|  | INSTITUȚIA PUBLICĂ UNIVERSITATEA DE STAT DE MEDICINĂ ŞI FARMACIE “NICOLAE TESTEMIŢANU”DIN REPUBLICA MOLDOVA**Catedra de Ortodonție** |  |  |
| --- | --- | --- | --- |

Tests for **Prevention of dento-maxillary anomalies**

IIIrd year, VIth semester

1. **CS Indicate which of the following resting positions of the tongue does not represent a risk factor in triggering vertical inocclusion:**
2. the retracted
3. the protracted
4. between the arches
5. \*retroincisive
6. imobilized on the floor of the mouth
7. **CS Indicate the method of appreciating the activity of the tongue and its contacts with the neighboring elements:**
8. \*Payne technique
9. Netter tests
10. Korkhaus analysis
11. electromyography
12. miotonodinamometry
13. **CS Indicate the muscle that is activated by the myofunctional exercises of successive movements of the lip commissures:**
14. external fascicle of the orbicularis oris muscle
15. internal fascicle of the orbicularis oris muscle
16. buccinator muscles
17. \* external pterygoid muscles
18. internal pterygoid muscles
19. **CS Specify the concept of harmonious development of oral and maxillofacial system:**
20. the attitude determines the form
21. the form defines the function
22. the form determines the appearance
23. \*the function defines the form
24. the mother defines the form
25. **CS Select when mouth breathing is normal:**
26. during rest
27. during sleep
28. \*after intense physical activity
29. after average physical activity
30. during mental exercise
31. **CS Specify the indications of orthopaedic treatment in children:**
32. macrodontia
33. microdontia
34. hyperdontia
35. \*partial or total anodontia
36. premature eruption
37. **CS Specify the type of occlusion disorder that occurs in children when the head is frequently thrown back during sleep:**
38. mesial occlusion
39. \*distal occlusion
40. supraocclusion
41. infraocclusion
42. crossbite
43. **CS Select what infantile swallowing is an etiological factor for:**
44. \*class II/1 Angle malocclusion
45. laterodeviation of the lower jaw
46. laterognathia of the lower jaw
47. deep occlusion, traumatic form
48. class III Angle malocclusion
49. **CS Mark the result of the functional action of orthodontic devices:**
50. increasing the risk of anomaly recurrence
51. increasing treatment duration
52. increasing risk of TMJ diseases
53. \*reducing the risk of anomaly recurrence
54. increasing the risk of bad habits
55. **CS Select what causes permanent tongue interposition:**
56. \*increase in vertical distance between teeth
57. reduction of vertical distance between teeth
58. increased risk of TMJ diseases
59. facial asymmetry
60. respiratory diseases
61. **CS The point of transition from nasal breathing to mouth breathing depends on airway resistance and averages:**
62. \*3.5-4 cm H2O/l/min
63. 2.0-2.5 cm of H2O/l/min
64. 5.5-6.5 cm of H2O/l/min
65. 3.0-3.5 cm of H2O/l/min
66. 4.0-4.5 cm of H2O/l/min
67. **CS. Indicate the purpose of prenatal dento-maxillary anomaly prophylactics:**
68. granting maternity leave
69. \*ensuring proper intrauterine development
70. ensuring proper development of the baby
71. intensive physical activity of pregnant woman
72. pregnant woman's diet, rich in carbohydrates
73. **CS Select the consequences of short upper labial frenulum:**
74. \*formation of diastema;
75. slowing in the development of mandible;
76. appearance of oral breathing;
77. appearance of infantile swallowing;
78. formation of edge-to-edge bite;
79. **CS Mark the most common supernumerary teeth:**
80. mandibular premolars premolars;
81. maxillary lateral incisors;
82. maxillary forth molars;
83. \*mesiodens;
84. mandibular lateral incisors;
85. **CS Select the teeth that are more often missing in permanent dentition, in descending order:**
86. \*maxillary and mandibular third molars, maxillary lateral incisor, second mandibular premolar, mandibular incisors, maxillary second premolars;
87. maxillary and mandibular third molars, mandibular second premolars, maxillary lateral incisor, mandibular incisors, maxillary second premolars;
88. maxillary and mandibular third molars, mandibular second premolars, mandibular incisors, maxillary second premolars, maxillary lateral incisor;
89. maxillary and mandibular third molars, mandibular incisors, maxillary lateral incisor, mandibular second premolar, maxillary second premolars;
90. maxillary and mandibular third molars, maxillary second premolars, maxillary lateral incisor, mandibular second premolar, mandibular incisors;
91. **CS Select what can cause premature eruption of the inferior anterior teeth:**
92. formation of open bite malocclusion;
93. formation of edge-to-edge malocclusion;
94. \*formation of anterior crossbite;
95. formation of posterior crossbite;
96. formation of diastema between lower incisors;
97. **CS Select the tooth that most frequently deviates from eruption path:**
98. \*maxillary canine;
99. mandibular canine;
100. maxillary lateral incisor;
101. mandibular lateral incisor;
102. maxillary central incisor;
103. **CS Mark the most common bad habit that causes malocclusion:**
104. tongue thrusting;
105. inferior lip biting;
106. \*thumb/finger sucking;
107. nail biting;
108. oral breathing;
109. **CS Select when is microdontia most common in:**
110. maxillary premolars;
111. mandibular inferior incisor;
112. \*maxillary lateral incisor;
113. maxillary central incisor;
114. mandibular central incisor;
115. **CS Select the most common cause of malocclusion:**
116. bad habits;
117. \*dental decay and its complications;
118. anomalies of size of teeth;
119. anomalies of number of teeth;
120. dental trauma;
121. **CS Select what temporary teeth are traumatized most often:**
122. \*maxillary incisors;
123. mandibular incisors;
124. maxillary canines;
125. mandibular canines;
126. mandibular molars;
127. **CS Select the age when sucking reflex in children diminishes:**
128. 1 year;
129. 1,5 years
130. \*2 years;
131. 2,5 years;
132. 3 years;
133. **CS Select when bruxism is most commonly found in :**
134. adults;
135. \*children;
136. adults and children in the same proportion;
137. older people;
138. adult and older people in the same proportion;
139. **CS Select the meaning of preventive orthodontic treatment:**
140. \*to stop the evolution of dentomaxillary anomalies
141. surgical treatment of dentomaxillary anomalies
142. periodontal treatment
143. treatment of dental caries
144. studies regarding the health of soft and hard tissue disorders
145. **CS Select the meaning of primary preventive treatment:**
