قائمة الاسئلة 2025-04-30 04:12

تقويم أسنان البالغين متعدد التخصصات المستوى الثاني - ماجستير تقويم الأسنان السريري

د. رامي إسحاق

1) The use of three dimensional software programs in the predicton of soft tissue changes in response to surgical movement is highly accurate.
   1) - True
   2) + False
2) Maxillary movements with orthognathic surgery influence the following:
   1) - Tip of the nose
   2) - Alar basal width
   3) - Upper face morphology
   4) + All are correct
3) The initial surgical plan for an orthodontic/orthognathic is an approximate one.
   1) + True
   2) - False
4) A patient presents with a gummy smile >10mm, and an upturned nasal tip. Orthognathic surgery would influence the nose such that:
   1) - Alar base becomes narrower
   2) + Nasal tip will be more upturned
   3) - Nothing will happen to the nose
   4) - Nasal tip will be down turned
5) Decision making on the required changes in the patient to achieve desired aesthetic outcomes is a process which
   1) - Depends largely on the experience and judgement of the clinicians
   2) - should be focused on the patient's concerns
   3) - Photo-cephalometric planning is required in some cases
   4) + All are correct
6) Planning the upper incisor position for a patient with a retruded maxilla requiring maxillary advancement surgery includes the following considerations:
   1) - Incisor retraction may not be recommended
   2) - Incisors should be partially decompensated
   3) - Incisor should be proclined > average norms
   4) + All are correct choices
7) In cases with Skeletal Class II malocclusion normal maxillary postion and mandibular severe retrusion, the upper labial segment should be
   1) - Decompensated to cephalometric norm value
   2) + Corrected to a slightly retroclined position
   3) - Decompensated with slight proclination
8) Planning the optimal position for the upper incisors must take into account:
   1) - AP position
   2) - Inclination
   3) + Both
9) The objective of pre-surgical orthodontic incisor adjustment for a patient with moderate mandibular excess, a normal maxilla with proclined upper labial segment (ULS) and retroclined lower labial segment (LLS) is to:
   1) - maintain the ULS and procline the LLS
   2) - retrocline the ULLS and LLS
   3) + retrocline the ULLS and procline the LLS
   4) - maintain the LLS and ULS

10) Pre-surgical orthodontic adjustment of the incisors in a skeletal Class III patient has objectives that include:
1) - Achieve the target overjet.
2) + Maintain pre-treatment labial segment inclination if favorable to surgical positioning.
3) - Achieve a proper upper lip lower incisor relationship
4) - Achieve normal overbite

11) In a Class II Division 1 case requiring orthognathic surgical correction for mandibular deficiency, the upper labial segment may need to be retracted to normal position. This may cause soft tissue changes that include:
1) + Upper lip will drop back
2) - Lower lip will drop back
3) - Upper lip will be maintained
4) - Lower lip will be maintained

12) The achievable surgical limit for mandibular surgical advancement with sagittal split osteotomy is:
1) - 10mm
2) - 12 mm
3) + 8 mm
4) - 7 mm

13) Before sending the patient to the final surgical appointment, the orthodontist must place surgical hooks on the archwires according to the surgeon's specifications.
1) + True
2) - False

14) At the end of the pre-surgical orthodontic preparation the archwire placed by the orthodntist should be:
1) - Resilient enough to resist unfavorable tooth movements
2) - active at the time of making the final pre-surgical records.
3) + passive at least for 3 weeks before obtaining the pre-surgical records
4) - fully engaged in the slots creating the required toruqe expression at the presurgical appointment

15) Pre-treatment study models are used by the orthodontist during the pre-surgical orthodontic treatment to check the closeness of the case to the time of surgery.
1) - True
2) + False

16) Extractions performed in the presurgical orthodontics phase should be completely closed before surgery
1) + True
2) - False

17) Operator related causes of relapse of cases treated with orthodontics and orthognathic surgery include:
1) + masticatory muscle activity
2) - deficient pre-surgical orthodontics

18) The “surgery-first” approach has gained popularity for some reasons that include:
1) - The surgeon's point of view is achieved from the beginning
2) + shorter treatment time
3) - stability of the results
4) - all are correct

19) Bone instabilty after orthognathic surgery may be casued by ineffecient fixation of the bone segements and may cause relapse.
1) + True
2) - False

20) According to evidence, clock-wise rotation of the maxillomandibular complex with rigid internal fixation by means of bicortical screws is a stable procedure
1) - True
2) + False

21) Maxillary downward and upward movement with resorbable RIF are considered ‘unstable’.

