KING SAUD UNIVERSITY

*College of Dentistry*

*Department of Preventive Dental Sciences*

DIVISION OF ORTHODONTICS

*Final Examination*

**PDS 431**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Time Allowed:

No. of Pages: including cover page

1. When deciduous molars are extracted, spaces in the upper arch close more rapidly than the lower arch. Due to the mesial migration of the permanent first molars in these cases, placing space maintainers is useless.

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

2. The size of the leeway space in an average Caucasian subject is usually
between:

a. 17-20 mm.

b. 21-22 mm.

c. 25-27 mm.

d. There is no average since it varies from each individual.

3. Serial extraction in a child is usually indicated in:

a. Class I malocclusions.

b. Class II malocclusions.

c. Class III malocclusions.

d. Not recommended as a form of preventive treatment.

4. Extraction of a lower first molar usually leads to deepening of the incisor overbite. On the other hand, extraction of the upper first molar usually does not:

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

5. Extraction of an upper first deciduous molar in a Class I malocclusion should be balanced by extracting the first deciduous molar on the other side, and also extracting in the lower arch.

a) Statement is true b) Statement is false

6. The most commonly missing tooth is the:

a. Upper second premolar.

b. Lower second molar.

c. Lower central incisor.

d. Upper lateral incisor.

7. The tooth most commonly associated with delayed eruption is the:

a. Lower second premolar.

b. Upper second molar.

c. Upper canine.

d. Lower second molar.

8. When deciding to place an implant, it is best to wait until growth has completed
first. In those cases, we should extract the poorly prognosed tooth or the
deciduous tooth early during orthodontic treatment so as to prepare the site for
the future implant:

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

9. When an anterior tooth is missing, space opening for an artificial replacement is
recommended in:

a) Class I malocclusions.

b) Class II malocclusions.

c) Class III malocclusions.

d) a & b.

e) a & c.

f) b & c.

10. When performing preparatory orthodontic treatment for placement of an implant,
the roots of the adjacent teeth need to be diverged:

a. At least 1 mm.

b. At least 3 mm's.

c. At least 5 mm's.

d. Does not have to be diverged since the implants nowadays come in very small sizes.

11. Occlusion is thought to play a major role in the causation of temporomandibular disorders (TMD’s). Therefore, orthodontic therapy can be beneficial to patients with malocclusions to avoid future development of TMD’s:

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

12. It is agreed upon that the presence of joint sounds may represent a risk factor in patients. Therefore, it is advisable to treat every patient presenting with a click:

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

13. According to a study conducted by Wabeke *et al*, the most common sign of
temporomandibular disorders is the presence of:

a) Pain.

b) Crepitus.

c) Clicking.

d) Locking.

e) All of the above.

f) None of the above.

14. If painful symptoms arise during orthodontic treatment, Greene and other

researchers recommend to:

a. Modify orthodontic therapy.

b. Relieve gross occlusal interferences.

c. Eliminate forces that tend to distalize the mandible.

d. All of the above.

e. None of the above

15. Orthognathic surgery is usually recommended in severe Class II or III
discrepancies. Overjet in these cases are always a reliable indicator of the
underlying skeletal pattern:

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

16. During prediction of treatment results for orthognathic surgery cases, the position
of the hard tissues is very difficult to be accurately accounted for. Difficulty is also
found during prediction of the soft tissue:

a. The first statement is true, the second statement is false.

b. The first statement is false, the second statement is true.

c. Both statements are true.

d. Both statements are false.

17. The aims of presurgical orthodontics are to:

a. Relieve crowding.

b. Obtain optimum dental esthetics.

c. Correct incisor angulations (decompensation).

d. Obtain optimum functional occlusion.

e. a, b & c.

f. a & c.

g. b, c & d.