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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Director of the Institute of Dentistry

_____ / Pervov Yu.Yu./
“ 8th” of June 2026

COLLECTION OF ASSESSMENT TOOLS
B2.C.09(P) Research work
of the basic educational program of Higher Education

Specialty	**31.05.03 Dentistry for foreign students (English-language program)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing health care in patients with dental pathology)
Mode of study	**Full-time**
Period of mastering the BEP	**5 years** (nominal length of study)
Institute	of Dentistry

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.03 Dentistry for foreign students (English-language program), profile 02 "Healthcare" (in the field of providing health care in patients with dental pathology).

(BEP HE for the 31.05.03 Dentistry for foreign students (English-language program) specialty, section 3 Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	**Continuous assessment**	**Practical Training Log**
2	**Interim assessment**	**Practical Training Log**
		Tests

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

1. Tests

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. Minimal floor area of a dental office per one dental chair (in m2) should be 1) 18 2) 16.5 3) 15 **4) 14** 2. The height of the dental office should be no less than 1) 4.5 m 2) 3.3 m **3) 3.0 m** 4) 2.8 m 3. Autoclaving is used to sterilize 1) mirrors **2) gauze swabs, tips** 3) disposable syringes 4) plastic spatulas 4. Glass bead sterilizer is used to treat

1) trays
2) endodontic instruments
3) suture materials
4) mirrors

5. The windows in the dental office should be oriented towards
1) South
2) North
3) East
4) West

6. Dry heat sterilization is used for
1) dressing material
2) linen
3) cotton rolls
4) solid metal tools

7. Patient examination begins with
1) X-ray methods
2) laboratory tests
3) thermometry
4) basic examination methods

8. The main examination methods include
1) patient interview, radiography
2) patient interview, inspection
3) inspection, EOD
4) EOD, radiography

9. Patient interview begins with questions about the patient's
1) life story
2) medical history
3) previous illnesses
4) current complaints

10. Normal oral mucosa is
1) pale in color, dry
2) pale pink, dry
3) pale pink, evenly moisturized
4) bright red in color, abundantly moisturized

11. Class I according to Black's classification includes carious cavities
1) in the fissures of the molars
2) on the contact surface of the molars
3) in the cervical region of the molars
4) on the contact surface of the fangs

12. According to Black's classification, a carious cavity on the contact surface of molars belongs to _____ class
1) I
2) II
3) III
4) IV

13. Class I according to Black's classification refers to a carious cavity
1) on the anterior contact surface of premolars
2) in the fissure on the chewing surface of the premolars
3) in the cervical region of premolars
4) in the cervical region on the contact surface of the molars

14. Class I according to Black's classification refers to a carious cavity
1) on the contact surface of the fangs
2) on the lateral surface of the incisors
3) in the blind fossa of the lateral incisors
4) in the cervical region of the canines

15. According to Black's classification, a carious cavity on the posterior contact surface of tooth 3.6 belongs to ____ class
1) I
2) II
3) III
4) IV

16. According to Black's classification, a carious cavity on the contact surface in the cervical region of tooth 2.6 belongs to _____ class
1) II
2) III
3) IV
4) V

17. According to Black's classification, a carious cavity on the posterior contact surface of tooth 1.5 belongs to _____ class
1) II
2) III
3) IV
4) V

18. According to Black's classification, a carious cavity on the anterior contact surface of tooth 1.6 belongs to the _____ class
1) I
2) II
3) III
4) IV

19. The first stage of preparation of the carious cavity includes
1) antiseptic treatment
2) curettage
3) opening of the carious cavity
4) necrotomy

20. The purpose of necrotomy in the preparation of a carious cavity is
1) creation of a contact point
2) exclusion of recurrence of caries
3) tooth shape restoration
4) tooth function restoration

21. When preparing a tooth, the most painful area is
1) enamel

2) cement
3) enamel-dentin junction
4) dentin

22. When preparing a carious cavity, _____ is performed
1) etching
2) electroodontodiagnostics
3) opening of the carious cavity
4) matrix application

23. The purpose of preparing a carious cavity is
1) restoration of the anatomical shape of the tooth
2) restoration of tooth function
3) removal of necrotic dentin
4) creating a cavity shape for filling

24. The hardest tissue of the tooth is
1) dentin
2) enamel
3) cement
4) pulp

25. When forming a class II carious cavity, an additional platform serves for
1) aesthetics
2) improvements in seal fixation
3) tooth strengthening
4) prophylactic excisions

26. Opening a carious cavity is defined as
1) removal of necrotic dentin
2) removal of overhanging enamel edges
3) formation of a carious cavity
4) finishing the edges of the carious cavity

27. Removal of necrotic dentin is performed using
1) excavator
2) fissure burs
3) excavator and spherical bur
4) excavators and a wheel-type bur

28. A carious cavity above the equator on the anterior contact surface of tooth 1.8 is formed according to class
1) I - without additional platform
2) I - with additional platform
3) II - with additional platform
4) II - without additional platform