1) + True
2) - False

22) In patients requiring orthognathic surgery, virtual planning allows for a more thorough analysis and surgical planning, especially in patients with unilateral posterior crossbite
1) - True
2) + False

23) Lateral Cephalometric Radiographs are requested for orthognathic surgery patients
1) - before orthodontic presurgical phase, and before debonding
2) + before orthodontic presurgical phase, 3 weeks from surgery and before debonding
3) - before orthodontic presurgical phase, 12 weeks from surgery and before debonding
4) - before orthodontic presurgical phase, and after debonding

24) While planning a Le Forte I osteotomy maxillary advancement and impaction, the following should accounted for:
1) - The alar base tends to flare
2) + The nasal tip tends to turns upwards
3) - bi-maxillary protrusion appearance
4) - all are correct

25) Panoramic radiographs are requested for orthognathic surgery patients to check on the orientation of the condyles after surgery
1) + True
2) - False

26) Maxillary upward movement with titanium RIF and with semi-rigid fixation yielded ‘highly stable’ results,
1) + True
2) - False

27) Surgical procedures to correct vertical dentofacial deformities are less stable than those used to correct sagittal ones.
1) + True
2) - False

28) Anterior downward movements of the maxilla using segmented Le Forte 1 osteotomy with titanium fixation is stable in terms of:
1) - Dental stablility
2) - Skeletal stabilty
3) + Both

29) In a patient with a counter-clockwise rotated and deficeint maxillay base, pre-surgical orthodontic preparation of the upper labial segment should take into consideration:
1) - Upper labial segment will be rotated clockwise surgically
2) - incisor decompensation should be minimized
3) - overjet will be decreased by the srugical procedure
4) + All are correct considerations

30) In a patient with a Skeletal Class III malocclusion, a prognathic mandible, and maxillary retrusion, clockwise rotation of the maxillomandibular complex can
1) - improve depressed paranasal contour
2) - allow for more mandibular setback
3) - increase the reverse overjet
4) + all are correct

31) Bicortical plates and screws are required for fixation of mandibular rotations (Clockwise and counterclockwise) to ensure stable results.
1) + True
2) - False

32) The most popular mandibular surgery, among oral surgeons is:
1) + bilateral sagittal split osteotomy (BSSO)
2) - Intra-oral vertical ramus osteotomy (IVRO)
3) - Extra-oral vertical ramus osteotomy (IVRO)

33) If a case of maxillary transverse deficiency and bilateral posterior crossbite is corrected by surgical posterior maxillary expansion, the results are:
1) - Stable
2) + Unstable
3) - almost 50% dental relapse is expected.

34) From a skeletal standpoint, posterior maxillary expansion with rigid fixation can be considered to range from 'highly stable' to 'stable'
1) + True
2) - False
3) - Controversial point

35) Surgical procedures in the maxilla were deemed more unstable than those performed in the mandible.
1) + True
2) - False

36) Bicortical screws used for the fixation of the mandibular segments with surgery have provided more stable fixation compared to miniplates and screws
1) - True
2) + False

37) The most commonly performed surgical procedures are mandibular bilateral sagittal split osteotomy\ BSSO) and maxillary Le Fort I osteotomy.
1) + True
2) - False

38) Surgical splints should be thin and durable since they are usually maintained in the maxillary arch during a post- operative period lasting from a few days to several weeks
1) + True
2) - False

39) Surgical splints are usually maintained in the maxillary arch during a post- operative period lasting at least for several weeks
1) - True
2) + False

40) The most common postoperative events following orthognathic surgery:
1) - Pain, swelling, neurosensory disturbance and bleeding
2) + Pain and swelling
3) - Pain, swelling and neurosensory disturbance
4) - Pain and bleeding

41) A common post- operative complication of orthognathic surgery such that the patient should be specifically advised of it is:
1) + Neurosensorydisturbance (NSD) in the chin and the lower lip area
2) - post-operative bleeding
3) - swelling and pain
4) - all are common complications

