PROSTHO

1. **Patient who has an upper complete edentulous arch and lower few teeth, he doesn't have upper teeth. And has an upper denture. Says denture rocking along the midline on function and is not retentive. 36 and 46 missing and 37 and 47 have tilted in its place. Denture was deficient on border extensions. (in my station it only said deficient denture, "border extension" part was not there) Patient comes after 2-3 weeks and is not satisfied with denture.**

   I. **Dentist took an impression of lower arch 10 weeks ago. What did it help him with?** IG

   A. Making custom tray
   B. To check the skeletal relationship maxilla and mandible
   C. To help with teeth setting and analyse the occlusion
   D. Check centric occlusion and centric relation (this option was not there in my station)

   II. **The denture is rocking along the midline, what is the most likely reason?** DM

   A. Centric relation and centric occlusion not coinciding
   B. Interferences on lateral excursion/ not in laterally balanced occlusion Using
   C. pressure indicating paste
   D. Pressure on Anterior incisors leading to tipping/ incorrect
   E. Improper curve of spee

   III. **Why is denture not retentive? What will you check for that?** IG

   A. Denture insufficient on Peripheries
   B. Teeth are placed on the centre of the ridge
   C. Lack of soft tissue undercuts on upper ridge
   D. Deficient post dam area

   IV. **You did all adjustments multiple visits for this patient and yet she is not happy with the denture. She has paid half and says won't pay till she is happy. What will you do?** TE

   A. Refer to a prosthodontist and pay her full refund
   B. Reline the denture for free
   C. Make brand new upper denture for free
   D. Refer to your known colleague who is an expert at dentures
   E. Do rebasing for free.

   V. **What do you desire when setting teeth?** DM

   A. Bilaterally balanced occlusion
   B. Group function
   C. Canine Guidance
   D. Vertically balanced 2 dimensional occlusion

2. **Male patient comes to get his treatment done as part of work compensation cover because he slipped while doing duty on work. He has seen another dentist to make an insurance claim. Clinical photo shows photo of upper and lower anteriors, 12 normal, rest of dentition seem to have attrition and chipped. He wants you to have a look. Patient says my teeth chipped off and my lower denture got broken as a result of falling. You examine.**

   Medical history was given (not sure either stress or some history of bruxism was there too) also wants to know about bleaching his teeth. (Mentioned keywords

chipped and broken down) You examine him and realize that most of his dental condition is not a result of injury. His lower flexible acrylic denture is broken, the other dentist made a claim for the patient so he also gets money to repair his other teeth. (picture of the dentures provided)

I. **What would be the ideal treatment for him?** DM

A. Repair the flexible denture
B. New cobalt chrome RPD
C. Make him a new acrylic denture Implant supported removable denture Implant
D. supported bridge

II. **Even though his dental condition is not a result of injury, another dentist is willing to cover it all under his work cover so that the company can pay and the patient can get a larger compensation for his dental treatment. He shows you a slip in which this is written. How do you handle that claim for the insurance in the situation?** PH

A. Do the same what the other dentist did to avoid reputation damage
B. Report the dentist to Ada
C. Report the dentist to Ahpra
D. Contact the other dentist and inquire about the whole thing
E. Report to work cover Australia
F. Refuse to cover the work in insurance bill which was not due to the fall.

III. **The same patient was also interested in bleaching. But according to your findings and diagnosis, his dentition needs a lot of work to be done and he is not a suitable candidate for the above mentioned treatment because of current dental health. What advice will you give to the patient?** DM

A. Discuss with the patient that other treatment needs to be done before we proceed with bleaching.
B. Refer to prosthodontist
C. Go ahead with the treatment
D. Refuse to do treatment

IV. **What should be the management of his worn down dentition?** DM

A. Refer to prosthodontist
B. Add composites build up on anterior and oral rehabilitation
C. Give him ceramic crowns
D. Give him ceramic veneer

V. **Patient complains of sensitivity. What test would you conduct for your treatment?** IG

A. Probing
B. Iopa
C. Pulp sensitivity
D. Percussion

3. **Another question was the patient that I think had combination syndrome and we are going to construct a lower chrome cobalt class I Partial denture and was asked if:(Posteriors missing on both sides, Picture of the ridge given)**

I. **What classification is this?** DM

A. kennedy Class I mucosa and tooth supported
B. kennedy class I mucosa supported
C. Kennedy class ii mucosa and tooth supported

