Virtual OSCE® Frameworks

The National Dental Examining Board of Canada

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Introduction

The Virtual OSCE Frameworks provide an illustration of the case-based question formats generally used in the Virtual OSCE. The Virtual OSCE Frameworks do not represent the proportion of test items in the Virtual OSCE. All frameworks may not appear in a given form of the Virtual OSCE.

For each question, information relevant to the case is provided and may consist of a case history, dental charts, photographs, radiographs, diagrams, videos, and/or 3D models.

The questions that use a framework can be single answer multiple-choice questions and are accompanied by the directive: Select **ONE** correct answer.

The questions that use a framework can be multi answer multiple-choice type questions and are accompanied by the directive: Select **ONE OR MORE** correct answers.

Each framework may include more than one question. These are examples of questions that may be used with that framework in the examination.

The frameworks include lists of distractors of varying length. All answers/distractors may not appear on a given question in the examination.

The NDEB reserves the right to modify Virtual OSCE Frameworks at any time.

Example using framework 2

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate initial management for tooth ___?
- What is the most appropriate management for tooth ___?

A. Desensitization.
B. Occlusal equilibration.
C. Occlusal adjustment.
D. Replace restoration with a temporary restoration.
E. Replace restoration with a provisional restoration.
F. Replace restoration with a temporary intracoronal restoration.
G. Replace restoration with a definitive intracoronal restoration.
H. Replace restoration with a provisional full coverage restoration.
I. Replace restoration with a temporary full coverage restoration.
J. Replace restoration with a definitive full coverage restoration.
K. Nonsurgical endodontic treatment.
L. Nonsurgical endodontic retreatment.
M. Surgical endodontic treatment (apicoectomy).
N. Nonsurgical periodontal treatment.
O. Periodontal surgery.
P. Extraction of the tooth.
Q. Observation and re-evaluation in [X] weeks/months.
R. Medical management.
S. Additional investigation.
T. Additional imaging.
U. No endodontic treatment is indicated.
V. No management is required.

Example of an examination question based on framework 2

Scenario + radiograph

Select **ONE** correct answer.

What is the most appropriate management for tooth ___?

A. Desensitization.
B. Occlusal equilibration.
C. Occlusal adjustment.
D. Replace restoration with a temporary restoration.
E. Replace restoration with a provisional restoration.

Select **ONE OR MORE** correct answers.

- What are the pulpal and periapical diagnoses for tooth ____?
- What is the periapical diagnosis for tooth ____?

A. Normal pulp.
B. Reversible pulpitis.
C. Symptomatic irreversible pulpitis.
D. Asymptomatic irreversible pulpitis.
E. Pulp necrosis.
F. Previously endodontically treated.
G. Previously initiated endodontic therapy.
H. Normal apical tissues.
I. Symptomatic apical periodontitis.
J. Asymptomatic apical periodontitis.
K. Acute apical abscess.
L. Chronic apical abscess.
M. Sclerosing osteitis/condensing osteitis.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate initial management for tooth ___?
- What is the most appropriate management for tooth ___?

A. Desensitization.
B. Occlusal equilibration.
C. Occlusal adjustment.
D. Replace restoration with a temporary restoration.
E. Replace restoration with a provisional restoration.
F. Replace restoration with a temporary intracoronal restoration.
G. Replace restoration with a definitive intracoronal restoration.
H. Replace restoration with a provisional full coverage restoration.
I. Replace restoration with a temporary full coverage restoration.
J. Replace restoration with a definitive full coverage restoration.
K. Nonsurgical endodontic treatment.
L. Nonsurgical endodontic retreatment.
M. Surgical endodontic treatment (apicoectomy).
N. Nonsurgical periodontal treatment.
O. Periodontal surgery.
P. Extraction of the tooth.
Q. Observation and re-evaluation in [X] weeks/months.
R. Medical management.
S. Additional investigation.
T. Additional imaging.
U. No endodontic treatment is indicated.
V. No management is required.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- Which radiographic finding is associated with tooth ___?
- Which radiographic findings are associated with tooth ___?

A. Normal apical periodontal ligament space.
B. Widening of the periodontal ligament space.
C. Widening of the apical periodontal ligament space.
D. Rarefying osteitis.
E. Ankylosis.
F. Sclerosing osteitis/condensing osteitis.
G. Physiologic root resorption.
H. Apical resorption.
I. External resorption.
J. Internal resorption.
K. Internal/external resorption.
L. Perforation.
M. Separated instrument.
N. Extruded obturation material.
O. Vertical root fracture.
P. Horizontal root fracture.
Q. Pulp stone(s).
R. Pulpal calcification.
S. Pulp canal wall calcification.
T. Pulp canal obliteration.
U. Dens invaginatus/dens-in-dente.
V. Dens evaginatus.
W. Dilaceration.
X. Taurodontism.
Y. Accessory roots.
Z. Hypercementosis.
AA. Apical scar.
BB. Immature apex.
CC. Developing tooth follicle.
DD. Furcation radiolucency.
EE. Caries.
FF. Calculus.
GG. No hard tissue abnormalities.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely reason for the treatment failure for tooth ___?
- What observation(s) can be made for tooth ___?
- Which radiographic findings are associated with tooth ___?
- What is the most likely cause for the patient's symptoms?

A. Acceptable shape, length and fill of obturation.
B. Underprepared canal.
C. Overprepared canal.
D. Inadequate length of obturation.
E. Inadequate compaction/density of obturation.
F. Overfilled/extrusion.
G. Missed canal.
H. Missed buccal canal.
I. Missed lingual/palatal canal.
J. Missed mesiobuccal canal(s).
K. Missed mesiolingual canal.
L. Missed distobuccal canal.
M. Missed distolingual canal.
N. Perforation.
O. Lateral perforation.
P. Furcal perforation.
Q. Crestal perforation.
R. Canal transportation.
S. Separated instrument.
T. Silver point.
U. Cast post.
V. Prefabricated fibre post.
W. Prefabricated stainless steel post.
X. Unsuitable post diameter and/or length.
Y. Pins.
Z. Open margins.
AA. Caries.
BB. Vertical root fracture.

Select **ONE** correct answer.

- What is the entity indicated by the arrow(s)?
- What is the most likely radiologic diagnosis?
- What is the most likely diagnosis for the entity in the ____?
- What is the differential diagnosis for the entity indicated by the arrow?

A. Normal tooth.
B. Calcifying tooth crown.
C. Hypercementosis.
D. Retained root.
E. Supernumerary tooth.
F. Nose.
G. Nasal septum.
H. Antral septum.
I. Inferior concha.
J. Hamular process.
K. Coronoid process.
L. Zygomatic arch.
M. Zygomatic process of the maxilla.
N. Soft palate.
O. Torus/Tori.
P. Exostosis/Exostoses.
Q. Osteoma.
R. Tongue.
S. Calcified stylohyoid ligament.
T. Idiopathic osteosclerosis/dense bone island.
U. Sclerosing osteitis.
V. Benign fibro-osseous lesion.
W. Periapical cemento-osseous dysplasia.
X. Florid cemento-osseous dysplasia.
Y. Fibrous dysplasia.
Z. Cementoblastoma.
AA. Paget disease.
BB. Odontoma.
CC. Enamel pearl.
DD. Antral pseudocyst.
EE. Odontogenic cyst.
FF. Foreign body.
GG. Ghost image.
HH. Soft tissue calcification(s).
II. Malignant neoplasm.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the entity indicated by the arrow(s)?
- What is the most likely radiologic diagnosis?
- What is the most likely radiologic diagnosis for tooth _____?
- What is the most likely diagnosis for the entity in the ____?
- What is the differential diagnosis for the entity in the ____?

A. Canine fossa.
B. Intermaxillary suture.
C. Maxillary sinus.
D. Orbit.
E. Greater palatine foramen.
F. Nasolacrimal duct.
G. Pneumatization of the maxilla/sinus.
H. Mastoid air cells.
I. Pterygomaxillary fissure.
J. Infraorbital canal.
K. Focal osteoporotic bone marrow defect.
L. Post-extraction socket.
M. Rarefying osteitis.
N. Adenomatoid odontogenic tumour.
O. Nasopalatine duct/incisive canal.
P. Nasopalatine duct cyst/incisive canal cyst.
Q. Dentigerous cyst.
R. Radicular cyst.
S. Residual cyst.
T. Lateral periodontal cyst.
U. Traumatic bone cyst/simple bone cyst.
V. Odontogenic keratocyst.
W. Ameloblastoma.
X. Nonodontogenic cyst.
Y. Odontogenic cyst.
Z. Benign odontogenic tumour.
AA. Osteomyelitis.
BB. Fracture.
CC. Malignant neoplasm.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the entity indicated by the arrow(s)?
- What is the most likely radiologic diagnosis?
- What is the most likely diagnosis for the entity in the ___ region?

A. Normal tooth.
B. Impacted tooth.
C. Retained root.
D. Calcifying tooth crown.
E. Supernumerary tooth.
F. Hypercementosis.
G. Hyoid bone.
H. Tongue.
I. Cervical spine.
J. Torus (Tori).
K. Osteoma.
L. Sclerosing osteitis.
M. Osteomyelitis.
N. Periapical cemento-osseous dysplasia.
O. Florid cemento-osseous dysplasia.
P. Fibrous dysplasia.
Q. Benign fibro-osseous lesion.
R. Paget disease.
S. Cementoblastoma.
T. Odontoma.
U. Idiopathic osteosclerosis/dense bone island.
V. Sialolith(s).
W. Calcified lymph node(s).
X. Calcified stylohyoid ligament.
Y. Tonsillolith(s).
Z. Phlebolith(s).
AA. Osteoma cutis
BB. Foreign body.
CC. Ghost image.
DD. Malignant neoplasm.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the entity indicated by the arrow(s)?
- What is the differential diagnosis for the entity indicated by the arrow(s)?
- What is the differential diagnosis?
- What is the differential diagnosis of the entity in the ___?
- What is the most likely radiologic diagnosis?
- What is the most likely diagnosis for the entity in the ____?

A. Developing tooth.
B. Mental foramen.
C. Mandibular foramen.
D. Lingual foramen.
E. Mandibular canal.
F. Nutrient canal.
G. Submandibular salivary gland fossa.
H. Sublingual gland fossa.
I. Stafne bone defect/mandibular lingual bone depression.
J. Postsurgical defect/scar.
K. Focal osteoporotic bone marrow defect.
L. Post-extraction socket.
M. Rarefying osteitis.
N. Periapical cemento-osseous dysplasia.
O. Florid cemento-osseous dysplasia.
P. Osteomyelitis.
Q. Osteonecrosis.
R. Medication-related osteonecrosis of the jaw (MRONJ).
S. Residual cyst.
T. Lateral periodontal cyst.
U. Traumatic bone cyst/simple bone cyst.
V. Dentigerous cyst.
W. Odontogenic keratocyst.
X. Ameloblastoma.
Y. Nonodontogenic cyst.
Z. Odontogenic cyst.
AA. Benign odontogenic tumour.
BB. Malignant neoplasm.
CC. Fracture.

Select **ONE** correct answer.

- What is the entity indicated by the arrow(s)?
- What is the most likely radiologic diagnosis?
- What is the most likely diagnosis for the entity in the ____?

A. Developing tooth/teeth.
B. Supernumerary tooth.
C. Impacted tooth.
D. Retained root.
E. Calcifying odontogenic cyst.
F. Aneurysmal bone cyst.
G. Odontoma.
H. Periapical cemento-osseous dysplasia.
I. Florid cemento-osseous dysplasia.
J. Cemento-ossifying fibroma.
K. Cementoblastoma.
L. Fibrous dysplasia.
M. Central giant cell lesion.
N. Odontogenic myxoma.
O. Adenomatoid odontogenic tumour.
P. Ameloblastoma.
Q. Ameloblastic fibroma.
R. Calcifying epithelial odontogenic tumour.
S. Hemangioma/vascular malformation.
T. Phlebolith(s).
U. Sialolith(s).
V. Tonsillolith(s).
W. Calcified lymph node(s).
X. Malignant neoplasm.
Y. Metastasis/Metastases.
Z. Ghost image.
AA. Idiopathic osteosclerosis/dense bone island.
BB. Rarefying osteitis.
CC. Sclerosing osteitis.
DD. Rarefying and sclerosing osteitis.
EE. Osteomyelitis.