146. \*avoiding the progression of the illness
147. early detection and diagnosis of oral and maxillofacial disorders
148. curative treatment of dental disorders that have already installed
149. combined treatment of the dental disease
150. preparation of the patient with dento-maxillary anomalies for a specialized orthodontic treatment
151. **CS Select the meaning of secondary preventive treatment:**
152. avoiding of the beginning of the illness
153. \*early detection and diagnosis of oral and maxillofacial disorders
154. curative treatment of dental disorders that have already installed
155. combined treatment of the dental disease
156. preparation of the patient with dento-maxillary anomalies for a specialized orthodontic treatment
157. **CS Select the meaning of tertiary preventive treatment:**
158. avoiding of the progression of the illness
159. early detection and diagnosis of oral and maxillofacial disorders
160. \*curative treatment of dental disorders that have already installed
161. combined treatment of the dental disease
162. preparation for a therapeutical treatment
163. **CS Select the meaning of individual preventive treatment:**
164. \*includes all preventive measures performed by the dentist with the patient
165. curative treatment of dental disorders that have already installed
166. taking efficient preventive measures that are centered on the population or collective groups
167. combined treatment of the dental disease
168. early detection and diagnosis of oral and maxillofacial disorders
169. **CS Select the meaning of collective preventive treatment:**
170. includes all preventive measures performed by the dentist with the patient
171. curative treatment of dental disorders that have already installed
172. \*taking efficient preventive measures that are centered on the population or collective groups
173. combined treatment of the dental disease
174. early detection and diagnosis of oral and maxillofacial disorders
175. **CS Select the proper time when one can make a prental prophylaxis:**
176. \*during pregnancy
177. prescholar period
178. starting with 7 years
179. during childhood
180. during teenagehood
181. **CS Select the teeth that have more functions: primary or permanent:**
182. \*primary;
183. permanent;
184. both, primary and permanent realize same functions;
185. permanent teeth in the second period of mixed dentition;
186. primary teeth in mixed dentition
187. **CS Select the function that isn’t proper for permanent teeth:**
188. stimulate the growth of maxilla and mandible;
189. form the dental occlusion;
190. \*stimulate teeth eruption;
191. contributes TMJ development;
192. play a role in physiological elevation of the occlusion.
193. **CS Select the kid’s age with the highest number of spaces on dental arches:**
194. 5 years;
195. \*8 years;
196. 10 years;
197. 12 years;
198. 15 years.
199. **CS Mark the definition for a physiological space on the dental arch:**
200. gap, between 2 teeth ,that appears 1 year before mixed dentition starts;
201. gap, between 2 teeth, that appears 1.5 year before mixed dentition stars;
202. gap, between 2 teeth, that appears 2 year before mixed dentition starts;
203. \*gap, between 2 teeth that appears 6 moths before mixed dentition starts, in this zone the alveolar process is rounded;
204. gap, between 2 teeth that appears 6 moths before mixed dentition starts, in this zone the alveolar process is sharp.
205. **CS Select the reason why the primary teeth in kids can’t compensate the** **disturbed functions, after losing one, two or more teeth:**
206. immature dental hard tissues;
207. \*weak compensatory mechanism;
208. immature muscles;
209. peculiarities of temporomandibular junction;
210. subdeveloped periodontal ligaments.
211. **CS Select the most important stage in** **getting ready kids for a dental treatment:**
212. anesthesia;
213. \*treat with respect the child’s personality;
214. psychological influence during the treatment;
215. forced treatment;
216. premedication.
217. **CS Mark with what starts the kid’s first visit to the dentist:**
218. radiograph and investigation;
219. dental treatment;
220. referrals to dental hygiene;
221. \* medical history recording and psychological contact gaining;
222. oral cavity examination with mirror and the dental treatment itself.
223. **CS Mark what Black classification includes:**
224. 2 classes 2 subdivisions;
225. 3 classes;
226. 4 classes;
227. 5 classes 2 subdivisions;
228. \*5 classes.
229. **CS Select what it is necessary to reflect in the diagnosis of dental arches space gaps:**
230. etiology;
231. functional description;
232. morphological description;
233. morphological and functional description;
234. \*etiology, morphological and functional description.
235. **CS Select the recommended age in kids to start applying space maintainers:**
236. from 5 years;
237. after the mixed dentition is finished;
238. \*from 2,5 years;
239. when mixed dentition starts;
240. after first permanent molar eruption.
241. **CS Select in what type of space gaps, during the primary and mixed dentition, is indicated a fixed space maintainer:**
242. small gaps;
243. bilateral bounded spaces with natural teeth on each side;
244. spaces in lateral regions of dental arches;
245. spaces in anterior regions of dental arches;
246. \*small gaps in the lateral zones of dental arches.
247. **CS Select to what early loss of the superior primary canine leads:**
248. transposition of the central permanent incisor;
249. \*transposition of lateral incisor or first premolar;
250. transposition of second superior premolar;
251. transposition of superior first permanent molar;
252. early eruption of permanent superior first molar.
253. **CS Select the most frequent cause of early primary teeth loss:**
254. marginal periodontitis;
255. \*tooth decay and its complications;
256. tooth trauma;
257. dento-maxillary anomalies;
258. congenital malformation.
259. **CS Select the tendency of the teeth that bound the space gap ,in primary and mixed dentition:**
260. \*bodily move to the space gap;
261. incline the crowns to the space gap;
262. do not change their position;
263. rotation around their axis;
264. proclination.
265. **CS Mark the general indications for applying space maintainers in kids:**
266. general or partial anodontia;
267. tooth extraction 1 year earlier of physiological change;
268. aesthetic defects combined with speech problems;
269. necessity to stimulate the permanent teeth eruption;
270. \*everything mentioned above.
