. To provide a barrier against chemical irritation, provide thermal insulation

C. To resist forces applied during condensation of the restorative material

D. To restore the form of the tooth

E. To provide a barrier against chemical irritation, provide thermal insulation and resist forces applied during condensation of the restorative material

5. What is the definition of the cavity varnishes?

A. Materials that are placed as thin coatings for providing barrier against chemical irritations

B. Materials, that are placed to resist forces applied during condensation of the restorative material

C. Natural resins or synthetic resins dissolved in a solvent such as ether or chloroform

D. Self-hardening mixture of glass and organic acid

E. Materials that release fluoride

6. What kind of cements do you know?

A. ZOE (zinc oxide-eugenol), amalgam, water dentine

B. ZOE, zinc-phosphate, polycarboxylate, glass-ionomer

C. Gutta-percha, composites

D. Glass-ionomer cement, cavity varnishes

E. ZOE, dental-paste

7. What cement is known as anticariogenic?

A. Glass-ionomer cement

- B. Zinc-phosphate cement
- C. Water dentine, glass-ionomer
- D. Silicate cements
- E. Resin-based composite

8. What feature of the cement is known as anticariogenic?

- A. Protection of the pulp from chemical agents
- B. Isolation against thermal irritants
- C. High level of adhesion to the tooth tissues
- D. Release of fluoride
- E. all answers are correct

9. What are advantages of the glass-ionomer cements?

- A. High level of adhesion to the tooth tissues
- B. High biocompatibility to the tooth tissues
- C. Release of fluoride, low level of polymerization shrinkage
- D. Coefficient of thermal expansion of the cement is close to the coefficient of thermal expansion of the tooth tissues
- E. All answers are correct

10. What disadvantages of the glass-ionomer cements do you know?

- A. Limited use because it is not recommended for biting surfaces in permanent teeth, material becomes rough with age
- B. Low level of biocompatibility to the tooth tissues
- C. Good esthetic features
- D. Low level of adhesion to the tooth tissues
- E. High level of polymerization shrinkage

11. What is the composition of the resin cements?

- A. Mixture of glass and organic acid

- B. Mixture of glass and resin polymer and organic acid
- C. Mixture of silver-tin copper alloy powder and liquid mercury
- D. Mixture of powdered glass and plastic resin
- E. Mixture of organic acid and plastic resin

12. What is the composition of the dental amalgam fillings?

- A. Mixture of glass and organic acid
- B. Mixture of glass and resin polymer and organic acid
- C. Mixture of silver-tin copper alloy powder and liquid mercury
- D. Mixture of powdered glass and plastic resin
- E. Mixture of organic acid and plastic resin

13. What is the composition of the glass-ionomer cements?

- A. Mixture of glass and organic acid
- B. Mixture of glass and resin polymer and organic acid
- C. Mixture of silver-tin copper alloy powder and liquid mercury
- D. Mixture of powdered glass and plastic resin
- E. Mixture of organic acid and plastic resin

14. What is the composition of the composite resin fillings?

- A. Mixture of glass and organic acid
- B. Mixture of glass and resin polymer and organic acid
- C. Mixture of silver-tin copper alloy powder and liquid mercury
- D. Mixture of powdered glass and plastic resin
- E. Mixture of organic acid and plastic resin

15. What types of amalgam do you know?

- A. Traditional, spherical, mixed one (by size and form of the particles)
- B. With low content of copper (< 6%), with high content of copper (10-30%)
- C. Amalgams with γ -2 phase

D. Amalgams without γ -2 phase

E. All answers are correct

16. What is the composition of classic amalgam by ISO standards?

A. 65% - silver, 30%- tin, 5%- copper

B. 65% - tin, 30%- silver, 5%- copper

C. 50%- silver, 20%- copper, 30%-tin

D. 80%- silver, 10%- copper, 10%- tin

E. 65%- copper, 10%- silver, 25%- tin

17. What phase in the composition of classic amalgam is responsible of the mechanical and corrosive strength of the filling?

A. γ - phase (alloy of silver-tin)

B. γ -1 phase (alloy of silver and mercury)

C. γ -2 phase (alloy of tin and mercury)

D. Low content of copper

E. High content of tin

18. Disadvantages of dental amalgam fillings:

A. Grey colored filling, high thermal conductivity

B. May darken as it corrodes

C. Weaken the tooth as it requires removal of the some healthy tissues

D. Contact with other metals may cause occasional electrical flow

E. All mentioned above

19. What positive features of amalgam lead to its wide use in modern dentistry?

A. Reasonably good esthetics, releases fluoride

B. Holds up well to the forces of biting, long-lasting time of use, inexpensive, self-sealing, resists leakage

- C. Minimal amount of tooth needs to be removed, holds up well to the forces of biting
- D. Have low incidence of producing tooth sensitivity, completed in one-dental visit
- E. Resists leakage, low shrinkage, does not corrode

20. What materials are appropriate for Class I and Class V restoration?

- A. Glass-ionomer cements, resin-modified glass-ionomer cements, compomers, composites
- B. Amalgam
- C. Water dentin, liners, and glass-ionomers
- D. ZOE-cements, polycarboxylate cements
- E. Resin-based materials

21. What acid is used for the dentine etching in children when the glass-ionomer restoration is used?

- A. 20% polyacrylic acid for 20 sec.
- B. 10% polyacrylic acid for 10 sec.
- C. 10% orthophosphoric acid for 20 sec.
- D. 37% orthophosphoric acid for 20 sec.
- E. 10% polyacrylic acid for 30 sec.

22. What is the optimal time for mixing of cements?

- A. 1- 1, 5 min.
- B. No more than 2 min.
- C. No less than 3 min.
- D. 2-3 min.
- E. 50 sec.

23. What time is needed for the hardening of the glass-ionomer cement from the beginning of its mixing?

- A. 3-4 min.
- B. 1-2 min.
- C. 7-9 min.

