

TMD – Final November 13, 2006

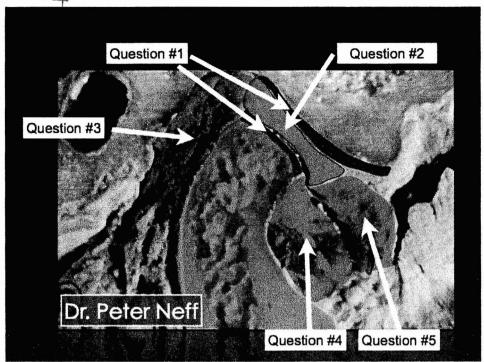
Place **NAME** and **STUDENT NUMBER**

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| Student Name: | |
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- 6. What is the most important reason a stabilization appliance should cover the posterior and provide posterior occlusion?
 - X. To prevent indentations in the acrylic from locking the mandible in place
 - 6) With heavy anterior occlusion teeth can wear, fracture, move, become mobile and be symptomatic
 - Stabilization of teeth to allow patient to "get into" CR
 - d. Prevent the potential need for orthodontic treatment
 - e. None of the above
- 7. A patient walks into your office with signs and symptoms of TMD. Exam reveals excessive vertical overlap of 10mm, lateral movement left 10mm right 12mm, lateral working interference #5, missing teeth #2, 3, 4,13,14,15. Definitive treatment for this patient would most likely be:
 - a. Stabilization appliance, occlusal equilibration, implant retained crowns and/or removable partials and stabilization appliance
 - (b) Stabilization appliance, orthodontic consultation, implant retained crowns and/or removable partials
 - c. Stabilization appliance, implant retained crowns and/or removable partials
 - d. Complete Maxillary denture
- 8. Some studies have shown that soft appliances ("bleaching type" appliances) can intrude posterior teeth; these types of appliances can be routinely used for patients that can't tolerate standard stabilization appliances.
 - a. First statement is true; second statement is true
 - BFirst statement is true; second statement is false
 - c. First statement is false; second statement is true
 - d. First statement is false; second statement is false
- 9. In class we discussed major disadvantages in using a soft "rubbery" "bleaching-type" mouth guards for bruxing patients, they are
 - a. Too soft and thus wear through easily (many students picked this answer even though we never mentioned this answer as a disadvantage, only stated increase bruxing and intrude)
 - b. Increase bruxing
 - c. Intrude posterior teeth
 - (d.) All the above
- 10. Migraine headaches are characterized by all of the below EXCEPT
 - a. activation of the trigeminal vascular system
 - b. vascular changes
 - c. affects the endogenous pain control mechanisms
 - d associated with tearing, rhinorrhea, vasodilatation
 - e. None of the above

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| 11. | |
| Which of t | he following headaches is typically not associated with pain in or around the eye? |
| a. | Temporal arteritis |
| b. | Maxillary sinusitis |
| C. | Tension-type headache × |
| d. | Migraine with aura |
| e. | Cluster headache |
| 12. Which movement | of the following headaches is typically not associated with increased pain with head? |
| a. | Meningitis |
| b. | Migraine with aura |
| C. | Sinusitis |
| d. | Tension type headache 💹 |
| e. | Migraine without aura |
| | currence of a persistent headache associated with systemic signs and symptoms for the na person over the age of 50 is significant. The primary concern is the possible of: Migraine with aura Cluster headache Meningitis |
| d. | Sphenoidal sinusitis |
| e. | Temporal arteritis |
| 14. Which a. b. c. d. e. | type of pain is classically associated with a vascular headache? dull, aching * sharp, shooting throbbing, pounding electric shock-like soreness, tightness |
| | has been identified as a precipitating factor in both migraines and tension type. Which of the following statements is true? |
| ්රි.) c. d. | Tension - type headaches typically occur after the stressful situation. Migraine headaches typically occur after the stressful situation. Migraine headaches typically occur during the stressful situation. Both migraine and tension headaches typically occur during the stressful situation. Both migraine and tension-type headaches occur after the stressful situation. |