Web: Framework 10

Select **ONE** correct answer.

What is the most likely diagnosis?

A. Cherubism.
B. Fibrous dysplasia.
C. Familial adenomatous polyposis (Gardner).
D. Nevoid basal cell carcinoma syndrome (Gorlin).
E. Florid cemento-osseous dysplasia.
F. Neurofibromatosis.
G. Hyperparathyroidism.
H. Paget disease.
I. Ectodermal dysplasia.
J. Cleidocranial dysplasia.
K. Osteopetrosis.
L. Amelogenesis imperfecta.
M. Dentinogenesis imperfecta.
N. Dentin dysplasia.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the entity indicated by the arrow(s)?
- What is the most likely diagnosis?

A. Normal tooth/teeth.
B. Calcifying tooth crown.
C. Developing root apex.
D. Osteodentin cap.
E. Calcified canal(s).
F. Hypercementosis.
G. Attrition.
H. Tooth fracture.
I. Root fracture.
J. Physiologic root resorption.
K. Apical resorption.
L. External resorption.
M. Internal resorption.
N. Dens invaginatus/dens-in-dente.
O. Dens evaginatus.
P. Dentin dysplasia.
Q. Dentinogenesis imperfecta.
R. Amelogenesis imperfecta.
S. Enamel hypoplasia/Turner's tooth.
T. Molar-incisor hypomineralization.
U. Regional odontodysplasia.
V. Caries.
W. Macrodontia.
X. Microdontia.
Y. Gemination.
Z. Fusion.
AA. Concrescence.
BB. Taurodontism.
CC. Ectopic eruption.
DD. Transposition.
EE. Impaction.
FF. Supraeruption.
GG. Ankylosis/infraeruption.
HH. Supernumerary tooth.
II. Hypodontia.
JJ. Ectodermal dysplasia.
KK. Physiologic resorption.
LL. Retained primary tooth/teeth/root.
MM. Rarefying osteitis.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What is the entity indicated by the arrow(s)?

A. Inferior concha.
B. Nose.
C. Ear lobe.
D. Soft palate.
E. Coronoid process.
F. Nasolabial fold.
G. Tongue.
H. Epiglottis.
I. Phlebolith(s).
J. Sialolith(s).
K. Calcified lymph node(s).
L. Tonsilloliths.
M. Calcified carotid artery.
N. Calcified stylohyoid ligament.
O. Ghost image.
P. Nasal septum.
Q. Antral pseudocyst.
R. Antral mucositis.
S. Posterior wall of the pharynx.
T. Hyoid bone.
U. Airway space.
V. Foreign body(ies).
W. Benign neoplasm.
X. Malignant neoplasm.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What is the differential diagnosis?

A. Linea alba.
B. Fordyce granules.
C. Leukoedema.
D. Leukoplakia.
E. Idiopathic hyperkeratosis.
F. Frictional/traumatic keratosis.
G. Chronic mucosal chewing.
H. Thermal burn.
I. Chemical burn.
J. Contact stomatitis.
K. Nicotine stomatitis.
L. Denture stomatitis.
M. Lichen planus.
N. Lichenoid drug reaction.
O. Candidiasis.
P. Squamous papilloma.
Q. Hairy leukoplakia.
R. Lupus erythematosus.
S. White sponge nevus.
T. Geographic tongue.
U. Hairy tongue.
V. Aphthous ulcer(s).
W. Epithelial dysplasia.
X. Traumatic ulcer(s).
Y. Verrucous carcinoma.
Z. Squamous cell carcinoma.

Select **ONE** correct answer.

- What is the most likely diagnosis?
- What is the differential diagnosis?

A. Geographic tongue.
B. Aphthous ulcer(s).
C. Traumatic ulcer(s).
D. Leukoplakia.
E. Hyperkeratosis.
F. Frictional/traumatic keratosis.
G. Erythroleukoplakia.
H. Erythroplakia.
I. Actinic cheilitis.
J. Thermal burn.
K. Chemical burn.
L. Contact stomatitis.
M. Nicotine stomatitis.
N. Denture stomatitis.
O. Candidiasis.
P. Lichen planus.
Q. Lichenoid drug reaction.
R. Lupus erythematosus.
S. Mucous membrane pemphigoid.
T. Pemphigus vulgaris.
U. Erythema multiforme.
V. Acute herpetic gingivostomatitis (primary herpes).
W. Recurrent herpes simplex infection.
X. Herpes zoster.
Y. Necrotizing gingivitis.
Z. Necrotizing periodontitis.
AA. Epithelial dysplasia.
BB. Carcinoma in situ.
CC. Squamous cell carcinoma.
DD. No visible lesion.
EE. The soft tissues are normal.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What is the differential diagnosis?

A. Mucocele (mucus extravasation phenomenon).
B. Ranula.
C. Salivary duct cyst.
D. Salivary gland neoplasm.
E. Varicosity/varicosities.
F. Submucosal hemorrhage.
G. Traumatic purpura.
H. Pyogenic granuloma.
I. Peripheral giant cell granuloma.
J. Hemangioma/vascular malformation.
K. Kaposi sarcoma.
L. Gingival cyst of the adult.
M. Eruption cyst/eruption hematoma.
N. Parulis/fistula.
O. Amalgam tattoo.
P. Oral melanotic macule(s)/focal melanosis.
Q. Melanocytic nevus/nevi.
R. Physiologic pigmentation.
S. Smoker's melanosis.
T. Melanoma.
U. Squamous cell carcinoma.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What is the differential diagnosis?

A. Plaque induced gingivitis.
B. Drug-influenced gingival enlargement.
C. Necrotizing gingivitis.
D. Necrotizing periodontitis.
E. Gingivitis mediated by systemic or local risk factors.
F. Traumatic ulcer(s).
G. Thermal burn.
H. Chemical burn.
I. Leukoplakia.
J. Hyperkeratosis.
K. Frictional/traumatic keratosis.
L. Erythroleukoplakia.
M. Erythroplakia.
N. Candidiasis.
O. Lichen planus.
P. Lichenoid drug reaction.
Q. Mucous membrane pemphigoid.
R. Pemphigus vulgaris.
S. Acute herpetic gingivostomatitis (primary herpes).
T. Recurrent herpes simplex infection.
U. Aphthous stomatitis.
V. Herpes zoster.
W. Pyogenic granuloma.
X. Peripheral ossifying fibroma.
Y. Fibroma.
Z. Peripheral giant cell granuloma.
AA. Periodontal abscess.
BB. Parulis/fistula.
CC. Eruption cyst/eruption hematoma.
DD. Gingival cyst of the adult.
EE. Epithelial dysplasia.
FF. Carcinoma in situ.
GG. Squamous cell carcinoma.
HH. Leukemia.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What is the differential diagnosis?

A. Parotid duct papilla.
B. Torus/exostosis.
C. Mucocele (mucus extravasation phenomenon).
D. Ranula.
E. Sialolith.
F. Salivary gland neoplasm.
G. Hemangioma/vascular malformation.
H. Kaposi sarcoma.
I. Fibroma.
J. Neurofibroma.
K. Lipoma.
L. Squamous papilloma.
M. Condyloma acuminatum.
N. Traumatic neuroma.
O. Traumatic ulcer(s).
P. Erosive lichen planus.
Q. Necrotizing periodontitis.
R. Granular cell tumour.
S. Denture stomatitis.
T. Inflammatory papillary hyperplasia.
U. Epulis fissuratum/inflammatory fibrous hyperplasia.
V. Eruption cyst/eruption hematoma.
W. Gingival cyst of the adult.
X. Oral lymphoepithelial cyst.
Y. Dermoid cyst.
Z. Epidermoid cyst.
AA. Parulis/fistula.
BB. Periodontal abscess.
CC. Pyogenic granuloma.
DD. Peripheral ossifying fibroma.
EE. Peripheral giant cell granuloma.
FF. Squamous cell carcinoma.
GG. Osteosarcoma.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What investigation is the most appropriate to confirm the diagnosis?
- What investigation is the most appropriate to confirm the diagnosis for tooth____?
- What are the most appropriate investigations to confirm the diagnosis for the entity indicated by the arrow?
- What are the most appropriate investigations to confirm the diagnosis for the entities indicated by the arrows?
- What is the most appropriate next step?
- What are the most appropriate next steps?
- Which investigations are appropriate to confirm the diagnosis?
- Which investigations are appropriate to confirm the diagnosis for tooth_____?
- Which of the following are appropriate to confirm the diagnosis?

A. Cytological smear.
B. Biopsy.
C. Incisional biopsy.
D. Excisional biopsy.
E. Brush biopsy.
F. Direct immunofluorescence.
G. Test for Nikolsky sign.
H. Bacterial culture.
I. Fungal culture.
J. Bacterial culture and sensitivity.
K. Fungal culture and sensitivity.
L. Microbiologic cultures and sensitivity.
M. Viral culture.
N. Periapical radiograph.
O. Bite-wing radiograph.
P. Occlusal radiograph.
Q. Plain skull radiograph.
R. Panoramic radiograph.
S. Cone beam computed tomography (CBCT).
T. Multidetector computed tomography (MDCT).
U. Magnetic resonance imaging (MRI).
V. Ultrasonography.
W. Scintigraphy.
X. Periapical radiograph with gutta-percha in sinus tract.
Y. Sialography.
Z. Palpation.
AA. Percussion.
BB. Auscultation.
CC. Application of pressure on [location] with a fracture detector (Tooth Slooth®).
DD. Periodontal probing.
EE. Electric pulp test.
FF. Thermal tests.
GG. Pulp vitality tests.
HH. Aspiration.
II. Incision and drainage.
JJ. Marsupialization.
KK. Taking the patient's temperature.
LL. Stretching the cheek.
MM. Diascopy.
NN. Allergy tests.

OO. Antinuclear antibodies levels.
PP. Complete blood count (CBC).
QQ. INR.
RR. Sedimentation rate.
SS. C-reactive protein level.
TT. Serum calcium level.
UU. Bone densitometry.
VV. Thyroxine (T_4) level.
WW. Alkaline phosphatase level.
XX. Parathyroid hormone level.
YY. Glycated hemoglobin (HbA1c).
ZZ. Iron.
AAA. Vitamin B12 level.
BBB. Genetic testing.
CCC. No investigation is required.
DDD. None of the above.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate initial management?
- What is the most appropriate management?
- What is/are the most appropriate next step(s)?
- What is/are the most appropriate next steps for the entity/entities indicated by the arrow(s)?
- What is the most appropriate management for the entity/entities in the ____?
- What is the most appropriate management for the entity/entities indicated by the arrow(s)?

A. Topical antimicrobial.
B. Topical antibiotic.
C. Topical antifungal.
D. Topical antiviral.
E. Topical corticosteroid.
F. Topical anesthetic.
G. Systemic antimicrobial.
H. Systemic antibiotic.
I. Systemic antifungal.
J. Systemic antiviral.
K. Systemic corticosteroid.
L. Systemic analgesic.
M. Chlorhexidine mouth rinse.
N. Protective dressing.
O. Elimination of etiologic factor(s).
P. Debridement.
Q. Irrigation.
R. Cytological smear.
S. Irrigation and debridement of necrotic tissues.
T. Incision and drainage.
U. Biopsy.
V. Incisional biopsy.
W. Excisional biopsy.
X. Diascopy.
Y. Bacterial culture.
Z. Periapical radiograph.
AA. Bite-wing radiograph.
BB. Occlusal radiograph.
CC. Plain skull radiograph.
DD. Panoramic radiograph.
EE. Cone beam computed tomography (CBCT).
FF. Multidetector computed tomography (MDCT).
GG. Magnetic resonance imaging (MRI).
HH. Ultrasonography.
II. Scintigraphy.
JJ. Periapical radiograph with gutta-percha in sinus tract.
KK. Sialography.
LL. Complete blood count (CBC).
MM. Obtain current INR.
NN. Observation and follow-up.
OO. No management is required.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- Which of the following has contributed to the appearance of the teeth?
- Which of the following have contributed to the appearance of the teeth?

A. Genetics.
B. Trauma.
C. Diet.
D. Oral hygiene practices.
E. Fluoride consumption.
F. Antibiotics.
G. Febrile illness.
H. Infection.
I. Vaccination.