29. The indication for creating an additional platform in class III cavities is
1) difficult approach to the cavity
2) location of the cavity on the palatine surface
3) location of the cavity on the lingual surface
4) presence of a deep cavity

30. In class III carious cavities, the creation of an additional platform is contraindicated in case of
1) difficult approach to the cavity
2) good approach to the cavity
3) injury of the labial surface
4) oral wall injury

31. For medicinal treatment of deep carious cavity it is recommended to use
1) aqua regia
2) chlorhexidine solution
3) iodine solution
4) alcohol, ether

32. Dentin paste is introduced into the carious cavity using
1) probe
2) cotton swab
3) ball bur
4) sickle-shaped burnisher

33. _____ is used as a pulp cap
1) artificial dentin
2) calcium hydroxide pastes
3) dentin paste
4) resorcinol-formaldehyde paste

34. The insulating lining covers the carious cavity
1) bottom
2) walls
3) enamel
4) bottom and walls

35. To etch enamel, acid is used in a concentration of
1) 10%
2) 20%
3) 37%
4) 40%

36. Enamel etching is performed before applying a _____ filling
1) glass-ionomer cement
2) composite
3) polycarboxylate cement
4) silver amalgam

37. The coronal part of the anchor pin is covered with opaquer in order to
1) ensure the strength of the restoration
2) improve retention
3) use less composite
4) improve aesthetics

38. Indications for filling carious cavities with silver amalgam are Black's classes
1) I, II
2) III, IV
3) I, III
4) III, V

39. The choice of color of the composite material should be determined under
1) daylight
2) artificial lighting
3) daylight hours in the first half of the day
4) daylight in the afternoon

40. When filling carious cavities using the “open” sandwich method, the lining
1) is covered with composite
2) is not covered by composite
3) is applied to the bottom and walls
4) is applied to the edges of the cavity

41. Advantages of macrofilled composite materials include
1) strength, radiopacity
2) strength, poor polishability
3) low color fastness
4) accumulation of plaque on the surface

42. A contraindication to the use of silver amalgam is the presence of
1) gold prosthesis
2) class I cavities
3) cavities of class II
4) class V cavities (on molars)

43. Microhybrid composites are used for filling carious cavities of classes
1) IV
2) I
3) II
4) III, IV

44. Phosphate cement is used for
1) fixation of ceramic inlays
2) fixations of artificial crowns
3) fillings of class IV cavities
4) fillings of class V cavities

45. Bonding systems include
1) orthophosphoric acid
2) primer and adhesive
3) hydrochloric acid
4) hydrofluoric acid

46. _____ is used as a calcium hydroxide based sealer
1) Apexit
2) Endodent
3) Endometazon
4) Forfenan

47. The application of chemically cured composite is carried out
1) in one layer
2) in two layers
3) three layers
4) in four layers

48. Endodontics is a branch of dentistry that studies
1) technique of preparing carious cavities
2) the internal structure of the tooth cavity and manipulations in it
3) techniques for filling carious cavities
4) manipulations on periodontal tissues

49. _____ is used for pulp devitalization
1) Arsenic paste
2) Resorcinol-formaldehyde mixture
3) Camphor-phenol
4) Sodium hypochlorite

50. _____ is contraindicated for pharmaceutical treatment of the root canal
1) EDTA solution
2) sodium hypochlorite
3) hydrogen peroxide
4) hydrochloric acid

51. A modern method of filling root canals is
1) method of lateral condensation of gutta-percha
2) applications of one paste
3) applications of phosphate cement
4) applications of the silver pin

52. An error in endodontics at the diagnostic stages is
1) misinterpretation of radiographs
2) insufficient sealing of the devitalizing paste
3) displacement of arsenic paste when applying dressing
4) covering the arsenic paste with oil dentin

53. A pathological process of the hard tissues of the teeth that develops after their eruption, in which demineralization and proteolysis occur, followed by the formation of a defect under the influence of external and internal factors is called
1) hypoplasia
2) erosion
3) abrasion
4) caries

54. Pathological impact on the pulp leads to the formation of
1) tertiary dentin
2) enamel
3) cellular cement
4) primary and secondary dentin

55. The effectiveness of remineralizing therapy depends on
1) patient's sex
2) oral hygiene
3) patient's work schedule
4) time of performing the procedures (morning, afternoon, evening)

56. In acute focal pulpitis, probing of the carious cavity is most painful in the
1) entire bottom of the carious cavity
2) projection of one of the pulp horns

3) area of enamel-dentin junction
4) cervical area

57. Exacerbation of chronic pulpitis is characterized by
1) paroxysmal pain from all types of irritants, persisting after their elimination
2) aching pain from various irritants, mainly from high temperature, persisting after elimination of action, pain from temperature change
3) aching pain from various irritants, bleeding when eating
4) paroxysmal pain in the tooth of a spontaneous nature, prolonged pain from external irritants, pain when biting a tooth with similar complaints in the past