271. **CS Specify the muscles that require training in the case of upper dento-alveolar protrusion associated with mouth breathing:**
272. the tongue
273. \*the orbicularis oris muscle of the lips
274. propulsive-retropulsive muscles
275. external pterygoid muscles
276. elevator and depressor muscles of the mandible
277. **CS Select the age at which the physician may recommend muscle gymnastics appropriate to the clinical form of the dento-maxillary anomaly:**
278. 3 years
279. \* 4 years
280. 5 years
281. 6 years
282. 7 years
283. **CS Indicate the situation where it is necessary to decondition mouth breathing through gymnastic exercises:**
284. identification of hypertrophic tonsils
285. \* absence of partial or total obstruction of naso-pharyngeal airways
286. presence of partial or total obstruction of naso-pharyngeal airways
287. presence of nasal polyps
288. presence of adenoid vegetations
289. **CS Select the definition for the concept of myogymnastics:**
290. gymnastic exercises for hypertonic muscle groups
291. \* gymnastic exercises for hypotonic muscle groups
292. a method of deconditioning vicious habits
293. a functional therapeutic method in dento-maxillary anomalies
294. a principle underlying functional orthodontics
295. **CS Select the definition for the concept of myotatic reflex:**
296. an excessive contraction of muscles
297. involuntary muscular contractions obtained by exciting the region corresponding to the skin
298. partial muscle contraction
299. \* a reflex muscle contraction caused by stretching
300. body`s reaction through an involuntary automatic action triggered by a stimulus
301. **CS Specify the posterior limit of mandibular movements:**
302. condyles undergo a twisting around the insertion of the temporo-mandibular ligaments
303. \* condyles are located in the highest and posterior portion of the glenoid cavity
304. condyles are located below and anteriorly to the glenoid cavity
305. the mandible is in centric relation
306. the mandible is on the maximum protrusion path
307. **CS Specify the anterior limit of mandibular movements:**
308. \* condyles undergo a twisting around the insertion of the temporo-mandibular ligaments
309. condyles are located in the highest and posterior portion of the glenoid cavity
310. condyles are located below and anteriorly to the glenoid cavity
311. the mandible is in centric relation
312. the mandible is on the maximum protrusion path
313. **CS Specify the purpose of occlusal therapy:**
314. to decrease muscular contraction
315. to perform the act of mastication
316. \* to balance dento-dental relationships with the musculature and TMJ
317. to comply with the standard formula of occlusal morphology
318. to treat bruxism
319. **CS Select the definition of the concept of the mandible closing path:**
320. rectilinear mandibular sliding of 0.3-0.8 mm in the sagittal plane along a small surface
321. sliding the incisal edge of the lower frontal teeth on the palatal surface of the upper frontal teeth
322. \* the path made by the mandible from the rest position to the habitual occlusion position
323. the path made by the mandible during mastication
324. functional movements guided by the anterior and posterior guidance
325. **CS Specify the limits of the maximum opening of the oral cavity in adults:**
326. 20-40 mm
327. 40-50 mm
328. \* 40-60 mm
329. 50-60 mm
330. 50-70 mm
331. **CS Select the mechanism of dento-maxillary anomalies’ formation by practicing bad habits:**
332. occlusal interferences
333. insufficient muscle activity
334. limitation of mastication movements
335. absence of physiological tooth-wear
336. \*unbalanced muscle function
337. **CS Identify the dento-maxillary anomaly influenced by head hyperflexion when sleeping:**
338. distal occlusion
339. \*mesial occlusion
340. labial inclination of upper anterior teeth
341. increased overjet
342. mandibular laterodeviation
343. **CS Identify the dento-maxillary anomaly influenced by head hyperextension when sleeping:**
344. \*distal occlusion
345. open bite
346. mesial occlusion
347. mandibular laterognathism
348. mandibular prognathism
349. **CS Mark the critical age for breaking bad habits:**
350. 1 year old
351. 2 years old
352. \*3 years old
353. 4 years old
354. 7 years old
355. **CS Mark the condition that determines how much the teeth will move because of thumb sucking:**
356. force
357. \*duration
358. time of day
359. intensity
360. type of dentition
361. **CS Choose the type of dentition when the consequences of thumb sucking could disappear spontaneously by deconditioning only:**
362. mixed
363. \*temporary
364. permanent
365. temporary and mixed
366. in every type of dentition
367. **CS Choose the age when it’s proper to use educative methods of deconditioning bad habits:**
368. under 4 years old
369. \*between 4 and 6 years old
370. between 6 and 9 years old
371. between 9 and 12 years old
372. after 12 years old
373. **CS Select the consequence of sucking the upper lip:**
374. upper anterior teeth protrusion
375. \*upper anterior teeth retrusion
376. lower anterior teeth protrusion
377. lower anterior teeth retrusion
378. open bite
379. **CM Indicate the basic conditions in the re-balancing therapy of the dental-maxillary complex development:**
380. \*morpho-functional and etiological diagnosis
381. \* psychic reactivity of the child
382. \* cooperation between doctor-child-family-teachers
383. \*preparation of the muscles involved in performing the correct function
384. drug therapy
385. **CM Specify the mechanisms by which the oral respiration induce the compression of the upper jaw:**
386. \*the direct action of the air on the palatal arch
387. \*low pressure in the maxillary sinuses
388. \*upper lip hypotonia
389. hypertonus of the orbicularis muscle
390. \*elongated musculature of the cheek
391. **CM Indicate the mechanisms involved in the development of dento-maxillary anomalies caused by oral breathing:**
392. excessive pressure of the tongue on the lateral walls of the palatal arch
393. \*lack of natural growth stimuli at the level of the naso-maxillary complex
394. \*elongation of the cheek muscles
395. \* retroposition of the mandible
396. dento-alveolar disharmony with spaces
397. **CM Indicate the principles of treatment of dento-maxillary anomalies caused by oral breathing:**
398. \* release of nasal airway
399. \*respiratory gymnastics
400. re-education of the elevating muscles of the mandible
401. \*reeducation of the orbicular muscle of the lips
402. \*transversal release of the upper jaw
403. **CM Select the efficient orthodontic and orthopedic appliances for nasal breathing re-education:**
404. Frankel type 2 appliance
405. \*lip shield
406. removable appliance with lingual grid
407. lingual swabs
408. \*full activators (without holes)
409. **CM Select the myofunctional exercises for nasal breathing re-education:**
410. \* formation of the voluntary nasal inspiration
411. stimulation of the involuntary nasal expiration
412. \*development of the voluntary oral expiration
413. formation of the involuntary oral inspiration
414. stimulation of the voluntary oral inspiration
415. **CM Select the methods of functional re-education of the nasal breathing:**
416. \*inspiration-expiratory exercises in orthostatism
417. \* expiration-inspiratory exercises in clinostatism