D. Kennedy class ii mucosa supported

II. **What type occlusion will u prefer in combination syndrome patient** DM

A. bilaterally balanced occlusion
B. group function
C. canine guided
D. mutually protected occlusion

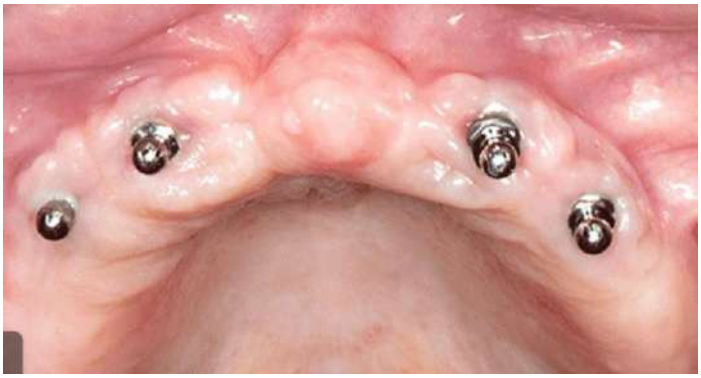
III. **Overdenture case: what will be the advantage of overdenture over conventional complete dentures? What will you advise regarding the patient's perspective for aesthetic and functional purpose?** DM

A. Preservation of alveolar ridge
B. Patient compliance
C. Patience psychological rescue of not losing teeth
D. Maintain vdo

4. **Overdenture case. A 65 year old female who is new to your practice came because she is having some discomfort with her tooth retained upper denture. She is otherwise fit and well you have checked the soft tissues and dentures, upper denture looks good while in rest.**

I. **Upper denture gets loose while in function, what is the likely cause?** IG

A. there is flabby tissue on the tuberosity
B. problem in the occlusion check and re do it
C. compromised retained tooth



II. **Case where you were going to extract tooth 41. After IAN block injection, long buccal nerve block was also given using correct technique and LA quantity, the patient complains he can still feel pain around the area. How will you complement anaesthesia?** TE

A. Do another IAN injection on the LHS
B. Do a mental nerve block
C. Inject LA locally to 41 buccal and lingual

III. **Before you attempt extraction, what area is most important to check for numbness?** DM

A. half lips and tip of the tongue
B. lower lip and tongue
C. gingiva around the 41
D. tongue and floor of the mouth
E. does not cross the midline

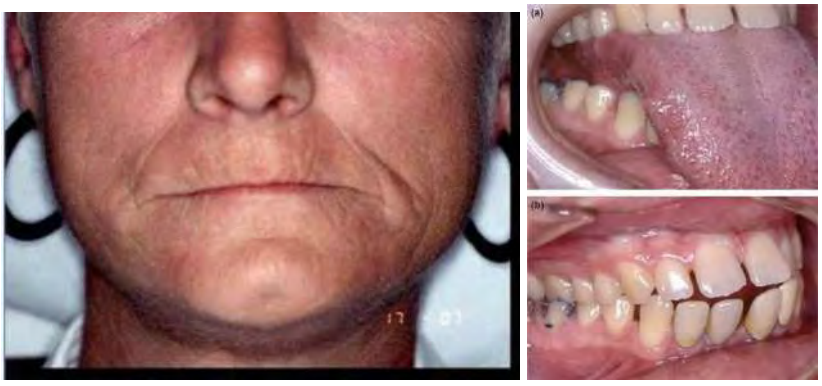
5. **ON PORCELAIN #MMF**
On examination you find the obvious signs of Bruxism. What is your management, if you want to retreat the restoration and do not want this problem to progress. Canine was included in the FPD given in the exam. DM

A. Construct occlusal splint
B. Give more favorable group function occlusion
C. Give veneers
D. Alter the bite to "canine protected" occlusion.

6. **What is most important radiological characteristic of CBCT/OPG (ONLY IN FEW CENTERS) imaging for implant:** IG

A. Accuracy in linear measurement
B. Superimposition of anatomic structures
C. Breadth of the image
D. High resolution

7.



Did not get this picture in my exam, picture was different.

Question also gave a section (pt right post) view of the opg. Photo was similar.

On the opg no resorption or any complications could be seen.