D. 10-15 min.

E. 60 sec.

24. What is the proper instrument for filling condensation?

A. Clean finger

B. Cotton pellet

C. Probe

D. Plugger

E. Smoother

25. What agent can help to prevent sticking of the material to the instrument during condensation?

A. Small amount of bonding agent or cement powder

B. Small amount of alcohol

C. Cooling of instruments

D. Air flow

E. Small amount of ether

26. When the composite resins can be used in children?

A. In primary dentition

B. In the permanent teeth with unformed roots

C. In the permanent teeth with formed roots

D. In primary dentition on the root resorption stage

E. In the permanent teeth with formed or unformed roots

27. What materials should be used for the treatment liner in deep carious cavity?

A. Resorcin-formalin

B. Amalgam

C. Calcium-containing materials

D. Glass-ionomer cement

E. Phosphate cement

28. What peculiarities of filling with amalgam should be taken into consideration by dentist?

A. Isolative bases under the amalgam filling should be used

B. Demand the additional instruments (amalgam mixer, trigger and plugger)

C. Polishing of the filling after 24 hours

D. Using of water cooling during polishing to avoid overheating of the pulp

E. All mentioned above

29. In what cases the amalgam fillings can be used?

A. In permanent dentition (with formed and unformed roots), in primary dentition (root stabilization period)

B. Deep caries in primary dentition (root resorption stage)

C. Frontal cervical caries lesion

D. Hermetic sealing in permanent dentition

E. All mentioned above

30. What material is the gold standard for the all classes filling of the primary dentition?

A. Amalgam

B. Composite

C. Glass-ionomer

D. ZOE cement

E. Silicate cement

9. Placement of the Class II restoration with dental cements and amalgam in primary and permanent dentition. Forming of the contact point.

1. What carious cavities belong to the Class II by Dr. Black?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle
- E. Lesion localized on the cervical surface of all groups of teeth.

2. What surfaces of the tooth belong to the proximal ones?

- A. Masticatory
- B. Mesial or distal surfaces of the tooth which are close to adjacent teeth
- C. Cervical region
- D. Lingual area of the tooth
- E. Vestibular region of the tooth

3. What is the main goal that should be achieved by dentist during the filling of Class II carious lesion?

- A. To choose the proper filling material

- B. To avoid the gum injury
- C. To restore the structure and proper function of the tooth due to forming tight contact point between the teeth and forming correct occlusal surface
- D. To achieve a good esthetic result
- E. All answers are incorrect

4. What is the main demand to the choice of filling material in Class II cavities?

- A. Mechanical strength of the material because of huge occlusal loading on the tooth
- B. High adhesion and polishing properties
- C. Esthetic demand
- D. Roentgen contrast
- E. Biocompatibility

5. What do we need for formation of the tight interdental contact point during filling Class II cavities?

- A. Using of thin interdental matrix
- B. Using of wedges
- C. Using of rings for better matrix fixation
- D. Using of pluggers
- E. All mentioned above

6. What type of matrices should be used when working with amalgam?

- A. Metal-firm
- B. Mylar matrix, can light-cure through

- C. Plastic-rigid, light-cure through
- D. Special matrix for deep subgingival cavities
- E. Copper bands matrix

7. What is the purpose of wedges using?

- A. To allow firm adaptation of matrix to tooth
- B. To fix the rubber dam
- C. To retain the restorative material in the cavity
- D. To provide external contour of restoration
- E. To avoid interdental injury of the papilla

8. What is the purpose of rubber dam using?

- A. To achieve better adhesion of the material
- B. For premedication
- C. For adequate control of moisture during filling
- D. To provide good esthetic and durable restoration
- E. Just modern demand

9. What is the main purpose of the additional cavity formation?

- A. Better adhesion of the filling material to the tooth structure
- B. For the better filling fixation and even distribution of chewing pressure on the tooth
- C. For the better distribution of chewing pressure on the tooth
- D. To avoid pulp cavity perforation
- E. To avoid injury of the gingival margin

10. What surface of the tooth should be used for the additional cavity formation?

- A. Cervical surface
- B. Occlusal surface

- C. Proximal surface
- D. Distal surface
- E. The additional cavity is not necessary

11. What should be taken into the consideration during Class II cavity preparation?

- A. The deepness of the carious cavity preparation
- B. Not to injure the adjacent teeth as the tooth cavity of the affected tooth is located too close to it
- C. Not to affect the proximal gingival margin
- D. The angel between the basic and additional cavities should be 90°

12. What kind of armamentarium is used for dental filling?

- A. Plugger, smoother, spatula, glass slab
- B. Probe, excavator
- C. Amalgam trigger, tweezers
- D. Excavator, smoother
- E. Round bur, tweezers

13. What filling material is the ideal during the filling Class II cavities?

- A. Composite resins
- B. ZOE cements
- C. Glass-ionomer cement
- D. Amalgam
- E. Silicate cement

14. What material should be avoided for the permanent filling of Class II cavities in the permanent dentition?

- A. Glass-ionomer cement
- B. Amalgam
- C. Composite resin-based

- D. Compomers
- E. All should be used

15. What instrument is used for placing of amalgam into the cavities?

- A. Smoother
- B. Excavator
- C. Plugger
- D. Amalgam trigger
- E. Wedge

16. High strength, durable, long-lasting features, resistance to the leakage, holding up well to the forces of biting, bacteriostatic action are characteristic to:

- A. Glass-ionomer cement
- B. ZOE cement
- C. Compomer
- D. Amalgam
- E. Silicate cement

17. Composite materials in children are used for the filling of:

- A. Permanent dentition with formed roots
- B. Primary dentition in the period of stabilization
- C. Permanent dentition with unformed roots
- D. Primary dentition on the root resorption stage
- E. Can be used during all tooth developmental stages

18. What technique is known as “sandwich-technique”?

- A. Dual-bonding technique with using of glass-ionomer materials and composites
- B. Technique with using glass-ionomer cements and amalgam
- C. Technique with using adhesive bonds and glass-ionomer cements
- D. Dual-bonding technique with using of composites and silicate cements
- D. Special technique of polymerization of material

19. What way is appropriate for restoring of contact points, when there are two proximal lesions of the tooth?

- A. To restore simultaneously both cavities(mesial and distal) with using interproximal matrix
- B. To restore distal cavities first with using interproximal matrix
- C. To restore mesial cavities first with using interproximal matrix
- D. To restore occlusal surface first
- E. all answers are incorrect