418. \* expiration-inspiratory exercises in clinostatism with the application of weights in the epigastric region
419. exercises for the formation of the voluntary oral inspiration
420. \*reading aloud, keeping the breathing rhythm
421. **CM Select the intraoral clinical features of the oral breathing:**
422. retroinclined upper front teeth
423. \* compression of the upper jaw
424. the mesioposition of the mandible
425. \* hypotonic upper lip
426. \* extruded lower front teeth
427. **CM Select the main types of chewing:**
428. \*mixed
429. \* protractor
430. retractor
431. \* chopping
432. lifting
433. **CM Select the stages of an adult chewing after Murphy:**
434. \*food contact
435. swallowing
436. salivary secretion
437. \*preparing
438. \*the grinding
439. **CM Indicate the effects of mastication on the development of the dento-maxillary complex:**
440. \* stimulation of osteogenic growth centers
441. \* improves blood circulation in the muscle insertion area
442. triggering the development of the gothic palatine vault
443. \* stimulation of salivary secretion
444. \* it favors the interoclusal adaptation by smoothing the cuspid projections
445. **CM Select the paraclinical methods for quantifying the activity of the masticatory muscles:**
446. computed tomography
447. magnetic resonance imaging
448. \*electromyography
449. axiography
450. \*miotonodynamometry
451. **CM Indicate the ways to rehabilitate the function of the masticatory complex:**
452. \*elimination of painful processes
453. selective teeth extraction
454. \*correction of hasty or lazy mastication
455. \* encouraging bilateral chewing
456. excluding hard foods
457. **CM Select the ways to re-educate the infantile swallowing:**
458. \*palatinal arch with ball in the back incisor area
459. vestibular shield with ring
460. \* lingual shield within a functional device
461. \* myogymnastics for the recovery of the retroincisive position of the tongue
462. \* swallowing exercises with the most distal position of the tip of the tongue
463. **CM State the manifestations of phonetic dysfunction:**
464. the language has not a support on the upper incisors
465. \* the tongue has a support on the palatal surface of the upper incisors
466. \* interposition of the tongue between the incisors
467. \* interposition of the tongue between the premolars
468. the edges of the tongue come in contact with the oral surfaces of the upper molars
469. **CM Specify phonetic dysfunctions with repercussions on the development of the dento-maxillary apparatus:**
470. \*dyslalia
471. \* paradyslalia
472. syndactyly
473. \* sigmatism
474. astigmatism
475. **CM Select the functional exercises indicated for the rehabilitation of the phonation:**
476. \* whistle sound "sss" with tighted dental arches
477. \* swallowing with the tip of the tongue on the palatine rugae and concomitant palpation of sublingual forces
478. pulling the jaw down with the index finger during closing
479. \* pronunciation of the syllables "sa" "su" "seu" with the lateral traction of the lips
480. exercise with the vestibular button
481. **CM Specify the abnormal types of swallowing:**
482. with the involvement of the temporal muscle
483. without involving the lower lip muscle and mentalis
484. \* complete protrusive
485. \* bilateral
486. \* infantile
487. **CM Specify the factors by which functional disorders cause morphological changes of the dento-maxillo-facial complex:**
488. dysfunction intermittency
489. \*the moment of dysfunction initiation
490. \* duration of action
491. data of the paraclinical examination of the dysfunction
492. \*the intensity with which the dysfunction occurs
493. **CM Select the dento-maxillary consequences of phonetic dysfunction characterized by the pronunciation of the palato-alveolar consonants with the apico-lingual support on the upper incisors:**
494. lower front tooth retraction
495. \*protrusion of the upper front group of teeth
496. \*superior alveolar prognathism
497. lower alveolar retrognathism
498. frontal cross-bite
499. **CM Select the dento-maxillary consequences of phonetic dysfunction characterized by articulating whistling phonemes with the lateral interposition of the tongue:**
500. frontal vertical inoclusion
501. tremas and diastemas on the upper arch
502. \*molar infra-gnathism
503. superior endognathism
504. \*incisal overbite
505. **CM Indicate the symptoms of occlusal dysfunction:**
506. \* bruxism
507. \* occlusal interference
508. \* biting of the tongue, cheeks, lips
509. \* pathological displacement of the mandibular condyles
510. selective polishing of the permanent cusps
511. **CM Indicate the method of functional rehabilitation of the hypotony of the orbicularis oris:**
512. inspiration-expiration in clinostatism
513. exercises to bite the lip commissure
514. upper lip biting exercises
515. \*exercises of pulling the upper lip over the upper incisors in inspiration
516. \*the traction exercises of the button placed between the dental arches and the lips
517. **CM Choose the areas of functional therapy:**
518. \* fighting vicious habits
519. \*re-education of functions
520. combating nasal breathing
521. \*myogymnastics through voluntary exercises
522. \*the dynamico-functional musculoskeletal method
523. **CM Select the principles of functional therapy:**
524. individualization of the work system, according to the therapeutic indication, age and psychomotoric characteristics
525. \* the superimposition of the exercise on the respiratory rate
526. the association of functional therapy with the rational diet
527. \*the principle of progressive effort
528. \*association of functional therapy with orthodontic therapy
529. **CM Select the methods of muscle training in the clinical case of adenoid hypotonia:**
530. application and traction of vestibular shield, with lips tightly coupled, 5-15 times per session
531. protrusion of the lower jaw up to the frontal crossbite with maintaining in this position 2-3 seconds and then slow return to the maximum intercuspid position, sliding the dental arches
532. horizontal maintenance of one end of the ruler with the lips and jaw in the previous position, with the gradual addition of the weights to the other end of the ruler
533. \* pulling the jaw down with the index and the middle of a hand placed as a hook on the lower incisors, during the movements of lifting and lowering the mandibule
534. \* maintaining a wooden spatula between the lateral teeth, with the successive tightening and relaxation of the dental arches
535. **CM Select myogymnastic procedures that are indicated the anterior deep bite:**
536. the mandible moves successively to the left and to the right, maintaining then the extreme lateral position for 2-3 seconds
537. \* a wooden spatula is wrapped in a silicon tube and interposes between the frontal teeth, with successive tightening and relaxation
538. blowing the upper lip with air and keep it on, then transfer the air under the lower lip and repeat
539. maintaining a wooden spatula between the laterals, with successive tightening and relaxation of the dental arches
540. \* the protrusion of the mandible until the anterior crossbite occurs, afterwards, maintaining in this position 10 seconds and returning back to the maximum intercuspidation position, gliding the dental arches.
