

1. When deciduous molars are extracted, spaces in the upper arch close more rapidly than the lower arch. Due to the mesial migration of the permanent first molars in these cases, placing space maintainers is useless.

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

2. The size of the leeway space in an average Caucasian subject is usually between:

- a. 17-20 mm.
- b. 21-22 mm.
- c. 25-27 mm.
- d. There is no average since it varies from each individual.

3. Serial extraction in a child is usually indicated in:

- a. Class I malocclusions.
- b. Class II malocclusions.
- c. Class III malocclusions.
- d. Not recommended as a form of preventive treatment.

4. Extraction of a lower first molar usually leads to deepening of the incisor overbite. On the other hand, extraction of the upper first molar usually does not:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

5. Extraction of an upper first deciduous molar in a Class I malocclusion should be balanced by extracting the first deciduous molar on the other side, and also extracting in the lower arch.

a) Statement is true

b) Statement is false

6. The most commonly missing tooth is the:

- a. Upper second premolar.
- b. Lower second molar.
- c. Lower central incisor.
- d. Upper lateral incisor.

7. The tooth most commonly associated with delayed eruption is the:

- a. Lower second premolar.
- b. Upper second molar.
- c. Upper canine.
- d. Lower second molar.

8. When deciding to place an implant, it is best to wait until growth has completed first. In those cases, we should extract the poorly prognosed tooth or the deciduous tooth early during orthodontic treatment so as to prepare the site for the future implant:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

9. When an anterior tooth is missing, space opening for an artificial replacement is recommended in:

- a) Class I malocclusions.
- b) Class II malocclusions.
- c) Class III malocclusions.
- d) a & b.
- e) a & c.
- f) b & c.

10. When performing preparatory orthodontic treatment for placement of an implant, the roots of the adjacent teeth need to be diverged:

- a. At least 1 mm.
- b. At least 3 mm's.
- c. At least 5 mm's.
- d. Does not have to be diverged since the implants nowadays come in very small sizes.

11. Occlusion is thought to play a major role in the causation of temporomandibular disorders (TMD's). Therefore, orthodontic therapy can be beneficial to patients with malocclusions to avoid future development of TMD's:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

12. It is agreed upon that the presence of joint sounds may represent a risk factor in patients. Therefore, it is advisable to treat every patient presenting with a click:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

13. According to a study conducted by Wabeke *et al*, the most common sign of temporomandibular disorders is the presence of:

- a) Pain.
- b) Crepitus.
- c) Clicking.
- d) Locking.
- e) All of the above.
- f) None of the above.

14. If painful symptoms arise during orthodontic treatment, Greene and other researchers recommend to:

- a. Modify orthodontic therapy.
- b. Relieve gross occlusal interferences.
- c. Eliminate forces that tend to distalize the mandible.
- d. All of the above.
- e. None of the above

15. Orthognathic surgery is usually recommended in severe Class II or III discrepancies. Overjet in these cases are always a reliable indicator of the underlying skeletal pattern:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

16. During prediction of treatment results for orthognathic surgery cases, the position of the hard tissues is very difficult to be accurately accounted for. Difficulty is also found during prediction of the soft tissue:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.
- c. Both statements are true.
- d. Both statements are false.

17. The aims of presurgical orthodontics are to:

- a. Relieve crowding.
- b. Obtain optimum dental esthetics.
- c. Correct incisor angulations (decompensation).
- d. Obtain optimum functional occlusion.
- e. a, b & c.
- f. a & c.
- g. b, c & d.

18. The most stable type of orthognathic surgery usually is:

- a. Surgery of the maxilla only.
- b. Surgery of the mandible only.
- c. Subapical osteotomies.
- d. Subcondylar osteotomies.
- e. Combined surgery of the maxilla & mandible.

19. In adult orthodontic treatment, the following is recommended:

- a. Intrusion with light forces, with minimum extrusion.
- b. Intrusion with light forces, with heavy extrusion.
- c. No intrusion, only extrusion.
- d. no intrusion or extrusion.

20. During orthodontic treatment in adult patients, loss of alveolar bone may result in different responses of tooth movement. The teeth therefore, are more prone to tipping due to the centre of resistance moving more incisally:

- a. The first statement is true, the second statement is false.
- b. The first statement is false, the second statement is true.

- c. Both statements are true.
- d. Both statements are false.

21. Adult orthodontic treatment is usually more difficult than adolescent treatment due to the difficulty in management of:

- a. Crossbites.
- b. Deep overbites.
- c. Lack of growth.
- d. Tooth intrusion.
- e. a, c & d.
- f. b, c & d.
- g. All of the above.
- h. None of the above.

KEY ANSWERS:

- 1. **a.**
- 2. **b.**
- 3. **a.**
- 4. **c.**
- 5. **b.**

6. **d.**

7. **c.**

8. **a.**

9. **e.**

10. **a.**

11. **d.**

12. **a.**

13. **c.**

14. **d.**

15. **a.**

16. **b.**

17. **f.**

18. **e.**

19. **a.**

20. **a.**

21. **g.**

1. List four circumstances where the extraction of all 4 permanent first molars will give the best results:

a) _____

b) _____

c) _____

d) _____

a) The child should be aged 8-9 years, with crowding.

b) Angle Class I.

c) Normal or reduced overbite.

d) All permanent teeth should be present.

e) First molars should be carious.

f) The unerupted lower second premolar should not be distally inclined, spaced from the first premolar or outside the control of the second deciduous molar roots.

2. Classify the three types of extra teeth and explain each briefly:

a) _____

b) _____

c) _____

a) Supplemental; which resembles a tooth of the normal series in size and form.

b) Supernumerary; which are clearly recognizable as teeth but would not be mistaken for a tooth of the normal series.

c) Odontomes; multiple small teeth or an irregular mass of dental tissue.

3. Give 3 reasons why a child might develop an upper-midline diastema:

a) _____

b) _____

c) _____

a) Due to the "ugly-duckling stage".

b) Proclination of the upper incisors.

c) Familial or racial tendency.

d) Supernumerary tooth.

4. When anterior teeth are missing, either space closure or space opening is indicated.

List the three indications for space closure:

a) _____

b) _____

c) _____

a) Class II division 1 incisor relationship

b) Crowded labial segments

c) Increased overbite

5. List 3 motivational factors of adults towards initiating orthodontic treatment.

a) _____

b) _____

c) _____

a) Improve appearance of teeth.

b) Improving dental health.

c) Improving psychological health.

d) Improving function.

e) Improving TMJ dysfunction.

f) Affordability of treatment.

6. List 4 considerations that need to be taken into account when treating adult patients orthodontically:

a) _____

b) _____

c) _____

d) _____

e) _____

a) Periodontal considerations.

b) Lack of growth.

c) Aesthetic & restorative considerations.

d) TMJ dysfunction.

e) Anchorage control.

f) Closure of old extraction spaces.