42) Neurosensorydisturbance in the paranasal area and upper lip area is a commonly observed complication of Le Fort I osteotomy
1) - True
2) + False

43) Neurosensory disturbance is a complication of orthognathic surgery. It is

1) + self-limiting over time
2) - a sensation that increases with time
3) - more common with Le Forte I Suegeries
4) - all are correct

44) Supportive measures for neurosensory disturbance such as vitamin B12 administration and neurosensory training might be beneficial
1) + True
2) - False

45) Postsurgical orthodontic treatment should start after the patient can open his/her mouth.
1) + True
2) - False

46) The surgical splint is fixed with wires in the mandibular arch
1) - True
2) + False

47) The surgical splint is used post-surgically to apply inter-maxillary elastics between the upper and lower arches.
1) - True
2) + False

48) The surgical splint is used post-surgically to guide the mandible into thebite indentations on the splint by elastics.
1) + True
2) - False

49) n the early postoperative period following orthognathic surgery, the nutrition provided is:
1) + liquid diet
2) - a semi-solid diet
3) - liquid and semi-solid diet
4) - solid food with rigid fixation

50) Nasogastric tubes are rarely used to provide nutrtion to the patinet in the postoperative period
1) + True
2) - False

51) Soft diet is recommended throughout the the healing phase following orthognathic surgery. Hard food can be sometimes with smaller biting pieces.
1) - True
2) + False

52) Right after the surgery, the surgeon should monitor the patient closely and have the patient come in for monthly visits.
1) - True
2) + False

53) The orthodontist can usually resume the treatment about 2–6 weeks from surgery.
1) + True
2) - False

54) Postsurgical orthodontics includes
1) - removal of wires and surgical hooks
2) - broken brackets are rebonded
3) - new finishing wires are placed
4) + all are correct

55) The post surgical orthodontic phase lasts about 6–8 months on average.
1) + True
2) - False

56) For orthodontic/orthognathic patients with severe maxillary transverse deficiency and a balanced posterior crossbite, the treatment plan would best be:
1) + Accepting bilateral posterior cross-bite
2) - Surgically expand the maxilla to normal proportions
3) - Constrict the mandible to normal proportions
4) - None of the choices is correct

57) Le Fort I osteotomy is a procedure routinely used to correct maxillary positions without any size changes.
1) - True
2) + False

58) The only maxillary anterior segmental surgical technique is known as the Wassmund technique.
1) - True
2) + False

59) Mid-palatal split surgery is indicated for the correction of a narrow maxillary base with normal posterior buccal segment.
1) - True
2) + False

60) Vertical Subsigmoid Osteotomy (VSSO) is a surgical technique that can be used in combination with sagittal split osteotomy in cases of correction of mandibular prognathism
1) - True
2) + False

61) Mandibular body osteotomy is a surgical technique indicated for mandibular excess located in the body of mandible
1) + True
2) - False

62) Genioplasty is indicated for the correction of mandibular skeletal problem in all dimensions of space.
1) + True
2) - False

63) The evaluation of stability of orthognathic surgical procedures was evaluated by superimposition of cephalometric radiographs at a few weeks of follow-up up to 15 years of follow-up
1) + True
2) - False

64) Mandibular anteroposterior surgical movements are highly stable with
1) - rigid fixation
2) - semi rigid fixation
3) - rigid and semi rigid fixation
4) + all types of fixation

65) according to the findings of a systematic review, mandibular setback surgery with bioresorbable fixation, was considered less stable compared to rigid fixation
1) + True
2) - False

66) When different types of maxillary surgical movements, advancement seemed to be the least stable procedure.
1) - True
2) + False

67) According to a systematic review article, large surgical movements of the mandible were less stable compared to small surgical movements.
1) - True
2) + False

68) According to a systematic review article, surgical procedures to correct vertical dentofacial deformities are less stable than those used to correct sagittal ones.