58. The feeling of a tooth "growing" is associated with
1) fraying and partial destruction of fibrous collagen fibers
2) accumulation of exudate in the apical part of the periodontium
3) hyperemia and swelling of the gums
4) excessive load on the tooth

59. Cystogranuloma is characterized by
1) clear contours of the destruction focus on the radiograph up to 5 mm
2) absence of bone structure in the area of destruction
3) widening of the periodontal space
4) focus of destruction with unclear contours

60. Hypoplasia of hard dental tissues is
1) an endemic disease caused by fluoride intoxication due to its excessive content in drinking water
2) developmental defect consisting of underdevelopment of a tooth or its tissues
3) fusion, merging and bifurcation of teeth
4) a disorder of enamel formation, expressed by a systemic disruption of the structure and mineralization milk and permanent teeth

61. Contraindications for root apex resection include
1) exacerbation of chronic periodontitis
2) chronic granulating periodontitis
3) chronic granulomatous periodontitis
4) chronic generalized periodontitis of severe degree

62. Indication for hemisection of a tooth include
1) acute purulent periodontitis
2) acute serous periodontitis
3) chronic periodontitis of a single-rooted tooth
4) chronic periodontitis of a two-rooted tooth

63. Contraindication for tooth replantation include
1) acute periodontitis
2) chronic granulating periodontitis
3) chronic granulomatous periodontitis
4) chronic osteomyelitis

64. Indications for surgical root amputation include
1) acute purulent pulpitis
2) chronic gangrenous pulpitis
3) chronic granulating periodontitis

4) chronic odontogenic sinusitis

65. Absolute indications for removal of the "causal" tooth include
1) acute purulent pulpitis
2) chronic gangrenous pulpitis
3) chronic odontogenic osteomyelitis
4) chronic granulomatous periodontitis

66. Indications for tooth extraction in periodontitis include
1) grade 1 tooth mobility
2) grade 2 tooth mobility
3) the presence of a periodontal pocket up to the middle of the length of the tooth root
4) mobility of a tooth located outside the dental arch of 2-3 degrees

67. In case of pericoronitis of the lower eighth teeth _____ is indicated
1) tooth extraction
2) excision of the "hood"
3) blockade with antibiotic
4) washing the pocket with an antiseptic solution

68. Removal of a permanent tooth in mixed dentition is indicated in case of
1) chronic odontogenic osteomyelitis
2) chronic gangrenous pulpitis
3) chronic granulating periodontitis
4) chronic odontogenic sinusitis

69. Acute purulent periostitis is an indication for
1) incision to the bone
2) warming compresses
3) prescription of anti-inflammatory medications
4) prescription of sulfonamide medications

70. Tactics for perforation of the floor of the intact maxillary sinus during tooth extraction include
1) tight tamponade of the socket
2) loose tamponade of the socket
3) introduction of collagen-based preparations into the socket and suturing
4) antrostomy

71. Treatment tactics for osteoclastoma include
1) tooth extraction
2) observation
3) excochleation
4) chemotherapy

72. A characteristic sign of a malignant tumor is
1) capsule
2) cell atypia
3) tissue atypia
4) no pain, slow growth

73. Resorption of tooth roots is observed in case of
1) epulis

2) osteoclastoma
3) spongy osteoma, odontoma
4) follicular cyst

74. A papilloma grows
1) on a pedicle
2) on a wide base
3) on an infiltrated base
4) deep in tissue

75. Eosinophilic granuloma is one of
1) benign tumors
2) malignant tumors
3) tumor-like diseases
4) periodontal diseases

76. Treatment tactics for eosinophilic granuloma include
1) curettage of the tumor
2) jaw resection
3) combination treatment
4) chemotherapy

77. The incisive canal cyst develops from
1) Molasse islets
2) remnants of epithelium during the fusion of two maxillary bones
3) remnants of Meckel's cartilage
4) dental follicles

78. "Migrating granuloma" occurs in case of
1) chronic hypertrophic pulpitis
2) chronic granulating periodontitis
3) chronic granulomatous periodontitis
4) chronic marginal periodontitis

79. The radicular cyst is characterized by its size
1) smaller than 0.5 cm
2) from 0.5 to 0.7 cm
3) from 0.7 to 0.9 cm
4) bigger than 1 cm

80. Keratocyst of the jaw is a
1) primary cyst
2) radicular cyst
3) incisive canal cyst
4) follicular cyst

81. The doctor's tactics for pushing the root during tooth extraction into the maxillary sinus include
1) removing the root through the hole
2) performing alveolotomy
3) performing antrotomy
4) suturing the hole and referring the patient for an X-ray, further observation

82. The doctor's tactics for complete dislocation of a single- or double-rooted tooth include
1) tooth reduction and immobilization
2) tooth extraction
3) replantation operation
4) electroodontometry

83. Indications for a two-stage tooth replantation operation include
1) exacerbation of pulpitis
2) exacerbation of chronic periodontitis
3) periodontitis
4) chronic periodontitis outside of exacerbation

