6.6 Splinting and Occlusal Correction (Therapy 19 Questions)

11. All of the following may be radiographic signs of trauma from occlusion EXCEPT

1. Widening of the periodontal ligament space
2. Thickening of the lamina dura
3. Root resorption
4. Reduced trabeculation of bone*

35. All of the following are associated with bruxism EXCEPT

1. Sore muscles
2. TMD disturbances
3. Decreased tooth mobility*
4. Occlusal wear

37. Extracoronal splints use restorative materials to stabilize teeth by attaching them to adjacent teeth via removal of tooth structure; intracoronal splints use restorative materials to stabilize teeth by attaching them to adjacent teeth without removal tooth structure.

2. Both statements are FALSE* 

60. Which of the following refers to excessive force applied to a tooth or teeth with reduced bone support?

1. Primary occlusal trauma
2. Secondary occlusal trauma*
3. Tertiary occlusal trauma
4. Quaternary occlusal trauma

69. Selective occlusal adjustment is contraindicated in all of the following EXCEPT

1. Elimination of occlusal prematurities*
2. When pulp chambers are large
3. Major occlusal discrepancies that require orthodontics or reconstruction
4. In the presence of sensitivity

82. All of the following are diagnostic of occlusal trauma EXCEPT

1. Wear facets
2. Fremitus
3. Increase in tooth mobility
4. Periodontal pocket formation*
5. Increased width of the periodontal ligament space
158. Unilateral mastication will tend to result in

1. greater accumulation of plaque on the unused side.*
2. greater accumulation of plaque on the used side.
3. a greater degree of periodontal disease on the used side.
4. heavier and more dense bone support on the unused side.

162. Necrotic pressure areas, undermining bone resorption and endosteal bone formation are all associated with

1. localized aggressive periodontitis.
2. periodontal cyst.
3. periodontal abscess.
4. primary occlusal trauma.*
5. chronic destructive periodontitis.

167. In the treatment of occlusal trauma, the tip of the cusp of a mandibular tooth is in premature contact in centric occlusion, yet in harmony in lateral excursion. The procedure of choice is to

1. remove the contact in lateral excursion.
2. deepen the fossae of the opposing maxillary teeth.*
3. reduce the cusp height of the same mandibular tooth.
4. remove the centric contact by grinding both maxillary and mandibular teeth.

175. Which of the following procedures might be useful in reducing tooth mobility?

(a) repositioning of the tooth out of occlusal trauma
(b) endodontic therapy
(c) occlusal adjustment
(d) reduction of inflammation in the periodontium

7. All of the above.*

178. Which of the following are associated with secondary occlusal traumatism?

(a) mobility
(b) migration
(c) inflamed gingivae
(d) extensive bone loss

2. (a), (b) and (d)
191. Excessive occlusal forces may produce widening of the periodontal ligament and this widening results from resorption of the alveolar bone. (1) .

1. Both parts of the statement are TRUE

200. In primary occlusal traumatism, the most diagnostic finding is

1. mobility.*
2. faceting.
3. bone loss.
4. gingival recession.
5. vertical pocket formation.

203. The presence of a facet on a tooth surface indicates

1. present traumatic occlusion.
2. past traumatic occlusion.
3. occlusal underfunction.
4. none of the above. *

204. If correction of occlusal prematurities is indicated, it should be performed

1. before the start of soft tissue therapy.
2. after tissue healing following surgery.
3. immediately after inflammation appears.
4. before surgery for gross correction and after surgery for fine adjustments.*
5. only on individual teeth exhibiting abnormal mobility.

207. Common manifestations of occlusal trauma include

1. gingival recession and erosion of teeth.
2. clefts, festoons, gingival inflammation and pocket formation.
3. porous bone with thin, sparse trabeculae and wide marrow spaces.
4. gingival hyperplasia and crater formation in the interdental papillae.
5. tooth mobility, drifting of teeth, widening of the periodontal ligament and resorption of alveolar bone.*

208. The most common tooth surfaces on which initial prematurities occur in retruded contact position are

1. surfaces of maxillary and mandibular canines.
2. distofacial cusps of maxillary first molars and mesiofacial cusps of mandibular first molars.
3. facial inclines of mesiolingual cusps of maxillary second molars and lingual inclines of distofacial cusps of mandibular second molars.*
4. mesial inclines of lingual cusps of maxillary first premolars and distal inclines of facial cusps of mandibular first premolars.*
211. Markedly excessive forces may result in

(a) necrosis of the periodontal ligament.
(b) bone resorption.
(c) root resorption
(d) thrombosis of blood vessels.

6. All of the above*

235. Which of the following techniques is best suited for use in temporary splinting of mobile mandibular posterior teeth?

1. Amalgam splint
2. Hawley appliance
3. Wire and acrylic ligature splint
4. Wire and acrylic intracoronal splint*

242. Abnormal tooth mobility may be initiated by each of the following EXCEPT

1. diabetes.*
2. hyperparthyoidism.
3. traumatic occlusion.
4. resorption of alveolar bone.
5. inflammatory changes in the periodontal ligament.