I. **You see a major complicating factor with constructing dentures in this patient. What do you think can cause aesthetic problems by looking at the photo? No major problems seen on clinical pic.** IG

A. Tight Lower Lip
B. Reverse smile line
C. Prominent Mentalis
D. Decreased VDO

II. **What group of muscles will have an effect on making an impression?** IG

A. orbicularis muscle
B. mentalis muscle
C. geniohyoid

III. **You are going to make a denture. What additional information is needed?** IG

A. photo and opg provide adequate information
B. Ask the lab tech to do a occlusal analysis of the master cast
C. An articulated study cast on semi -adjustable articulator for occlusal analysis
D. Clinical assessment

IV. **How can you prolong setting time for Alginate imp without affecting its physical properties?** TE

A. Add more powder than water
B. Add more water then powder
C. Decrease the water temperature
D. Decrease spatulation speed

V. **Patient got burns after taking impressions which one material give burning.** TE

A. Polyvinyl Siloxane compound material
B. Alginate
C. Zinc oxide eugenol

8. **Regarding Rpd where they said RPI is a choice of clasp.**

I. **Question was: how is given the indirect retention in this RPI system?** TE

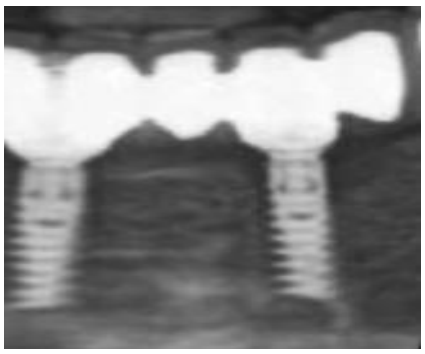
A. distal occlusal rest on nearest abutment
B. mesial occlusal rest
C. lingual plate minor connector
D. Reciprocal arm
E. Mesial proximal plate

II. **In that same question it was asked that premolar 44 is used for clasp; it is periodontally weak gingival recession with class 2 mobility but still can be used . So what would be the preferred clasp which is less traumatic and more aesthetic?** DM

A. cast clasp suprabulge with ⅓ retentive area below the survey line

B. cast clasp infrabulge
C. wrought clasp with suprabulge
D. wrought clasp with infrabulge

9. **Patient complains of loose prosthesis in the lower anterior region. On examination you see a swelling in the 32 region. Patient brushes twice daily with a fluoride toothpaste and flosses his interdental region once daily but is not able to clean 32 region. (Image of a 5 unit implant supported FPD given with a cantilever on 33 and implants at position 42 and 32). FPD on 41,42, 31, 32 ,33 (cantilever). Radiolucency around the top portion of implants. Cantilever part, 32, clearly had an open contact and bone loss around 33 cantilever and 34 (sound tooth) and 42 area was masked by the swollen gums. X-ray: showed peri implantitis around both implants upto at least 1/3rd of implants . Loose abutment screws were visible in both implants with lots of gaps on sides and top parts.**



I. **How should the patient maintain the hygiene under the prosthesis?** PH
A. Superfloss
B. Unwaxed floss
C. circumferential floss method
D. Water floss
E. There's no current conclusive evidence about this matter

II. **The question asked about what hinders the access to maintaining oral hygiene around implant at 32?** IG
A. Open contact
B. Food impaction
C. Periodontitis
D. Cantilever pontic 33
E. swollen gum

III. **What is the reason for the mobile bridge** IG
A. Peri-implant mucositis
B. Peri-implantitis
C. Loose abutment screw
D. Loss of bone
E. Occlusal overload in the front teeth
F. No osseointegration

G. Food Impaction

IV. **What method of mechanical debridement of the implant will be most effective?** DM

A. Plastic curette for manual debridement
B. Metal curette
C. Ultrasonic tip of metal.
D. Ultrasonic tip of ceramic
E. Metal brush scraper

V. **When performing SRP, what is the scientifically proven combination with Metronidazole effective in controlling bacterial growth?** TE

A. Amoxicillin
B. Doxycycline
C. Clindamycin

(Lat ceph was quite similar but with missing teeth no occlusion)

10. Combination syndrome case:

I. **Pt had a very old denture, lower canine to canine present, there was a question about what is the best material and technique to take the SECONDARY impression of the upper denture with a flabby ridge.** TE

A. Pvs with custom made tray
B. Pvs with compound modified custom tray
C. 3d intraoral scan
D. Alginate with compound modified custom tray
E. ZoE in the denture

II. **Which muscle is to be taken care of while construction of the denture in the lower left lingual side?**DM

A. Mylohyoid
B. Superior constrictor
C. Medial prerygoid
D. Lateral pterygoid

III. **You constructed a lower cobalt chrome. Patient came with a complaint of loose denture on the left side after 2 weeks. What is the best way to correct this?**TE

A. Reline the distal saddle
B. Construct new rpd
C. Check occlusion and correct it
D. Adjust the clasp and denture base

IV. **Pt complains of loose upper denture,loose only during function. Lower canine to canine present with minimal calculus what is the cause of ill fitting denture ? ridge was firm and sound** DM