1) + True
2) - False

69) According to a systematic review article, posterior maxillary expansion with semirigid fixation had the highest relapse rate at the skeletal level
1) - True
2) + False

70) To maximize optimal surgical repositioning of the jaws, preoperative orthodontic treatment involves:
1) - dental alignment and levelling
2) - dental decompensation
3) - arch coordination
4) + all are required

71) The indications of anterior maxillary osteotomies include:
1) - Vertical maxillary excess with excessive gingival show
2) - Anterior open bite caused by posterior maxillary excess with normal incisor display
3) - Protrusion maxilla with proclined upper incisors
4) + All are correct

72) Surgical procedure that includes internal fixation using metal plates are not indicated for children. Internal fixation would interfere with the normal facial growth.
1) + True
2) - False

73) In cases where general anesthesia is contra-indicated, the surgery that can be performed is:
1) + Genioplasty surgery
2) - Wassmund surgery
3) - Wunderer surgery
4) - bilateral sagittal split osteotomy (BSSO)

74) Long-term stability following orthognathic surgery is influenced by multiple factors that can be grouped into:
1) - surgical
2) - patient-related
3) - orthodontic factors
4) + All are correct

75) Sagittal split ramus osteotomy is a surgical technique indicated for:
1) - Surgical correction of mandibular retrognathism and antero-posterior deficiency.
2) - Correction of mandibular prognathism.
3) - Correction of mandibular asymmetry.
4) + All are correct

76) Factors that influence incisor decompensation include:
1) - Crowding of teeth.
2) - Previous extractions.
3) - Required surgical jaw movements.
4) + all are correct

77) The inclination of the upper and lower incisors can be controlled orthodontically to help achieve the planned degree of decompensation, using the following methods:
1) - Extraction pattern.
2) - Bracket prescriptions.
3) - Mechanics
4) + All are correct

78) If partial decompensation of the upper incisors, it would be preferred to extract the:
1) - First premolars
2) + Second premolars

3) - First molars
4) - Second molars

79) The MBT prescription is preferred for pre-surgical preparation for cases having
1) - skeletal class II malocclusion
2) - Class III cases with partial decompensation
3) + Both are correct

80) Successful palatal separation with Rapid Maxillary Expansion is detected clinically by:
1) - high resistance to expansion
2) + the appearance of a midline diastema
3) - separation of the midline suture
4) - all are correct

81) Complete decompensation of the incisors inclination according to cephalometric norms is not a correct choice.
1) - True
2) + False

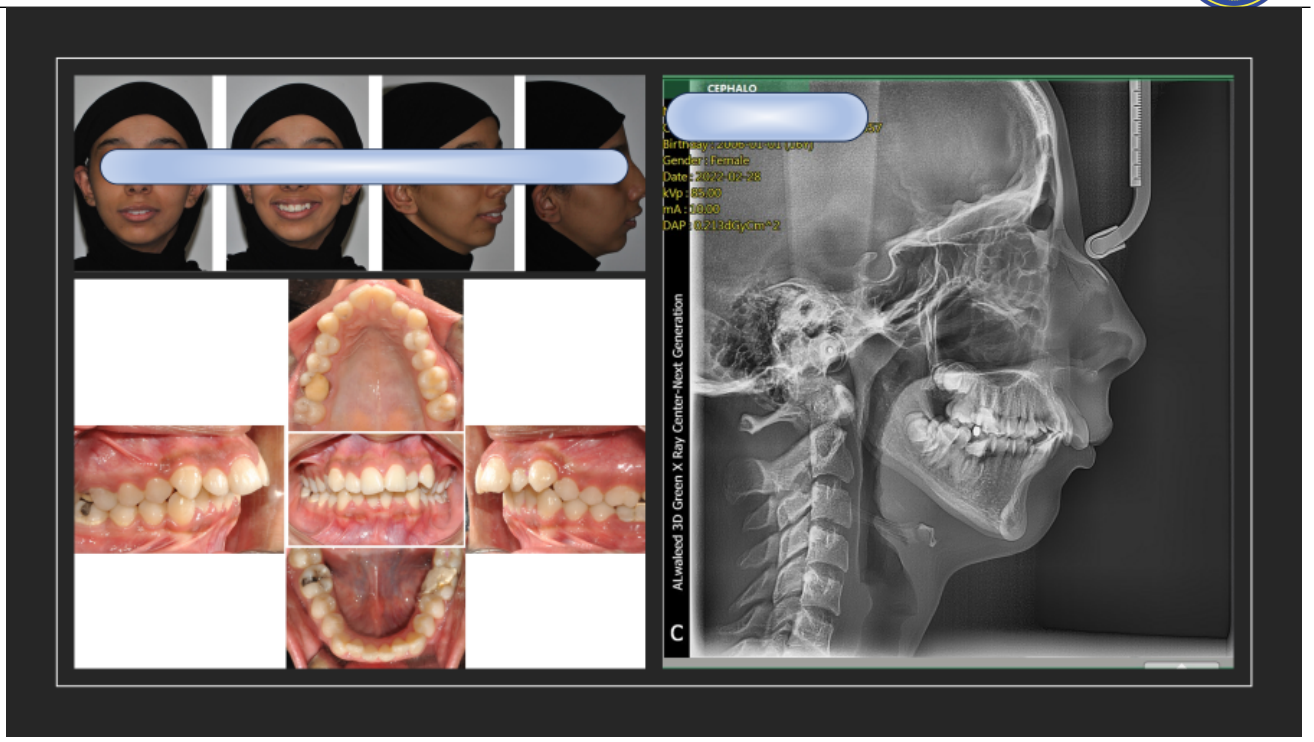
82) In a case with Class III malocclusion (mandibular prognathism) and retroclined lower labial segment, presurgical inciosr decompensation is facilitated by the presence of crowding.
1) + True
2) - False