Select **ONE** correct answer.

The die

A. is clinically acceptable.
B. has a deficiency in a critical area.
C. is overtrimmed.
D. is undertrimmed.
E. is painted with excessive spacer.
F. displays a discontinuous margin.
G. displays a preparation with insufficient taper.
H. displays a preparation with excessive taper.

Select **ONE OR MORE** correct answers.

- What is the most appropriate management for tooth ___?
- What is the most appropriate initial management for tooth ___?

A. Desensitization.
B. Reinforced zinc oxide eugenol restoration.
C. Conventional glass-ionomer restoration.
D. Resin-modified glass-ionomer restoration.
E. Composite resin restoration.
F. Flowable composite resin restoration.
G. Sandwich technique (restoration).
H. Amalgam restoration.
I. Recement the crown with a stronger cement.
J. Nonsurgical endodontic treatment.
K. Nonsurgical endodontic retreatment.
L. Surgical endodontic treatment (apicoectomy).
M. Crown lengthening procedure.
N. Post and core.
O. Crown.
P. Extraction of the tooth.
Q. Periodontal flap surgery/exploratory surgery.
R. Gingivectomy.
S. Connective tissue graft.
T. Root amputation.
U. Hemisection.
V. Observation and reevaluation.

Web: Framework 23

Select **ONE OR MORE** correct answers.

Assess the preparation for a [type of crown] – include all surfaces that have metal.

The preparation

A. is acceptable.
B. is undercut.
C. has insufficient (axial) reduction labially/buccally.
D. has excessive (axial) reduction labially/buccally.
E. has insufficient (axial) reduction lingually.
F. has excessive (axial) reduction lingually.
G. has insufficient (axial) reduction mesially.
H. has excessive (axial) reduction mesially.
I. has insufficient (axial) reduction distally.
J. has excessive (axial) reduction distally.
K. has insufficient (axial) reduction at the margin.
L. has excessive (axial) reduction at the margin.
M. has insufficient (axial) reduction labially/buccally at the margin.
N. has excessive (axial) reduction labially/buccally at the margin.
O. has insufficient (axial) reduction lingually at the margin.
P. has excessive (axial) reduction lingually at the margin.
Q. has insufficient (axial) reduction mesially at the margin.
R. has excessive (axial) reduction mesially at the margin.
S. has insufficient (axial) reduction distally at the margin.
T. has excessive (axial) reduction distally at the margin.
U. has insufficient reduction occlusally/incisally.
V. has excessive reduction occlusally/incisally.
W. has unacceptable sharp angles.
X. has insufficient convergence (taper).
Y. has excessive convergence (taper).
Z. has an unacceptable irregular/discontinuous margin.
AA. has unsupported enamel (lipping).
BB. has an inappropriate margin type.
CC. has an inappropriate margin location.

Select **ONE OR MORE** correct answers.

- The crown
- The provisional crown restoration

A. is acceptable.
B. is overcontoured on the labial/buccal surface.
C. is undercontoured on the labial/buccal surface.
D. is overcontoured on the lingual surface.
E. is undercontoured on the lingual surface.
F. is overcontoured on the mesial surface.
G. is undercontoured on the mesial surface.
H. is overcontoured on the distal surface.
I. is undercontoured on the distal surface.
J. is undercontoured on the labial/buccal margin.
K. is overcontoured on the labial/buccal margin.
L. is undercontoured on the lingual margin.
M. is overcontoured on the lingual margin.
N. is overcontoured at the mesial margin.
O. is undercontoured at the mesial margin.
P. is overcontoured at the distal margin.
Q. is undercontoured at the distal margin.
R. is overcontoured at the margin.
S. is undercontoured at the margin.
T. has an open buccal margin.
U. has an open lingual margin.
V. has an open mesial margin.
W. has an open distal margin.
X. has a wide embrasure.
Y. has a narrow embrasure.
Z. has an unacceptable interproximal contact.
AA. is too long incisally/occlusally.
BB. is too short incisally/occlusally.

Select **ONE OR MORE** correct answers.

Which modifications are required to make the Class II preparation acceptable for an amalgam restoration?

A. Deepen the pulpal floor.
B. Deepen the mesial axial wall.
C. Deepen the distal axial wall.
D. Correct the buccal wall.
E. Correct the lingual wall.
F. Correct the buccal wall of the mesial proximal box.
G. Correct the lingual wall of the mesial proximal box.
H. Correct the buccal wall of the distal proximal box.
I. Correct the lingual wall of the distal proximal box.
J. Correct/deepen the mesiogingival floor.
K. Correct/deepen the distogingival floor.
L. Round internal line angle(s).
M. Finish the cavosurface margin(s).
N. Place auxiliary retention.
O. Reduce the mesiobuccal cusp for cusp capping (shoeing the cusp).
P. Reduce the mesiolingual cusp for cusp capping (shoeing the cusp).
Q. Reduce the distobuccal cusp for cusp capping (shoeing the cusp).
R. Reduce the distolingual cusp for cusp capping (shoeing the cusp).
S. No modifications are required.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

Which deficiencies can be identified in the restoration?

A. Undercontoured.
B. Overcontoured/excess material.
C. Poor contour.
D. Proximal contact(s) too occlusal.
E. Proximal contact(s) too incisal.
F. Proximal contact(s) too gingival.
G. Proximal contact(s) too broad/concave (buccolingually).
H. Proximal contact(s) too narrow/small (buccolingually).
I. Open interproximal contact(s).
J. Unacceptable embrasure(s).
K. Void(s).
L. Marginal ridge(s) too high.
M. Marginal ridge(s) too low.
N. Mesial marginal ridge too high.
O. Mesial marginal ridge too low.
P. Distal marginal ridge too high.
Q. Distal marginal ridge too low.
R. Excessive incisal edge length.
S. Insufficient incisal edge length.
T. Excessive cuspal ridge length.
U. Insufficient cuspal ridge length.
V. Excessive cusp height.
W. Insufficient cusp height.
X. Unacceptable roughness or scratches.
Y. Poor occlusal morphology.
Z. No deficiencies are present.

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Select **ONE OR MORE** correct answers.

- Which factors compromise the prognosis of tooth ___ if it is replaced with an implant restoration?
- Which factors compromise the prognosis of an implant supported crown at site ___?

A. Health status.
B. Tobacco use.
C. Gingival phenotype (biotype).
D. Amount of attached gingiva.
E. Gingival inflammation.
F. Smile line/lip line.
G. Tooth/ridge relationship of opposing arch (overbite, overjet, cross-bite, supraeruption).
H. Parafunctional activity.
I. Axial inclination of adjacent teeth.
J. Morphology of the adjacent teeth.
K. Inter-arch space.
L. Crown shape.
M. Restorative status of adjacent teeth.
N. Proximity to the nasopalatine foramen.
O. Proximity to anterior superior alveolar artery and nerve.
P. Proximity to the maxillary sinus.
Q. Proximity to mental nerve.
R. Proximity to inferior alveolar nerve.
S. Prominent depth of submandibular gland fossa.
T. Presence of pathological lesion.
U. Vertical bone height.
V. Buccolingual bone width.
W. Mesiodistal space.
X. Ridge morphology.
Y. Bone density.

Select **ONE OR MORE** correct answers.

- Which factor compromises the prognosis of tooth ___ if it is restored with a crown?
- Which factors compromise the prognosis of tooth ___ if it is restored with a crown?
- Which factors compromise the prognosis of tooth ___ if it is restored?
- When considering restoring tooth ___ with [type of crown], which factors compromise the prognosis?

A. Oral hygiene status.
B. Periodontal status.
C. Supracrestal tissue attachment (biologic width).
D. Caries risk.
E. Occlusion.
F. Parafunctional habits.
G. Inter-arch space.
H. Core retention and resistance.
I. Retention and resistance.
J. Placement of post and core.
K. Ferrule.
L. Crown/root ratio.
M. Root shape/length.
N. Axial alignment/tooth crowding.
O. Tooth crowding.
P. Pulp condition.
Q. Pulp vitality.
R. Root fracture and/or perforation.
S. Proximity with adjacent teeth.
T. Presence of pathological lesion.
U. No factors will compromise the prognosis.

Select **ONE OR MORE** correct answers.

- Which factors compromise the esthetic and functional prognosis of tooth ___ if it is restored with a crown?
- What factors compromise the prognosis of tooth __ if it is restored with a crown?

A. Oral hygiene status.
B. Periodontal status.
C. Gingival architecture.
D. Smile line/lip line.
E. Harmony between the anterior and posterior planes of occlusion.
F. Incisal plane.
G. Gingival phenotype (biotype).
H. Proportion of the teeth.
I. Architecture of the ridge.
J. Absence of the interdental papillae.
K. Midline/symmetry between dental midline and midfacial.
L. Caries risk.
M. Occlusal forces.
N. Parafunctional habits.
O. Inter-arch space.
P. Core retention/resistance.
Q. Crown/root ratio.
R. Ferrule.
S. Root shape/length.
T. Axial alignment/tooth crowding.
U. Pulp condition.
V. Root fracture and/or perforation.
W. Proximity with adjacent teeth.

Age and sex	**Mean**	**Patient**
SNA	81°	
SNB	79°	
Sella-Nasion to Mandibular Plane	32°	
Frankfort Horizontal to Mandibular Plane	24°	

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

The patient has a

A. lower anterior face height within normal limits.
B. lower anterior face height shorter than normal.
C. lower anterior face height longer than normal.
D. mandibular plane angle within normal limits.
E. flat (low) mandibular plane angle.
F. steep (high) mandibular plane angle.

Age and Sex	**Mean**	**Patient**
SNA	81°	
SNB	79°	
Sella-Nasion to Mandibular Plane	32°	
Frankfort Horizontal to Mandibular Plane	24°	

Select **ONE OR MORE** correct answers.

- What are the skeletal relationships of this patient?
- What are the dental and skeletal relationships of this patient?

A. Angle Class I molar relationship.
B. Angle Class II molar relationship.
C. Angle Class III molar relationship.
D. Flush terminal plane.
E. Mesial step terminal plane.
F. Distal step terminal plane.
G. Skeletal relationships within normal limits.
H. Maxillary position within normal limits.
I. Maxillary prognathism/protrusion.
J. Maxillary retrognathism/retrusion.
K. Mandibular position within normal limits.
L. Mandibular prognathism/protrusion.
M. Mandibular retrognathism/retrusion.

Age and Sex	**Mean**	**Patient**
SNA	81°	
SNB	79°	
Sella-Nasion to Mandibular Plane	32°	
Frankfort Horizontal to Mandibular Plane	24°	

Select **ONE** correct answer.

What is the dental occlusion of this patient?

A. Angle Class I with a normal overbite.
B. Angle Class II, division 1 with a normal overbite.
C. Angle Class II, division 2 with a normal overbite.
D. Angle Class III with a normal overbite.
E. Angle Class I with an open bite.
F. Angle Class II, division 1 with an open bite.
G. Angle Class II, division 2 with an open bite.
H. Angle Class III with an open bite.
I. Angle Class I with a deep bite.
J. Angle Class II, division 1 with a deep bite.
K. Angle Class II, division 2 with a deep bite.
L. Angle Class III with a deep bite.
M. Mesial step terminal plane.
N. Straight (flush) terminal plane.
O. Distal step terminal plane.

Age and Sex	**Mean**	**Patient**
SNA	81°	
SNB	79°	
Sella-Nasion to Mandibular Plane	32°	
Frankfort Horizontal to Mandibular Plane	24°	

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- Orthodontic treatment for this patient should be
- Orthodontic treatment for this patient with a functional shift should be

A. avoided as it will self-correct.
B. avoided at this time.
C. initiated immediately.
D. reconsidered after 9-12 months.
E. initiated after the exfoliation of the primary canines.
F. initiated just prior to the exfoliation of the primary second molars.
G. initiated just after the exfoliation of the primary second molars.
H. initiated after the exfoliation of the primary second molars.
I. initiated before the pubertal growth spurt.
J. initiated during the pubertal growth spurt.
K. initiated after the pubertal growth spurt.
L. initiated after the eruption of the permanent second molars.
M. initiated after the completion of growth.
N. initiated after skeletal maturity.