84. Displacement of excessive amount of filling material beyond the root apex during the treatment of chronic granulomatous periodontitis of the anterior teeth of the upper jaw is an indication for
1) tooth extraction
2) root apex resection
3) replantation
4) hemisection

85. The doctor's tactics for exposing the alveolar margin after uncomplicated tooth extraction include
1) plastic surgery using local tissues
2) alveolotomy
3) insertion of an iodoform swab into the hole
4) no special manipulations, observation

86. Periodontal cyst is classified as
1) periodontitis
2) periodontal tumors
3) idiopathic periodontal diseases
4) gingivitis

87. The correct sequence of curettage stages for periodontitis is
1) bandage application
2) removal of subgingival dental plaque
3) removal of softened cement from the root surface
4) removal of granulations
5) pain relief
6) flap de-epithelialization

Answer: 5 2 3 4 6 1

88. The purpose of curettage in periodontitis is
1) removal of granulation tissue
2) removal of subgingival dental plaque and granulation tissue
3) elimination of the pocket, creation of conditions for secondary gingival fusion to the tooth tissues
4) removal of areas of overgrown gum epithelium

89. Indications for flap surgery in the treatment of periodontal diseases is
1) gingivitis
2) periodontosis
3) periodontitis of mild to moderate severity

4) periodontitis of moderate and severe degree with the depth of gingival pockets more than 6-7 mm

90. The outer border of the submandibular triangle is
1) posterior belly of the pterygomandibular muscle
2) anterior belly of the masseter muscle
3) inner surface of the lower jaw
4) chewing muscle

91. The main thing in the treatment of acute purulent periostitis is
1) removal of the "causal" tooth
2) incision along the transition fold
3) antibiotic prescriptions
4) prescribing antihistamines

92. Tooth extraction is indicated in case of
1) longitudinal fracture of the tooth root
2) fractures of the alveolar process
3) fractures of the tooth root in the apex area
4) tooth fractures in the neck area

93. It is advisable to fill the bone cavity with _____ after the operation of resection of the apex of the tooth root
1) antibiotics
2) sulfonamides
3) preparations containing calcium hydroxyapatite
4) preparations containing gelatin

94. In case of odontogenic osteomyelitis of the jaw, it is advisable to prescribe
1) sulfonamides
2) nitrofurans
3) guanidine derivatives
4) antibiotics

95. Bleeding often occurs after tooth extraction in patients with
1) von Willebrand disease
2) Botkin's diseases
3) Paget's disease
4) diabetes mellitus

96. Gum recession is eliminated using
1) anti-inflammatory therapy
2) plastic surgery with local tissues
3) curettage
4) gingivectomy

97. When the furcation is exposed and the stability of the lower first molar is maintained, _____ is performed
1) root apex resection
2) coronal-radicular separation
3) replantation
4) hemisection

98. Coronoradicular separation is performed in case of

1) furcation defect
2) fractures of the apex of the tooth root
3) radicular cyst
4) periodontomas

99. After flap operations on the periodontium, the sutures are removed in
1) 4-5 days
2) 6-7 days
3) 8-9 days
4) 10-12 days

100. Obligate precancers of the oral mucosa include
1) Bowen's disease
2) flat leukoplakia
3) lichen planus
4) papilloma

101. Healing times for bone wounds after tooth extraction is
1) 12-14 days
2) 1 month
3) 2 months
4) 3-4 months

102. Treatment of alveolitis includes
1) curettage of the socket
2) curettage of the socket, antiseptic treatment, local medication
3) tight tamponade of the socket
4) washing the socket with antiseptics and tamponade

103. Signs of injury of the maxillary sinus floor include
1) profuse bleeding from the socket
2) severe pain syndrome
3) no symptoms
4) passage of air from the nose into the oral cavity, nosebleed

104. In case of dislocation of the lower jaw during tooth extraction, first aid includes
1) application of a sling bandage
2) reduction of dislocation, sling bandage
3) reduction of dislocation
4) pain relief, sling bandage

105. Indications for osteogingivoplasty include
1) gum recession
2) chronic gingivitis
3) mild chronic generalized periodontitis
4) moderate and severe chronic generalized periodontitis

106. When an osteoclastoma is punctured, ____ fluid is detected
1) brown
2) amber-yellow
3) bright red
4) black

107. In the treatment of radicular cysts most often includes

1) cystectomy
2) cystotomy
3) resection of a jaw fragment
4) radiation therapy

108. Odontogenic sinusitis most often develops due to
1) chronic periodontitis of the first upper molar
2) marginal periodontitis of the first upper molar
3) chronic periodontitis of the frontal group of teeth of the upper jaw
4) generalized periodontitis

109. Signs of migratory granuloma of the face include
1) diseased tooth, hardened tooth, skin changes
2) skin changes
3) enlarged lymph nodes
4) destroyed tooth