83) In a case with Skeletal Class II malocclusion (mandibular deficency) and proclined lower labial segment, inicosr decompensation requires extractions in the lower arch.
1) + True
2) - False

84) Prediction of the soft tissue changes by advancement genioplasty is straightforward. There is a one-one ratio of hard to soft tissue movement at the pogonion.
1) + True
2) - False

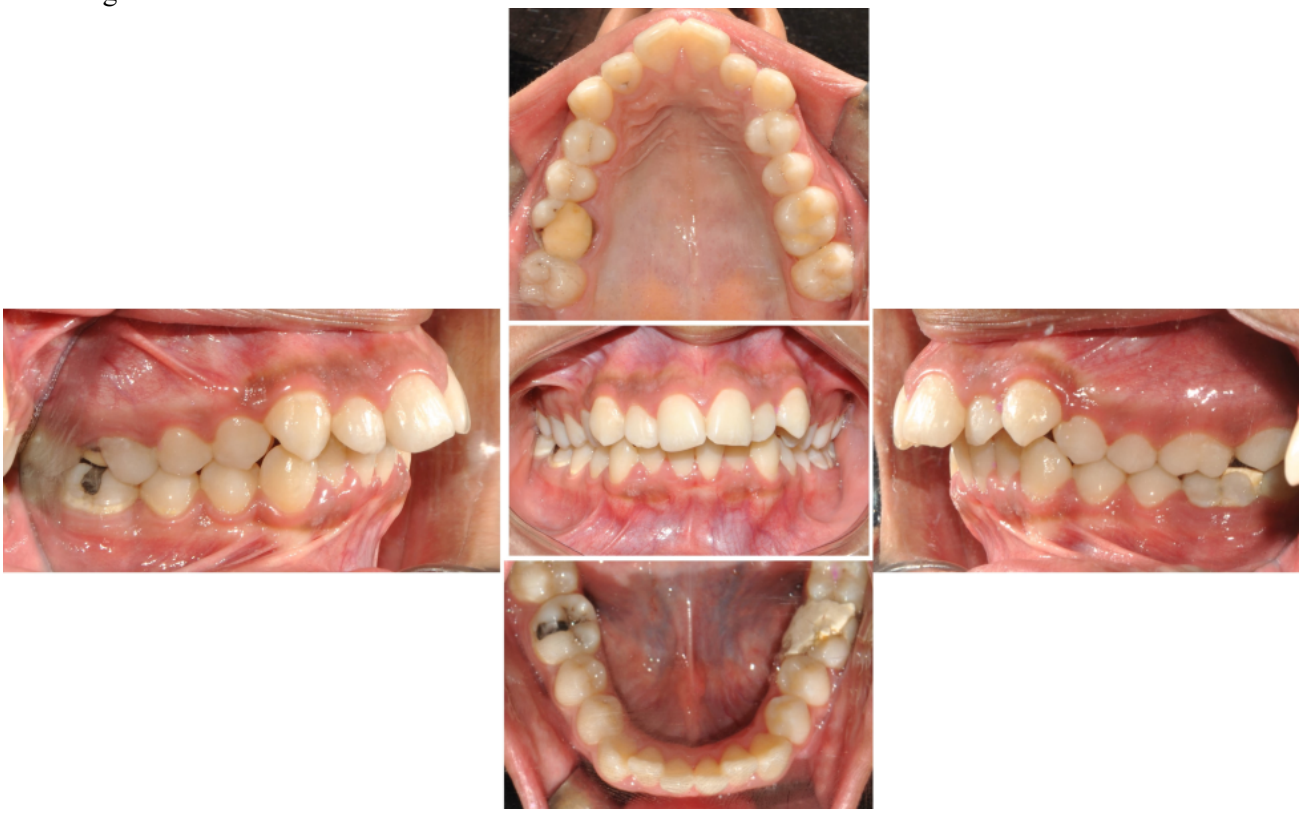
85) The final part of the surgical planning is the chin positioning.
1) + True
2) - False

