



قائمة الاسئلة

ندوات بحث في تقويم الأسنان المستوى الثاني - ماجستير تقويم الأسنان السريري

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- 1) For an adult patient with Class II malocclusion with increased overjet
 - 1) Non extraction is challenging
 - 2) Premolars extraction is not an indicated treatment approach
 - 3) The extraction space closure is a stable procedure
 - 4) all are correct
- 2) What is one recommended timing for correcting anterior crossbites?
 - 1) Mixed dentition stage
 - 2) Adult stage
 - 3) Primary dentition stage
- 3) What was traditionally performed to correct severe overjet in patients?
 - 1) Premolar extraction
 - 2) Non-extraction treatment
 - 3) Distal tipping
 - 4) Expansion of arch
- 4) What is the function of temporary skeletal anchorage devices (TSADs) in orthodontics?
 - 1) Increase overjet
 - 2) Facilitate extractions
 - 3) Promote molar tipping
 - 4) Distalize maxillary molars
- 5) Why may interdental miniscrews need to be relocated during treatment?
 - 1) A) Excess space creation
 - 2) B) Faster treatment time
 - 3) C) Increased tooth stability
 - 4) D) Limited inter-radicular distance
- 6) What advantage does palatal placement of TSADs provide?
 - 1) Increased need for retraction
 - 2) Easier extraction processes
 - 3) Greater potential for tooth movement
 - 4) Reduced treatment times
- 7) When total arch distalization by TADs was compared to first premolar extraction for Class II malocclusion patients, the following outcomes were significant:
 - 1) Overjet reduction and maxillary first molar changes
 - 2) Overjet reduction
 - 3) treatment duration
 - 4) All are correct
- 8) What does current patient preference in orthodontics suggest about treatment options?
 - 1) A stronger inclination towards extractions
 - 2) Increased acceptance of surgical options
 - 3) A return to traditional braces
 - 4) A growing preference for non-extraction treatments
- 9) Which of the following treatment methods is NOT mentioned as an option for anterior crossbites?
 - 1) Protruding springs
 - 2) Orthodontic elastics
 - 3) Removable appliances
 - 4) Fixed appliances





- 10) When total arch distalization using a modified C-palatal plate (MCP) was compared with maxillary first premolar extraction in Class II malocclusion patients with severe overjet how did the treatment duration compare between the two groups?
- 1) - Significantly shorter in the extraction group
 - 2) - Longer for both groups
 - 3) - Significantly longer in the extraction group
 - 4) + No significant difference
- 11) What was one of the advantages suggested for using modified C-palatal plates compared to premoalr extraction in Class II malocclusion with severe overjet?
- 1) - Less appliance adjustments
 - 2) + Non-extraction treatment
 - 3) - Easier application
 - 4) - Faster treatment
- 12) What condition could develop if anterior crossbite with functional shift is not corrected during mixed dentition?
- 1) + True class III malocclusion
 - 2) - True class II malocclusion
 - 3) - Anterior open bite
 - 4) - Crossbite with impaction
- 13) What is the main goal of scientific assessment of health care interventions?
- 1) - To promote new technologies
 - 2) + To identify the greatest benefits for patients
 - 3) - To reduce healthcare costs
- 14) The reported mean root resorption with fixed orthodontic appliances according to the literature is:
- 1) - 0.1 mm to 2 mm
 - 2) - 1 mm to 5 mm
 - 3) + 0.5 mm to 3 mm
- 15) What percentage of orthodontic patients experience clinically irrelevant root resorption?
- 1) - None
 - 2) + Majority
 - 3) - Minority
 - 4) - Cannot tell
- 16) Which factor does not contribute to root resorption with fixed orthodontic appliances?
- 1) - Age of the patient
 - 2) - Magnitude of load
 - 3) + Dietary choices of the patient
- 17) What was the finding of Dalaie et al. regarding root development during orthodontic treatment?
- 1) - Root shortening occurred
 - 2) + Continuation of root development was observed
 - 3) - Root development stopped
- 18) What impact does orthodontic treatment have on dentin formation in young permanent teeth?
- 1) - It decreases dentin formation
 - 2) - It leads to increased decay
 - 3) + It does not affect it
- 19) Why is Panoramic radiograph considered unsuitable for assessing root resorption?
- 1) + It can overestimate root resorption by 20%
 - 2) - It provides inaccurate images
 - 3) - It can underestimate root resorption
- 20) Orthodontic force applied for leveling and alignment of immature teeth can have destructive effects on the