20. What cement belong to glass-ionomer group?

- A. Vitremer , Ketac- Molar, Fuji IX
- B. Vitremer, Filtek SupremeXT, Charisma
- C. Contour, Tetric ceram
- D. ProRoot
- E. Cariosan

21. What cement belong to ZOE?

- A. Fritex
- B. Dycal
- C. Cavinol, Cariosan
- D. Biomer
- E. Tytin

22. What cement belong to silicate cement?

- A. Silicap, Fritex

- B. Ketac – Molar, Photac- Fil
- C. Charisma
- D. Contour, Tytin
- E. Life

23. What should we do when mucose membrane growth into the subgingival cervical carious cavity?

- A. Gums should be pressed out with cotton pellet
- B. Retraction thread should be used
- C. Gums cutting with electric coagulator with anesthesia
- D. Gums cutting with diathermic coagulator with anesthesia
- E. All mentioned above

24. What is the purpose of using of the base materials?

- A. To provide a barrier against chemical irritation
- B. To provide a barrier against chemical irritation, provide thermal insulation
- C. To resist forces applied during condensation of the restorative material
- D. To restore the form of the tooth
- E. To provide a barrier against chemical irritation, provide thermal insulation and resist forces applied during condensation of the restorative material

25. What is the purpose of using of isolative varnishes?

- A. To protect pulp against the toxic influence of the filling materials
- B. To release of fluoride
- C. To prevent gums injury
- D. To achieve better adhesion of filling material
- E. To cover the filling material

26. The mostly common used isolative varnishes are:

- A. Life, Ionosit
- B. Ketac-Molar, Fuji IX
- C. Thermoline, Amalgam-liner, Dentine protector
- D. Amalgam
- E. Filtek SupremeXT, Thermoline

27. What feature of the cement is known as anticariogenic?

- A. Protection of the pulp from chemical agents
- B. Isolation against thermal irritants
- C. High level of adhesion to the tooth tissues
- D. Release of fluoride
- E. All answers are correct

28. What are advantages of the glass-ionomer cements?

- A. High level of adhesion to the tooth tissues
- B. High biocompatibility to the tooth tissues
- C. Release of fluoride, low level of polymerization shrinkage
- D. Coefficient of thermal expansion of the cement is close to the coefficient of thermal expansion of the tooth tissues
- E. All answers are correct

29. What kind of instruments is used for polishing of the filling?

- A. Finishing burs and polirs, polishing rubbers and brushes, polishing disks, interdental strips
- B. Finishing burs and polirs, smoothers
- C. Polishing disks, excavator
- D. Ultrasound tips
- E. Polishing rubbers and brushes, probe

30. What should be taken into consideration while proximal carious cavity is observed?

- A. To check the adjacent tooth for presence of carious lesion
- B. To avoid the papilla injury
- C. To avoid injury of the pulp
- D. To make the additional cavity for better retention of the filling
- E. All mentioned above

10. Resin based composites and compomers. Technique of placement of primary and permanent teeth with Class I and V by Dr. Black.

1. What carious cavities are referred to the Class I by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.
- D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle
- E. Lesion localized on the cervical surface of all groups of teeth.

2. What carious cavities are referred to the Class V by Dr. Black classification?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. cavities occur on the proximal surfaces of posterior teeth
- C. Lesions afflict the proximal surfaces of anterior teeth without including the incisal angle.

D. Lesions afflict the proximal surfaces of anterior teeth with involving the incisal angle

E. Lesions are localized on the cervical surfaces of all groups of teeth.

3. What materials are placed layer by layer out of listed above:

A. Glass-ionomer cement

B. Amalgam

C. Composites

D. ZOE cements

E. Phosphate cement

4. What is the goal of multilayered placement of these materials?

A. For better filling fixation to the tooth tissues

B. For better marginal adaptation of the filling

C. To reduce the internal stress into the filling

D. For better esthetic appearance

E. All answers are incorrect

5. During the filling of the 36 tooth with Class I cavity the doctor (after etching and bonding of the cavity) put composite material of one portion and polymerize it. What is the mistake of the doctor?

A. Incorrect polymerization

B. Incorrect bonding

C. Incorrect placement of the material by one portion

D. All procedures are correct

E. Incorrect etching

6. What are the main features of the compomers?

A. Releasing of the fluoride

B. Good adhesion to the hard structures of the tooth even without primary etching

C. Good esthetic

D. The possibility to use compomers in the primary dentition as well as in the immature permanent teeth

E. All mentioned above

7. When the composite resins are used?

- A. In primary teeth in the stabilization stage
- B. In permanent dentition with complete root formation
- C. In permanent teeth with unformed apexes of the root
- D. In primary teeth in the stage of root resorption
- E. In both dentitions

8. When the compomers are used?

- A. In primary teeth in the stabilization stage
- B. In permanent dentition with complete root formation
- C. In permanent teeth with unformed apexes of the root
- D. In primary teeth in the stage of root resorption
- E. In the primary dentition as well as in the immature and mature permanent teeth.

9. What is the size of particles in the traditional fine particle (macrofilled) composites?

- A. 1-30 μm
- B. 0, 1-0, 04 μm
- C. 0, 04-10 μm
- D. 20-40 μm
- E. 1-50 μm

10. What is the size of particles in the traditional microfilled composites?

- A. 1-30 μm
- B. 0, 1-0, 04 μm
- C. 0, 04-10 μm
- D. 20-40 μm
- E. 1-50 μm

11. What is the size of particles in the hybrid composites?

- A. 1-30 μm

- B. 0, 1-0, 04 μm
- C. 0, 04-10 μm
- D. 20-40 μm
- E. 1-50 μm

12. What are the properties of the fine particle composites?

- A. Opaque appearance, semi polishable, stress-bearing material
- B. Good gloss, luster, smoothness, polishable
- C. Highly polishable, optical properties similar to enamel, non-stress-bearing material
- D. Optical properties similar to enamel, good gloss, luster
- E. Stress-bearing material, polishable

13. What are the properties of the microfilled composites?

- A. Opaque appearance, semi polishable, stress-bearing material
- B. Good gloss, luster, smoothness, polishable
- C. Highly polishable, optical properties similar to enamel, non-stress-bearing material
- D. Optical properties similar to enamel, good gloss, luster
- E. Stress-bearing material, polishable