110. Contraindications for planned outpatient dental surgeries are
1) hypertension
2) diabetes mellitus
3) HIV infection
4) hepatitis C virus infection

111. The X-ray diagnostic method that is the most informative for identifying the morphology of elements temporomandibular joint is
1) dental radiography
2) panoramic radiography
3) orthopantomography
4) tomography

112. If the patient has bronchial asthma, _____ can be used
1) ultracaine DS
2) lidocaine 2% with adrenaline 1:100000
3) mepivacaine 3% without adrenaline
4) prilocaine 4% without adrenaline

113. In patients with a tendency to bleeding, preference should be given to _____ anesthesia
1) mental nerve block
2) mandibular
3) submucosa
4) infraorbital

114. Treatment of dental pathology in patients with severe heart failure should be provided in _____ position.
1) horizontal
2) semi-reclined
3) vertical
4) horizontal with raised legs

115. An indication of a myocardial infarction suffered less than 6 months ago or a recurrent myocardial infarction makes administration of local anesthesia
1) absolutely contraindicated
2) indicated for emergency indications, in combination with premedication

3) indicated with the use of vasoconstrictors

116. _____ should not be used in patients with blood cholinesterase deficiency
1) Novocaine
2) Lidocaine
3) Mepivacaine
4) Prilocaine

117. To prevent vegetative reactions in patients with a history of hypotonic type of neurocirculatory dystonia, premedication with _____ is used
1) tranquilizer + m-anticholinergic
2) analgesic + antihistamine
3) tranquilizer + analgesics
4) m-anticholinergic + antihistamine

118. Tachycardia, arrhythmia, shortness of breath, radiating chest pain, ineffectiveness of repeated administration nitroglycerin indicates
1) paroxysmal tachycardia
2) angina pectoris
3) angina at rest
4) myocardial infarction

119. Anaphylaxis is most likely to be caused by
1) hormones
2) narcotic analgesics
3) iodine preparations
4) tranquilizers

120. Dental morbidity of the region's population is assessed during the
1) medical examination of the population
2) planned oral cavity sanitation
3) epidemiological dental surveys
4) preventive examinations
5) preventive measures

121. WHO recommends conducting a national epidemiological dental survey once every
1) 1 year
2) 2 years
3) 3 years
4) 5 years
5) 10 years

122. When conducting an epidemiological dental survey using the WHO methodology in one area, it is recommended to examine groups of the same age population comprising of at least ____ people
1) 20
2) 30
3) 50
4) 100
5) 500

123. Calibration of specialists participating in the epidemiological dental survey is carried out during

1) preparatory period
2) period of examinations
3) period of summing up
4) period of analysis of results
5) period of planning a prevention program

124. The intensity of dental caries in a patient is expressed as
1) the sum of carious and filled teeth in an individual
2) the sum of carious, filled, and removed teeth due to complications of caries in an individual
3) the ratio of the sum of carious, filled, and removed teeth due to complications of caries to age of the individual
4) the ratio of the sum of carious, filled, and removed teeth due to complications of caries to the total number of teeth in an individual
5) the average sum of carious, filled, and removed due to complications of caries teeth in a group of individuals

125. To determine the intensity of dental caries in a patient, _____ index is used
1) OHI-S
2) CPITN
3) PHP
4) CFR
5) PMA

126. WHO levels of dental caries intensity are defined for age groups
1) 6 and 12 years old
2) 15 and 18 years old
3) 12 years and 35-44 years
4) 12 and 15 years old
5) 35-44 years and 65 years and older

127. During the epidemiological dental survey of the population according to the WHO methodology, the state periodontal tissue is assessed using the ____ index
1) PMA
2) PHP
3) CPI
4) OHI-S
5) CFR

128. CFR is
1) the index of the need for treatment of periodontal diseases
2) WHO community periodontal index
3) the index of effectiveness of oral hygiene
4) the index of intensity of dental caries
5) simplified oral hygiene index

129. Document for recording data from epidemiological dental surveys according to the WHO methodology is
1) medical record of a dental patient
2) WHO Dental Health Assessment Card
3) patient medical record
4) sheet of records of preventive measures

130. Dental lamina is forms during the _____ of intrauterine development of the fetus

1) 6-7 weeks
2) 8-9 weeks
3) 10-16 weeks
4) 17-20 weeks
5) 21-30 weeks

131. Dental tissues formed from the epithelium of the tooth germ include

1) enamel, Nasmyth shell
2) dentin, pulp
3) cement
4) periodontium
5) alveolar bone

132. Dental tissues formed from the mesenchyme of the dental papilla include

1) enamel
2) dentin, pulp
3) cement
4) periodontium
5) alveolar bone

133. Dental tissues formed from the mesenchyme of the dental sac include

1) enamel
2) dentin
3) cement, periodontium
4) Nasmyth's shell
5) dental pulp

134. Mineralization of temporary teeth begins

1) in the first half of intrauterine development
2) in the second half of intrauterine development
3) in the first half of the year after birth
4) in the second half of the year after birth
5) immediately after birth

