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NAME HANZALLAH

AD 14092

Semester 6th

Subject prosthodontic

Submitted to madam salma Asaq.

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Q No 1.5:

Ans:

uses of articulator

=> To diagnose the state of occulusion in both the natrual and artificial dentition.

=> To Plan the dental procedures based on the relationship blw opposing natural and artifical teeth.

=> To aid in the fabrication of restorations and prosthodontics replacement.

=> To correct and modified complete restorations.

=> To arrange artificial teeth.

=> The Relationship of mandible to maxilla can be transferred from patient to the articulator.

=> It is used for furbrication of complet denture

=> It is used for orthodontic appliances.

=> It is also for orthognathic surgary.

!!! PURPOSE !!!

=> To hold the maxillary and mandibular casts in a determined fixed relationship

=> Mounting of dental casts for diagnosis Treatment planing and patient presentation.

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=> To Simulate the jaw movement like openings and closing.

=> To Simulate the jaw movement openings closing.

=> Fabrication of occlusal surface for dental restoration.

=> Arrangment of artificial teeth for complete and removable partial denture.

=>

=> Because it has 3 fixed mean values.

, Intercondylar distance - 10 to 11 cm condylar guidance - 33 degrees, incisal guidance - 9 - 12 degree degree.

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Qno 2

Ans: Finishing and Polishing:-

Polishing of complete denture is the process of perfecting the final form of the denture by removing any flash, stone remaining around the teeth, and any nodules of acrylic resin on the surfaces of the denture base resulting from processing.

Objective of Finishing and Polishing:-

The objective of finishing and polishing of any restoration are obtaining adequate adaptation and continuity of the restoration margins, with the tooth optimum restoration contours, proper occlusal contacts and a surface free of any scratches or irregularities to make it biologically acceptable. All these objectives lay the foundation for optimum oral health, function and esthetics.

i) oral health:-

a well contoured and polished restoration will have

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reduction in total surface area and reduced roughness of the restoration surface which promotes the oral health by resting the accumulation of food debris and pathologic bacteria. Smoother surfaces are easier to maintain in a hygiene state when preventive oral home care is practiced.

With some restorations tarnish and corrosion activity can be significantly reduced if the entire restoration is highly polished, which is very important for the biocompatibility property of a material.

iii oral function--

oral function is enhanced with a well polished restoration because food glides more freely over occlusal and embrasure surfaces during mastication. Smooth restoration contacts minimize wear rates on opposing and adjacent teeth, which is particularly true for restorative materials such as ceramics that contain phases that are harder than enamel and dentin.

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Friction is the resistance to motion of one material body over another. If an attempt is made to move to move one body over the other a restraining force to resist motion is produced. The co-efficient of friction is reduced if the surfaces are smooth and in single plane. Reduction in friction results in reduction in wear which intern, helps in longevity of restoration. Rough material surfaces lead to the development of high contact stresses that can causes the loss of functional and stabilizing contacts between teeth.

iii) Esthetics:-

Aesthetic demands may require the dentist to handle highly visible surface of restorations delicately then those that are not accessible, Because.

When white light shines on a solid, some of the light is directly reflected from the surfaces and

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remains white. This light
is mixed is mixed with
the light reflected from
the body of the material
and dictates the color.
As a result an extremely
rough surface appears lighter
than the smooth surface
of the some material.
This problem is associated with
unpolished or worn glass ion-
omers and composite restoration
The opacity, translucency and
transparency of a dental material
is affected by the surface
characteristic of the material.

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Q3

Ans =>

=> Not every can get immediate dentures.

=> Most obviously, people who've already had all their teeth extracted can't get "immediate" as their teeth are already gone

=> For the immediate denture procedure to work the patient must have enough teeth left in their mouth to make.

=> A suitable impression of the teeth.

=> A suitable registration of their bite.

=> If they don't have enough of teeth or their teeth are the wrong place to create a proper bite, or if their jaws have already changed shape due to loss of teeth, they won't be suitable for the procedure.

=> So long as you meet those criteria you're suitable candidant for immediate denture =>

=> since they can be used as Tamporary fixture, immediate dentures are ideally suited of for those looking

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For implant - supported denture - ~~the~~
They can site over the gum after the implant have been placed and are healing over -

=> immediate denture post procedure -

- you should be aware that there will be some discomfort with wearing your immediate denture at first. The gum has only just been you apply operated on and is understandly tender - The area will be sore when you apply pressure through the denture -

=> On the plus side it should help your gums heal better as it covers the operating sites and gives some level off protection against infection -

=> Will be necessary to reline the denture a few months after the procedure

=> Gums and bones from change shape and density as we age - when we leave gaps in our jaw bones from extracting teeth the bone shrinks to fill the holes - This reshaping the gums on tops as well -

=> Most of this reshaping will take place within the first 3-4 months post procedure - At that time you'll need to go back to the dentist to have a new.

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New permanent lining placed in your denture.

=> Advantages of immdiate dunture.

=> The advantages of immeditly denture is to (remove the downtime between Teeth being extracted and you having functional mouth again)

This is great boost to wearer's self - esteem and self - confidence - they don't need to feel self - consicous about the stute of their mouths when they can have immudiate denture in place to fill the gap.

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Q No 4 (A)

Ans

~~Types of denture~~

Types of partial denture:-

- Cast Metal Removable Partial Denture. The most common type of removable partial denture consists of high-quality replacement teeth on a rigid cast metal frame...
- Acrylic Removable partial Denture (Flipper)...
- Flexible partial Denture...
- Fixed Bridge...
- Implant-Supported Fixed Bridge.

Part (B)

what is the difference between survey and surveying?...

Surveying as the profession or work of examining and recording the area and features of a piece of land so as to construct a map, plan, or detailed description of it's survey as (Investigate the opinions of experien of (a group of people) by asking them questions

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QNo5 Major connector

A major connector joins the components of the removebal partial denture from one side of the arch to the opposite side

Role of major connector.

=> Be rigid

=> protect the associated soft tissue.

-> Provides means for obtaining indirect Retention.

-> Provids a means of placement of denture base.

-> Promote patient comfort.

-> Self cleaning

Rigidity.

Permits broad destribution of forces.

PROTECT soft Tissue:

-> Maxillary connector.

6mm from marginal gingive.

Mandibuler connector.

3 mm from marginal gingivea.

Provide means of indirect retention.

By use in indirect retainers rotations around the fulcrum line can be prevented.

Promote patient comfort.

Edges should be contoured.

Minor connectors.

Definition: components that server as the connecting link blw major connector.

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or base of a removable partial denture and other components of the prosthesis such as the clasp assembly indirect retainers occlusal rests or cingulum rests.

Functions.

=> Primary function joining other units of the prostheses and denture bases to the major connectors -

=> Transper functional stresses to the abutment Teeth.

=> Transpere the effect of retainers rests stabillizing comporats through out the prosthese.

Four Types.

=> Join the clasp assembly to the major connector.

=> Join direct retainer are axxillary rests To the major connector.

=> Join the denture base to the major connector.

=> Serve as an approach arm for a vertical projection or bar Type-

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