541. **CM. Select the defition of the prevention of dento-maxillary anomalies:**
542. complex medical task
543. complex social task
544. \* complex socio-medical task
545. \* ensemble of state measures and restrictions
546. ensemble of international measures and restrictions
547. **CM. Indicate the measures to prevent dental anomalies in childbirth:**
548. \* reduction of contractions time
549. \* elimination of obstetric forceps
550. maintenance of long contractions time
551. assessment of the mental conditions of the newborn
552. \* assessment of the degree of physiological retrogenia

1. **CM. Indicate the measures for postnatal prevention of dento-maxillary anomalies:**
2. bottlefeeding of infant
3. \* breastfeeding of infant
4. \* ensuring proper functioning of the dento-maxillary system
5. \* ensuring the integrity of dental arches
6. ensuring health of mother
7. **CM Select the relationships between teeth that may be observed in the lateral region, in horizontal plane:**
8. \* straight
9. \* partially lingual (palatal)
10. \* fully lingual (palatal)
11. \* inverse
12. deep bite
13. **CM Specify in which regions is evaluated the occlusion in the transverse plane:**
14. in the area of the first molar at the age of 6 years
15. in the area of premolars
16. \* in the region of the frontal group of teeth
17. \* in the region of the lateral group of teeth
18. in the area of wisdom tooth
19. **CM Select how mouth breathing affects the development of the dento-maxillary system:**
20. \* lack of natural stimuli for growth in the nasal region and for adjacent bones
21. hypertonia of tongue and its negative effects on lateral sections of hard palate
22. \* effect of buccal muscle on lateral portions of the upper jaw
23. \* direct effect of inhaled air on hard palate
24. causes changes that move forward the lower jaw and tongue
25. **CM Mark the consequences of infantile swallowing:**
26. \* hypertonia of muscles above hyoid bone
27. \* subdevelopment of maxillary bones
28. \* stimulation of lower jaw growth
29. ankyloglossia
30. \* hypertonia of circular muscles of the mouth
31. **CM Mark the criteria to define the occlusion in the lateral region in the sagittal plane:**
32. at the level of premolars
33. \* in the area of the first molar at the age of 6 years
34. \* in the region of the second temporary molar
35. in the area of all lateral teeth
36. only in permanent dentition
37. **CM Specify the shape of dental arches in maxillary compression syndrome:**
	1. \* symmetrically narrowed
	2. expanded towards vestibulum
	3. \* extended
	4. shortened
	5. \* asymmetrically narrowed
38. **CM Specify the causes of mandible laterodeviation:**
39. \* mesial position of dental arches in non-symmetrical lateral areas
40. \* isolated tooth interferences
41. \* lateral movements of the lower jaw to avoid pain zones
42. \* pathologic pathways of teeth guidance
43. subdevelopment or excessive development of the lower jaw
44. **CM Specify the clinical symptoms characteristic for mouth breathing:**
45. \* lips do not close during rest
46. \* lips are dry, covered with crusts and cracks
47. \* lower jaw is in retroposition
48. infantile swallowing
49. short tongue frenulum
50. **CM Specify the cases in which oral breathing is a pathological habit:**
51. \* fully functional respiratory and dento-maxillary system
52. \* sufficient passage of air through the nose and throat
53. \* healthy ENT organs
54. anomalies of ENT organs development
55. adenoid hypertrophy
56. **CM Specify the dento-maxillary anomalies that are caused by infantile swallowing:**
57. deep bite
58. \* vertical inocclusion
59. \* incisal protrusion
60. tortoposition of teeth
61. transposition of teeth
62. **CM Name the methods of preventive treatment of inferior prognathia anomaly:**
63. \* preventing and eliminating premature occlusion contacts
64. \* dispensarization of children from families with mandibular prognathism cases
65. \* joint «jump»
66. upper lip frenuloplasty
67. \* change in the movement type of the mandible
68. **CM Select the dento-maxillary anomalies that can be caused by oral breathing:**
69. \* upper jaw endoalveolia with frontal teeth proclination
70. \* upper jaw endoalveolia with anterior spacing
71. true mandibular prognathism
72. \* open bite
73. crossbite
74. **CM Mark the effects of thumb sucking by Berard:**
75. \* maintaining atypical swallowing
76. \* preservation of oral breathing, development of upper jaw compression and reduction of nasal holes
77. \* speech defects associated with tongue, lip, nose modification
78. lower jaw endoalveolia
79. upper jaw endoalveolia with teeth crowding
80. **CM Select what includes interceptive orthodontic treatment:**
81. \* combating oral breathing
82. \* reeducation of respiratory function
83. \* reeducation of swallowing function
84. \* correcting bad habits
85. reeducation of chewing function
86. **CM Name the etiology of oral breathing:**
87. \* nasal obstruction
88. \* narrow nasal passages
89. \* adenoides hypertrophy
90. late tooth eruption
91. short tongue frenulum
92. **CM Select the bad habits that determine the formation of malocclusions:**
93. \*biting of superior/inferior lip;
94. \*thumb/finger sucking;
95. adenoids;
96. character of food;
97. \*tongue thrusting;
98. **CM Select the postnatal local factor that can cause malocclusions:**
99. \*premature extraction of deciduous teeth;
100. dental fluorosis;
101. acromegaly;
102. \*ankylosis;
103. rickets;
104. **CM Choose the signs of oral breathing in children:**
105. \*dry lips, presence of crusts;
106. \*upper front teeth are ”dry” and covered with plaque;
107. short labial and tongue frenulum;
108. macroglossia;
109. compression of the mandible;
110. **CM Mark what determines dental decay and its complications including early loss of deciduous teeth:**
111. \*dental mesioversion or distoversion;
112. \*dental extrusion;
113. \*collapsed dental arch;
114. force direction malocclusion;
115. improper guidance malocclusion;
116. **CM Mark to what leads early loss of upper and lower incisors:**
117. \*tongue thrust;
118. \*formation of open-bite;
119. upper jaw compression;
120. formation of edge-to-edge occlusion;
121. \*midline shift;
122. **CM Select to what lead anomalies of adjacent perimaxillary soft tissues:**
123. \*spacing;
124. \*dento-alveolar resorbtion;
125. impacted teeth;
126. formation of anterior crossbite;
127. formation of open bite;
128. **CM Select the causes of diastema:**
129. \*congenital absence of maxillary lateral incisor;
130. \*microdontia;
131. \*mesiodens;
132. \*abnormal labial frenulum;
133. macrodontia;
134. **CM Mark the consequences of early loss of deciduous lateral teeth:**
135. \*decrease of arch perimeter;
136. \*premolar impaction;
137. \*mesialization of teeth;
138. maxillary compression;
139. phonation disorders
140. **CM Choose the consequences of temporary teeth persistence:**
141. \*permanent tooth impaction;
142. \*vicious path of eruption of permanent succesor;
143. \*posterior cross-bite;