A. due to canine interference on chewing
B. Resorbed anterior ridge

11. **there was a picture given in which it showed reduced inter occlusal space in the posteriors as the lower right side poster teeth were missing. But the upper right side posterior teeth were not showing any extrusion.**

I. **With the first picture what can you see? (first picture was especially mentioned showing asymmetry of lips)** IG

A. reverse smile line
B. Resorption of ridge
C. reduced vdo
D. hyperactive mentalis
E. tight lower lip

II. **A second photograph provided: The whole upper right posterior segment was extruded including the bone and gingiva. Lower right edentulous ridge with reduced interocclusal distance. what is the reason for losing inter occlusal distance.** DM

A. Attrition of anterior teeth
B. dento alveolar extrusion of whole maxillary segment with attachment loss
C. postero-inferior collapse of maxilla (some had maxilla effected)
D. Hypertrophy of mandible (kind of visible in radiograph) (some has mandible affected)

III. **They also asked what was the best method to measure the re-established VDO?** IG

A. By reducing freeway space by 1 mm
B. Recording VDO in by various methods
C. By asking the patient to pronounce M and measure from the third molar distance.
D. Or by increasing the VDR more than freeway space.

12. **What is most important radiological characteristic of CBCT/OPG (ONLY IN FEW CENTERS) imaging for implant:**

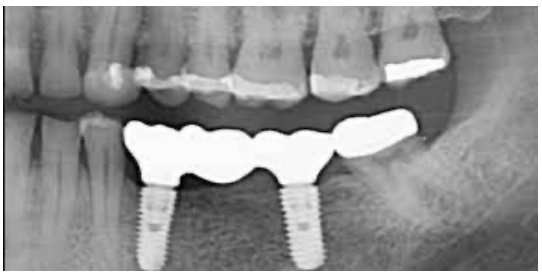
A. Accuracy in linear measurement
B. Superimposition of anatomic structures
C. Breadth of the image
D. High resolution

13. **ON IMPLANT (New question)**

(Plastic curettage, swelling hindrance, superfloss same question as yours. Only one question was different)

Cantilever Bridge from 42 to 33, abutments are 32,42. Nothing is given in history about pain,bleeding, or bone loss. Patient was complaining about the mobility of the bridge for 3

weeks, he had difficulty cleaning the area. Implants were placed 3 years ago. Bridge was placed 9 months later.In OPG implants look healthy (in some centers there was clear radiolucency surrounding the coronal third of both the implants), no calculus was visible.Patient has medical history of DM. (In some centers you could see the gap between the Bridge and implant and no radiolucency around implants.)



I. What is the reason for the mobility of the bridge? DM

A. lack of Osseointegration
B. loose abutment screws
C. peri implantitis
D. peri implant mucositis

II. **You plan to refer the patient to a specialist. Which instruments will be used to curette implant** TE

A. Plastic curette
B. Ultrasonic ceramic tip
C. Metal scrubber
D. Ultrasonic metallic tip

III. How does the adjunctive treatment help in the management? DM

A. Influence the micro flora
B. Alter host response to the bacteria
C. Regenerate periodontal ligament

14. (NEW) - COMBINATION SYNDROME

Lady wearing upper denture for 17 years and lower 34-44 teeth present. Excessive worn out denture teeth

Information given in question.

- Clicking in jaw while eating food
- Reduced vdo and soreness around corner of mouth
- Denture unstable upon chewing
- Resorbed anterior maxilla with flabby ridge

(no clinical picture was given)

I. What is the reason for soreness around the corner of mouth ? IG

A. Reduced VDO
B. Reduced freeway space

C. Vitamin deficiency

II. **Muscle attached to the disc of the TMJ is pulled in front of the articular eminence it slides over. Which muscle is involved in clicking the tmj?** DM

A. Masseter
B. Buccinator
C. Medial pterygoid
D. Temporalis
E. Lateral pterygoid

III. **Reason for denture instability upon chewing** DM

A. Excessive worn out teeth
B. Reduced VDO
C. Faulty post dam seal
D. Anterior resorbed ridges
E. Incorrect centric occlusion

IV. **What can be done to stabilize the new denture?** TE

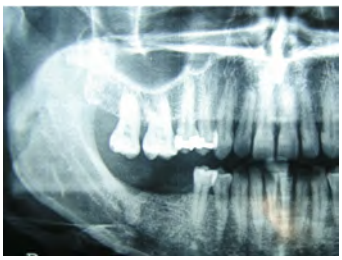
A. Make a functional lower rpd
B. New denture with wear resistance teeth
C. Make sure new denture have post dam seal