135. Systemic enamel hypoplasia in children's permanent teeth develops as a result of

1) maternal illnesses during pregnancy
2) traumatic injuries of temporary teeth
3) unoptimal composition of microelements in water
4) diseases of a child after birth
5) multiple caries of primary teeth

136. Discoloration of "tetracycline" teeth is possible on surfaces of

1) palatal and lingual molars
2) vestibular molars
3) vestibular incisors
4) palatal and lingual incisors and canines

137. Possible changes in local enamel hypoplasia include

1) pigmented spot on the enamel
2) obliteration of the tooth cavity
3) "grooved" teeth
4) enamel lesions of all molars and front teeth

5) "plaster" teeth

138. Clinical characteristics of tooth enamel in hereditary amelogenesis imperfecta include
1) horizontal grooves parallel to the cutting edge on a group of teeth of the same period of mineralization
2) vertical grooves from the cutting edge to the necks of the teeth
3) worn away enamel, watery in color exposed dentin
4) presence of white spots and specks
5) chalky spots in the cervical area of the teeth with different periods of mineralization

139. Groups of teeth most often affected by systemic enamel hypoplasia include
1) frontal
2) premolars
3) first molars and front teeth
4) incisors and second molars

140. The permeability of enamel increases under the influence of
1) ultraviolet light
2) calcium gluconate
3) Remodent
4) carbohydrate foods
5) fluoride toothpastes

141. Pain during preparation of caries media is expressed
1) at the bottom of the carious cavity at one point
2) along the walls of the carious cavity
3) along the entire bottom of the carious cavity
4) along the walls of the carious cavity and the entire bottom

142. In case of superficial caries, enamel is
1) smooth, probing is painful
2) smooth, probing is painless
3) rough, painful to probe
4) rough, probing is painless

143. Glass ionomer cements are used in the treatment of caries media of
1) unformed temporary teeth
2) formed temporary teeth
3) unformed permanent teeth
4) formed permanent teeth
5) all temporary and permanent teeth

144. The most common teeth affected by caries in children aged 6 years are
1) temporary canines
2) temporary incisors
3) temporary molars
4) permanent canines
5) permanent molars

145. Superficial pulp probing is painless in _____ pulpitis
1) chronic fibrous
2) chronic gangrenous

3) chronic hypertrophic
4) acute stage of chronic
5) acute focal

146. The cause of pulpitis in permanent incisors with unformed roots is most often
1) fracture of a part of the tooth crown
2) violation of the technique of preparation of the carious cavity
3) treatment of the carious cavity in case of deep caries with a 3% solution of hydrogen peroxide, alcohol, ether
4) untreated caries
5) hereditary predisposition

147. EOD for chronic pulpitis of permanent teeth is
1) 2-6 μA
2) 8-10 μA
3) 10-20 μA
4) 20-60 μA
5) over 150 μA

148. Treatment of primary molars by devital amputation during the second visit includes
1) opening the cavity of the tooth, removing the coronal pulp, and leaving a tampon with resorcinol-formaldehyde mixture under a dentin dressing for several days
2) removing the pulp from the crown of the tooth and root canals, filling the canals with cement
3) application of resorcinol-formaldehyde paste, lining, and filling after amputation of the pulp
4) application of calcium hydroxide paste, lining, and filling after amputation of the pulp
5) leaving zinc-eugenol paste under the dentin dressing after amputation of the pulp

149. High amputation method is used to treat
1) all forms of pulpitis in primary molars, regardless of the stage of root formation
2) crown fracture with pulp exposure in permanent unformed incisors 48 hours after injuries
3) all forms of pulpitis in immature permanent molars
4) chronic fibrous pulpitis in permanent immature single-rooted teeth
5) crown fracture with pulp exposure in permanent unformed incisors in the first 48 hours after injuries

150. The effectiveness of pulpitis treatment in immature teeth using the amputation method is monitored radiographically
1) after 3 weeks, and then once a year
2) after 3 weeks, and then at least once a year until the root formation is complete
3) after 3-6 months, and then at least once a year until the root formation is complete
4) once after completion of treatment
5) once a year after treatment

151. The method of devital extirpation is indicated for

1) crown fracture with pulp exposure in formed single-rooted permanent teeth in the first 24 hours after injury
2) crown fracture with pulp exposure in unformed single-rooted permanent teeth in the first 48 hours after injury
3) crown fracture with pulp exposure in unformed single-rooted permanent teeth after 48 hours after injury
4) treatment of all forms of pulpitis in formed permanent and deciduous single-root teeth
5) treatment of all forms of pulpitis in baby teeth, regardless of the stage of root formation

152. Clinical manifestations of acute periodontitis include
1) pain when biting and swelling of the soft tissues of the face
2) pain from temperature stimuli
3) fistula on the gum with purulent discharge
4) short-term paroxysmal pains with long light intervals
5) long-lasting paroxysmal pains with short light intervals