14. What are the properties of the hybrid composites?

- A. Opaque appearance, semi polishable, stress-bearing material
- B. Good gloss, luster, smoothness, polishable
- C. Highly polishable, optical properties similar to enamel, non-stress-bearing material
- D. Optical properties similar to enamel, good gloss, luster
- E. Stress-bearing material, polishable

15. What carious cavities should be filled with fine particles composite?

- A. Class V
- B. Class I & II
- C. Class III & IV

D. All Classes

E. Class III & V

16. What carious cavities should be filled with microfilled composite?

A. Class V

B. Class I & II

C. Class II, IV

D. All Classes

E. Class III & V

17. What carious cavities should be filled with hybrid composite?

A. Class V

B. Class I & II

C. Class III & IV

D. All Classes

E. Class III & V

18. The term “compomer” means:

A. The material which combines the properties of composites and ionomers

B. The material which combines the properties of ZOE cements and ionomers

C. The material which combines the properties of amalgam and ionomers

D. The material which combines the properties of amalgam and composites

E. All answers are incorrect

19. What acid is a component part of the etching agents?

A. Sulfuric acid

B. Chloric acid

C. Orthophosphoric acid

D. Nitric acid

E. Hydrochloric acid

20. What concentration of the etching agent is traditionally used in permanent dentition?

- A.20%
- B. 37%
- C.39%
- D.45%
- E. 17%

21. What does the term of “total etching” mean?

- A. Etching of the dentine
- B. Etching of the enamel
- C. Etching of the cement
- D. Etching of the dentine & enamel
- E. Etching of the whole crown

22. What is the goal of the dentine etching?

- A. To remove of the smear layer
- B. To achieve better adhesion
- C. To achieve better mechanical retention of the filling
- D. To achieve better chemical adhesion of the filling
- E. All mentioned above

23. What type of connection is observed between the bonding system and enamel?

- A. Mechanical
- B. Chemical
- C. Cellular
- D. Mixed (mechanical & chemical)
- E. All answers are wrong

24. What type of connection is observed between the bonding system and dentine?

- A. Mechanical
- B. Chemical

- C. Cellular
- D. Mixed (mechanical & chemical)
- E. All answers are wrong

25. What are the main disadvantages of the compomers?

- A. Lower endurance properties than in composites; lower releasing of fluoride, than in ionomers
- B. Higher endurance properties than in composites
- C. Semi polishable
- D. All mentioned above
- E. No disadvantages

26. Do we need to work by Dr. Black's principles during restorative treatment with composites?

- A. Yes
- C. No
- C. Not always
- D. Never
- E. It is not important

27. What materials are more suitable for the filling of Class V carious cavities in permanent dentition?

- A. Amalgam
- B. Glass-ionomers, compomers, composites
- C. Phosphate cements
- D. ZOE cements
- E. Ca (OH)₂ base materials

28. What is the sequence of procedures during restorative treatment with composites?

- A. Etching, bonding, filling, polishing
- B. Bonding, etching, polishing, filling
- C. Filling, polishing

- D. Etching, filling, polishing
- E. Etching, bonding, polishing

29. What materials from the listed below are dedicated to composites?

- A. Ketac Molar (3M Espe), Fuji II (GC), Fuji IX (GC)
- B. Esthet X (Dentsply), Filtek Supreme XT (3M Espe), Prodigy (Kerr) Herculite (Kerr)
- C. Prima- Flow (DMG), Glasiosite (VOCO)
- D. Tytin (Kerr), Septalloy (Septodont)
- E. Calcimol (VOCO), Life (Kerr), Dycal (Dentsply)

30. What materials from the listed below are dedicated to compomers?

- A. Ketac Molar (3M Espe), Fuji II (GC), Fuji IX (GC)
- B. Esthet X (Dentsply), Filtek Supreme XT (3M Espe), Prodigy (Kerr) Herculite(Kerr)
- C. Prima- Flow (DMG), Glasiosite (VOCO)
- D. Tytin (Kerr), Septalloy (Septodont)
- E. Calcimol (VOCO), Life (Kerr), Dycal (Dentsply)

11. The main steps of the endodontic treatment of the temporary and permanent teeth. Technique of the preparation of the tooth cavity of the temporary and permanent teeth with unformed roots. Modern endodontic instruments: kinds, settings, choice.

1. What specialist performs the root canal therapy?

- A. Prosthodontist
- B. Implantologist
- C. Endodontist
- D. Periodontist

2. The dental material which is the most commonly used for the pulp capping is:

- A. Amalgam
- B. Zinc phosphate
- C. Calcium hydroxide
- D. Glass ionomer

- 3. What portion of the pulp is removed during pulpotomy?**
- A. Coronal portion
 - B. Root portion
 - C. Complete pulp
 - D. Only the infected portion
- 4. What portion of the pulp is removed during pulpectomy?**
- A. Coronal portion
 - B. Root portion
 - C. Complete pulp
 - D. Only the infected portion
- 5. What instrument has tiny projections and is used for removing of the pulp tissue?**
- A. File
 - B. Broach
 - C. Reamer
 - D. Pessso-file
- 6. What type of the file is best suited for the canal enlargement?**
- A. Broach
 - B. Reamer
 - C. Pessso
 - D. Hedstrom
- 7. A rubber stop is placed on a file to:**
- A. Prevent perforation

- B. Maintain the correct measurement of the canal
- C. Identify the file
- D. A and B

8. Which of the following is used to enlarge, smooth, and shape the root canal?

- A. Endodontic file
- B. Barbed broach
- C. Endodontic plugger
- D. Endodontic spreader

9. Which of the following is used to the lateral condensation of gutta percha in the root canal?

- A. Endodontic file
- B. Barbed broach
- C. Endodontic plugger
- D. Endodontic spreader

10. Which of the following is used for the obturation of the root canal?

- A. Endodontic file
- B. Barbed broach
- C. Lentulo
- D. Endodontic reamer

11. Which of the following is used for the vertical condensation of gutta percha into the root canal?

- A. Endodontic file
- B. Barbed broach
- C. Endodontic plugger

D. Endodontic spreader

12. What is the functional setting of endodontic instruments?

- A. Preparation of the caries cavity
- B. Instrumental and cleansing treatment of the root canals
- C. Polishing of the restoration
- D. Filling of the caries cavity

13. Which of the following instruments are endodontic?

- A. Probes
- B. Barbed broach
- C. Explorers
- D. Dental mirror

14. What is the final step of the endodontic treatment?

- A. Enlarge, smooth, and shape of the root canal
- B. Obturation of the root canal and X-ray control
- C. Determination of the working length of the root canal
- D. Removing of the pulp

15. What of the followed root canal preparation methods foresees the expansion of the canal from the apex to the entrance?