Age and Sex	**Mean**	**Patient**
SNA	81°	
SNB	79°	
Sella-Nasion to Mandibular Plane	32°	
Frankfort Horizontal to Mandibular Plane	24°	

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate initial orthodontic treatment?
- What are appropriate treatment options?

A. Lingual arch.
B. Fixed palatal arch with an anterior button (Nance appliance).
C. Transpalatal arch (TPA).
D. Habit-breaking appliance.
E. Cervical headgear.
F. Occipital headgear.
G. Functional appliance.
H. Active removable appliance/Hawley.
I. Anterior bite plate.
J. Posterior bite block.
K. Palatal expansion appliance.
L. Slow palatal expansion appliance.
M. Rapid palatal expansion appliance.
N. Crossbite elastics.
O. Fixed appliances.
P. Limited fixed appliances ("2 x 4"/"2 x 6").
Q. Full fixed appliances.
R. Extraction of one or more primary teeth.
S. Extraction of one or more permanent teeth.
T. Serial extraction.
U. Orthognathic surgery.
V. Clear aligners.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate initial management?
- What is the most appropriate initial management for the maxillary arch?
- What is the most appropriate initial management for the mandibular arch?

A. Reassess after the eruption of the permanent canines.
B. Interproximal discing of one or more primary canines.
C. Interproximal discing of one or more permanent maxillary incisors.
D. Interproximal discing of one or more permanent mandibular incisors.
E. Extraction of one or more supernumerary teeth.
F. Extraction of one or more primary canines.
G. Extraction of one or more primary molars.
H. Frenectomy.
I. Leeway space preservation.
J. Dental arch expansion.
K. Palatal expansion.
L. Incisor intrusion.
M. Incisor extrusion.
N. Space closure and anterior alignment.
O. Space regaining.
P. Molar de-impaction.
Q. Esthetic restoration(s).

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate interceptive treatment?
- Which are the most appropriate interceptive treatments?

A. Interproximal discing of one or more primary canines.
B. Extraction of one or two primary maxillary canines.
C. Extraction of one or two primary mandibular canines.
D. Extraction of one or more primary maxillary molars.
E. Extraction of one or more primary mandibular molars.
F. Space maintainer in the maxillary arch.
G. Space maintainer in the mandibular arch.
H. Manage maxillary arch space.
I. Increase maxillary arch space.
J. Decrease maxillary arch space.
K. Manage mandibular arch space.
L. Increase mandibular arch space.
M. Decrease mandibular arch space.
N. Habit-breaking appliance.
O. Posterior bilateral maxillary arch expansion.
P. Molar de-impaction.
Q. Occlusal adjustment of one or more primary teeth.
R. Removable appliance.
S. Functional appliance.
T. Fixed appliances.
U. No treatment is required (at this time).

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

What is the most appropriate appliance to maintain space for tooth ____?

A. Band and loop.
B. Crown and loop.
C. Lingual arch.
D. Fixed palatal arch with an anterior button (Nance appliance).
E. Transpalatal arch (TPA).
F. Distal shoe.
G. Removable space maintainer.
H. No appliance is required.

Moyer's prediction values (75% level)											
Total Mandibular-Incisor Width		*19.5*	*20.0*	*20.5*	*21.0*	*21.5*	*22.0*	*22.5*	*23.0*	*23.5*	*24.0*
Predicted width of canine and premolars	Maxilla	20.6	20.9	21.2	21.3	21.8	22.0	22.3	22.6	22.9	23.1
	Mandible	20.1	20.4	20.7	21.0	21.3	21.6	21.9	22.2	22.5	22.8
Total Mandibular-Incisor Width		*24.5*	*25.0*	*25.5*	*26.0*	*26.5*	*27.0*	*27.5*	*28.0*	*28.5*	*29.0*
Predicted width of canine and premolars	Maxilla	23.4	23.7	24.0	24.2	24.5	24.8	25.0	25.3	25.6	25.9
	Mandible	23.1	23.4	23.7	24.0	24.3	24.6	24.8	25.1	25.4	25.7

Total maxillary incisor width	
Total mandibular incisor width	
Maxillary arch length	
Mandibular arch length	

Select **ONE** correct answer.

In the mandibular arch, a mixed dentition space analysis predicts that the patient will have

A. no spacing or crowding.
B. 3.0 mm or less of crowding.
C. 3.0 mm or less of spacing.
D. more than 3.0 mm and less than 6.0 mm of crowding.
E. more than 3.0 mm and less than 6.0 mm of spacing.
F. 6.0 mm or more of crowding.
G. 6.0 mm or more of spacing.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- Which additional radiographs are indicated?
- What are the most appropriate radiographs for this patient?

A. Right bite-wing.
B. Left bite-wing.
C. Right and left bite-wings.
D. Right and left bite-wings and anterior periapical(s).
E. Right and left bite-wings and posterior periapical(s).
F. Right and left bite-wings and selected periapicals.
G. Right and left bite-wings and maxillary and mandibular occlusals.
H. Right and left posterior periapicals and panoramic.
I. Right and left bite-wings and panoramic.
J. Maxillary right anterior periapical.
K. Maxillary left anterior periapical.
L. Maxillary anterior periapical.
M. Maxillary right posterior periapical.
N. Maxillary left posterior periapical.
O. Mandibular right anterior periapical.
P. Mandibular left anterior periapical.
Q. Mandibular anterior periapical.
R. Mandibular right posterior periapical.
S. Mandibular left posterior periapical.
T. Selected periapicals.
U. Selected anterior periapicals.
V. Selected posterior periapicals.
W. Full mouth series.
X. Maxillary occlusal.
Y. Mandibular occlusal.
Z. Panoramic.
AA. Lateral cephalometric skull.
BB. Cone beam computed tomography (CBCT).
CC. Soft tissue radiograph.
DD. No radiographs are indicated.

Select **ONE** correct answer.

What is the most likely diagnosis?

A. Attrition.
B. Dental erosion.
C. (Severe) early childhood caries.
D. Fluorosis.
E. Tetracycline staining.
F. Enamel hypoplasia.
G. Molar-incisor hypomineralization.
H. Amelogenesis imperfecta.
I. Dentinogenesis imperfecta.
J. Dentin dysplasia.
K. Regional odontodysplasia.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis for tooth ___?
- What are the diagnoses for tooth ___?

A. Concussion.
B. Subluxation.
C. Extrusion.
D. Lateral luxation.
E. Intrusion.
F. Avulsion.
G. Enamel craze lines/infraction.
H. Enamel only fracture.
I. Enamel/dentin fracture without pulp involvement.
J. Enamel/dentin fracture with pulp involvement.
K. Crown-root fracture without pulp involvement.
L. Crown-root fracture with pulp involvement.
M. Root fracture.
N. Root fracture only.
O. Vertical root fracture.
P. Horizontal root fracture.
Q. Alveolar fracture.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate immediate management for tooth ___?
- What is the most appropriate management for tooth ___?
- What is the most appropriate initial management?
- What is/are the most appropriate next step(s)?

A. Local anesthesia.
B. Obtain a radiograph of the lip (soft tissue).
C. Obtain a periapical radiograph.
D. Obtain a panoramic radiograph.
E. Obtain a bite-wing radiograph.
F. Obtain an occlusal radiograph.
G. Recontour sharp edges.
H. Indirect pulp therapy.
I. Direct pulp capping.
J. Bonding of tooth fragment.
K. Direct restoration.
L. Cvek pulpotomy/partial pulpotomy.
M. Pulpotomy.
N. Pulpectomy.
O. Apexification.
P. Regenerative endodontics.
Q. Nonsurgical endodontic treatment.
R. Surgical endodontic treatment (apicoectomy).
S. Extraction.
T. Extraction without space maintenance.
U. Extraction and space maintenance.
V. Reposition the tooth/teeth and/or alveolar process.
W. Reposition the tooth/teeth and/or alveolar process manually.
X. Reposition the tooth/teeth with a surgical instrument.
Y. Reposition the tooth/teeth orthodontically.
Z. Allow the tooth to erupt without intervention.
AA. Allow the tooth to reposition itself.
BB. Replantation.
CC. Flexible splint for 2 weeks.
DD. Rigid splint for 2 weeks.
EE. Flexible splint for 4 weeks.
FF. Rigid splint for 4 weeks.
GG. Flexible splint up to 4 months.
HH. Rigid splint up to 4 months.
II. Chlorhexidine mouth rinse.
JJ. Fluoride mouth rinse for one week.
KK. Verify tetanus vaccine status.
LL. Systemic antibiotics for one week.
MM. Doxycycline for one week.
NN. Amoxicillin for one week.
OO. Ibuprofen.
PP. Acetaminophen.
QQ. Codeine.
RR. Morphine.
SS. Soft diet.
TT. Meticulous hygiene.
UU. Advise patient to avoid contact sports.
VV. Observation.

WW. Observation and follow up.
XX. Observe for spontaneous tooth repositioning.
YY. No management is required.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate management for tooth ___?
- What is the most appropriate immediate management for tooth ___?

A. Direct pulp capping.
B. Indirect pulp therapy.
C. Pulpotomy.
D. Pulpectomy.
E. Pit and fissure sealant.
F. Amalgam restoration.
G. Composite resin restoration.
H. Resin-modified glass-ionomer restoration.
I. Prefabricated stainless steel/zirconia crown.
J. Extraction.
K. Distal shoe space maintainer.
L. Band and loop space maintainer.
M. Lower lingual holding arch.
N. Fixed palatal arch with an anterior button (Nance appliance).
O. Systemic antibiotic.
P. Analgesic.
Q. No treatment is required.

Select **ONE OR MORE** correct answers.

- What is the most appropriate immediate management for tooth ___?
- What is the most appropriate management for tooth ___?

A. Remineralization.
B. Pit and fissure sealant.
C. Direct restoration.
D. Stainless steel/zirconia crown.
E. Direct pulp capping.
F. Indirect pulp therapy.
G. Partial pulpotomy.
H. Pulpotomy.
I. Pulpectomy.
J. Regenerative endodontics.
K. Extraction without space maintenance.
L. Extraction and space maintenance.
M. Extraction.
N. No management is required.

Select **ONE OR MORE** correct answers.

- What is the periodontal diagnosis and the associated stage and grade?
- What is the periodontal diagnosis?

A. Clinical gingival health.
B. Gingivitis.
C. Periodontitis.
D. Intact periodontium.
E. Reduced periodontium.
F. Non-periodontitis patient.
G. Stable periodontitis patient.
H. Stage I.
I. Stage II.
J. Stage III.
K. Stage IV.
L. Grade A.
M. Grade B.
N. Grade C.
O. Localized.
P. Generalized.
Q. Molar/incisor pattern/distribution.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the periodontal diagnosis?
- What is the periodontal diagnosis for tooth/teeth ___?
- What is the diagnosis for tooth/teeth ____?
- What is the diagnosis for implant ___?
- What is the diagnosis for the implant?
- What are the periodontal diagnoses?
- What is the peri-implant diagnosis?

A. Clinical gingival health.
B. Intact periodontium.
C. Reduced periodontium (stable periodontitis patient).
D. Reduced periodontium (non-periodontitis patient).
E. Gingivitis associated with dental biofilm alone.
F. Gingivitis mediated by systemic or local risk factors.
G. Drug-influenced gingival enlargement.
H. Periodontitis.
I. Periodontitis as a manifestation of systemic disease.
J. Necrotizing gingivitis/periodontitis.
K. Necrotizing gingivitis.
L. Necrotizing periodontitis.
M. Necrotizing stomatitis.
N. Periodontal abscess.
O. Endodontic-periodontal lesion.
P. Developmental/acquired gingival/periodontal deformity.
Q. Acquired gingival/periodontal deformity.
R. Developmental gingival/periodontal deformity.
S. Pyogenic granuloma.
T. Peri-implant health.
U. Peri-implant mucositis.
V. Peri-implantitis.
W. Normal pulp.
X. Reversible pulpitis.
Y. Symptomatic irreversible pulpitis.
Z. Asymptomatic irreversible pulpitis.
AA. Pulp necrosis.
BB. Normal apical tissues.
CC. Symptomatic apical periodontitis.
DD. Asymptomatic apical periodontitis.
EE. Acute apical abscess.
FF. Chronic apical abscess.
GG. Root fracture.