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| 16. Ph | _ | bia, phonophobia and osmophobia are commonly associated with which type of |
| | a. | Tension-type headache |
| | b. | Migraine ~ |
| | c. | Temporal arteritis |
| | d. | Meningitis |
| | e. | Maxillary sinusitis |
| 17. W | hich in | aportant chemical mediator has been associated with the development of migraine |
| | | ype headaches? |
| | a. | norepinephrine |
| | b. | dopamine |
| | C. | serotonin |
| | | histamine |
| | e. | interleukin |
| 18. Th | e TMJ | is supported by |
| | | pporomandibular ligament |
| | | ateral zone |
| | | rodiscal tissue |
| | d. all | of the above |
| 19. W | a. ant b. ant c. ant | The following would the patient most likely report an inability to "open wide" erior displaced disc with reduction of left joint × erior displaced disc with reduction of right joint × erior displaced disc without reduction |
| | | ne of the above |
| 20. Ce | a. Sta b. a re c. It is | elation is used as a treatment position because it is ble position under considerable stress at the joint for many years epeatable position. s a treatment position, which will not change with time of the above |
| | | ient opens 20mm unassisted. You can increase their opening to 40mm by pressing |
| down | | mandibular centrals. |
| | a) | the patient exhibits an anterior displaced disc without reduction |
| | b) | muscle restriction of mandible |
| | c) | shortening of TMJ ligaments |
| | d) | all of the above |

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| 22. You examine teeth #8 & #9 and detect fremitus. Most likely etiology could be a. heavy contact in maximum intercucspation on lingual of crown #9 by mandibular central(s) b. Mandibular stabilization appliance unmonitored c. Patient was in a fight and was severely punched in the mouth d. All of the above |
| 23. A patient reports symptoms; pain, tightness, inability to open wide, inability to move left and right in the muscles of mastication. Appropriate treatment is a. Stabilization Appliance covering maxillary arch b. Stabilization Appliance covering mandibular arch c. Stabilization Appliance covering mandibular posterior teeth d. A & B e. All of the above |
| 24. In class we discussed 5 occlusal problems which may predisposes a patient to TMD. Which of the following would not predispose a patient to TMD a. Anterior open bite b. Class II division with lateral non-working interferences and severe horizontal overlap c. Maxillary unilateral cross bite d. Bilateral missing mandibular posterior teeth d. Class I with lateral non-working interferences e. More than of the above |
| 25. A patient reports pain in masseter muscles; mandible deviates severely to the left on wide opening and has an opening and closing click. The diagnosis is most likely a. Displaced disc with reduction of right TMJ Displaced disc with reduction of left TMJ Displaced disc without reduction of left TMJ d. Displaced disc without reduction of right TMJ e. A & D A |
| 26. While examining a new patient, they state their chief complaint as pain in jaw muscles, clicking of both joints and numerous posterior teeth. Multiple non-working interferences are documented. Your initial treatment recommendations are: a. Endodontic consultation of symptomatic posterior teeth b. Adjustment of non-working interferences c. Stabilization appliance d. Anterior repositioning appliance e. All of the above are acceptable initial treatments |

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| patient to c a. b. c. d. | st finish preparing a tooth #31 for a crown, which took you 2 ½ hours. You ask your lose and they can't. Your diagnosis would most likely be: displaced disc without reduction — displaced disc with reduction \times spontaneous dislocation two of the above all of the above |
| 28. Your p | atient presents with opening and closing clicking with intracapsular pain. Your |
| - | eatment goal should be: |
| | increase inter-incisal opening + |
| | reduction of pain |
| | reposition disc in it's proper relation |
| | surgery |
| | all of the above |
| 29 You we | ould order radiographs for your patient for: |
| | insurance companies |
| | base line information |
| | diagnosis |
| | two of the above |
| | all of the above |
| 30. The dis | sc is attached to the ramus of the mandible by |
| | collateral ligaments |
| | posterior attachment |
| | oblique ligaments |
| | all of the above |
| | none of the above |
| 31 Your p | atient require crown and bridge treatment on all of the maxillary teeth, which of the |
| | is true when sending case to the lab. |
| | mount case with maximum intercuspation interocclusal record |
| | mount case with a regular interocclusal record |
| | mount case with centric relation interocclusal record |
| | all of the above are acceptable for this case |
| | Depends on Preceptor |
| 22 Which | of the following may increase a patients bruxism |
| | occlusal splint constructed at CR |
| | occlusal splint constructed at CR |
| | mandibular occlusal splint |
| | anterior stop |
| | soft "rubbery-type" mouth guard occlusal splint |
| e. | soit rubbery-type mouni guard occiusar spinit |
| To see a fi | unny video, go to www.youtube.com, search for "Mother's Day Card" |