86) The patient in the record (GA) requires the following surgical procedure



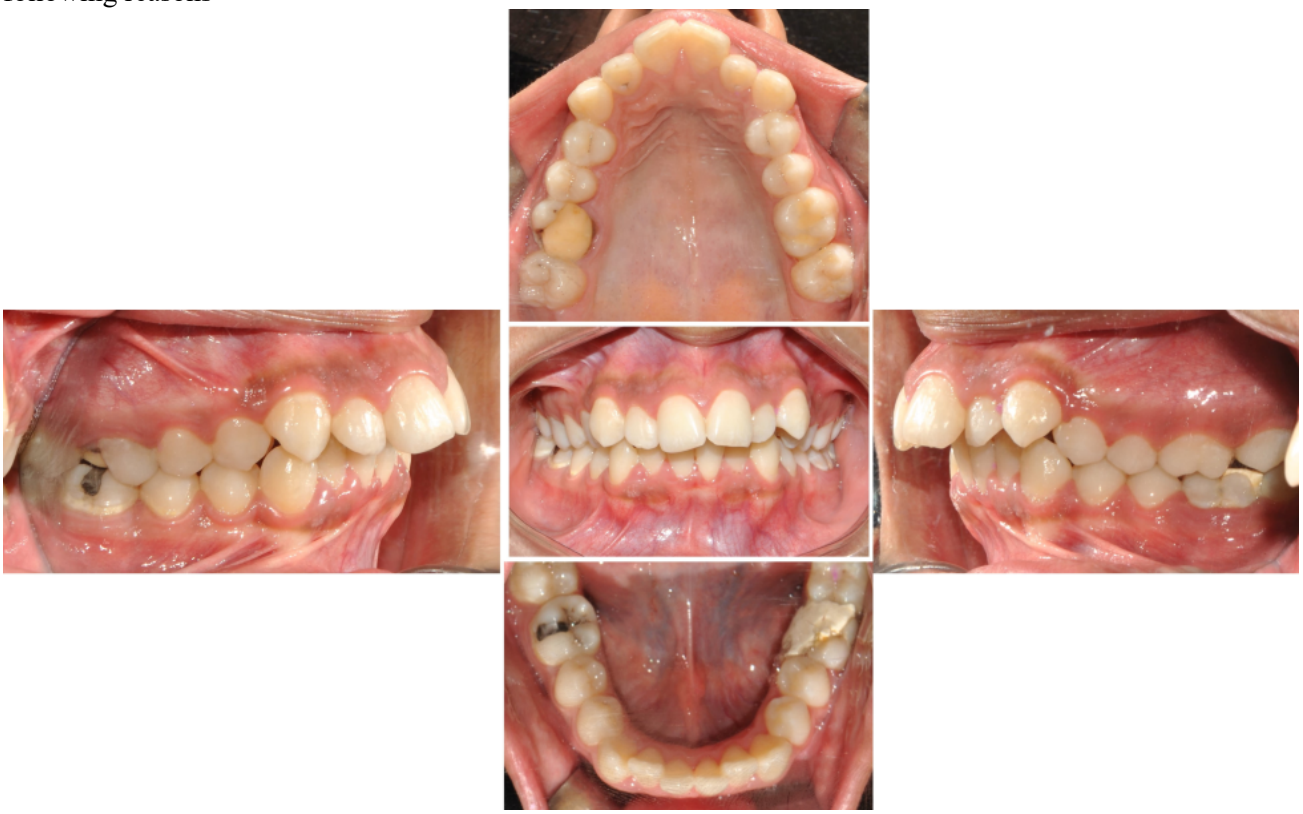

1) - Single Jaw Sugery (Mandibular Advancement Surgery)
2) - Mandibular Advancement and Maxillary setback Surgery
3) - Mandibular Advancement and Maxillary Impaction Surgery
4) + Mandibular Advancement surgery and genioplasty