- A. Crown down
- B. A and C
- C. Step back
- D. Conception of the balanced forces

16. What of the followed root canal preparation methods does the expansion of the canal from the entrance to the apex?

- A. Crown down
- B. A and C

- C. Step back
- D. Conception of the balanced forces

17. A size of instrument with a yellow handle is:

- A. 15
- B. 20
- C. 25
- D.30

18. The instrument of size 045 has the colour code of:

- A. White
- B. Yellow
- C. Dark blue
- D. Purple

19. The instrument of size 010 has the colour code of:

- A. White
- B. Yellow
- C. Dark blue
- D. Purple

20. The instrument which is reflected by «triangle» by ISO is:

- A. K-File
- B. K-Reamer
- C. H-File
- D. Paste filler

21. The instrument for the coronal pulp deleting is:

- A. Gates Glidden
- B. Excavator
- C. K-Reamer
- D. H-File

22. What instrument is used for the root canal entrance expansion?

- A. Peeso Reamer
- B. Excavator
- C. K-Reamer
- D. H-File

23. What instrument is used for the opening of the tooth cavity?

- A. Peeso Reamer
- B. Excavator
- C. Bur
- D. Probes

24. It is possible to form the valuable access to the root canals due to complete deleting of the:

- A. Bottom of the pulp chamber
- B. Bottom of the caries cavity
- C. Roof of the pulp chamber
- D. Walls of the caries cavity

25. The opening in the apex part of root canal which is the limit passing of pulp to periodontal tissue is named:

- A. Roentgenological
- B. Anatomical
- C. Physiological
- D. Perforation

26. The opening of the tooth cavity is the formation of the:

- A. Point connection of carious cavity with the cavity of tooth
- B. Additional place on masticatory surface
- C. Wide connection of carious cavity with the cavity of tooth
- D. Valuable access to entrance of the root canals

27. The expansion of tooth cavity is a complete deleting of:

- A. Necrotic dentine
- B. Roof of the pulp chamber
- C. Coronal of pulp
- D. Crown of the teeth

28. Name the standard conicity of the endodontic instruments:

- A. 2%
- B. 3%
- C. 9%
- D. 5%

29. What length of the instrument is used for the endodontic treatment of the root canals of the temporary teeth?

- A. 15mm
- B. 16mm
- C. 21mm
- D. 25mm

30. Specify a standard length of the endodontic instruments:

- A. 15MM
- B. 16MM
- C. 29MM
- D. 25MM

12. Technique of the instrumental and medicamental treatment of the root canals of the primary and permanent teeth with unformed roots.

1. The most commonly used irrigation solution during root canal therapy is:

- A. Water from the air–water syringe
- B. Sodium hypochlorite
- C. Calcium hydroxide
- D. Phosphoric acid

2. What surface of a posterior tooth does the dentist commonly enter when is performing the root canal therapy?

- A. Occlusal
- B. Facial
- C. Mesial
- D. Incisal

3. What surface of a primary frontal tooth does the dentist commonly enter when is performing the root canal therapy?

- A. Occlusal
- B. Vestibular
- C. Mesial
- D. Distal

4. What surface of a permanent lower frontal tooth does the dentist commonly enter when is performing root canal therapy?

- A. Occlusal
- B. Vestibular

C. Lingual

D. Medial

5. Which of the following is used to lubricate the root canal during the root canal therapy?

A. RC Prep

B. Sodium hypochlorite

C. Formocresol

D. Root canal sealer

6. Which of the following is used to remove the pulp once the tooth has been opened?

A. Endodontic file

B. Barbed broach

C. Endodontic reamer

D. Endodontic spreader

7. Preparation of the root canal of the primary teeth with unformed roots conduct:

A. On the 2/3 length of the root canal

B. On the 1/2 length of the root canal

C. On the 1/3 length of the root canal

D. On all length of the root canal

8. What must be taken into account during the endodontic treatment of the teeth with unformed roots?

A. Emotional state of the patient

B. Age of the patient

C. Terms of the tooth eruption

D. Somatic state

9. What step is absent during the endodontic treatment of the permanent teeth with unformed roots?

A Widening the entrance of the root canals

B. Determination of the working length

- C. Delete of the infected dentine
- D. Opening of the tooth cavity

10. Endodontic treatment of the root canals of the temporary teeth is conducted mainly:

- A. On the stage of stabilization of root
- B. On the stage of the unformed apex
- C. On the stage of the unclosed apex
- D. During physiological resorption of the root to 1/3 of the length

11. What concentration of sodium hypochlorite is used for the root canal cleansing of the temporary teeth?

- A. 5.25%
- B. 2.5%
- C. 10%
- D. 8%

12. What is the optimal solution for the root canal cleansing of the temporary teeth?

- A. 96% ethanol
- B. 3% H₂O₂
- C. 2, 5% Sodium hypochlorite
- D.5, 25% sodium hypochlorite**

13. The working length of the root canal is the distance from the point on the crown of the tooth to the:

- A. X-ray apex
- B. Entrance of the root canal
- C. Physiological apex
- D. Anatomical apex

14. A size of the instruments with red handle is:

- A. 15
- B. 20

C. 25

D.30

15. What of the following is the first step of the endodontic treatment?

- A. Opening of the pulp chamber
- B. Removing the roof of the pulp chamber
- C. Pulpotomy
- D. Obturation of the root canal

16. What is used for antiseptic treatment of the root canal?

- A. 96% Spiritus ethylici
- B. 3% H₂O₂
- C. 10% Chloramines
- D. 5% H₂O₂

17. What antiseptic belong to the oxygencontaining group?

- A. Furacillini
- B. H₂O₂
- C. Chloramine
- D. Sodium hypochlorite**

18. What is used for the cleansing of the root canals?

- A. Gates Glidden
- B. Disposable syringe
- C. Chip-blower with water
- D. Endodontic syringe with needle

