BDS FINAL PROFESSIONAL EXAMINATION 2007
ORTHONDONTICS
MODEL PAPER (MCQs)

Total Marks: 45 **Time Allowed: 45 Minutes**
Total No. of MCQs: 45

1. Methods of bite opening includes:
a) Intrusion of posterior teeth and extrusion of anterior teeth.
b) Extrusion of posterior teeth and intrusion of anterior teeth.
c) Mesialisation of posterior teeth.
d) Retroclination of incisors.
e) Lower incisor extraction.
Key: b

2. Cortical drift is a growth process involving:
a) Deposition of bone.
b) Resorption of bone.
c) Deposition and resorption.
d) Bone bending.
e) Apposition of bone.
Key: c

3. The focal film distance for a lateral cephalogram is:
a) Four feet.
b) Three feet.
c) Five feet.
d) Six feet.
e) Two feet.
Key: c

4. Moment is defined as:
a) Force x Distance from centre of rotation.
b) Force x Distance from centre of resistance.
c) Force x Range.
d) Force x Springback.
e) Force x Modulus of elasticity.
Key: a

5. Minimum anchorage is defined as:
a) 2/3rd of extraction space is utilized by the movement of anchor unit.
b) ½ of the extraction space is utilized by the movement of anchor unit and the remaining ½ by the movement of the moving unit.
c) 1/3rd of the extraction space is utilized by the movement of anchor unit.
d) Absolutely no movement of anchor unit.
e) Absolutely no movement of anterior teeth.
Key: a

6. Classical pattern of extraction in Class II camouflage is:
a) Extraction of upper 1st premolars and lower canines.
b) Extraction of upper 1st premolars and lower 2nd premolars.
c) Extraction of all 2nd premolars.
d) Extraction of upper 2nd premolars and lower 1st premolars.
e) Extraction of all 1st molars.
Key: b

7. Frontal cephalogram is used to:
a) Assess facial symmetry.
b) Overjet.
c) Dental compensation in sagital plane.
d) Deep bite.
e) Open bite.
Key: a

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8. Natal teeth are defined as:
a) Teeth present at the time of birth.
b) Teeth erupting in the 2nd-3rd month.
c) Teeth erupting between 6 months to 2 year.
d) Teeth erupting after 1 year of age.
e) Teeth erupting after 2 years of age.
Key: a

9. 1st order bends are:
a) Tipping bends.
b) Toquing bends.
c) In and out bends.
d) Anchorage bends.
e) Up and down bends.
Key: c

10. Cleft lip and palate patient often requires expansion. Appliance of choice in such cases is:
a) Hyrax appliance.
b) Hass appliance.
c) Cap splint type of expansion appliance.
d) SARPE.
e) Spring jet.
Key: c

11. The most common sequence of eruption of permanent dentition in upper arch is:
a) 6-1-2-3-4-5-7.
b) 6-1-2-4-3-5-7.
c) 6-1-2-5-4-3-7.
d) 6-1-3-2-4-5-7.
e) 6-2-3-4-5-1-7.
Key: a

12. Face mask is primarily used to produce:
a) Dorsal effect.
b) AP effect.
c) Ventral effect.
d) Transverse effect.
e) Vertical effect.
Key: b

13. Relapse in rotated teeth can be avoided:
a) By CSF.
b) By frenectomy.
c) By maintaining integrity of arch.
d) By extraction of retained teeth.
e) By scaling.
Key: a

14. Extraction is mandatory in the treatment of crowding if crowding is:
a) Less than 4mm.
b) More than 4mm and less than 9mm.
c) More than 10mm.
d) More than 4mm but O/J more than 6mm.
e) More than 4mm with –ive O/J.
Key: c

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15. Decompenstaion is done as part of:
a) Convetntional orthodontics.
b) Pre-surgical orthodontics.
c) Camouflage treatment.
d) Surgical camouflage.
e) Interceptive orthodontics.
Key: b

16. ANB angle is used to assess:
a) Sagittal jaw discrepancy.
b) Vertical jaw discdrepancy.
c) Soft tissue profile.
d) Dental pattern.
e) Crowding.
Key: a

17. Anterior Boltan ratio is:
a) 91.3%.
b) 100%.
c) 61.7%.
d) 82.3%.
e) 77.2%.
Key: e

18. Flush Terminal Plane means:
a) Distal surface of upper 'c' flushes with distal surface of lower 'c'.
b) Distal surface of upper 'e' flushes with distal surface of lower 'e'.
c) Mesial surface of upper 'e' flushes with distal surface of lower 'e'.
d) Distal surface of upper 'e' flushes with mesial surface of lower 'e'.
e) Mesial surface of upper'd' flushes with medial surface of lower'd'.
Key: b