87) Pre-surgical preparation of the patient in the record (GA) requires extraction in the lower arch for the following reasons



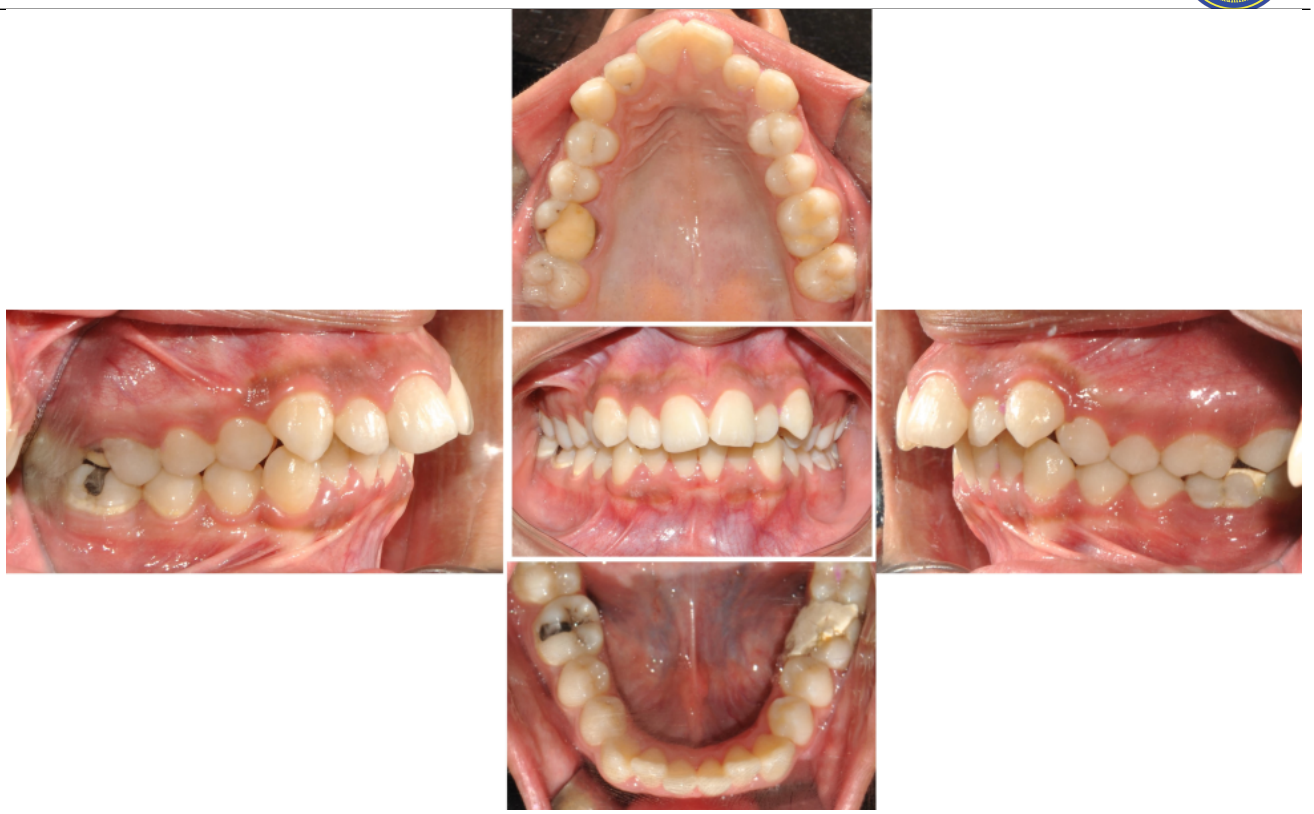
1) - Decompensation of the lower labial segment inclination
2) - Relief of crowding in the lower arch
3) - achieving a flat curve of spee
4) + all are correct