- roots.
- 1) - True
 - 2) False
- 21) The application of orthodontic force may accelerate root formation in the short term for immature teeth.
- 1) True .
 - 2) - False .
- 22) Orthodontic treatment is contraindicated for immature teeth due to potential root damage.
- 1) - True .
 - 2) False .
- 23) What is the primary difference between en masse retraction (ER) and two-step retraction (TSR)?
- 1) ER retracts incisors and canines together, whereas TSR involves retracting canines first.
 - 2) - TSR retraction retracts incisors and canines in one step while ER does not.
 - 3) - ER retraction involves lesser treatment time compared to TSR.
- 24) It is believed that the advantage of independent canine retraction in two-step retraction is:
- 1) - It produces greater mesial force on posterior teeth.
 - 2) - It simplifies the procedure significantly.
 - 3) It results in less anchorage loss.
 - 4) - It is faster to implement.
- 25) Which group of patients require treatment with the two-step retraction method?
- 1) - Patients with no dental extractions.
 - 2) Those who require critical control of posterior anchorage.
 - 3) - Patients needing rapid extraction space closure.
- 26) How is canine movement with en-masse retraction (ER) different from two-step retraction (TSR)?
- 1) - In ER, canines tip and rotate less than in TSR.
 - 2) TSR allows canines to tip and rotate more than ER.
 - 3) - Canines in ER always rotate without any tipping.
- 27) Only one systematic review was found that compared en-masse retraction (ER) and two-step retraction (TSR).
- 1) True .
 - 2) - False .
- 28) Regarding the evaluation of molar movement when en-masse retraction (ER) and two-step retraction (TSR) were compared, the main issue with using lateral cephalometric radiographs was
- 1) - Use of incorrect anchorage devices
 - 2) - Misalignment of teeth during photography
 - 3) Measurement errors due to lateral cephalograms due to superimpositions
 - 4) - Lack of patient consent
- 29) What alternative type of radiograph is suggested to provide more accurate assessments of tooth movement?
- 1) - Anterior cephalometric radiographs
 - 2) Oblique cephalometric radiographs taken at 45 degrees
 - 3) - Digital intraoral periapical radiographs
- 30) What was concluded about the effectiveness of ER and TSR in achieving space closure?
- 1) Both methods are effective to achieve space closure
 - 2) - Only one method was effective
 - 3) - Neither method is effective
- 31) No significant differences were observed in the amount of incisor retraction ER and TSR were compared.
- 1) True .
 - 2) - False .
- 32) What conclusion can be drawn about the comparison of ER and TSR in terms of space closure?
- 1) - Neither method was effective





- 2) Both methods are similarly effective
- 3) ER is more effective than TSR
- 4) TSR is more effective than ER
- 33) What is considered an optimal solution for the treatment of missing upper incisors?
- 1) Osseointegrated implants
- 2) Removable partial dentures
- 3) Resin-bonded bridgework
- 34) A major advantage of orthodontic space closure for the treatment of missing upper incisors is:
- 1) It can lead to unnatural long-term changes
- 2) It requires shorter treatment time
- 3) Treatment is finished immediately after orthodontics
- 35) Treatment option preferred for adolescents with missing upper incisors is:
- 1) Orthodontic space closure
- 2) Removable partial dentures
- 3) Resin-bonded bridgework
- 36) What is a common perception among clinicians regarding implant insertion for missing incisors?
- 1) It is the least popular option
- 2) It requires the longest treatment time
- 3) It is considered optimal for ideal occlusion
- 37) Five years after treatment, orthodontic space closure and implant substitution of missing maxillary incisors produced different esthetic results.
- 1) True .
- 2) False .
- 38) What is one of the necessary actions to reduce caries risk during orthodontic treatment?
- 1) Decreasing use of fluoride
- 2) Increasing sugar intake
- 3) Improving biofilm removal
- 4) Enhancing plaque accumulation
- 39) The systematic review on fixed appliances orthodontic therapy as a risk factor for caries development was unable to establish a direct correlation between caries and fixed appliances in which age group?
- 1) Developmental patients
- 2) Teenagers
- 3) Adults
- 40) What is one of the primary objectives of orthodontic treatment regarding deep overbite?
- 1) Improve aesthetics
- 2) Increase dental crowding
- 3) Stability of the occlusion
- 4) Reduce jaw size
- 41) What is the intended effect of the continuous single archwire with a reverse curve of Spee (COS) on the mandibular teeth?
- 1) To relief dental crowding
- 2) To disclude posterior teeth completely
- 3) To level the curve of Spee and induce incisor intrusion
- 42) How much absolute intrusion of the lower incisor was noted with 0.016×0.022 NiTi Reverse Curve Archwire?
- 1) 0.50 mm
- 2) 1.5 mm
- 3) 0.28 mm
- 4) 1 mm