Select **ONE OR MORE** correct answers.

What additional information is required to establish a diagnosis and finalize the treatment plan for tooth ___?

A. Bite-wing radiograph.
B. Horizontal bite-wing radiograph.
C. Vertical bite-wing radiograph.
D. Periapical radiograph.
E. Panoramic radiograph.
F. Cone beam computed tomography (CBCT).
G. Pulp vitality testing.
H. Periodontal probing.
I. Root trunk/furcation assessment.
J. Tooth percussion.
K. Application of pressure on [location] with a fracture detector (Tooth Slooth®).
L. Assessment of tooth mobility.
M. Palpation.
N. Evaluation of occlusion.
O. Evaluation of restorations.
P. Caries removal for diagnosis and temporization.
Q. Glycated hemoglobin (HbA1c).

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What factor contributes to the periodontal condition?
- Which factors contribute to the periodontal condition?
- Which factors contribute to the peri-implant condition?

A. Dental biofilm and/or calculus.
B. Toothbrush-induced trauma.
C. Traumatic occlusal forces.
D. Denture-induced trauma.
E. Inadequate interproximal contact(s)/food impaction.
F. Deficient and/or overcontoured restorations.
G. Impingement of the supracrestal tissue attachment.
H. Furcation involvement.
I. Tooth crowding and/or root proximity.
J. Root morphology and/or developmental tooth anomaly.
K. Root fracture and/or perforation.
L. Pulpal diagnosis.
M. Periapical diagnosis.
N. Pulp necrosis.
O. Gingival phenotype (biotype).
P. Periodontal phenotype (biotype).
Q. Patient medication(s).
R. Tobacco use.
S. Systemic factors.
T. Proinflammatory cytokine levels.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- Which treatments/procedures should be performed during the initial periodontal management (Phase I)?
- Which interventions should be performed during the initial periodontal management (Phase I)?
- What is the most appropriate initial management?
- What is the most appropriate management for tooth/teeth___?
- What is the initial management in the area of tooth/teeth ____?
- What is the most appropriate management for implant ___?

A. Scaling and root planing/periodontal debridement.
B. Scaling and prophylaxis.
C. Caries management.
D. Chlorhexidine mouth rinse.
E. Locally delivered antibiotic.
F. Systemic antibiotic.
G. Occlusal adjustment.
H. Splinting.
I. Bite plate.
J. Mouth guard.
K. Orthodontic movement.
L. Implant placement.
M. Implant removal.
N. Gingivectomy.
O. Periodontal flap surgery.
P. Gingival graft(s).
Q. Free gingival graft.
R. Replacement of the restoration.
S. Replacement of defective restoration(s)/removal of overhang(s)/temporization.
T. Replacement of defective restoration(s).
U. Removal of overhang(s).
V. Placement of temporary restoration.
W. Fixed/removable partial dentures.
X. Denture adjustment/modification.
Y. Endodontic therapy.
Z. Extraction.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

A periodontal procedure is planned to address the chief complaint. *(Optional)*

- What is the most appropriate surgical procedure?
- What is the most appropriate surgical procedure for tooth/teeth ____?
- What is the most appropriate management to address the chief complaint?
- What is the most appropriate surgical procedure to address the chief complaint?

A. Open flap debridement.
B. Flap surgery with osseous recontouring.
C. Flap surgery without osseous recontouring.
D. Coronally positioned flap.
E. Laterally positioned flap.
F. Gingival graft(s).
G. Free gingival graft.
H. Connective tissue graft.
I. Periodontal regeneration surgery.
J. Bone graft.
K. Surgical crown lengthening.
L. Gingivectomy.
M. Frenectomy.
N. Surgical tooth crown exposure.
O. Distal wedge.
P. Root amputation.
Q. Hemisection.
R. Extraction.
S. No surgical procedure/management is required/indicated.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate surgical procedure?
- Which are the most appropriate surgical procedures?

A. Frenectomy.
B. Gingivectomy.
C. Free gingival graft.
D. Connective tissue graft.
E. Flap surgery with osseous recontouring.
F. Flap surgery without osseous recontouring.
G. Crown lengthening.
H. Distal wedge.
I. Periodontal regeneration surgery.
J. Guided tissue regeneration.
K. Bone graft.
L. Surgical tooth exposure.
M. Root amputation.
N. Hemisection.
O. Extraction.
P. No surgical procedure is required.

Select **ONE** correct answer.

A [procedure] has been planned for tooth ___.

What is the most appropriate flap/incision design?

A. Partial thickness flap.
B. Full thickness flap.
C. Envelope flap.
D. Triangular flap (one vertical releasing incision).
E. Rectangular flap (two vertical releasing incisions).
F. Coronally positioned flap.
G. Laterally positioned flap.
H. Apically positioned flap.
I. Sulcular incision.
J. Vertical releasing incision.

(Two perio charts of a quadrant - before and after.)

Case Synopsis (Short paragraph indicating time of re-evaluation and change/no change in status. When possible, move into the case history)

Example:
___ weeks following initial therapy, the patient returned for re-evaluation. At this time, there were no changes with respect to the periodontal status of tooth _____.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate management?
- What is the most appropriate management for [area]?

A. Oral hygiene reinforcement.
B. Redo scaling and root planing/periodontal debridement and re-evaluate in 4-8 weeks.
C. No management and re-evaluate in 4-8 weeks.
D. Periodontal maintenance every 3 months.
E. Periodontal maintenance every 6 months.
F. Chlorhexidine mouth rinse.
G. Locally delivered antibiotic.
H. Systemic antibiotic.
I. Occlusal adjustment.
J. Splinting.
K. Bite plane/mouth guard fabrication.
L. Gingival graft(s).
M. Replacement of defective restoration(s)/removal of overhang(s)/temporization.
N. Endodontic therapy.
O. Flap surgery with osseous recontouring.
P. Flap surgery without osseous recontouring.
Q. Periodontal regeneration surgery.
R. Gingivectomy.
S. Distal wedge.
T. Extraction.
U. No surgical procedure is required.

Select **ONE OR MORE** correct answers.

What are the most appropriate next steps?

A. Evaluate for the presence of systemic factors.
B. Redo periodontal debridement and re-evaluate in 4-8 weeks.
C. Continue with periodontal maintenance/recall every 3 months.
D. Chlorhexidine mouth rinse.
E. Systemic antibiotic.
F. Splinting.
G. Bite plane/mouth guard fabrication.
H. Gingival graft(s).
I. Flap with or without osseous surgery.
J. Regenerative surgical therapy.
K. Gingivectomy.
L. Endodontic therapy.
M. Extraction.

Web: Framework 55

Select **ONE** correct answer.

What is the recession type for tooth ___?

A. Recession Type 1 (RT1).
B. Recession Type 2 (RT2).
C. Recession Type 3 (RT3).

Select **ONE OR MORE** correct answers.

- What factor contributes to the periodontal condition for tooth/teeth ___?
- Which factors contribute to the periodontal condition for tooth/teeth ___?
- Which factors contribute to the periodontal condition for implant ___?

A. Dental biofilm and/or calculus.
B. Periodontitis.
C. Periodontal phenotype (biotype).
D. Thin periodontal phenotype (biotype).
E. Thick periodontal phenotype (biotype).
F. Toothbrush-induced trauma.
G. Self-induced injury.
H. Intraoral jewellery.
I. Caries.
J. Noncarious cervical lesion(s).
K. Cervical restoration(s).
L. Subgingival restorative margin.
M. Lack of attached gingiva.
N. Lack of keratinized gingiva.
O. Aberrant frenum/muscle position.
P. Tooth position too far buccally.
Q. Implant position too far buccally.
R. Shallow vestibular depth.
S. Tobacco use.

Web: Framework 57

Select **ONE OR MORE** correct answers.

The patient is treatment planned to receive a new [prosthesis].

Which factors will compromise the prognosis?

A. Tissue undercut(s).
B. Unfavourable residual ridge.
C. Torus.
D. Exostosis.
E. Frenum/muscle attachment/insertion.
F. Shallow vestibular depth.
G. Lack of inter-arch space.
H. Tissue mobility.
I. Tongue size/position.
J. Parafunctional habits.
K. Presence of a soft tissue lesion.
L. Presence of an intraosseous lesion.
M. Presence of systemic disease.
N. Ill-defined vibrating line.
O. No factors will compromise prognosis.

Select **ONE OR MORE** correct answers.

The patient is treatment planned to receive a new maxillary/mandibular [acrylic/cast] removable partial denture.

Which factors will compromise the prognosis?

A. Caries risk.
B. Periodontal status.
C. Inadequate retentive undercuts on the abutment teeth.
D. (Defective/extensive) restoration of the abutment tooth/teeth.
E. Axial alignment of abutment tooth/teeth.
F. Pulpal status of abutment tooth/teeth.
G. Number/distribution of abutment teeth.
H. Spaces between teeth.
I. Rotation of abutment tooth/teeth.
J. Soft tissue/bony undercut(s).
K. Presence of soft tissue/bony undercut(s).
L. Absence of soft tissue/bony undercut(s).
M. Unfavourable residual ridge.
N. Frenum/muscle attachment/insertion.
O. Shallow vestibular depth.
P. Palatal torus.
Q. Tori.
R. Insufficient inter-arch space.
S. Excessive inter-arch space.
T. Long edentulous span.
U. Limited restorative span.
V. Unfavourable occlusal plane.
W. Supraeruption of opposing tooth/teeth.
X. Loss of posterior tooth support.
Y. Loss of occlusal vertical dimension.
Z. Overbite.
AA. Overjet.
BB. Crossbite.
CC. Occlusal wear.
DD. Parafunctional habits.
EE. No factors will compromise the prognosis.

Select **ONE OR MORE** correct answers.

The impression is

A. clinically acceptable.
B. not fully polymerized.
C. torn in a critical area.
D. missing critical anatomy/area.
E. separated from the tray.
F. made with an incorrectly sized tray.
G. underextended.
H. not extended past the margin.
I. overextended.
J. overtrimmed.
K. inaccurate due to excessive contact with the tray.
L. inaccurate due to excessive tissue contact with the border molding.
M. inaccurate due to tray inserted too anteriorly.
N. inaccurate due to tray inserted too posteriorly.
O. unacceptable due to incorrect border molding.
P. unacceptable due to a deficiency/void in a critical area.

Select **ONE OR MORE** correct answers.

- Which deficiencies can be identified in the impression?
- Which deficiencies can be identified in the impression for a crown?

A. Void/tear in a critical area.
B. Void/tear in a non-critical area.
C. Insufficient extension past the margin.
D. Contact with the tray.
E. Inadequate polymerization.
F. Distortion.
G. Separation from the tray.
H. Insufficient number of teeth captured.
I. No deficiencies are present.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

What is the most appropriate management for tooth/teeth ___?

A. Composite/amalgam restoration.
B. Inlay restoration.
C. Onlay restoration.
D. Post and core restoration.
E. Full coverage all-ceramic crown.
F. Full coverage metal-ceramic crown.
G. Full coverage full metal crown.
H. Full coverage crown.
I. Fixed partial denture(s).
J. #-unit fixed partial denture.
K. Resin-bonded fixed partial denture (Maryland bridge).
L. Splinting.
M. Removable partial denture.
N. Removable complete denture.
O. Orthodontic movement.
P. Orthodontic extrusion.
Q. Crown lengthening.
R. Elective root canal therapy.
S. Root canal therapy.
T. Nonsurgical endodontic treatment.
U. Nonsurgical endodontic retreatment.
V. Extraction.
W. Tooth-supported crown.
X. Implant placement.
Y. Implant-supported crown(s).
Z. Implant-supported fixed partial denture.
AA. Implant-supported fixed complete denture.
BB. Implant-retained removable overdenture.
CC. No management is required.

Web: Framework 62

Select **ONE OR MORE** correct answers.

- The patient is treatment planned to receive a new [acrylic/cast] removable partial denture. Which factors will compromise the prognosis?
- Following [treatment], which factors will compromise the prognosis of the removable partial denture?