153. Acute toxic periodontitis develops
1) in case of overdose and untimely removal of pulp after application of arsenic paste
2) when extending beyond the top of the filling material
3) after the resorcinol-formalin method
4) with medicinal treatment of the canal with 3% sodium hypochlorite
5) after a tooth injury

154. Oral medication used for acute herpetic stomatitis during the period of skin lesions is
1) tetracycline
2) acyclovir
3) sulfadimethoxine
4) nystatin
5) biseptol

155. Medications prescribed for the first 3 days of treatment of acute herpetic stomatitis include
1) keratoplastics
2) antiseptics
3) antivirals and analgesics
4) antibiotics
5) antifungals

156. When treating pyoderma, _____ are prescribed orally
1) antifungal, desensitizing drugs, multivitamins
2) sulfonamides, desensitizing drugs, multivitamins
3) antiviral, desensitizing drugs, multivitamins
4) corticosteroids, desensitizing drugs, multivitamins
5) keratoplastics, desensitizing drugs, multivitamins

157. Recurrence of chronic recurrent aphthous stomatitis and exudative multiforme erythema may be stopped or significantly reduced in frequency of relapses and the severity of their manifestations using
1) antiseptic mouth rinse between relapses
2) systematic application of antiviral ointments to the oral mucosa

3) elimination of chronic foci of infection in the child's body
4) courses of multivitamin treatment 1-2 times a year
5) gum hydromassage

158. General condition and well-being of the patient with erythema multiforme can be described as
1) body temperature is normal, eating is painless
2) body temperature is normal, headache, pain in muscles and joints
3) eating is painless
4) headache, subfebrile body temperature
5) **elevated body temperature, painful eating, headache, muscle and joint pain**

159. _____ forceps are used to extract teeth from the upper jaw
1) Beak-shaped convergent
2) Bayonet
3) Beak-shaped non-convergent
4) Beak-shaped, curved along the plane

160. The Lecluse elevator is designed for removal of
1) roots of the teeth of the upper jaw
2) third molars of the lower jaw
3) roots of the upper premolars
4) roots of temporary teeth

161. The beak-shaped forceps, curved along the plane, are designed for extraction of
1) central incisors of the upper jaw
2) central incisors of the lower jaw
3) third molars of the lower jaw
4) third molars of the upper jaw
5) temporary canines of the lower jaw

162. Trauma to the tooth bud is most likely to occur during tooth extraction
1) 12, 22
2) 14, 24
3) 74, 84
4) 35, 45
5) 36, 46

163. An absolute contraindication to tooth extraction in a clinic setting is
1) allergy to local anesthetic
2) chronic pyelonephritis
3) ARVI
4) Down’s syndrome
5) congenital heart defect in the stage of decompensation

164. The chewing coefficients proposed by N.I. Agapov were obtained on the basis of the analysis
1) bone tissue atrophy and tooth mobility
2) tooth mobility and its location
3) tooth locations and their structure
4) structures of the tooth and its antagonists

165. S.E. Gelman's chewing test shows

1) degree of grinding 5 g of nuts after 50 chewing movements
2) time required to complete 50 chewing movements
3) degree of grinding 5 g of almonds after chewing for 50 seconds
4) degree of grinding 0.8 g of nuts after chewing until the swallowing reflex appears

166. Central occlusion is determined by the _____ signs
1) facial, swallowing, dental
2) dental, articular, muscular
3) lingual, muscular, dental
4) dental, swallowing, facial

167. Bite is a type of closure of the dental arches in the _____ occlusion position
1) central
2) lateral left
3) front
4) distal

168. Occlusion is
1) all possible closures of the dental arches of the upper and lower jaws
2) position of the lower jaw relative to the upper in a state of relative physiological rest
3) possible positions of the lower jaw relative to the upper jaw
4) ratio of edentulous jaws

169. Checking the occlusal contacts at the stage of fitting a fixed bridge prosthesis is carried out for _____ occlusions
1) sagittal
2) central and sagittal
3) sagittal and lateral
4) lateral, sagittal and central

170. To determine central occlusion, plaster models are sent to the clinic
1) installed in the occluder
2) installed in the articulator
3) with wax bases and occlusal rims
4) with wax bases and artificial teeth

171. According to Weber, the absolute strength of the masticatory muscles during their bilateral contraction is equal to
1) 100 kg
2) 195 kg
3) 300 kg
4) 390 kg

172. I.M. Oksman proposed, in addition to the method for determining chewing efficiency according to N.I. Agapov, analyzing
1) tooth mobility
2) tooth discoloration
3) condition of the tooth crown
4) atrophy of jaw bone tissue

173. The periodontal endurance coefficients proposed by V.Yu. Kurlyandsky were obtained on the basis of

1) gnathodynamometry
2) anatomical features of the structure of teeth
3) tooth mobility
4) chewing tests

