

CPD QUESTIONNAIRE 9.6.1

Article: Class II Division 2 deep bite treatment using a combination of fixed orthodontic appliances and an acrylic splint. Juyan, Coetsee, page 6

1. *Some of the common characteristics associated with Class II Division 2 malocclusion include:*
 - a Class II molar relationship and an increased overbite
 - b Retroclined mandibular incisors
 - c Retroclination of two or more of the maxillary incisors
 - d All of the above
 - e None of the above
2. *Class II Division 2 malocclusion treatment in an adolescent patient can often lead to an excellent result if growth, compliance and treatment mechanics are favourable*
 - a True
 - b False
3. *The treatment objectives in the case included*
 - a Improving the deep bite
 - b Well aligned maxillary and mandibular arches
 - c Achieve a Class I molar and canine relationship
 - d All of the above
 - e None of the above
4. *A high lower lip line, with its associated resting pressure on the maxillary incisors, results in a proclination of the maxillary incisors*
 - a True
 - b False
5. *According to the authors, the minimum amount of years recommended to follow up treated Class II Division 2 cases is?*
 - a 2 years
 - b 3 years
 - c 4 years
 - d 5 years
 - e 6 years

Article: Antibiotic stewardship in dentistry – review of evidence-based clinical recommendations on appropriate antibiotic prescribing in dental practice. Part 1. Hartshorne, page 24

6. *The antibiotic resistance crisis is due to the following reasons*
 - a Increasing development of new antibiotics
 - b Inappropriate prescribing of antibiotics
 - c Bacterial genetic mutation and adaptation
 - d All of the above
 - e None of the above
7. *Which of the following pre-treatment principles and practices for optimal antibiotic prescribing is TRUE*
 - a Oral bacterial infections should be diagnosed correctly
 - b Prescribing antibiotics should be considered first to eliminate infection before considering therapeutic management interventions
 - c Antibiotics should only be prescribed when systemic manifestations are present.
 - d a and c
 - e All of the above
8. *Which of the following prescribing principles and practices for optimal antibiotic prescribing is TRUE?*
 - a Longer antibiotic treatment duration increases risk of emergence of antibiotic resistance.
 - b Antibiotics should be used for the shortest duration possible
 - c Local oral bacterial infection is best managed through prescribing antibiotics
 - d All of the above
 - e None of the above
9. *Amoxicillin is more likely to cause an adverse drug reaction than amoxicillin + clavulanic acid combination (True or FALSE?)*
 - a True
 - b False
10. *Which of the following classes of antibiotics presents with the greatest likelihood to cause a fatal adverse drug reaction?*
 - a Penicillin
 - b Lincosamides
 - c Cephalosporins
 - d Imidazoles

CPD QUESTIONNAIRE 9.6.2

Article: The cortical window. Mohamed, Nahmias and Serota, page 42

11. *Which statement is correct. The superior magnification and illumination of surgical operating microscopes:*
 - a Ensures a lesser degree of root reduction
 - b Diminishes the size of osteotomies
 - c Improves the identification of root peripheries
 - d All of the above
 - e None of the above
12. *Which study reported that smaller resection angles (perpendicular to the long axis of the root) reduce the number of tubuli exposed. Lateral canals, canal deltas, isthmus connections and micro-cracks can be identified prior to root resection, retro-preparation and retro-sealing*
 - a Garcia-Guerrero et al, 2017; De Chevigny C et al, 2008
 - b Tsesis et al, 2013
 - c Wang et al, 2004
 - d Weller et al, 1995
13. *Complications following traditional osteotomies using large, round burs to remove significant cortical bone include:*
 - a Increased post-operative pain
 - b Delayed healing.
 - c Neither of the above
 - d Both of the above
14. *In the case described, the patient presented to our surgery with a history of 'sporadic discomfort in the gum' overlying which tooth:*
 - a LR1
 - b LR2
 - c LR3
15. *After the initial treatment, the patient was reassessed at:*
 - a After 9 and 12 months
 - b After 9 and 12 weeks
 - c After 6 and 18 weeks
 - d After 6 and 18 months

Article: Antibiotic stewardship in dentistry – review of evidence-based clinical recommendations on appropriate antibiotic prescribing in dental practice - Part 2. Hartshorne, page 66

16. *Which of the following statements are TRUE (More than one answer may be correct, select one):*
 - a Treating all oral infections with antibiotics is likely to do more harm than good.
 - b The benefits of giving antibiotics should always outweigh the risks of adverse reactions and development of bacterial resistance.
 - c It is the duty of every dentist to arrive at a correct diagnosis in order to avoid inappropriate use of antibiotics
 - d It is unethical to decline a patients' request for a particular antibiotic treatment without any real indication.
17. *If there are possible clinical circumstances that may suggest a significant medical risk in providing dental care without antibiotic prescribing the following considerations should be taken into account*
 - a The practitioner's professional judgement
 - b Consultation with the patients' physician
 - c The patients' needs and preferences
 - d Product safety and cost
 - e All of the above
18. *Antibiotic prophylaxis is recommended routinely in high-risk groups of patients to reduce bacteraemia, and the risk of developing infecting endocarditis when conducting the following procedures (More than one answer may be correct, select one):*
 - a Extractions
 - b Prophylactic cleaning
 - c Restoration of a tooth
 - d Placement of implants
 - e Placement of orthodontic brackets
19. *Antibiotics should not be prescribed for immune-competent adult patients with pulpal- or peri-apical-related conditions where definitive conservative dental treatment is available.*
 - a True
 - b False
20. *Which of the following statements are TRUE regarding use of antibiotics in children? (More than one answer may be correct, select one):*
 - a Children presenting with aggressive periodontitis or ulcerative gingivitis should receive antibiotics.
 - b Amoxicillin is the most commonly recommended antibiotic.
 - c Tetracycline is the most commonly prescribed alternative antibiotic for penicillin-sensitive patients.
 - d Antibiotics should be prescribed for short durations (3-5 days).