A. Periodontal status.
B. Gingival phenotype (biotype).
C. Gingival architecture.
D. Lack of keratinized gingiva.
E. Gingival recession.
F. Excessive soft tissue.
G. Tooth mobility.
H. Furcation involvement.
I. Caries.
J. Parafunctional habits.
K. Lack of inter-arch/interocclusal space.
L. Length of the edentulous span.
M. Lack of ferrule.
N. Compromised restoration of the abutment tooth.
O. Axial alignment of abutment teeth.
P. Pulpal status of abutment(s).
Q. Inadequate endodontic treatment.
R. Rarefying osteitis.
S. Rotation of abutment teeth.
T. Tooth crowding and/or root proximity.
U. Inadequate tooth structure.
V. Elective endodontic treatment.
W. Orthodontic movement.
X. Defective restoration.
Y. Occlusal wear.
Z. Presence of tissue undercuts.
AA. Absence of tissue undercuts.
BB. Presence of hard tissue undercuts.
CC. Absence of hard tissue undercuts.
DD. Presence of soft tissue undercuts.
EE. Absence of soft tissue undercuts.
FF. Improper position of potential abutment teeth.
GG. Loss of posterior tooth support.
HH. Loss of occlusal vertical dimension.
II. Excessive restorative space.
JJ. Limited restorative space.
KK. Enlarged tongue.
LL. Poor muscle control.
MM. Alveolar crest resorption.
NN. Excessive overbite.
OO. Excessive overjet.
PP. Crossbite.
QQ. Problematic occlusal plane.
RR. Facial asymmetry.
SS. Soft tissue asymmetry.
TT. Malocclusion.
UU. Temporomandibular joint disorder.
VV. Tooth discolouration.

WW. Supraeruption of opposing tooth.
XX. Pneumatization of the maxilla/sinus.
YY. No compromising factors.

Web: Framework 63

Select **ONE OR MORE** correct answers.

- A [prosthesis] is treatment planned for site ____.
- A [prosthesis] is treatment planned to replace missing teeth ___.

  What is required prior to fabrication of the prosthesis?
  What is required prior to fabrication of the crown?

- An implant-supported crown is treatment planned for site ____.

  What is required prior to surgical placement of the implant?

A. Scaling and root planing/periodontal debridement.
B. Caries management.
C. Chlorhexidine mouth rinse.
D. Occlusal adjustment.
E. Splinting.
F. Bite plane/mouth guard fabrication.
G. Orthodontic movement.
H. Orthodontic extrusion.
I. Periodontal flap surgery.
J. Crown lengthening surgery.
K. Gingivectomy.
L. Gingival graft(s).
M. Rest seat preparation(s).
N. Guide plane preparation(s).
O. Guide plane and/or rest seat preparation(s).
P. Replacement of defective restoration(s)/removal of overhang(s)/temporization.
Q. Replacement of defective restoration(s).
R. Removal of overhang(s).
S. Denture adjustment/modification.
T. Endodontic treatment.
U. Nonsurgical endodontic treatment.
V. Nonsurgical endodontic retreatment.
W. Surgical endodontic treatment (apicoectomy).
X. Nonvital bleaching.
Y. External bleaching.
Z. Post and core.
AA. Composite core restoration without a post.
BB. Amalgam core restoration without a post.
CC. Crown.
DD. Crown(s) with guide planes and/or rest seats.
EE. Extraction.
FF. Elective endodontic treatment.
GG. Alveoloplasty.
HH. Tuberoplasty.
II. Vestibuloplasty.
JJ. Torus removal.
KK. No treatment is required prior to implant placement.
LL. No treatment is required prior to crown/bridge fabrication.
MM. No treatment is required prior to removable partial denture fabrication.

Select **ONE OR MORE** correct answers.

The [rest seat preparation] on tooth/teeth __ is/are

A. acceptable.
B. prepared with a poor outline form.
C. undercut.
D. too wide.
E. too narrow.
F. too deep.
G. too shallow.
H. too sharp.
I. too rough.
J. not a positive seat.
K. positioned too far incisally.
L. positioned too far gingivally.
M. positioned too far buccally.
N. positioned too far lingually.
O. positioned too far mesially.
P. positioned too far distally.
Q. extended too far buccally.
R. extended too far lingually.
S. extended too far mesially.
T. extended too far distally.
U. poorly positioned on the tooth.

Select **ONE OR MORE** correct answers.

The major connector of the removable partial denture framework is

A. acceptable.
B. incorrectly chosen.
C. positioned too close to a frenum.
D. positioned too close to the free gingival margin.
E. positioned too close to the floor of the mouth.
F. positioned too far from the floor of the mouth.
G. inadequately finished.
H. too narrow.
I. too wide.
J. positioned too high incisally/occlusally.
K. positioned too low incisally/occlusally.
L. positioned too low gingivally.
M. underextended anteriorly.
N. underextended posteriorly.
O. extended too far anteriorly.
P. extended too far posteriorly.

Select **ONE OR MORE** correct answers.

The rest on tooth ____ is

A. acceptable.
B. inadequately adapted to the abutment.
C. too wide.
D. too narrow.
E. too bulky.
F. too rough.
G. positioned too far incisally.
H. positioned too far gingivally.
I. positioned too far buccally.
J. positioned too far lingually.
K. positioned too far mesially.
L. positioned too far distally.
M. extended too far buccally.
N. extended too far lingually.
O. extended too far mesially.
P. extended too far distally.
Q. poorly positioned on the tooth.

Select **ONE** correct answer.

The [impression]

A. is clinically acceptable.
B. is clinically acceptable for a diagnostic cast.
C. is clinically acceptable for the fabrication of a custom tray.
D. is clinically acceptable for the fabrication of an interim removable partial denture.
E. is clinically acceptable for the fabrication of the full prosthesis.
F. is clinically acceptable for the fabrication of the framework.
G. is clinically acceptable but needs to be trimmed at the posterior.
H. needs to be remade with existing border molding.
I. needs to be remade with new border molding in existing custom tray.
J. needs to be remade with new border molding.
K. needs to be remade in a new custom tray.
L. needs to be remade in a new custom tray based on a new preliminary impression.
M. needs to be remade in existing tray.
N. needs to be remade in existing tray with additional tray extension.
O. needs to be remade in a smaller tray.
P. needs to be remade in a larger tray.
Q. needs to be remade with a tray inserted more anteriorly.
R. needs to be remade with a tray inserted more posteriorly.
S. needs to be remade with a tray inserted in a different position.
T. needs to be remade with the denture inserted more anteriorly.
U. needs to be remade with the denture inserted more posteriorly.
V. needs to be remade with the denture inserted in a different position.

Select **ONE OR MORE** correct answers.

- Pressure indicating paste was applied to the intaglio surface of the maxillary denture.
- Pressure indicating paste was applied to the intaglio surface of the mandibular denture.

Which locations require an adjustment?

A. Tissue stop area(s).
B. Median palatal suture area.
C. Hard palate area.
D. Posterior palatal seal area.
E. Buccal/labial/lingual frenal attachment area.
F. Buccal/labial/lingual flange.
G. Buccal/labial/lingual flange length.
H. Tuberosity area.
I. Retromolar pad area.
J. Residual ridge area.
K. Mylohyoid ridge area.
L. Torus/tori area.
M. No adjustments are required.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

The master/definitive cast

A. is clinically acceptable.
B. is clinically acceptable for the processing of the prosthesis.
C. is clinically acceptable for the fabrication of the framework.
D. is clinically acceptable for the fabrication of a custom tray.
E. is improperly poured.
F. is missing critical anatomy.
G. has nodules in critical areas.
H. has voids in critical areas.
I. has voids/deficiencies in critical areas.
J. is overtrimmed.
K. is inadequately trimmed.
L. needs to be remade.
M. needs to be repoured.
N. needs to be remade/repoured.
O. needs to be remade from a new impression.
P. needs to be repoured from the same impression.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

The wax try-in

A. is clinically acceptable.
B. has excessive anterior overjet.
C. has excessive anterior overbite.
D. has insufficient anterior overjet.
E. has insufficient anterior overbite.
F. has an anterior openbite.
G. has a posterior openbite.
H. has a posterior crossbite.
I. has an edge to edge anterior occlusion.
J. has an edge to edge posterior occlusion.
K. has overcontoured wax.
L. has undercontoured wax.
M. is improperly mounted.
N. has a wax interference.
O. has an interference between record bases.
P. has a cast interference.
Q. has an improper midline.
R. has teeth set too far posteriorly.
S. has residual wax on the teeth.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate management for tooth ___?
- What is the most appropriate management for teeth ___?
- What is the most appropriate initial management for tooth ___?
- An implant-supported crown is treatment planned for site ____.

Which treatments are required prior to surgical placement of the implant?

A. Observation and re-evaluation.
B. No endodontic treatment.
C. No surgical procedure is required.
D. Frenectomy.
E. Gingivectomy.
F. Free gingival graft.
G. Connective tissue graft.
H. Exploratory surgery.
I. Flap surgery with osseous recontouring.
J. Flap surgery without osseous recontouring.
K. Crown lengthening.
L. Distal wedge.
M. Regenerative surgical therapy OR periodontal regeneration surgery.
N. Guided tissue regeneration.
O. Bone graft.
P. Sinus lift.
Q. Surgical tooth exposure.
R. Root amputation.
S. Hemisection.
T. Desensitization.
U. Occlusal equilibration.
V. Splinting.
W. Place a post and core.
X. Replace restoration with a provisional restoration.
Y. Replace restoration with a temporary restoration.
Z. Place a temporary restoration.
AA. Place a provisional restoration.
BB. Replace restoration with a temporary intracoronal restoration.
CC. Replace the restoration.
DD. Place a temporary intracoronal restoration.
EE. Replace restoration with an intracoronal restoration.
FF. Perform a caries control procedure.
GG. Fill the defect with a restoration.
HH. Place an intracoronal restoration.
II. Replace restoration with a full coverage restoration.
JJ. Place a full coverage restoration.
KK. Nonsurgical endodontic treatment.
LL. Nonsurgical endodontic retreatment.
MM. Surgical endodontic treatment (apicoectomy).
NN. Nonsurgical periodontal treatment.
OO. Periodontal surgery.
PP. Extraction.
QQ. No management is required.

Select **ONE** correct answer.

- When should new bite-wing radiographs be taken?
- What is the most appropriate interval for taking bite-wing radiographs?
- What is the most appropriate interval for taking bite-wing radiographs, according to the American Dental Association and Food and Drug Administration guidelines on *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure*?
- What is the most appropriate interval for taking new bite-wing radiographs at a future recall visit, according to the American Dental Association and Food and Drug Administration guidelines on *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure*?

A. 6-12 months.
B. 6-18 months.
C. 12-24 months.
D. 18-36 months.
E. 24-36 months.

Select **ONE OR MORE** correct answers.

- Which tooth surfaces require a definitive restoration?
- Which tooth surface requires a definitive restoration?
- There is radiographic evidence of caries on the

A. distal of tooth _.3.
B. mesial of tooth _.4.
C. distal of tooth _.4.
D. mesial of tooth _.5.
E. distal of tooth _.5.
F. mesial of tooth _.6.
G. distal of tooth _.6.
H. mesial of tooth _.7.
I. distal of tooth _.7.
J. mesial of tooth _.8.
K. distal of tooth _.8.
L. None of the above.

Select **ONE OR MORE** correct answers.

There is radiographic evidence of a defective restoration on the

A. distal of tooth _.3.
B. mesial of tooth _.4.
C. distal of tooth _.4.
D. mesial of tooth _.5.
E. distal of tooth _.5.
F. mesial of tooth _.6.
G. distal of tooth _.6.
H. mesial of tooth _.7.
I. distal of tooth _.7.
J. mesial of tooth _.8.
K. distal of tooth _.8.
L. None of the above.

Select **ONE OR MORE** correct answers.

There is radiographic evidence of calculus on the

A. distal of tooth _.3.
B. mesial of tooth _.4.
C. distal of tooth _.4.
D. mesial of tooth _.5.
E. distal of tooth _.5.
F. mesial of tooth _.6.
G. distal of tooth _.6.
H. mesial of tooth _.7.
I. distal of tooth _.7.
J. mesial of tooth _.8.
K. distal of tooth _.8.
L. None of the above.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

Tooth/teeth __ is/are planned for extraction.