19. The first stage of the instrumental treatment of the root canal is:

- A. Antiseptic treatment
- B. Opening of the apex
- C. Widening of the entrance of the root canal
- D. Opening of the tooth cavity

20. For the determination of the quality of the tooth cavity opening of a doctor uses:

- A. Forceps, mirror
- B. Mirror, probe
- C. Plugger, probe
- D. Plugger, spreader

21. One of the peculiarities of the endodontic treatment of the root canals of the temporary teeth is:

- A. Partial removed of the roof of the pulp chamber
- B. Partial preparation of the carious cavity
- C. Absence of the pulpotomy stage
- D. Establishment of the working length on 2 mm less than roentgenological

22. What factor must be taken into account during the endodontic treatment of the teeth with unformed roots?

- A. Obliteration of the root canals
- B. Absence of pulp
- C. Close connection between pulp and the periapical tissues
- D. Incommunication between pulp and the periapical tissues

23. What does the term “apexogenesis” mean?

- A. Forming of the root canal
- B. Growing of the root in to the length
- C. Resorption of the root
- D. Incommunication between pulp and the periapical tissues

24. What preparations are more frequent use for the apexification?

- A. Antibiotics
- B. Enzymes
- C. Preparations of Ca (OH) ₂
- D. Antiseptics

25. What is the characteristic feature of the root canals of the temporary teeth?

- A. Wide
- B. Obliteration
- C. Narrow
- D. Infected

26. Taking into account the structure of the root canals of the frontal temporary teeth, the instruments of what thickness are expedient to apply during the treatment?

- A. 010
- B. 035
- C. 008
- D. 015

27. What complications can arise up at instrumental treatment of the root canal?

- A. Perforation of the wall of the root canal
- B. Secondary caries
- C. Resection of the root apex
- D. Amputation of the root

28. What mistake can lead to the fracture of the endodontic instrument in the root canal?

- A. Wrong diagnose
- B. Previous use of the As paste
- C. Using of the hand instrument
- D. Using of the deformed instrument

29. What mistake can lead to the mechanical trauma of the periapical tissues during the instrumental treatment of the root canal?

- A. Wrong diagnose
- B. Previous use of the As paste
- C. Working length is settled wrongly

D. Using of the deformed instrument

30. What mistake can lead to the perforation of the bottom of the pulp chamber?

A. Wrong diagnose

B. Ignorance of the anatomo-topographical placing of the root canals

C. Working length is settled wrongly

D. Using of the deformed instrument

13. Filling materials for the temporary and permanent obturation of the root canals. Technique of filling of the root canals of the temporary teeth.

1. “To obturate” means to:

- A. Open a pulpal canal
- B. Examine a pulpal canal
- C. Fill a pulpal canal
- D. Surgically remove a pulpal canal

2. The material commonly used for the canal obturation is:

- A. Amalgam
- B. Composite
- C. Gutta percha
- D. IRM

3. What basic requirement is for materials for obturation of the root canals of the temporary teeth:

- A. Radiopaque
- B. Ability to resolve simultaneously with a root during its resorption
- C. Impenetrability for the tissue liquid
- D. Bactericidal features

4. Choose the material which does not follow to apply for obturation of the root canals of the temporary teeth:

- A. Iodoform paste
- B. Zinc eugenol paste
- C. Apexdent
- D. Phosphate cement

5. Modern method of the root canals filling of the permanent teeth is:

- A. Method of lateral condensation of gutta percha
- B. Using one paste
- C. Using phosphate cement
- D. Using silver point

6. What is the most widely used and accepted material for the root canal obturation in the permanent teeth?

- A. Polycarboxylate cement
- B. Gutta percha
- C. Silver points
- D. Phosphate cement

7. What is the most optimal sealer for the root canal obturation in the permanent teeth?

- A. Polycarboxylate cement
- B. Gutta percha
- C. Epoxy resin
- D. Phosphate cement

8. In accordance to the standard of ISO, gutta- percha points are made in size:

- A. 032
- B. 035
- C. 036
- D. 038

9. During the root canal filling by paste with the use of paste filler, a machine is included on (turn/min.):

- A. 100-120
- B. 500-600
- C. 1000-1200
- D. 30 000

10. What instrument is used for the sealing of the root canal in the temporary tooth:

- A. Lentulo
- B. H-file
- C. K-file
- D. Gutta- condensor

11. Choose the method for the root canal obturation of the temporary tooth:

- A. Obturation with one point
- B. Filling of the root canal by phosphate cement
- C. Filling of the root canal by zinc eugenol paste
- D. Obturation by warmed up gutta percha

12. What materials are used for providing apexogenesis in the teeth with unformed roots?

- A. Gutta percha points
- B. Zinc eugenol paste
- C. Ca (OH) ₂
- D. Epoxy resin

13. Specify calcium containing material for the temporary obturation of the root canal is:

- A. Calasept
- B. Gutta percha
- C. Life
- D. Phosphate cement

14. For what purpose is a spreader used in the endodontic treatment?

- A. Putting the filling material to the root canal
- B. Lateral condensation of gutta percha point in the root canal
- C. Re-root treatment
- D. Vertical condensation of gutta percha point in the root canal**

15. For what purpose is the plugger used in the endodontic treatment?

- A. Putting the filling material to the root canal
- B. Lateral condensation of gutta percha in the root canal
- C. Re-root treatment
- D. Vertical condensation of gutta percha in the root canal

16. What instruments for the root canal obturation have working part in form reverse to H-file?

- A. Plugger
- B. Spreader
- C. Gutta-condensor
- D .Paste filler

17. Specify standard of conicity of gutta-percha point is:

- A. 3%
- B. 2%
- C. 5%
- D .7%

18. Points are not applied for the root canal obturation of the temporary teeth, because they:

- A. Injure the periapical tissues
- B. Have a toxic influence on the periapical tissues
- C. Resolve
- D .Don't resolve

19. In what case the phosphate cement is used for the root canal obturation of the permanent teeth?

- A. Before the resection of the root apex
- B. In case of the wide root canals
- C. In case of the obliterate root canals
- D .During re-roots treatment