144. anterior cross-bite;
145. class II maloclussion;
146. **CM Choose the variants for classification of hypodontia:**
147. \*mild: 1-2 teeth missing;
148. moderate: 3-4 teeth missing;
149. \*moderate: 3-5 teeth missing;
150. severe: more that 5 teeth are missing;
151. \*severe: more that 6 teeth are missing;
152. **CM Select what hypodontia determines:**
153. crowding;
154. oral breathing;
155. \*spacing;
156. \*shifting;
157. decrease of arch perimeter;
158. **CM Select what maxillary supernumerary teeth determine:**
159. \*increase in arch perimeter;
160. decrease in arch perimeter;
161. spacing;
162. \*crowding;
163. maxillary compression;
164. **CM Select what mandibular supernumerary teeth determine:**
165. increase in arch perimeter;
166. \*decrease in arch perimeter;
167. spacing;
168. \*crowding;
169. mandibular compression;
170. **CM Select the particularities of true dental fusion :**
171. \*presence of two root and two crowns;
172. \*determines formation of spacing;
173. presence of two roots and one crown;
174. determines the formation of teeth crowding;
175. determines the formation of egde-to-edge occlusion;
176. **CM Select the particularities of gemination:**
177. presence of two root and two crowns;
178. \*determines formation of spacing;
179. \*presence of two roots and one crown;
180. determines the formation of teeth crowding;
181. determines the formation of egde-to-edge occlusion;
182. **CM Select the functional disorders of the dento-maxillary system :**
183. nasal breathing;
184. \*dyslalia;
185. sucking habits;
186. \*infantile swallowing;
187. \*oral breathing;
188. **CM Select the types of functional disorders of the dento-maxillary system:**
189. \*hypofunction;
190. \*hyperfunction;
191. \*vicious functional stereotypes;
192. olfactive;
193. of taste;
194. **CM Choose the causes of ankylosis:**
195. \*apicectomy;
196. \*trauma ;
197. \*delayed exfoliation of temporary teeth;
198. infantile swallowing;
199. hypothyroidism;
200. **CM Select the functional disorders of the dento-maxillary system :**
201. \*bruxism;
202. \*atypical swallowing;
203. \*phonation disorders;
204. pathological abrasion of occlusal surfaces of deciduous and permanent teeth;
205. insufficient abrasion of cusps of temporary teeth;
206. **CM Select the types of prevention in orthodontics:**
207. \*primary
208. \*secondary
209. \*tertiary
210. \*collective
211. surgical
212. **CM Choose the elements of primary prevention:**
213. \*patient counseling regarding genetic risks
214. \*correct nutrition
215. \*correct dental hygiene
216. treatment of dental caries
217. dental extraction
218. **CM Choose the elements of secondary prevention:**
219. \*local fluoride prophylaxis
220. \*examination, detection, correct and early treatment
221. \*early detection of oral and maxillofacial disorders through simple orthodontic methods
222. dental extraction of the affected teeth due to complications of dental caries
223. surgical treatment at the mandibular bone
224. **CM Select the elements of tertiary prevention:**
225. \*the link between receiving information and applying it by the patients
226. \*treatment of dental caries and its complications
227. \*preparation of the patient with dento-maxillary anomalies for a specialized orthodontic treatment
228. correct nutrition
229. prevention of genetic disorders
230. **CM Choose the measures that are included in the prenatal prophylaxis period:**
231. \*avoidance of alcohol drinking and smoking
232. \*to avoid stress
233. breastfeeding for a long period of time
234. diversification of food for babies
235. using pacifiers until the age of 2

1. **CM Mark the measures that are included in the prenatal prophylaxis period:**
2. \*avoidance of medication abuse
3. \*protecting against infectious diseases
4. breastfeeding for a long period of time
5. diversification of food for babies
6. using pacifiers until the age of 2
7. **CM Select the actions we need to include in the prenatal prophylaxis period:**
8. \*consultating with more specialists
9. \*oral hygiene practice
10. \*avoidance of alcohol drinking and smoking
11. excess of antibiotics
12. drug consumption
13. **CM Select the postnatal prophylactic measures:**
14. \*breastfeeding
15. avoidance of alcohol drinking and smoking
16. avoid stress
17. \*healthy nutrition of the baby
18. \*avoiding bad habits
19. **CM Select the prophylactic measures for infants and nurseling:**
20. \*avoidance of trauma during childbirth
21. \*breastfeeding for a long period of time
22. \*breastfeeding in a correct position
23. using pacifiers for more than 3 years
24. oral breathing
25. **CM Identify the prophylactic measures for infants and nurseling:**
26. \*breastfeeding for a long period of time
27. \*avoidance of trauma during childbirth
28. using pacifiers for more than 3 years
29. oral breathing
30. sucking of the thumb
31. **CM Select the prophylactic measures for children (10months-3 years):**
32. \*avoidance of oral breathing
33. \*diversification of food for babies
34. lower lip sucking
35. sucking of the thumb
36. \*monitoring the deglutition
37. **CM Select the prophylactic measures for children (4-6 years):**
38. \*monitoring the jaw growth
39. \*monitoring changes of the dentition
40. \*overseeing physiological swallowing
41. breastfeeding in a correct position
42. breastfeeding as for a long period of time
43. **CM Select the prophylactic actions for children (10months-3 years):**
44. \*avoidance of oral breathing
45. \*diversification of food for babies
46. using pacifiers for a long period of time
47. sucking of the thumb
48. \*oral hygiene practice
49. **CM Identify prophylactic actions for children ( 4-6 years):**
50. \*monitoring the jaw growth
51. \*monitoring changing of the dentition
52. \*oral hygiene practice
53. \*functional correction of oral breathing
54. breastfeeding as for a long period of time
55. **CM Select the meaning of the term „dispensarization”:**
56. \*curative-prophylactic method
57. \*following a healthy collective group
58. studying patients with oral diseases
59. \*supervising the population exposed to risk factors
60. treat some diseases
61. **CM Select the particularities of „dispensarization” :**
62. \*supervising the population exposed to risks factors
63. treat patients with oral diseases
64. \*following a healthy collective group
65. studying patients with oral diseases
66. treating all oral diseases
67. **CM Identify the phases of dispensarization:**
68. \*registration
69. \*examination and prophylactic treatment
70. cooperation
71. analyzing diseases
72. medication treatment
73. **CM Select the phases of dispensarization:**
74. \*following the plan of dispensarization
75. \*prophylaxis in the key of the dispensarization system
76. \*realizing individual prophylaxis, rehabilitation
77. cooperation
78. analyzing of statistical data
79. **CM Select the groups of dispensarization regarding children:**
80. \*healthy without oral diseases
81. \*patients exposed to risk factors, but healthy
82. \*with oral diseases
