

Article: Direct or indirect restorations? Smithson et al, p70

- 1 *Which statement is true. According to Christenson GJ, 2010:*
- a In the US, it appears that around two-thirds of direct restorations currently being placed are made of amalgam and one-third composite
 - b In the US, it appears that around two-thirds of direct restorations currently being placed are made of composite and one-third amalgam
 - c In the US, it appears that all direct restorations currently being placed are made of composite
- 2 *Which statement is false. Compared to teeth with healthy pulps, root-filled teeth are more susceptible to fracture as they possess:*
- a A higher water content
 - b Deeper cavities
 - c Possess reduced dentinal elasticity
 - d Substantial loss of dentine
- 3 *Which statements are true. Direct composites are more likely to be aesthetic, functional and durable when cavity margins are:*
- a Free from heavy occlusal contact
 - b Easily accessible in terms of visibility, ease of isolation and relationship to adjacent gingival tissues
 - c Situated within enamel
 - d All of the above
 - e None of the above
- 4 *If the decision has been taken to place a direct composite restoration, who advocates a resin-modified glass ionomer cement sandwich technique:*
- a Dietschi D et al, 1994
 - b Liebenberg WH, (2005)
 - c Van Meerbeek B, Perdigo J, 1998
- 5 *Clinical trials conducted by Hemmings et al (2000) and Redman et al (2003) examined the use of direct composite restorations for the treatment of localised anterior tooth wear and revealed:*
- a Relatively high failure rates of the composites, with a median survival rate of five years
 - b Relatively high failure rates of the composites, with a median survival rate of ten years.
 - c Relatively low failure rates of the composites, with a median survival rate of five years.
 - d Relatively low failure rates of the composites, with a median survival rate of ten years.

Article: Planning for esthetics - Part II: Adjacent implant restorations. Martin et al. p94

- 6 *"High risk" factors which can influence esthetic outcomes include:*
- a Gingival biotype
 - b Restorative status of neighboring teeth
 - c Soft tissue and bone anatomy
 - d All of the above
 - e None of the above
- 7 *According to the author, in the case of the bone-level implant design, it is critical to place the implant shoulder:*
- a At a minimum of 4mm apical to the planned mucosal margin
 - b At a minimum of 2mm apical to the planned mucosal margin
 - c At a minimum of 3mm apical to the planned mucosal margin
- 8 *The ITI Esthetic Risk Analysis rates as moderate the Level of Risk of the width of edentulous span as:*
- a 1 tooth (\leq 7mm)
 - b 1 tooth (\geq 7mm)
 - c 2 teeth or more
- 9 *Determine of the facial-palatal dimension of the bone site is done by:*
- a Examination of the soft tissue
 - b Examination of the hard tissue
 - c Neither of the above
- 10 *If developed papillae are to be viable in the long term, the provisional restorations (and subsequent definitive restorations) should provide proximal contacts which extend to within:*
- a 3-5mm of the inter-implant bone and remaining bone crests
 - b 2-4mm of the inter-implant bone and remaining bone crests
 - c 5-6mm of the inter-implant bone and remaining bone crests