- What radiographic finding increases the degree of difficulty of the extraction?
- Which radiographic findings increase the degree of difficulty of the extraction?
- Which radiographic findings suggest an increase in the degree of difficulty of the extraction?

A. Nerve proximity.
B. Angulation of the tooth/teeth.
C. Depth of impaction.
D. Root anatomy/morphology.
E. Endodontically treated tooth/teeth.
F. Stage of root development.
G. Condition of the tooth/teeth to be extracted.
H. Condition of the crown of the tooth/teeth to be extracted.
I. Proximity of adjacent tooth/teeth.
J. Absence of the periodontal ligament space.
K. Condition of adjacent teeth/restoration.
L. Proximity to the maxillary sinus.
M. Presence of a cyst/tumour.
N. Bone density.
O. There are no complicating factors present.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

Tooth/teeth __ is/are planned for extraction.

- What anatomical structure is most likely at risk to be damaged?
- Which anatomical structures are most likely at risk to be damaged?
- What entities are most likely at risk to be damaged?

A. Lingual nerve.
B. Long buccal nerve.
C. Inferior alveolar nerve and artery.
D. Inferior alveolar nerve.
E. Facial nerve and artery.
F. Facial nerve.
G. Mental nerve.
H. Masseteric artery.
I. Pterygoid plexus.
J. Adjacent tooth/teeth.
K. Adjacent restoration(s).
L. No anatomical structures are at risk of damage.
M. No entities are at risk of damage.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

Tooth __ is planned for extraction.

- What anatomical structure is most likely at risk to be damaged?
- Which anatomical structures are most likely at risk to be damaged?

A. Maxillary sinus.
B. Superior alveolar nerve and artery.
C. Greater palatine nerve and artery.
D. Nasopalatine nerve and artery.
E. Infraorbital nerve.
F. Maxillary tuberosity.
G. Zygomatic arch.
H. Pterygoid plates.
I. Anterior nasal spine.
J. Adjacent tooth/teeth.
K. No anatomical structures are at risk of damage.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate management?
- What is the most appropriate management for tooth ___?
- What is the immediate management for tooth ___?
- What is the most appropriate management for the entity indicated by the arrow?

A. Observation and follow-up.
B. Chlorhexidine mouth rinse.
C. Locally delivered antibiotic.
D. Systemic antibiotic.
E. Debridement/irrigation.
F. Replace restoration.
G. Nonsurgical endodontic treatment.
H. Surgical endodontic treatment (apicoectomy).
I. Orthodontic extrusion.
J. Surgical repositioning.
K. Crown lengthening procedure.
L. Distal wedge flap.
M. Operculectomy.
N. Coronectomy.
O. Aspiration.
P. Incision and drainage.
Q. Biopsy.
R. Enucleation and curettage.
S. Surgical exposure of the tooth/crown.
T. Extraction.
U. Resection.
V. No management is required.

Select **ONE OR MORE** correct answers.

- Tooth ____ is planned for extraction.
- Tooth ____ is planned for extraction without regenerative surgical therapy.

What is the most appropriate flap design?
What should be included in the flap design?
What are the most appropriate considerations for the flap design?

A. Partial thickness.
B. Full thickness.
C. Buccal/labial envelope.
D. Lingual/palatal envelope.
E. Sulcular with buccal/labial releasing incision(s).
F. Sulcular with lingual/palatal releasing incision(s).
G. Sulcular with buccal/labial anterior releasing incision.
H. Sulcular with buccal/labial posterior releasing incision.
I. Sulcular with lingual/palatal anterior releasing incision.
J. Sulcular with lingual/palatal posterior releasing incision.
K. Vestibular.
L. Semilunar.
M. Buccal advancement.
N. Crestal.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

Tooth __ is planned for extraction.

- What is the most likely postoperative complication?
- Which are the most likely postoperative complications?

A. Damage to adjacent teeth/restorations.
B. Persistent bleeding (more than 12 hours).
C. Hematoma.
D. Paresthesia.
E. Nerve damage.
F. Cervicofacial emphysema.
G. Displacement of tooth or tooth fragments into maxillary sinus.
H. Displacement of tooth or tooth fragments into inferior alveolar canal.
I. Displacement of tooth or tooth fragments into floor of mouth.
J. Displacement of tooth or tooth fragments into infratemporal fossa.
K. Oroantral communication.
L. Presence of bone sequestrum in surgical site.
M. Alveolar osteitis (dry socket).
N. Infection.
O. Cervicofacial space infection.
P. Postoperative infection.
Q. Cellulitis.
R. Osteomyelitis.
S. Osteonecrosis.
T. Medication-related osteonecrosis of the jaw (MRONJ).
U. Jaw fracture.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

Tooth __ is planned for a surgical extraction.

- What is the most appropriate flap design?
- Which flap designs are most appropriate?

A. INSERT IMAGE
B. INSERT IMAGE
C. INSERT IMAGE
D. INSERT IMAGE
E. INSERT IMAGE

Select **ONE** correct answer.

What is the most likely diagnosis?

A. Normal healing extraction socket.
B. Retained root fragment(s).
C. Idiopathic osteosclerosis/dense bone island.
D. Sclerosing osteitis.
E. Bone sequestrum.
F. Alveolar osteitis (dry socket).
G. Osteomyelitis.
H. Medication-related osteonecrosis of the jaw (MRONJ).
I. Radiation associated osteonecrosis.
J. Osteonecrosis.
K. Cemento-osseous dysplasia.
L. Cemento-ossifying fibroma.
M. Fibrous dysplasia.
N. Central giant cell lesion.
O. Osteopetrosis.
P. Paget disease.
Q. Squamous cell carcinoma.
R. Osteosarcoma.
S. Metastasis.
T. Ameloblastic fibro-odontoma/developing odontoma.
U. Ameloblastoma.
V. Odontogenic keratocyst(s).
W. Radicular cyst.
X. Hyperplastic dental follicle.
Y. Dentigerous cyst.

Select **ONE** correct answer.

What is the most likely diagnosis?

A. Osteoma.
B. Alveolar osteitis (dry socket).
C. Osteomyelitis.
D. Periapical cemento-osseous dysplasia.
E. Fibrous dysplasia.
F. Paget disease.
G. Odontoma.
H. Sialadenitis.
I. Enlarged lymph node(s).
J. Malignant neoplasm.
K. Odontogenic cyst.
L. Eruption cyst.
M. Traumatic bone cyst/simple bone cyst.
N. Buccal bifurcation cyst.
O. Dentigerous cyst.
P. Radicular cyst.
Q. Odontogenic keratocyst.
R. Benign odontogenic tumour.
S. Ameloblastoma.
T. Central giant cell lesion.
U. Cemento-ossifying fibroma.
V. Hemangioma/vascular malformation.
W. Odontogenic infection.
X. Cellulitis.
Y. Fascial spaces abscess.
Z. Buccal space abscess.
AA. Vestibular abscess.
BB. Submandibular space abscess.
CC. Sublingual space abscess.
DD. Salivary gland neoplasm.
EE. Cherubism.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely radiologic diagnosis?
- What is the radiologic diagnosis?
- What are the radiologic diagnoses?
- What observations can be made?

A. Condylar fracture.
B. Subcondylar fracture.
C. Coronoid process fracture.
D. Mandibular angle fracture.
E. Mandibular body fracture.
F. Mandibular body/parasymphysis fracture.
G. Symphyseal fracture.
H. Fracture of right maxilla.
I. Fracture of left maxilla.
J. Alveolar process fracture.
K. Dentoalveolar fracture (of the) maxilla.
L. Dentoalveolar fracture (of the) right maxilla.
M. Dentoalveolar fracture (of the) left maxilla.
N. Dentoalveolar fracture (of the) right and left maxilla.
O. Dentoalveolar fracture (of the) mandible.
P. Dentoalveolar fracture (of the) right mandible.
Q. Dentoalveolar fracture (of the) left mandible.
R. Dentoalveolar fracture (of the) right and left mandible.
S. Fractured tooth/teeth.
T. Displaced tooth/teeth.
U. Avulsed tooth/teeth.
V. There is no evidence of fracture.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- To which of the following fascial space(s) will the infection most likely track?
- In which fascial space is tooth _____ located?

A. Buccal.
B. Infratemporal.
C. Lateral pharyngeal.
D. Pterygomandibular.
E. Retropharyngeal.
F. Sublingual.
G. Submandibular.
H. Submasseteric.
I. Submental.
J. Vestibular.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What signs and symptoms would help determine if this patient should be seen in the hospital?
- What signs and symptoms, if present, would help determine whether this patient should be referred to a hospital?
- What signs and symptoms would indicate?
- What signs and symptoms present in this patient would indicate a risk for an airway obstruction?

A. Pain.
B. Paresthesia.
C. Diaphoresis.
D. Fever.
E. Hypersalivation.
F. Dysphagia.
G. Size of swelling.
H. Erythema.
I. Sweating.
J. Hypertension.
K. Hypotension.
L. Trismus.
M. Dyspnea.
N. Nausea.
O. Halitosis.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely cranial nerve deficit(s)?
- Which are the most likely cranial nerve deficit(s)?

A. Olfactory I.
B. Optic II.
C. Oculomotor III.
D. Trochlear IV.
E. Trigeminal V.
F. Trigeminal V1 Ophthalmic.
G. Trigeminal V2 Maxillary.
H. Trigeminal V3 Mandibular.
I. Abducens VI.
J. Facial VII.
K. Vestibulocochlear VIII.
L. Glossopharyngeal IX.
M. Vagus X.
N. Spinal accessory nerve XI.
O. Hypoglossal nerve XII.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What are the most likely diagnoses?
- What is the most likely diagnosis for tooth ____?

A. Pericoronitis.
B. Alveolar osteitis (dry socket).
C. Asymptomatic irreversible pulpitis.
D. Symptomatic irreversible pulpitis.
E. Reversible pulpitis.
F. Periodontal abscess.
G. Acute apical abscess.
H. Chronic apical abscess.
I. Tooth fracture.
J. Necrotizing gingivitis/periodontitis.
K. Impacted tooth.
L. Occlusal trauma.
M. Maxillary sinusitis.
N. Headache attributed to temporomandibular disorder.
O. Migraine headaches.
P. Tension-type headaches.
Q. Headache related to sleep apnea.
R. Temporomandibular disorder (arthralgia).
S. Temporomandibular disorder (myalgia/myofascial pain).
T. Temporomandibular disorder (osteoarthritis).
U. Disc displacement with reduction.
V. Disc displacement without reduction.
W. Otitis.
X. Trigeminal neuralgia.
Y. Burning mouth syndrome.
Z. Referred pain.
AA. Manifestation of systemic disease.
BB. Osteomyelitis.
CC. Medication-related osteonecrosis of the jaw (MRONJ).

Select **ONE** correct answer.

What is the most likely diagnosis?

A. Burning mouth syndrome.
B. Necrotizing gingivitis/periodontitis.
C. Herpes zoster.
D. Recurrent herpes simplex infection.
E. Acute herpetic gingivostomatitis (primary herpes).
F. Thermal burn.
G. Chemical burn.
H. Contact stomatitis.
I. Erythema multiforme/Stevens-Johnson syndrome.
J. Herpangina.
K. Hand, foot and mouth disease.
L. Candidiasis.
M. Lichen planus.
N. Traumatic ulcer.
O. Aphthous ulcer.
P. Mucous membrane pemphigoid.
Q. Pemphigus vulgaris.
R. Geographic tongue.
S. Drug-related mucositis.
T. Chemotherapy induced mucositis.
U. Radiation induced mucositis.
V. Atrophic glossitis.
W. Nutritional deficiency.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate management?
- What is the most appropriate initial management?
- What is the most appropriate immediate management?

A. Analgesic.
B. Anti-inflammatory medication.
C. Analgesic/anti-inflammatory medication.
D. Muscle relaxant.
E. Locally delivered antibiotic.
F. Systemic antibiotic.
G. Application of heat.
H. Application of cold.
I. Soft diet.
J. Limit wide opening.
K. Physiotherapy.
L. Referral for physiotherapy.
M. Fabrication of bite plate.
N. Psychotherapy.
O. Root desensitization.
P. Caries removal.
Q. Placement of sedative dressing.
R. Placement of definitive restoration.
S. Endodontic treatment.
T. Periodontal treatment.
U. Irrigation.
V. Incision and drainage.
W. Occlusal adjustment.
X. Orthodontic treatment.
Y. Extraction.
Z. Temporomandibular joint surgery.
AA. Additional investigation is required.
BB. No management is required.