83. which have overweight status
84. which have neurological diseases
85. **CM Identify the groups of dispensarization for children:**
86. \*patients exposed on risk factors, but healthy
87. \*with oral diseases
88. with an overweight status
89. which suffer from infectious diseases
90. which suffer from neurological diseases
91. **CM Select the measures that are necessary during an early extraction for children:**
92. \*fixed appliances for maintaing the eruption space
93. \*removable appliances for maintaing the eruption space
94. trainer appliance
95. monitoring changes of the dentition
96. dental implant
97. **CM Choose the measures that are necessary in prenatal prophylaxis:**
98. \*supervising the lifestyle of a pregnant woman
99. \*to protect against infectious diseases
100. \*to avoid consanguinity
101. \*minimal intake of antibiotics
102. healthy limitation of food consumption
103. **CM Select the categories of bad habits:**
104. \* oral habits of sucking and interposition
105. \*vicious postural attitudes
106. oral breathing
107. atypical swallowing
108. phonation dysfunctions
109. **CM Mark the consequences of thumb sucking:**
110. \*lip incompetence
111. \*lip hypotonus
112. \*atypical swallowing
113. retroinclination of upper anterior teeth
114. functional mandibular prognathism
115. **CM Mark the consequences of inferior lip sucking:**
116. \*labial inclination of upper anterior teeth
117. \*lingual inclination of lower anterior teeth
118. \*increased overjet
119. \*deep bite
120. labial inclination of lower anterior teeth
121. **CM Mark the characteristics of practicing bad habits that influence the formation of dento-maxillary anomalies:**
122. \*frequency
123. \*rhythm
124. \*intensity
125. \*duration
126. intermittence
127. **CM Select the consequences of the thumb sucking persistence after 3 years of life:**
128. \*accentuation of mandibular retrognathism
129. \*the presence of increased overjet
130. \*spacing in the upper jaw dental arch
131. \* lingual inclination and crowding in the lower jaw dental arch
132. upper lip hypertonus
133. **CM Identify the consequences of inclining the head to the right or to the left at rest:**
134. \*mandibular laterodeviation
135. \*crossbite
136. anatomical mandibular prognathism
137. deep bite
138. open bite
139. **CM Select the measures used in deconditioning thumb sucking:**
140. \*educative methods, awareness of the thumb sucking harmfulness
141. \*thumb guards
142. \*placing bitter and sour tasting substances on the thumb
143. \*removable appliances
144. Delaire mask
145. **CM Choose the orthodontic appliances used for thumb sucking deconditioning:**
146. \*anterior occlusal guards with spikes
147. \*palatal removable appliance with spikes
148. \*palatal removable appliance with cribs
149. removable appliance with screw
150. removable appliance with inclined surface
151. **CM Choose the effects of thumb sucking that lead to open bite:**
152. \*stopped eruption of incisors
153. \*lateral teeth extrusion
154. incisor extrusion
155. protrusion of upper jaw anterior teeth
156. lingual inclination of lower jaw anterior teeth
157. **CM Enumerate the characteristics of thumb sucking:**
158. \*direct pressure upon the teeth
159. \*the imbalance of lip and cheek muscles activity at rest
160. \*upper jaw compression
161. mandibular prognathism
162. upper jaw dental crowding
163. **CM Select the dento-maxillary components that are imbalanced in thumb sucking:**
164. \*bones
165. \*teeth
166. \*muscles
167. nerves
168. blood vessels
169. **CM Select the preventive orthodontic measures used for deconditioning thumb sucking in children under 3 years old:**
170. \*rigid bars for arms
171. \*bandage approach
172. \*orthodontic pacifiers
173. removable appliances
174. educative method
175. **CM Select the orthodontic methods used for deconditioning thumb sucking in children older then 6 years old:**
176. \*removable orthodontic appliances
177. \*educative method
178. adhesive technique
179. bandage approach
180. myogimnastics
181. **CM Select the imbalanced muscles when sucking the inferior lip:**
182. \*mentalis
183. \*orbicularis oris
184. \*tongue muscles
185. maseter
186. medial pterygoid
187. **CM Select the positions that the tongue can occupy in case of the bad habit of sucking the tongue:**
188. \*between the arches
189. \*palatal
190. posterior
191. on the lower incisors
192. on the floor of the mouth
193. **CM Select the methods of breaking bad habits:**
194. \*physiological
195. \*psychological
196. \*chemical
197. \*mechanical
198. physical
199. **CM Select the factors that influence the effects of digit sucking on the dento-maxillary anomalies development:**
200. \*the number of fingers
201. \*the position the fingers occupy in the mouth
202. \*type of growth
203. \*duration
204. time of the day
205. **CM Select the effects of thumb sucking on the oral cavity functions:**
206. \*maintaining the infantile swallowing
207. \*oral breathing
208. \*speaking disorders
209. mastication hyperfunction
210. muscle hypotonus
211. **CM Mark the causes of thumb sucking:**
212. congenital character
213. \*anxiety
214. \*emotional disorders
215. \*regressive behavior
216. hereditary
217. **CM Select the consequences of positioning the cheeks between the dental arches:**
218. \*stops the vertical development of the dental arches in the lateral region
219. \*deep bite in the anterior region
220. open bite
221. upper anterior teeth protrusion
222. lower anterior teeth retrusion
223. **CM Select the origins of the vicious postural attitudes:**
224. \*using the inappropriate mattresses
225. \*using too big or too little pillows
226. \*using hard pillows
227. \*sleeping only in one position
228. sleeping in different positions during the night
229. **CM Mark the characteristics of the bad habits:**
230. \*spontaneous acts
231. \*gestures practiced for a long time, consistently
232. \*with other factors, during the development of the dento-maxillary complex can cause different anomalies
233. doesn’t influence the development of the dento-maxillary complex
234. \*modify the muscle balance
235. **CM Mark the aims of prosthetic dentistry in children:**
236. \*to keep primary and permanent teeth;
237. \*to ensure the vertical dimension;
238. \*to ensure proper development of dental arches, maxilla and mandible;
239. to ensure the eruption of permanent teeth;
240. \*to preserve speech function.
241. **CM Select the factors the efficiency of chewing process depends on:**
242. \*dental arches integrity;
243. oral cavity hygiene;
244. \*stage of roots formation and resorption;
245. \* periodontium’s condition;
246. \*type of occlusion
247. **CM Select for what is necessary X-ray examination in early loss of primary teeth:**
248. \*diagnosis and treatment plan evaluation;
249. appreciation of functional deviations;
250. number of lost primary teeth evaluation;
251. \*relative root state of teeth present in the dental arch;
252. \*examination of permanent teeth buds position.