247. Individual tooth movement of periodontally involved teeth should be performed on young patients only. The rapidity of the movement is not important to remaining bone. (2)

2. Both statements are FALSE.

250. The most important objective in adjusting a natural dentition is to

1. prevent temporomandibular joint syndrome.
2. increase the shearing action in mastication.
3. improve oral hygiene by preventing food impaction
4. restore the occlusal table to a more ideal plane.
5. achieve a more favorable direction and distribution of forces.*

258. The usual first step in occlusal adjustment is to eliminate

1. protrusive interferences.
2. working-side interferences.
3. prematurities in habitual centric.
4. prematurities in centric relation.*
5. balancing-side (non-working) interferences.
In patients with advanced periodontitis, markedly mobile teeth should be splinted to

1. reduce gingival inflammation.
2. make plaque control easier.
3. accelerate epithelialization after periodontal surgery.
4. change the maintenance-recall interval from 3 to 6 months after therapy.
5. enhance formation of a new connective tissue attachment after surgery.
6. none of the above* .

Occlusal traumatism may initiate which of the following conditions?

1. Tooth mobility* 
2. Gingival recession
3. Periodontal pockets
4. Suppuration in the periodontal ligament
5. All of the above

Occlusal trauma may cause general periodontal pocketing because adaptive reactions are usually confined to supracrestal periodontal tissues while subcrestal areas remain intact. (5)

5. NEITHER statement nor reason is correct.

Occlusal (night) guards are used to

1. prevent bruxism.
2. reduce pocket formation.
3. redistribute forces on teeth.*
4. permit eruption or elongation of teeth.

If an initial prematurity occurs in retruded contact position on a maxillary first premolar, the surface of the tooth involved is usually the

1. mesial of the facial cusp.
2. mesial of the lingual cusp.*
3. distal of the facial cusp.
4. distal of the lingual cusp.

Clinical signs of occlusal trauma include all of the following EXCEPT

1. migration of teeth.
2. periodontal pockets.*
3. tenderness of teeth to percussion.
4. increased width of the periodontal ligament space.
361. In physiologic drift of a human tooth, alveolar bone on the mesial socket wall is stimulated to produce bundle bone due to the "pull" of periodontal ligament fibers. On the distal side of this tooth, compression leads to frontal resorption of alveolar bone. (2)

2. Both statements are FALSE.

363. Gingival enlargement may be associated with thrombosis of gingival vessels from occlusal traumatism. Periodontal surgery eliminates the problem only if occlusal traumatism is also eliminated. (2)

2. Both statements are FALSE.

402. The major indication for splinting as part of periodontal therapy is to

1. immobilize excessively mobile teeth for patient comfort.*
2. eliminate the occlusal trauma component of periodontitis.
3. redirect occlusal forces to supporting bone rather than to alveolar bone proper.
4. reduce gingival ischemia that results from axial forces on periodontal ligament vessels.

417. Tissue changes occurring around the teeth no longer in function include

(a) widening of the periodontal ligament space.
(b) reduced trabeculation.
(c) narrowing of the periodontal ligament space.
(d) cemental atrophy.

3. (b) and (c)*

450. Correction of a marked prematurity on a periodontally involved tooth results in a clinically observable reduction in

1. mobility.*
2. facial clefts.
3. gingival inflammation.
4. periodontal pocket depth.
5. all of the above.

457. The most common clinical sign of occlusal trauma is the presence of

1. wear facets.
2. enamel cracks.
3. tooth mobility. *
4. cuspal fracture.
5. tooth sensitivity.
474. Which of the following are major disadvantages of temporary intracoronal splinting?

(a) Results are not esthetic.
(b) It complicates oral hygiene.
(c) There is a commitment of permanent restorations.
(d) It encroaches on gingival fibers.
(e) It interferes with mastication.

4. (b), (c) and (e)*

481. Trauma from occlusion is least likely to affect which of the following

1. Enamel
2. Cementum
3. Alveolar bone
4. Periodontal ligament
5. Epithelial attachment*

512. The primary advantage of an external splint over an internal splint is

1. increased rigidity.
2. increased retention.
3. increased durability.
4. conservation of tooth structure.*

534. Trauma from occlusion may cause alterations in which of the following periodontal tissues?

(a) epithelial attachment
(b) periodontal ligament
(c) alveolar bone
(d) cementum

4. (b), (c) and (d)*

552. Radiographic signs of trauma from occlusion include each of the following EXCEPT one. Which one is this EXCEPTION?

A. Hypercementosis
B. Root resorption
C. Alteration of the lamina dura
D. Alteration of the periodontal space
E. Vascular infiltration of the periodontal ligament*
573. Which of the following represent(s) an early effect of primary traumatic occlusion?

A. Vertical pocket formation
B. Generalized alveolar bone loss
C. Undermining resorption of alveolar bone
D. Hemorrhage and thrombosis of blood vessels in the periodontal ligament*

118. Which of the following is the MOST likely indication for splinting?

1. Primary occlusal trauma.
2. Mobility with patient discomfort.*
3. Mobility with a decrease in tissue quality, secondary to hormonal imbalance.
4. Mobility related to a unilateral “skid” from centric relation to centric occlusion.

61. Secondary trauma from occlusion is seen in cases where:

1. healthy gingival and osseous tissues are present.
2. traumatic changes are occurring in periodontal tissues of teeth with normal bone support.
3. normal occlusal forces cause trauma to the attachment apparatus of teeth with inadequate bone support.*

150. Which of the following describes primary occlusal trauma?

1. It is the first incidence of trauma that a tooth experiences.
2. It is a trauma that produces irreversible damage to the periodontium.
3. Mobility is caused by excessive forces on a normal periodontium.*
4. Mobility is caused by excessive forces on a reduced periodontium.