- 43) In the RCT that compared Reverse Curve Archwire compared to Anterior Bite Turbos, greater proclination of lower incisors was observed with:
- 1) 0.016×0.022 NiTi reverse Curve Archwire
 - 2) Anterior Bite Turbos
 - 3) Both show equal proclination
- 44) Which factor is commonly related to post-treatment relapse of overjet?
- 1) Amount of overjet at the beginning of treatment
 - 2) Type of orthodontic appliance used
 - 3) Patient age
- 45) What is one established reason for relapse in orthodontics?
- 1) Number of orthodontic visits
 - 2) Type of dental insurance
 - 3) Initial inclination of the maxillary incisors
 - 4) Use of clear aligners only
- 46) Which of the following factors is related to overbite relapse?
- 1) Patient's dietary habits
 - 2) Type of dental floss used
 - 3) Interincisal angle
- 47) What do long-term studies suggest about the stability of mandibular incisors after treatment?
- 1) mandibular incisors are stable in all cases after treatment
 - 2) It can be achieved without retention
 - 3) It is highly variable and unpredictable
- 48) What is the worldwide prevalence of posterior crossbite in children?
- 1) 5%
 - 2) 11%
 - 3) 8%
 - 4) 15%
- 49) Which orthodontic appliance is considered the first-hand choice when treating unilateral crossbite?
- 1) Quad helix
 - 2) Removable expansion plates
 - 3) Rapid maxillary expanders
- 50) What side effect is associated with the use of the quad helix (QH) appliance?
- 1) Gum recession
 - 2) Increased tooth decay
 - 3) Delayed speech development
 - 4) Substantial buccal bone loss
- 51) How did patients with QH cope with tongue pain compared to those with RME?
- 1) They experienced less pain
 - 2) They had no issues with tongue pain
 - 3) They experienced the same amount of pain
 - 4) They experienced more chafe and pain of the tongue the first day
- 52) Treatment of Posterior cross-bite with Quadhelix was longer than Rapid Maxillary Expansion by:
- 1) 75 days
 - 2) 60 days
 - 3) 70 days
 - 4) 97 days
- 53) In comparing Rapid Maxillary Expansion and Quadhelix, what key factor should be acknowledged during treatment decision-making?
- 1) Cost of follow-up visits





- 2) Length of the overall treatment time
- 3) Type of insurance coverage
- 4) Experience of the healthcare provider
- 54) What primarily influences the buccolingual inclination of teeth?
- 1) Type of bracket used
- 2) Patient's tooth morphology
- 3) Mode of ligation and wire torque stiffness
- 55) According to the literature, what is the reported effective range of torquing moments?
- 1) 0.1 – 0.5 Ncm
- 2) 1.0 – 2.0 Ncm
- 3) 2.0 – 3.0 Ncm
- 4) 0.5 – 1.0 Ncm
- 56) What is the minimum reported value for torquing a maxillary central incisor?
- 1) 0.1 Ncm
- 2) 0.3 Ncm
- 3) 0.5 Ncm
- 4) 1.5 Ncm
- 57) What type of wire was inserted into the brackets to evaluate torque in the brackets ?
- 1) 0.018 × 0.022-inch SS wire
- 2) 0.019 × 0.022-inch SS wire
- 3) 0.020 × 0.022-inch SS wire
- 4) 0.021 × 0.022-inch SS wire
- 58) The presence of hard and soft tissue pathologies can be an etiologic factor in maxillary canine impaction.
- 1) True .
- 2) False .
- 59) The Maxillary Canine Aesthetic Index (MCAI) was suggested to help standardize the evaluation of esthetic outcomes.
- 1) True .
- 2) False .
- 60) There is a significant relationship between the initial position of an impacted canine and its treatment outcome.
- 1) True .
- 2) False .

