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**Paper: Prosthodontics**

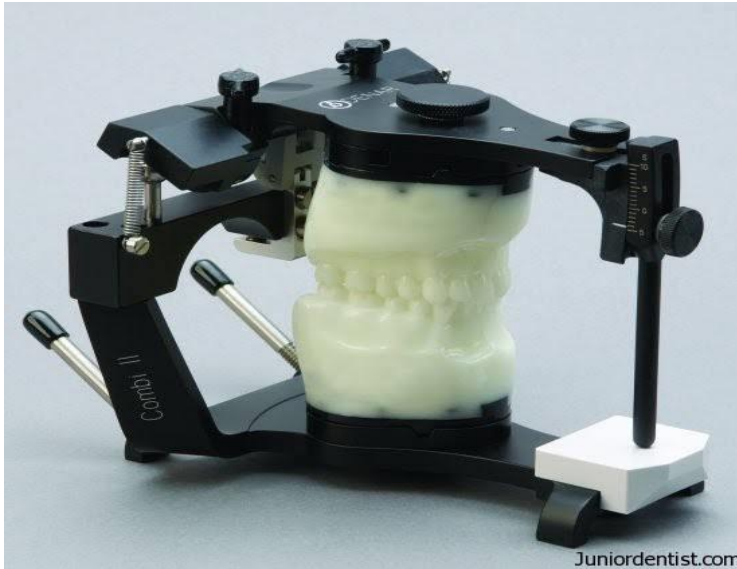
**BS(D.T) 6th semester**

*Q1: For what purpose articulator is used and why?*

**Answer :**

**Uses of articulator:**

- To diagnosis the state of occlusion in both the nature and artificial dentition.
- To plan dental procedures based on the relationships between opposing natural and artificial teeth e.g. evaluation of the possibility of balanced occlusion.
- To aid in fabrication of restoration and Prosthodontics replacement.
- To correct and modify complete restoration.
- To arrange artificial teeth.



### Why we use articulator:

- A temporomandibular joint-like device used to hold models of teeth in the same alignment as a patient's jaw.
- Allowing an orthodontist to simulate the relationships of the bite in restorative and diagnostic procedures.
- An articulator assists in the accurate fabrication of the biting surfaces of removable prosthodontic appliances (dentures),
- Fixed prosthodontic restorations (implants, crowns, bridges, inlays and onlays) and orthodontic appliances.
- Used with skill it ensures correct interdigitation of the teeth and an anatomically functional biting plane.

- Articulators are used mainly by dental technicians in fabrication of prostheses and information regarding bite can be communicated from the prescribing dentist via a facebow alone.

*Q2: Demonstrate why we perform finishing and polishing procedure?*

**Answer**

### **Finishing**



A procedure used to reduce excess restorative material to develop appropriate occlusion and contour; this is usually done with rotary cutting instruments. Finishing removes surface blemishes and produces a smooth surface. Finishing requires the hardest appropriate material except at the margin of the restoration, where tooth structure may be affected.

## **Polishing:**



A procedure that produces a shiny, smooth surface by eliminating fine scratches, minor surface imperfections, and surface stains using mild abrasives frequently found in the form of pastes or compounds. Polishing produces little change in the surface. It may have to be repeated periodically during the life of the restoration if tarnish or stains develop.

The goal of finishing and polishing restorations, intraoral appliances, and tooth structure is to remove excess material, smooth roughened surfaces, and produce an esthetically pleasing appearance with minimum trauma to hard and soft tissues. The finishing and polishing of a surface involves removing marginal irregularities, defining anatomic contours and occlusion, removing the surface roughness of the restoration, and producing a mirror-like surface luster. Many benefits are derived from smooth tooth surfaces, restorations, or appliances in the intraoral environment. A smooth surface resists accumulation of soft deposits and stains, is less irritating to the gingival or mucosal tissue, and is esthetically pleasing because it reflects light better. A smooth, highly polished restorative surface is more resistant to the effects of corrosion and surface breakdown. A properly finished and polished surface will contribute to the appearance and longevity of the restoration or appliance and the health of the surrounding oral tissues. Clinicians who perform these functions must have a clear understanding of the factors that cause and control abrasion. Improper

