

CPD QUESTIONNAIRE 7.1.1

Article: Consecutive treatment failures of an immediate maxillary canine implant and the subsequent replacement and reconstruction of the site. page 6

1. When an edentulous site requires straightforward implant treatment

- a Planning is not needed
- b A pantomograph is sufficient
- c Periapical radiographs are sufficient
- d None of the above

2. With regards to the implant placed into the nasal cavity, it is likely that

- a Intra-operative periapical radiographs were taken
- b Intra-operative periapical radiographs weren't taken
- c Post-operative, follow-up radiographs at regular implant maintenance visits weren't taken
- d Both intra-operative as well as post-operative radiographs weren't taken

3. Select the least appropriate statement: When planning for implant therapy, a CBCT scan

- a Shows the ridge architecture in cross section, its height and width dimensions measurable
- b Is too costly and is of little value if you are an experienced surgeon / implant dentist
- c Allows for virtual placement of a planned implant and can indicate the need for an augmentation
- d Can show adjacent anatomical risk structures in relation to the planned implant

4. The case presented here failed to diagnose

- a An infected root remnant at the intended implant site
- b A ridge defect that required augmentation
- c A postoperative infection at the restored implant
- d All the above

5. By not recognizing the limits of one's training, of one's knowledge of a treatment, not recognizing when to refer, and carrying out procedures anyway, the clinician

- a Disregards the principle of beneficence of the Hippocratic Oath
- b Disregards the principle of non-maleficence of the Hippocratic Oath
- c All the above

6. The augmentation material(s) used in reconstructing this case was/were:

- a Xenogeneic
- b Allogeneic
- c Autogeneic
- d None of the above

7. The bone buccal to the implant was reconstructed to what is considered the minimum thickness to ensure long-term tissue stability around an implant:

- a 1.5 mm
- b 2 mm
- c 3 mm
- d 4 mm

8. To objectively test the osseointegration of a dental implant, one may utilize a device that measures resonance frequency analyses, as:

- a ISQ – implant stability quotient
- b IEQ – implant external quality
- c IIQ – implant internal quality
- d OSQ – Osstel implant quotient

9. When planning implant treatment (in a partially edentulous patient), a periodontal examination to exclude active periodontal disease is:

- a Optional
- b Not necessary
- c Always necessary
- d None of the above

10. Which obvious signs, both radiographic and clinical, would you as the clinician have noted that indicated significant problems with the original treatment?

- a The poor aesthetics, size of the implant on the radiograph
- b The size and shade of the crown, the length of the abutment on the radiograph
- c The draining sinus, the root remnant on the radiograph
- d Tooth 14 that was cut away, the perforation in the nasal floor on the radiograph

CPD QUESTIONNAIRE 7.1.2

Article: The influence of aqueous and PEG 400 solvent vehicles on hydroxyl ion release from calcium hydroxide medicaments Teoh, Athanassiadis and Walsh, page 30

11. The maximum solubility of calcium hydroxide in water at 25°C is:

- a 0.140 g/100ml
- b 0.159 g/100ml

12. Which statement is correct:

- a Placing calcium hydroxide into water in amounts above the solubility limit will not elevate the pH
- b Placing calcium hydroxide into water in amounts above the solubility limit will elevate the pH

13. Viscosity modifiers used in calcium hydroxide pastes have included:

- a Glycerol
- b Propylene glycol.
- c Polyethylene glycol
- d All of the above
- e None of the above

14. When measuring the pH of four commercial calcium hydroxide medicaments, how long did it take for the water-based medicaments to reach a stable value:

- a 120 minutes
- b 40 minutes
- c 10 minutes

15. According to the authors, the nominal limit of the pH value for aqueous pastes is:

- a 12.4
- b 8.6
- c 10.2

Article: Pulp revascularisation in a traumatised and necrotic tooth. Machado et al, page 52

16. Which of the following comments regarding pulp necrosis and incomplete root formation is correct:

- a Transoperative cleaning offers limited efficiency
- b The root is prone to fracture
- c Calcium hydroxide and MTA can affect apexification
- d All of the above
- e None of the above

17. What is the correct process in pulp revascularisation:

- a The canal space is disinfected and bleeding is induced from the apical tissues
- b The root canals of necrotic teeth with incomplete root formation are mostly disinfected using copious irrigation with an antibacterial solution and application of a combination of antibiotics
- c The coronal space is disinfected and MTA is applied

18. Which key success factors are associated with pulp revascularisation:

- a The restoration of sensitivity to thermal change
- b The absence of pain symptoms
- c The disappearance of possible fistula
- d All of the above
- e None of the above

19. Which of the following statements are correct. The main objectives of pulp revascularisation are:

- a To reestablish the vascular nerve bundle
- b To complete the root formation process
- c Both of the above
- d Neither of the above

20. In the case described, the medications of choice were:

- a Minocycline and amoxicillin
- b Ciprofloxacin and metronidazole.