88) Pre-surgical preparation of the patient in the record (GA) requires extraction in the upper arch for the following reasons



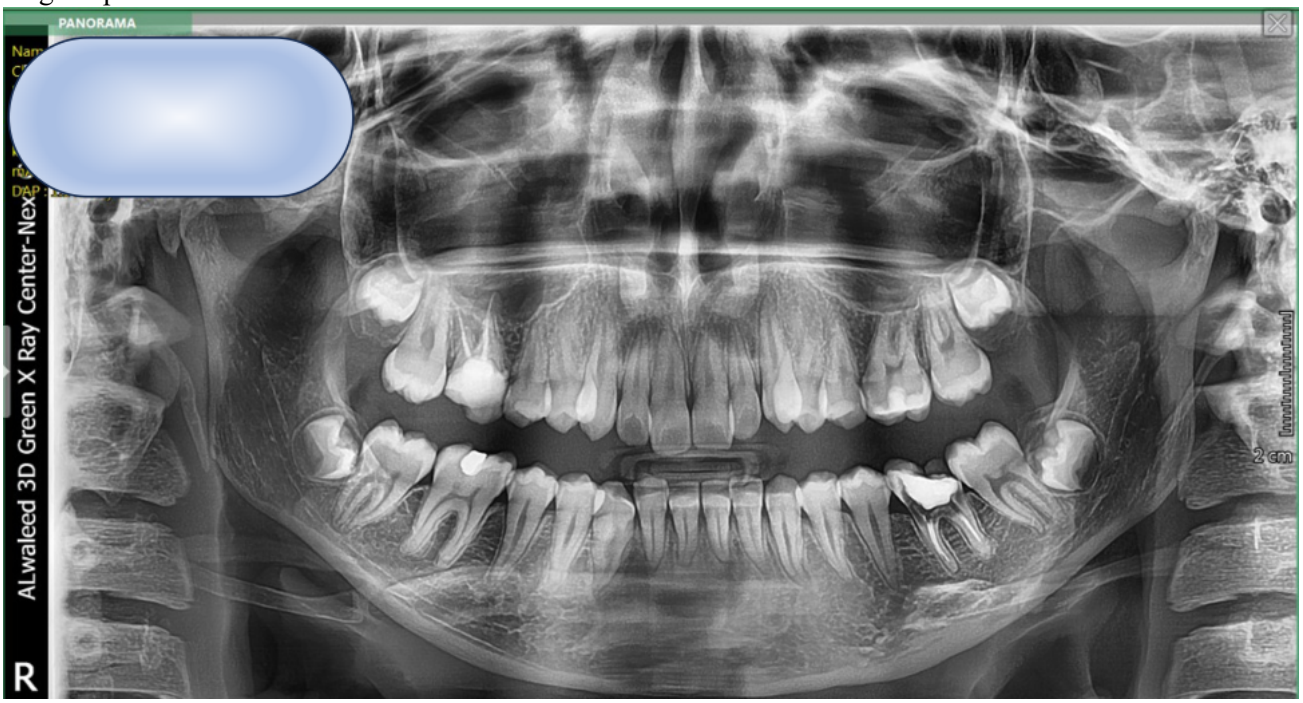
1) + Relief of moderate crowding in the lower arch
2) - maintaining the axial incination of the uppper labial segment
3) - achieveing Class I canine and molar relationships
4) - reducing the overjet

89) Pre-surgical preparation of the patient in the record (GA) requires preparing the upper arch by:



1) + Expansion to maintain the transverse occlusal relationships
2) - considering the extraction of the upper right first molar
3) - retraction of the upper incisors by 4-5mm

90) Pre-surgical preparation of the patient in the record (GA) requires extraction of the wisdom teeth before the surgical procedure:




1) + 6 months before surgery

2) - 9 months before surgery
3) - 3 months before surgery
4) - 2 months before surgery