20. In what case is it expedient to use the impregnation method of root canal treatment of the permanent teeth?

- A. Before the resection of the root apex
- B. In case of the wide root canals
- C. In case of the obliterate root canals
- D. During re-roots treatment

21. Specify possible reason of root canal refilling:

- A. Wrong choice of filling material
- B. Wrong determine of the working length
- C. Wrong choice of filling technique
- D. Wrong choice of the instrument for obturation

22. One of the lacks of the resorcin paste is:

- A. Painting of the tooth tissue into the red color
- B. Resorption
- C. Porosity
- D. Painting of the tooth tissue in blue color

23. Master-point is the:

- A. Main gutta percha point
- B. Additional gutta percha point
- C. Plugger
- D. Spreader

24. During the canal obturation the size of the master-point must be:

- A. The same as the size of the apical master-file
- B. Longer than master-file on 1 mm
- C. Shorter than master-file on 1 mm
- D. Shorter than master-file on 1.5 mm**

25. During the lateral condensation it is necessary, that sealer will fill:

- A. The root canal on $\frac{1}{3}$ of its length
- B. The root canal on full length
- C. Covered the walls of root canal

D. A root-canal on $\frac{2}{3}$ of its length

26. Name one of the positive properties of the epoxy resin materials:

- A. Antibacterial action
- B. Does not resolve in the root canal
- C. Long working time
- D. Easy refilling

27. What material from the transferred below belong to the group of epoxy resin?

- A. Iodent
- B. AH+
- C. Z/E pasta
- D. Tempophore

28. What material from the transferred ones does not belong to the group of epoxy resins?

- A. Iodent
- B. AH+
- C. AH 26
- D. Diaket

29. What material is used for the filling of the root canals of the temporary teeth?

- A. Iodent
- B. AH+
- C. AH 26
- D. Diaket

30. What material is not used for the filling of the root canals of the temporary teeth?

- A. Iodent
- B. Apexdent
- C. AH 26

D. Iodent

14. Filling of the Class II and V cavities in temporary and permanent teeth

1. The optimal ratio of the powder and liquid filling of phosphate cements is:

- A. 4:1
- B. 3:1
- C. 2:2
- D. 3:2

2. The optimal temperature for making phosphate cements is:

- A. 20-22 ° C
- B. 24-26 ° C
- C. 18-20 ° C
- D. 28-30 ° C

3. What properties of phosphate cement would change drastically if the thick liquid mixture add:

- A. Will increase strength
- B. It becomes more plastic
- C. Curing time increase
- D. Strength will decrease

4. Consistency of phosphate cement mixture considered normal if it:

- A. Not stretches and breaks forming notches (1 mm)
- B. Do not detach from the spatula
- C. Not reaching for a spatula
- D. It remains on the stage

5. What instrument is used for carrying amalgam into a cavity:

- A. Smoothers
- B. Plugger
- C. Amalgam treacher
- D. Forceps

6. Which filling material is optimal for filling cavities Class II:

- A. Silver amalgam
- B. Composite
- C. The glass cements
- D. Compomer

7. After making and condensation of amalgam filling on seal surface what is formed?

- A. Gamma2 phase
- B. Gamma-phase
- C. Gamma1 phase
- D. Not formed

8. What seals properties are changed by tin-mercury compound (gamma2-phase)?

- A. Increases corrosion resistance
- B. Increases strength
- C. Reduces turnover of amalgam
- D. Decreases strength

9. High hardness and solidity, plasticity, resistance in the oral fluid, bactericidal action are characteristics of

- A. Compomer
- B. Amalgam
- C. Silicophosphate cements
- D. Glass-Ionomer cements

10. Which of silicophosphate cements can be used without liners:

- A. Fritex
- B. Syldont
- C. Beladont
- D. Infantid

11. Which of these materials is the silicophosphate cement?

- A. Infantid
- B. Fritex
- C. Eodent
- D. Unitsem

12. Which of these materials is related to zinc-eugenol cement?

- A. Adhesor
- B. Fritex
- C. Caryosan
- D. Infantid

13. What is the ratio of powder and liquid mixing at zinc-eugenol cements?

- A. 3:1
- B. 3:2
- C. 4:1
- D. 5:1

14. Positive property of zinc-eugenol cement is:

- A. Non-toxic effect
- B. Odontotropical and anti-inflammatory action
- C. High strength
- D. Antiinflammatory

15. Which of these materials is the polycarboxyl cement?

- A. Dycal
- B. Infantid
- C. Caryosan
- D. Carboco

16. Which filling material does belong to glassionomer cements?

- A. Belokor
- B. Photac fil
- C. Lumikolor
- D. Calxyd

17. What is needed to achieve a tight interdental contact at filling cavities of Class II?

- A. Fix matrix by wedge
- B. Adapt the matrix
- C. Use a thin matrix
- D. All listed above

18. If the contact point is created correctly, then:

- A. Generally is not taken out from the gap
- B. Easy output
- C. Matrix is hard taken out from the interdental gap
- D. Partly remains

19. What is the essence of the sandwich - filling technique:

- A. Stripped making composite material
- B. Making stripped two filling materials (composite materials and glassionomer)
- C. Stripped of material making glassionomer
- D Closure of the temporary cavity filler

20. What type of adhesion to dental hard tissue has glassionomer cement?

- A. Chemical
- B. Combined (chemical-mechanical)
- C. Mechanical
- D. Physical

21. Adjacent cavities Class II (distal cavity tooth 26 and the medial cavity tooth 27) was filled by one portion of amalgam. What is the mistake:

- A. Improper set of point contact
- B. Filling material selected Improperly
- C. Matrix not used
- D. Seals finishing Improper

22. The bottom of the Class II cavity has to be:

- A. Lower than enamel-dentin junction
- B. On the level of parapulpal dentin
- C. On the level of enamel
- D. Above enamel-dentin junction

23. In cavity Class II tooth 46 amalgam filling placed. Surplus of amalgam is removed. The seal is covered with Vaseline. What mistake is done?

- A. Filling material selected improperly
- B. Improper set point of contact
- C. Not used matrix
- D. Seals finishing was made improper

24. The cavity of 25 tooth Class II sealed by Acrylic filling. Seal is injuring the interdental papilla. What is the mistake?