253. **CM Select the consequence of the early loss of the inferior primary second molar, at 5-6 years:**
254. \*early eruption of the permanent inferior first molar;
255. \*mesial drift of permanent inferior first molar;
256. distal drift of permanent inferior first molar;
257. \*appears a false Angle Class III;
258. vestibular position of superior incisors.
259. **CM Select the consequence of the early loss of the superior primary second molar, at 5-6 years:**
260. \*early eruption of the superior permanent first molar;
261. no changes;
262. \*appears a false Angle Class II;
263. \*mesial drift of the superior permanent first molar;
264. distal drift of the superior permanent first molar.
265. **CM Select the consequences of the early loss of inferior primary canine:**
266. \*early eruption of the permanent canine;
267. \*late eruption of the permanent canine;
268. \*mesial movement of the permanent canine;
269. distal movement of the permanent canine;
270. \*space loss for the lateral incisor
271. **CM Choose the categories of space maintainers according to their fixation way:**
272. prefabricated;
273. individualized;
274. \*fixed;
275. \*removable;
276. metallic.
277. **CM Choose the categories of space maintainers according to the manufacturing process:**
278. fixed
279. \*prefabricated;
280. removable;
281. \*individual;
282. metallic.
283. **CM Select the advantages of fixed space maintainers:**
284. \*do not require teeth preparation;
285. \*jaw growth is not blocked;
286. \*the permanent teeth are free to erupt in the oral cavity;
287. space maintainer blocks the tooth on witch it is fixed;
288. \*can be used in patients that don’t cooperate
289. **CM Select the cotraindications of removable space maintainers:**
290. \*mental disorders;
291. \*oral soft tissue pathology;
292. \*allergy on the materials they are made from;
293. \*teeth with untreated decays;
294. cooperating children
295. **CM Select the standart metallic dental crowns requirements for children:**
296. \*dental crowns usage corresponds to the physiologic teeth substitution period;
297. \*ensures conservation of tooth hard tissue
298. \*can be used to restore big tooth decays;
299. create a good aesthetic aspect;
300. can be used in the anterior and lateral zones of dental arches.
301. **CM Choose the ethiological factors of early primary teeth loss:**
302. \*trauma;
303. fluorosis;
304. \*tooth decay and its complications;
305. discrepancies of teeth dimension;
306. malocclusion.
307. **CM Mark the biophysical retention methods of a removable space maintainer:**
308. \*anatomical retention;
309. \*cohesion;
310. mettalic wire clasp;
311. dentoalveolar clasp;
312. dental crowns.
313. **CM Choose the mechanical retention methods of a removable space maintainer:**
314. anatomical retention;
315. cohesion;
316. \*mettalic wire clasp;
317. \*dentoalveolar clasp;
318. dental crowns.
319. **CM Select the methods of training the orbicularis oris muscle:**
320. \* thorough rinsing with mouthwash
321. \* playing with a button
322. \* upper lip massage
323. tongue splashing on the hard palate
324. \* blowing the trumpet
325. **CM Choose the purpose of myogymnastics:**
326. \* to carry out a selective development of certain muscle groups
327. \* to balance the muscle groups by increasing the tonus of the deficient muscle group
328. to prevent nasal polyps
329. \* to prevent dento-maxillary anomalies
330. \* to prevent bad habits
331. **CM Specify the methods of bruxism prevention:**
332. \* administration of general sedatives before sleep
333. consumption of soft foods
334. extraction of teeth from the support area
335. \* selective grinding of early contact areas
336. \* use of occlusal guard
337. **CM Mark the methods which can prevent mandibular prognathism:**
338. \* performing exercises of mandible retropulsion
339. chewing food through lateral movements
340. \* upper lip movement with covering the nostrils
341. blowing a cotton ball tied with a string
342. \* suppression of mandibular propulsion tics
343. **CM Select the elements that underlie myogymnastics:**
344. \* the way of performing exercises
345. \* the necessity of combining orthodontic appliances
346. \* the period of initiating exercises
347. child`s activity regimen
348. child`s feeding type
349. **CM Choose the clinical signs that characterize the hypofunction of the orbicularis oris muscle:**
350. \* forced coupling of the lips
351. infantile swallowing
352. \* oral cavity opened at rest
353. \* non-accentuated chin fold
354. marked naso-labial fold
355. **CM Indicate the situation in which the training of mandible muscles should be performed:**
356. jaw compression
357. mandibular laterodeviation
358. \* deep occlusion associated with mandibular hypoplasia
359. \* mandibular retroposition
360. retroposition of the upper jaw
361. **CM Mark the measures of preventing mouth breathing:**
362. \* laying the child on his back with a small pillow under his head
363. \* laying the child on the belly with the head bent
364. \* avoiding hyperplasia of pharyngeal tonsils
365. \* prevention of naso-pharyngeal infections
366. pacifier sucking
367. **CM Specify the methods of myogymnastics in case of hypotonia or lack of tongue movement coordination:**
368. \* throwing a grain of rice through a straw
369. thorough rinsing with water
370. \* playing with soap bubbles
371. \* tongue splashing on the palate of the mouth
372. blowing the trumpet
373. **CM Specify the types of movements exerted by the mandible:**
374. \* automated
375. constant contractions
376. rotational
377. translational
378. \* movements subject to will control
379. **CM Specify the determinants that influence the dynamic intermaxillary relationships:**
380. \* anterior
381. lateral
382. ligamentary
383. \* muscular
384. \* posterior
385. **CM Specify the groups of factors that influence the mandibular dynamics:**
386. \* anatomical
387. endocrine
388. phylogenetic
389. \* physiological
390. genetic
391. **CM Specify the dental surfaces that participate in the mandibular propulsion guidance:**
392. those oriented anteriorly to the maxilla
393. those oriented posteriorly to the mandible
394. occlusal ones of the lateral teeth ofthe maxilla
395. \* those oriented anteriorly to the mandible
396. \* those oriented posteriorly to the maxilla
397. **CM Specify the role of the anterior teeth:**
398. \* physiognomic
399. \* phonetic
400. they influence the muscular contraction
401. \* masticatory
402. \* they protect the periodontium of lateral teeth
403. **CM**  **Specify the consequences of the lack of harmony between the occlusal morphology of the cuspid teeth and condylar trajectories**:
404. occurrence of dental abrasions and erosions
405. occurrence of caries processes
406. \* deterioration of the temporo-mandibular joint structure
407. \* deterioration of the tooth-supporting tissues
408. \* muscular dysfunction