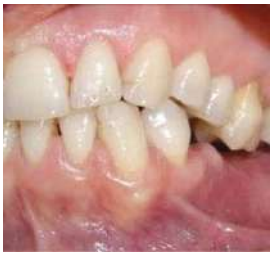
V. **Best method for impression taking of an edentulous patient with maxillary anterior flabby ridge** TE

A. 3D impression technique
B. Polyvinyl with compound modified custom made tray
C. alginate

15. Denture Patient

Lady patient comes to you, you observe hyperactive mentalis muscle, 2 clinical pictures given - one from front (extra-oral), other one intraoral right side cropped pic - you could see extrusion of upper right dentoalveolar, no lower teeth present. Cropped Opg of right side given**.**





(2nd pic - could clearly see dentoalveolar extrusion without attachment loss)

I. **After clinically checking teeth in maximum intercuspation (intra-oral pic was given) and radiographic assessment, what additional information or investigation will help to make a lower denture** IG

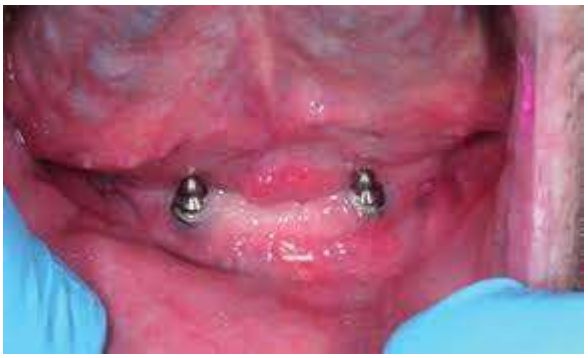
A. Clinical assessment and OPG provides all the required information.
B. Ask the lab tech to do an occlusal analysis of the master cast
C. An articulated study cast on semi-adjustable articulator for occlusal analysis

16. LOST DENTURE (Prosthodontics)

A 70 year old patient named Valerie,stays in the old age home. Patient had got an implant supported upper lower dentures a few years back. She also had discomfort since she has lost the dentures.

Patient was on IV bisphosphonates (6 monthly) to treat osteoporosis. Also had a history of dementia, poorly controlled diabetes.

Photograph was given and you could clearly see Inflammation around the implant. She is anxious and doesn't want to leave the care home so daughter requested treatment in care home itself.



I. What could be the cause for the inflammation around the implant , implant was labially placed and making an indentation on labial mucosa of lower lip. DM

A. Denture has not been worn from a long time
B. Abutment place too labially
C. Implant positioned too high
D. Mentalis muscle

II. What can be the complication in her case when you plan to change the implant abutment to healing abutment? DM

A. Osteoporosis
B. Type 2 diabetes
C. Smoking
D. MRONJ

III. What is the barrier in treating this patient? DM

A. Anxiety of patient
B. Lack of clinical environment
C. Old age

IV. What is the major risk/barrier of implant placement? DM

A. poor Diabetic control

B. Osteoporosis
C. Anxiety
D. Inflammation around the abutment

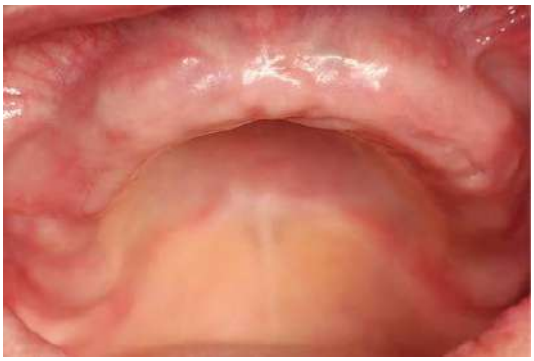
V. Healing abutment was given. What would be your course of action now? TE

A. Give a new upper lower complete denture
B. New upper complete denture
C. Refer to specialist for new implant placement

17. DENTURE (prosthodontics)

Patient undergoing the treatment for osteoporosis taking 6 monthly bisphosphonates, previously had upper rpd. Has recently got his tooth extracted and is wearing a complete denture on his upper jaw. Complains of soreness and pain under the denture.

Picture was given showing maxilla, healing phase after extractions that were done



I. Question asked which tooth you think are extracted DM

A. 25-27
B. 23-25
C. 17-13
D. 13-21

II. What will you do now or how can you resolve this issue ? TE

A. Tissue conditioners Reline
B. Assess the vdo
C. Assess the areas of the denture causing pain and correct it

III. You did some corrections patient came back again and still has the same complaints TE

A. Remove the denture and refund her full fee
B. Make new denture
C. Refer to the specialist

IV. what should you inform the patient to look out for TE

A. soreness under denture
B. Discomfort while chewing