

## CPD QUESTIONNAIRE 12.1.1

**Article: The effects of GC Tooth Mousse on cervical dentinal sensitivity.** Laurence J. Walsh P6

- The incidence of cervical dentinal sensitivity (CDS) in adult patients peaks between the age of:*
  - 72-98
  - 20-50
  - 30-39
- The commonest sites affected by CDS are:*
  - maxillary first molars and premolars
  - mandibular first molars and premolars
  - mandibular second molars
- Which statement is true:*
  - high concentration neutral sodium fluoride, stannous fluoride and strontium fluoride gels can form mineral precipitates.
  - dentifrices which contain arginine, calcium carbonate, and fluoride can physically seal dentine tubules with a plug that resists normal pulpal pressures and acid challenge, and reduces dentinal fluid flow
  - Partial blockage of patent dentinal tubules can be achieved through abrasive particles contained within toothpaste, such as zirconium silicate
  - None of the above
  - All of the above
- In the clinical trial, the types of stimuli used to measure the intensity of CDS responses included:*
  - hot water
  - cold water
  - room temperature water
  - a and b
  - b and c
- After their use was discontinued, both products used in the trial gave effects which were sustained for:*
  - 5 weeks
  - 8 weeks
  - 4 weeks

**Article: Clinical study of the self-adhering flowable composite resin Vertise Flow in Class I restorations: six-month follow-up.** Alessandro Vichi, Cecilia Goracci, Marco Ferrari P14

- Cavity configuration (C-factor) is particularly unfavorable in:*
  - Class II cavities
  - Class IV cavities
  - Class II cavities
  - Class I cavities
- Exclusion criteria in the study included:*
  - Rampant caries
  - Age < 18 years
  - Xerostomia
  - All of the above
- Patients were recalled for post-operative sensitivity testing at:*
  - 2 months, 6 months, 9 months and 12 months
  - 1 week, 1 month, 3 months and 6 months
  - 6 months, 12 months and 18 months
- The specific objective of the study was to verify clinically whether the new self-adhesive composite:*
  - can be used as a stand-alone restorative material
  - is able to establish an effective seal, thus avoiding post-operative sensitivity phenomena
  - has a slower response to light curing
- At the 6-month recall post-operative sensitivity was found in:*
  - all of the performed restorations
  - 3 of the performed restorations
  - none of the performed restorations

## CPD QUESTIONNAIRE 12.1.2

**Article: Treatment options for peg-shaped laterals using direct composite bonding.** Linda Greenwall P26

- What percentage of children were found to have peg-shaped incisors in the study by Backman and Wahlin (2001):*
  - 7%
  - 4%
  - 1.3%
  - 0.8%
- The age of the patient on Case 1 was:*
  - 12 years
  - 14 years
  - 18 years
- In case 1, the teeth were bleached using 10% carbamide peroxide for:*
  - 5 days
  - 2 weeks
  - 10 days
- The author recommends that, after gingival surgery, a period of healing should take place for:*
  - 6-12 weeks
  - 4-6 weeks
  - 2-4 weeks
- Which statement is correct. Some of the disadvantages of direct composite bondings are that they:*
  - Can chip and break
  - Can develop marginal leakage
  - Can have a deleterious effect on gingival teeth on patients with poor oral hygiene
  - All of the above
  - None of the above

**Article: The dentist's role in the prevention of sports-related oro-facial injuries.** Philip Newsome, Siobhan Owen, David Reaney P50

- In the 1990 Australian Health Report, it was estimated that sports injuries annually cost the country:*
  - \$2-billion
  - \$4-billion
  - \$1.4-billion
- In the 10 year review of over 21,000 craniomaxillofacial injuries seen at an Austrian OMFS clinic, what percentage were sports-related:*
  - 31%
  - 50%
  - 5%
- In the US, which sport resulted in the greatest number of fatalities for 5-14-year olds:*
  - Cricket
  - Football
  - Basketball
  - Baseball
- What is classed as a Type II mouthguard:*
  - Stock mouthguard, bought over-the-counter
  - custom-made on a model of the patient's mouth
  - mouth-formed, boil-and-bite mouthguards
- Custom-made mouthguards are usually made from:*
  - Silicone rubber
  - Polyvinyl chloride
  - Soft acrylic resin
  - Polyvinyl-acetate-ethylene copolymer (EVA)