use of abrasives can lead to roughening and over reduction of tooth and restorative surfaces. The clinician must be able to recognize that different types of tooth structures and restorative surfaces abrade differently and must use the proper protocol for finishing, polishing, or cleansing that surface. It is also the clinician's responsibility to teach the patient how to properly care for the surface with home care devices and how to prevent the staining habits that diminish their appearance.

***Q3: Who can use immediate denture?***

**Answer**



**Following can use immediate dentures:**

1. Not everyone can get immediate denture
2. Most obviously, people who've already had all their teeth extracted Can't get "immediate" dentures, as their teeth are already gone.
3. For the immediate denture procedure to work, the patient must have Enough teeth left in their mouth to make:

4. A suitable impression of the teeth.
5. A suitable registration of their bite.
6. If they don't have enough teeth, or their teeth are in 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
7. So long as you meet those criteria, you're a suitable candidate for Immediate dentures.
8. Since they can be used as temporary fixtures, immediate dentures are Ideally suited for those looking for implant-supported dentures. They Can sit over the gum after the implants have been placed and are Healing over.

***Q4: (a) types of partial denture?***

**Answer: (part A)**

**Types of partial bridge:**

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.

***Q4: (b) what is the difference between survey and surveying?***

**Answer :**

**Survey:**

Survey is defined as the method of collection of facts o information about the status

OR

Dental survey means collection of facts&analysing & evaluating them&comparing that data to previous data collected with that of different place.

Basic oral health surveys are defined as surveys to collect the basic information about oral disease status&treatment needs that is needed for planning or monitoring oral health care programs.

**Surveying :**

The procedure of locating or delineating the contour and position of the abutment teeth and associated structures before designing or removable partial denture.

OR

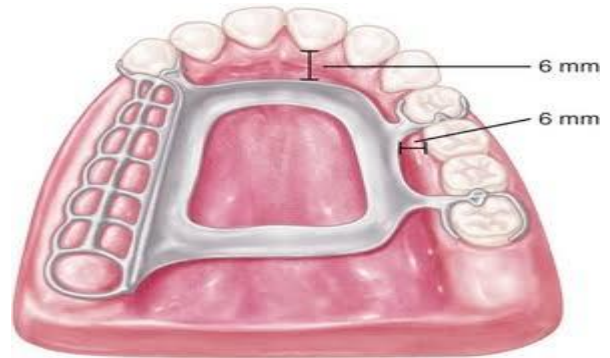
An analysis and comparison of the prominence of intra oral contours associated with the fabrication of a dental prothesis.

***Q5: Enlist the role of major connectors?***

**Answer:**

**DEFINITION**

The MAJOR CONNECTOR is that part of a RPD that joins the component parts on one side of the arch to those on the opposite side.



**Name of components of RPD:**

1. Major connectors
2. Minor connector
3. Direct retainer
4. Indirect retainer
5. Denture base

**General Characteristics:**

Should be rigid and provide cross-arch stability.



Should be made from a compatible alloy.

Should not impinge on oral tissues.

Should not alter the natural contour on the palatal/lingual surfaces

### **FUNCTIONS:**

The functions of the major connector

are to:

1. Join the various parts of a RPD so that the prosthesis acts as a single unit. A major connector must be rigid so that the component parts do not function independently from one another. This way, forces applied to one part of the RPD are transmitted to other parts and are dissipated by all teeth and tissues contacted, rather than just by those where the force is applied.
2. Maxillary major connectors for tooth-tissue supported RPDs provide some support, retention and direct-indirect retention.
3. Occasionally, in retrognathic jaw relationships, anterior occlusion and incisal guidance is incorporated into the anterior portion of the maxillary major connector.