Web: Framework 92

Select **ONE OR MORE** correct answers.

Tooth __ is planned for [procedure].
Extraction of tooth ___ is planned.

- What special considerations are required for the management of this patient?
- What is the most appropriate management for tooth ___?

A. Prescribe antibiotic prophylaxis.
B. Avoid NSAIDs.
C. Avoid acetylsalicylic acid.
D. Avoid opioids.
E. Avoid codeine.
F. Avoid local anesthetics.
G. Avoid epinephrine.
H. Total administered epinephrine dose not to exceed 0.04 mg.
I. Minimal or moderate sedation.
J. Adjust dose of current medications.
K. Stop current medication(s) prior to appointment.
L. Medical consultation is required.
M. Obtain preoperative blood pressure and heart rate.
N. Obtain blood glucose level.
O. Obtain glycated hemoglobin (HbA1c) level.
P. Obtain current INR.
Q. Increase level of standard personal protective equipment.
R. Treat in the dental office with an N95 mask.
S. Avoid latex products.
T. Schedule morning appointments.
U. Treat at the end of the day.
V. Delay elective treatment.
W. Delay treatment.
X. Refer for treatment in a hospital facility.
Y. (Must) treat in a hospital facility.
Z. Additional medical information is required.
AA. Defer treatment until additional information is obtained.
BB. No special consideration is needed.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most likely diagnosis?
- What is the differential diagnosis?

A. Upper airway obstruction.
B. Acute asthmatic attack.
C. Hyperventilation.
D. Angina pectoris.
E. Myocardial infarction.
F. Cardiac arrest.
G. Hyperglycemia.
H. Hypoglycemia.
I. Adrenal crisis.
J. Syncope.
K. Anxiety attack.
L. Cerebrovascular accident.
M. Epilepsy.
N. Mild allergic reaction.
O. Anaphylaxis.
P. Local anesthetic toxicity.
Q. Epinephrine reaction.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- Which of the following assessments are indicated?
- What is the most appropriate preoperative assessment?

A. Level of consciousness.
B. Heart rate.
C. Blood pressure.
D. Respiratory rate.
E. Ventilation.
F. Oxygen saturation.
G. Temperature.
H. Blood glucose.
I. Glycated hemoglobin (HbA1c).
J. No assessment is needed.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate immediate management?
- What is the most appropriate management?

A. Reduce patient anxiety.
B. Administer acetylsalicylic acid.
C. Administer diphenhydramine.
D. Administer epinephrine.
E. Administer glucagon.
F. Administer glucose orally.
G. Administer nitroglycerin.
H. Administer oxygen.
I. Administer salbutamol.
J. Perform head-tilt/chin-lift.
K. Position patient supine, feet elevated.
L. Have patient breathe into cupped hands.
M. Ventilate the patient.
N. Begin chest compressions.
O. Perform abdominal thrusts.
P. Encourage coughing.
Q. Check mouth and remove object if seen.
R. Use an automated external defibrillator.
S. Call emergency medical services (911).
T. No medical management is required.

Web: Framework 96

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

- What is the most appropriate management?
- What is the most appropriate initial management?

A. Follow-up examination in 2 weeks.
B. Follow-up examination in 3 months.
C. Follow-up examination in 6 months.
D. Follow-up examination in 12 months.
E. Incisional biopsy.
F. Excisional biopsy.
G. Biopsy.
H. Oral cancer screening.
I. Alcohol consumption counselling.
J. Tobacco cessation counselling.
K. E-cigarette cessation counselling.
L. Stop betel nut habit.
M. Cannabis cessation counselling.
N. Recreational drug use counselling.
O. Nutritional counselling.
P. Mental health counselling.
Q. Advise of risk of disease transmission.
R. Safe sex counselling.
S. Suggest human papillomavirus (HPV) vaccination.
T. Reduce the frequency and duration of exposure to physical trauma.
U. Reduce the frequency and duration of exposure to chemical injury.
V. Reduce the frequency and duration of exposure to thermal injury.
W. Stop using mouth rinse containing alcohol.
X. Use of sunscreen for lips.
Y. Limit sun exposure.
Z. Remove intraoral jewellery.

Select **ONE OR MORE** correct answers.

What are the most appropriate investigations for tooth ____?

A. Bacterial culture.
B. Periapical radiograph.
C. Bite-wing radiograph.
D. Occlusal radiograph.
E. Panoramic radiograph.
F. Cone beam computed tomography (CBCT).
G. Percussion test.
H. Fracture detector (Tooth Slooth®).
I. Periodontal probing.
J. Electric pulp test.
K. Thermal tests.
L. Tactile assessment with a blunt explorer.
M. Tactile assessment with a sharp explorer.
N. Transillumination.
O. Laser light detection (DIAGNOdent®).
P. Visual assessment of tooth.
Q. Visual assessment of dry tooth.
R. Visual assessment of wet tooth.
S. Symptom assessment.

Web: Framework 98

Select **ONE OR MORE** correct answers.

What are the most appropriate preventive measures?

A. Fluoridated toothpaste.
B. 1,200 ppm fluoridated toothpaste.
C. 5,000 ppm fluoridated toothpaste.
D. Non-fluoridated toothpaste.
E. Fluoride supplements.
F. Systemic fluoride supplements.
G. 0.05% sodium fluoride mouth rinse at home, weekly.
H. 0.05% sodium fluoride mouth rinse at home, daily.
I. 0.2% sodium fluoride mouth rinse at home, daily.
J. 0.2% sodium fluoride mouth rinse at home, weekly.
K. Professionally applied fluoride every 3 months.
L. Professionally applied fluoride every 6 months.
M. Professionally applied fluoride every 12 months.
N. 0.12% chlorhexidine mouth rinse at home.
O. Xylitol 6-10 gm/day.
P. Pit and fissure sealants.

Scenario (Examples):

- A local study has found that there are significant inequalities in caries rates in children from two cities.
- A local study has found that there are high caries rates in seniors living in long-term facilities in the area when compared with seniors living in community dwellings.
- A local study has found that seniors living in long-term facilities in the area have poor oral health when compared with seniors living in community dwellings.
- A local study has found that there are significant differences in tobacco smoking rates in adolescents from two cities.

Select **ONE** correct answer.

What is the most appropriate strategy?

A. Water fluoridation.
B. Increased taxation on sugar-containing beverages.
C. Increased taxation on tobacco.
D. Establishing tobacco-free areas around schools.
E. Increased taxation on alcohol.
F. School oral hygiene/toothbrushing instruction programs.
G. School fluoride programs.
H. School sealant programs.
I. School meal programs.
J. Oral health promotion activities.
K. Advertising restrictions for high sugar content beverages.
L. Advertising restrictions for tobacco products.
M. Control of sale of tobacco products.
N. Control of sale of sugar-containing beverages.
O. Oral health screening programs in schools.
P. Oral health screening programs in long-term care facilities.
Q. Long-term care facility oral hygiene programs.
R. Establishment of community-based dental clinics.
S. Group therapy for smoking cessation.
T. Nicotine replacement therapy.
U. One-to-one patient education.

A clinical presentation is described in the case history.

Select **ONE** correct answer. / Select **ONE OR MORE** correct answers.

What is the most appropriate immediate management(s)?

A. Provide a prescription and defer definitive treatment.
B. Indirect pulp capping and temporary/provisional restoration.
C. Direct pulp capping and temporary/provisional restoration.
D. Indirect pulp capping and permanent restoration.
E. Direct pulp capping and permanent restoration.
F. Nonsurgical endodontic treatment and temporary/provisional restoration.
G. Nonsurgical endodontic treatment and permanent restoration.
H. Caries removal, temporary/provisional restoration, reassessment.
I. Caries removal, pulpotomy, temporary/provisional restoration, reassessment.
J. Caries removal, pulpectomy, temporary/provisional restoration, reassessment.
K. Caries removal, pulpotomy, permanent restoration, reassessment.
L. Caries removal, pulpectomy, permanent restoration, reassessment.
M. Extraction.
N. Observation and re-evaluation.

New Web: Framework 101

Select **ONE OR MORE** correct answers./ Select **ONE** correct answer.

Tooth __ is planned for a ___

What is/are the most appropriate final needle position(s) to achieve local anesthesia for this procedure?

A. INSERT IMAGE
B. INSERT IMAGE
C. INSERT IMAGE
D. INSERT IMAGE
E. INSERT IMAGE

New Web: Framework 102

Select **ONE OR MORE** correct answers.

Tooth __ is planned for [procedure].
Extraction of tooth ___ is planned.

- What special considerations are required for the management of this patient?
- What is the most appropriate management?
- What are the most appropriate next steps?

A. Prescribe antibiotic prophylaxis.
B. Prescribe antibiotic.
C. Prescribe analgesic.
D. Prescribe glucocorticoid.
E. Avoid NSAIDs.
F. Avoid acetaminophen.
G. Avoid acetylsalicylic acid.
H. Avoid opioids.
I. Avoid codeine.
J. Avoid local anesthetics.
K. Avoid epinephrine.
L. Avoid nitrous oxide sedation.
M. Avoid oral sedation.
N. Avoid nitrous oxide and oral sedation.
O. Total administered epinephrine dose not to exceed 0.04 mg.
P. Minimal or moderate sedation.
Q. Administer nitrous oxide sedation.
R. Administer oral sedation.
S. Administer nitrous oxide and oral sedation.
T. Adjust dose of current medications.
U. Stop current medication(s) prior to appointment.
V. Medical consultation is required.
W. Monitor blood pressure and heart rate.
X. Monitor oxygen saturation.
Y. Obtain blood glucose level.
Z. Obtain glycated hemoglobin (HbA1c) level.
AA. Obtain current complete blood count (CBC).
BB. Obtain current INR.
CC. Increase level of standard personal protective equipment.
DD. Perform treatment using a N95 mask in a dental office.
EE. Perform treatment in a dental office.
FF. Avoid latex products.
GG. Schedule morning appointments.
HH. Treat at the end of the day.
II. Delay elective treatment.
JJ. Delay treatment.
KK. Refer for treatment in a hospital facility.
LL. Additional medical information is required.
MM. Perform treatment immediately in a dental office.
NN. (Must) treat in a hospital facility.
OO. Defer treatment until additional information is obtained.
PP. No special consideration is needed.

Virtual OSCE Charts

Case history

50 year old female	
Chief Complaint/ Reason for Visit:	"I want to replace my tooth"
History of Chief Complaint:	Tooth lost over 20 years ago.
Dental History:	Regular dental care.
Medical History:	Hypothyroidism. Medication: Levothyroxine (Synthroid®).
Clinical Findings:	

Periodontal chart

This is the sample included in the Virtual OSCE protocol.

VESTIBULAR	**Furcation**						II			I		
	Recession			1			-1	-2		-1	-1	
	BOP							•				
	Probing	3	3	3			3	10	3	4	3	4
Tooth		**3.4**			**3.5**		**3.6**			**3.7**		
LINGUAL	**BOP**											
	Probing	3	3	3			3	4	4	4	4	3
	Recession	1	1	1			1	1	1			
	Furcation							I				
	Mobility							1				

Endodontic chart

This is the sample included in the Virtual OSCE protocol.

		1.3			1.4			1.5		
Probing	**Vestibular**	2	2	2	3	2	3	4	2	5
	Lingual	2	2	2	3	2	3	4	2	5
Mobility		Physiologic			1			1		
Percussion		++			-			+		
Palpation		++			-			+		
Cold Test		-			Normal			++ Lingering		
Electric Pulp Test		80/80			30/80			20/80		
Bite Test		Sensitive upon pressure			Normal			Sensitive upon release		
Heat Test		-			Normal			+ Lingering		
Discolouration		Yes			No			No		

Orthodontic chart

This is the sample included in the Virtual OSCE protocol.

27 year old female	**Mean**	**Patient**
SNA	81°	80°
SNB	79°	75°
Sella-Nasion to Mandibular Plane	32°	31°
Frankfort Horizontal to Mandibular Plane	24°	25°