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| 33. The primary purpose of the stabilization phase of splint construction is a. mandibular support b. prevent tooth movement c. posterior tooth guidance d. all of the above | |
| 34. When adjusting an anterior stop, the contact area on the mandibular centrals should be where a. lingual surface of centrals b. facial surface of centrals c. incisal edge of centrals d. contact should allow thin articulating paper to pull between appliance and teeth | |
| 35. Cleveland Indians catcher Sandy Alomar's hitting streak ended in Minnesota and was the longest streak in baseball since 1989 a. TRUE b. False | |
| 36. Which of the following characteristics best describes the type of pain found in trigeminal neuralgia? a) Throbbing, pulsing pain b) Deep, aching pain c) Diffuse, poorly localized pain d) Sharp, shooting pain, electric shock-like pain e) Deep, burning, pounding pain | |
| 37. An anterior repositioning appliance generally is used only when sleeping because a. Extrustion of mandibular teeth b. Poor esthetics and phonetics × c. Posterior tooth intrustion d. Permanent joint changes | |
| 38. Which muscle is involved in maintaining the appropriate relationship of the disc to the head of the condyle during opening and closing? a. Superficial masseter b. Superior head of the medial pterygoid c. Inferior head of the medial pterygoid d. Superior head of the lateral pterygoid e. Inferior head of the lateral pterygoid | |

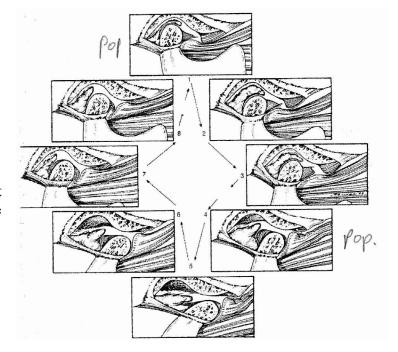
39. TMD splint therapy is effective in relieving the symptoms of bruxism because if the TMD splint is properly designed, it will eliminate the bruxism.

b. False

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| 40. What is the most important reason a maxillary stab | pilization appliance should cover the |
| posterior teeth? | onization appliance should cover the |
| a. To prevent indentations in the acrylic from lo | ocking the mandible in place 🛩 |
| b. With heavy anterior occlusion teeth can wea | |
| symptomatic | ii, madaid, move, oddomo modio una |
| c. Stabilization of teeth to allow patient to "get | into" CR |
| d. Prevent posterior extrusion | , mio Oit |
| e. None of the above | |
| c. None of the above | |
| 41. Reduced activity of the Temporalis and Masseter of | occurs by elimination of? |
| a. Opening very wide and hyperactivity of those | |
| (b) Elimination of posterior lateral working and | non-working contacts |
| c. Elimination of posterior contacts | - |
| d. Elimination of anterior contacts in working | and non-working contacts |
| e. More than one of the above | - |
| 42. Some studies have shown that soft appliances ("bl | eaching tune" annliances) are accental |
| appliances; therefore, these types of appliances can be | |
| ••• | routinery used for patients that can t |
| tolerate standard stabilization appliances. | is topo |
| a. First statement is true; second statement | is true |
| | in folio |
| b. First statement is true; second statement | is false |
| b. First statement is true; second statementc. First statement is false; second statement | t is true |
| b. First statement is true; second statement | t is true |
| b. First statement is true; second statement c. First statement is false; second statement d. First statement is false; second statement | t is true is false |
| b. First statement is true; second statement c. First statement is false; second statement d. First statement is false; second statement 43. Which of the following would not be primary site teeth | t is true is false |
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- 46. FIRST STATEMENT: TMD symptoms can be triggered by mandibular blocks. SECOND STATEMENT: Potential tissues affected are mucosa, buccinator muscle medial Pterygoid mucle, connective tissue, adipose tissue and Sphenomandublar Tigament.
 - a. FIRST STATEMENT IS TRUE, SECOND STATEMENT IS FALSE
 - b. FIRST STATEMENT IS TRUE, SECOND STATEMENT IS TRUE
 - c. FIRST STATEMENT IS FALSE, SECOND STATEMENT IS TRUE
 - d. FIRST STATEMENT IS FALSE, SECOND STATEMENT IS FALSE
- 47. Which of the following occlusal problems are not considered primary etiology for TMD patients
 - ~ a. Class II Division II occlusion
 - b. Anterior Open Bite
 - ∨ c. Severe Class II Division I occlusion
 - ① Unrestored Kennedy I partial denture case replacing all posteriors
 - be. Group function with working interferences
- 48. The diagram on right depicts what type of temporomandibular disorder
- a. Normal TMJ
- b. Disc displacement with reduction
- c. Disc displacement without reduction
- d. Spontaneous dislocation
- e. Closed Lock
- 49. Joint sounds are very common and not usually associated with pain or decreased joint mobility. TMJ joints usually progress to more severe conditions as the patient ages.
- a. First Statement is False, Second is False
- b. First Statement is False, Second is True
- c. First statement is True. Second is False
- d. First statement is True, Second is True