174. When making a single crown, an impression is taken from
1) jaw on which the crown will be fitted
2) prepared teeth and from the opposite jaw
3) fragments of jaw with prepared tooth
4) the both jaws

175. When preparing a tooth to make a stamped crown, the lateral surfaces have ____ ground down
1) layer of tissue with thickness of the crown material
2) **tissues corresponding to the perimeter of the tooth neck**
3) only the equator
4) contact point

176. The stage of taking an impression when repairing a removable plate denture is omitted in the case of
1) clasp transfer
2) clasp shoulder breaking
3) base crack
4) artificial tooth fracture

177. To repair a plate prosthesis, it is necessary to take an auxiliary impression in case of
1) fracture of the base
2) cracks in the base
3) clasp shoulder breaking
4) artificial tooth fracture

178. The clasp denture consists of
1) arch
2) artificial teeth and arches
3) arches, clasps, and frame
4) arches, clasps, and saddle parts with artificial teeth

179. The arch of the clasp denture _____ the mucous membrane
1) never touches
2) always lightly touches
3) always fits tightly with
4) while chewing lightly touches

180. The process of the retaining clasp should be located
1) between the equator and the gum
2) between the equator and the occlusal surface
3) on the vestibular surface of the tooth
4) in the center of the alveolar ridge in the base under the artificial teeth

181. The fitting of the cast frame of the clasp denture is performed by
1) a dental technician on the model
2) a doctor on the model
3) by a doctor in the oral cavity

4) by a dental technician on the model, then by a doctor in the oral cavity

182. One of the most common causes of complete tooth loss is
1) caries and its complications
2) cardiovascular diseases
3) oncological diseases
4) injuries

183. One of the most common causes of complete tooth loss is
1) injury
2) cardiovascular diseases
3) oncological diseases
4) periodontal diseases

184. Morphological changes in the jaws after complete loss of teeth
1) increase in the range of motion of the lower jaw
2) changes in the nature of movements of the lower jaw
3) alveolar ridge atrophy
4) displacement of the articular head of the mandible backwards and upwards

185. Morphological changes in the jaws after complete loss of teeth include
1) atrophy of the body of the maxilla, deepening of the canine fossa
2) changes in the nature of movements of the lower jaw
3) increase in the range of motion of the lower jaw
4) displacement of the articular head of the mandible backwards and upwards

186. Functional changes in the temporomandibular joint after complete tooth loss include
1) atrophy of the articular tubercle
2) flattening of the glenoid fossa
3) delamination of the intra-articular disc
4) displacement of the articular head of the mandible backwards and upwards

187. Functional changes in the temporomandibular joint after complete tooth loss include
1) atrophy of the articular tubercle
2) flattening of the glenoid fossa
3) increase in the range of motion of the lower jaw
4) thinning and fraying of the intra-articular disc

188. The form of increased abrasion of hard dental tissues depends on
1) forms of dental arches
2) types of bite
3) sizes of teeth
4) jaw sizes

189. The depth of damage to hard dental tissues in grade I of increased abrasion reaches
1) to 1/3 of the crown length
2) from 2/3 of the crown length to the neck of the tooth
3) from 1/3 to 2/3 of the crown length
4) from 1/3 to 1/2 the length of the crown

190. The depth of damage to hard dental tissues in grade II of increased abrasion reaches
1) to 1/3 of the crown length
2) from 2/3 of the crown length to the neck of the tooth
3) from 1/3 to 2/3 of the crown length
4) from 1/3 to 1/2 the length of the crown

191. The depth of damage to hard dental tissues in grade III increased abrasion reaches
1) to 1/3 of the crown length
2) from 2/3 of the crown length to the neck of the tooth
3) from 1/3 to 2/3 of the crown length
4) from 1/3 to 1/2 the length of the crown

192. A form of increased wear of hard dental tissues in which the vestibular and (or) oral surfaces of the teeth are affected, called
1) mixed
2) vertical
3) compensated
4) decompensated

193. A form of increased wear of hard dental tissues, which is characterized by the absence of a decrease in height lower part of the face, is called
1) mixed
2) vertical
3) compensated
4) decompensated

194. Pin tooth with inlay is attributed to
1) Logan
2) Richmond
3) Akhmetov
4) Ilina-Markosyan

195. The final laboratory stage of manufacturing a metal-ceramic crown is
1) removing the platinum cap from the crown
2) glazing
3) fitting on the model
4) final firing

196. To fit a stamped crown in the clinic, the doctor receives the crown
1) on a plaster model
2) on plaster stamp
3) on a metal stamp
4) without stamp

197. When making a stamped crown, wax modeling is performed on
1) plaster stamp
2) plaster models
3) disassemblable models
4) fireproof models

Assessment criteria
"Very good" - more than 91% correct answers of questions of every level
"Good" - 81-90% correct answers of questions of every level

“Satisfactory” - 71-80% correct answers of questions of every level
“Unsatisfactory” - less than 71% correct answers of questions of every level

4. Assessment criteria for learning outcomes

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.