- A. Improperly selected filling material
- B. Improper set point of contact
- C. Improper finishing seals
- D. Not used matrix

25. Angle of stairs between the main and additional cavity must be:

- A. 90°

- B. 60
- C. 45°
- D. 100°

26. What width of the additional cavity is correct?

- A. Less than the main cavity width
- B. Wider than the main cavity width
- C. Equal to the main cavity width
- D. 1-2 mm

27. On the neck of the tooth 21 was found the cavity of medium size. After preparation the amalgam filling was placed. What's mistake on the stages of treatment:

- A. In the mixing method
- B. In choosing of the material filling ted
- C. In the methods of making seal material
- D. In the final processing of seals

28. What is the purpose of using isolative liners?

- A. To provide a barrier against chemical irritation
- B. To provide a barrier against chemical irritation and thermal insulation
- C. To resist forces applied during condensation of the restorative material
- D. To restore the form of the tooth

29. Which of following instruments are used for cavity filling?

- A. Excavator
- B. Chisels
- C. Mirror
- D. Amalgam condensers

30. What acid contains etching gel?

- A. Sulphur acid
- B. Orthophosphoric acid
- C. Nitric acid
- D. Chloride acid

15. Class II cavity restoration of the primary and permanent teeth with different materials.

1. The most commonly used restorative material for Class II cavity is:

- A. Cements
- B. Amalgam
- C. Composite resin
- D. Glass-ionomer cement

2. Composite resin is used for Class II cavity restoration in teeth with:

- A. Small cavity
- B. Big cavity
- C. Bruxism
- D. Allergic reaction to amalgam

3. To make proximal surface of Class II cavity it is needed to use:

- A. Metal matrix
- B. Burnisher
- C. Wedge
- D. All these things

4. What restoration material does belong to Glass-ionomer?

- A. Calxyd
- B. Cariosan

C. Lumikolor

D. Photac fil

5. Angle of stairs between the main and additional cavity must be:

A. 90°

B. 60°

C. 45°

D. 100°

6. The bottom of the Class II cavity has to be:

A. Lower than enamel-dentin junction

B. On the level of parapulpar dentin

C. On the level of enamel

D. Higher than enamel-dentin junction

7. The concentration of phosphoric acid in enamel etching gel is:

A. 35%

B. 37%

C. 47%

D. 42%

8. Dual bonding technic is used for:

A. Amalgam

B. Glass-ionomer cements

C. Polycarboxylate cements

D. Zinc oxide-eugenol cement

9. After etching tooth should be washed for:

A. 20 seconds

B. 25 seconds

C. 15 seconds

D. 5 seconds

10. Application time of enamel etching of the permanent teeth is:

- A. 20 seconds
- B. 25 seconds
- C. 15 seconds
- D. 5 seconds

11. Enamel etching is used for:

- A. Conditioning of the material physical peculiarities
- B. Making areas of micro retention
- C. Making chemical adhesion
- D. Removing plaque

12. What is the best material for liner if Syldont is used for restoration?

- A. Biomer
- B. Dentin protector
- C. Glass-ionomer cement
- D. Zink phosphate cement.

13. Which of following instruments is used for cavity filling?

- A. Excavator
- B. Chisels
- C. Mirror
- D. Amalgam condensers

14. What acid contains etching gel?

- A. Sulphur acid
- B. Orthophosphoric acid
- C. Nitric acid
- D. Chloride acid

15. What cements has anticariogenic properties?

- A. Resin-based composite
- B. Zinc-phosphate cement
- C. Glass-ionomer cement
- D. Silicate cement

16. What components do glass-ionomer cements consist of?

- A. Organic acid and plastic resin
- B. Glass and resin polymer and organic acid
- C. Glass and organic acid
- D. Powdered glass and plastic resin

17. The optimal time for cements mixing is

- A. 1- 1, 5 min
- B. Near 2 min
- C. Near 3 min
- D. Near 4 min

18. What is needed to make point contact during filling Class II cavities?

- A. Thin interdental matrix
- B. Using of wedges
- C. Using of rings for better matrix fixation
- D. All of this

19. Which of this materials is related to zinc-eugenol cement:

- A. Carboco
- B. Fritex
- C. Caryosan
- D. Infantid

20. Positive properties of zinc-eugenol cements is:

- A. Non-toxic effect
- B. Odontotropical and anti-inflammatory action
- C. High strength
- D. Antiinflammatory

21. Which filling material belongs to glassionomer cements:

- A. Belokor
- B. Photac fil
- C. Lumikolor
- D. Calxyd

22. What carious cavities are referred to the Class V?

- A. Lesions occur in fissures and pits of molars and bicuspid
- B. Cavities occur on the proximal surfaces of posterior teeth
- C. Localized on the cervical surfaces of all groups of teeth.
- D. On proximal surfaces of anterior teeth with involving the incisal angle

23. What are the main features of the compomers?

- A. Releasing of the fluoride
- B. Good adhesion to the hard tissues of the tooth
- C. Good esthetic
- D. All mentioned above

24. What properties of phosphate cement would change drastically if the thick liquid mixture is added:

- A. Will increase strength
- B. It becomes more plastic
- C. Curing time increase
- D. Strength will decrease

25. What carious cavities should be filled with fine particles composite?

- A. Class V

- B. Class I and II
- C. Class III and IV
- D. All Classes

26. What does the term of “total etching” mean?

- A. Etching of the enamel and dentine
- B. Etching of the enamel
- C. Etching of the whole crown
- D. Etching of the dentine

27. What is the purpose of wedges using?

- A. To allow firm adaptation of matrix to tooth
- B. To fix the rubber dam
- C. To avoid interdental injury of the papilla
- D. To provide external contour of restoration

28. Additional cavity is formed

- A. To make better adhesion of the filling material
- B. Better filling fixation and distribution of chewing pressure on the tooth
- C. To the filling bigger
- D. Avoid pulp cavity perforation

29. Which of silicophosphate cements can be used without liners:

- A. Fritex
- B. Syldont
- C. Beladont
- D. Infantid

30. Which filling material belongs to glassionomer cements:

- A. Belokor

- B. Photac fil
- C. Lumikolor
- D. Calxyd