- 50. A patient reports to your office with the following chief complaints: clicking of the left and right joint with pain, tenderness to palpation of the right joint. Maximum opening you measure at 55mm, left lateral 9mm and right lateral 10mm. What is your recommended treatment for your patient.
- a. Monitor
- b. Stabilization Appliance
- c. Anterior Repositioning Appliance
- d. Surgical Consultation





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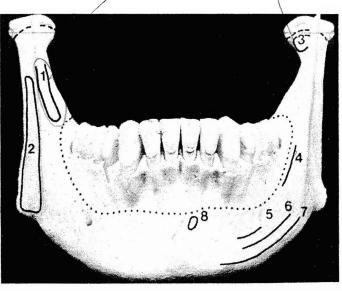
- 51. After 6 months of treatment of the above patient (question #50), are still in pain, what is your recommended treatment.
- a. Monitor
- b. Stabilization Appliance
- c. Anterior Repositioning Appliance
- d. Surgical Consultation
- 52. The same patient above (question #50 and #51) is at your office 3 years later with no pain and a maximum opening of 30mm. Your treatment recommendations are
- a. Monitor
- b. Stabilization Appliance
- c. Anterior Repositioning Appliance
- d. Surgical Consultation

Answer questions 53-57 with the mandible diagram below right

- 53. Name the muscle that attaches to the mandible at point (1) on the diagram at the right
- a. Later Pterygoid
- b. Buccinator
- c. Masseter
- d. Temporalis
- e. Muscles of facial expression
- 54. Name the muscle that attaches to the mandible at point (2) on the diagram at the right
- a. Later Pterygoid
- b. Buccinator
- c. Masseter
- d. Temporalis
- e. Muscles of facial expression



- 55. Name the muscle that attaches to the mandible at point (3) on the diagram at the right
- a. Later Pterygoid
- b. Buccinator
- c. Masseter
- d. Temporalis
- e. Muscles of facial expression
- 56. Name the muscle that attaches to the mandible at point (4) on the diagram at the right
- a. Later Pterygoid
- b. Buccinator
- c. Masseter
- d. Temporalis
- e. Muscles of facial expression



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| 57. Name the muscle that attaches to the mandible at point (5,6,7) on the diagram at the right a. Later Pterygoid b. Buccinator c. Masseter d. Temporalis e. Muscles of facial expression |
| 58. Clinical Case, Short Answer; Write on the test sheet the appropriate Answers |
| You examine your new patient that they report a history of head trauma 14 months ago. Initially both joints were painful, muscle pain in the right side of the face. Patient noticed initial clicking on opening and closing which now is no longer present. Current exam reveals Maximum opening is 38mm, lateral movement from midline is 5mm right and 4 mm left. At one time they state being able to push on their joints to get a pop and then they were able to open normally, but recently they can't open wide. You inquire about their pain now, they say it no longer hurts. You examine their occlusion and find worn insicals of 22,23,24,25,26,27, chipped incisals of 7,8,9,10, flat worn spots that are perfectly flat, ultra smooth and have a shiny appearance. To answer this question you do not need any more room than the lines provided. |
| Diagnosis 14 months ago: Disc displacement with reduction with pain |
| Diagnosis: currently: Disc displacement with reduction |
| Treatment recommendations 14 months ago at first appointment: Stabilization Appliance |
| Current Treatment recommendations: Stabilization Appliance |
| |