19. Sunday bite is defined as:
a) Habitual forward posturing of mandible to Class I.
b) Posturing of mandible to Class III due to a premature contact.
c) Posturing the mandible laterally to establish maximum cuspation in bilaterally narrow maxilla cases.
d) Posturing the mandible back to Class II, when actually in Class I.
e) Under closure of jaw.
Key: a

20. Early loss of upper 'e' leads to anchorage loss of upper 1st molar as:
a) Mesial tipping, mesio-buccal rotation and distalisation.
b) Mesial tipping, mesio-palatal rotation and mesialization.
c) Distal tipping, mesio-palatal rotation and mesialization.
d) Distal tipping, mesio-palatal rotation and distalisation.
e) Mesial tipping, buccal flaring and mesialization.
Key: b

21. Extraction pattern for Class II surgical cases is:
a) Upper 4′s only.
b) Lower 5′s only.
c) Lower 4′s only.
d) Lower canine.
e) Upper 4′s and lower 5′s.
Key: c

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22. Dental compensation in skeletal Class III cases is:

a) Proclined lower incisors only.
b) Retroclined lower incisors.
c) Proclined lower and retroclined upper incisors.
d) Retroclined lower and Proclined upper incisors.
e) Proclined lower and Proclined upper incisors.

Key: d

23. Optimal force for Bodily movement is:

a) 50-75 gm force per tooth.
b) Less than 50 gm force per tooth.
c) 15-25 gm force per tooth.
d) 200-400 gm force per tooth.
e) 75-125 gm force per tooth.

Key: e

24. In RPE activation is done:

a) Once weekly.
b) Twice weekly.
c) Twice daily.
d) Once monthly.
e) Twice monthly.

Key: c

25. Most ectopically erupted tooth is:

a) Upper 1^{st} molar.
b) Upper canine.
c) Lower 2^{nd} molar.
d) Lower incisor.
e) Lower 1^{st} premolar.

Key: a

26. Prognathic profile is seen in patients with:

a) Mandibular hypolasia.
b) Skeletal Class II malocclusion.
c) Skeletal Class III malocclusion.
d) Pier-Robbins syndrome.
e) Stickler's syndrome.

Key: c

27. Unfavorable mixed dentition analysis is an indication for:

a) Space maintenance and space regaining.
b) Space maintenance and space supervision.
c) Space regaining and gross discrepancy cases.
d) Space supervision and gross discrepancy cases.
e) Space maintenance.

Key: d

28. Excess in lower anterior Bolton is an indication for:

a) Build up in upper anteriors.
b) Stripping in lower molars.
c) Stripping in lower premolars.
d) Stripping in upper anteriors.
e) Stripping in lower incisors or lower incisor extraction.

Key: e

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29. Absolute anchorage:
a) Is provided by ankylosed teeth.
b) Is provided by implants.
c) Is also called Stationary Anchorage.
d) Means Zero Anchorage Loss.
e) Means Zero Anchorage Burn.
Key: d

30. Pseudo-Class III is defined as:
a) Habitual forward posturing of mandible to Class I.
b) Posturing of mandible to Class II due to a premature contact.
c) Posturing the mandible laterally to establish maximum cuspation in bilaterally narrow maxilla cases.
d) Posturing the mandible back to Class II, when actually in Class I.
e) Underclosure of mouth.
Key: b

31. Bite of accommodation means:
a) Habitual forward posturing of mandible to Class I.
b) Posturing of mandible to Class III due to a premature contact.
c) Posturing the mandible laterally to establish maximum cuspation in bilaterally narrow maxilla cases.
d) Posturing the mandible back to Class II, when actually in Class I.
e) Underclosure of mouth.
Key: c

32. Method of Intra-oral anchorage reinforcement is:
a) Headgear.
b) Face mask.
c) Chin cup.
d) Nance appliance.
e) Reverse Pull Headgear.
Key: d

33. Mesiodens is a supernumerary tooth:
a) Between central incisor and lateral incisor.
b) Between central incisors.
c) Extra canine.
d) Extra pre-molar.
e) Extra-molar.
Key: b

34. Tissue borne RPE appliance is:
a) Hyrax appliance.
b) Hass appliance.
c) Quadhelix.
d) NiTi expander.
e) Spring jet.
Key: b

35. Aspirin is a teratogen for:
a) Cleft lip and palate.
b) Crouzen syndrome.
c) Apert's syndrome.
d) Acromegaly.
e) Hemifacial microsomia.
Key: a

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36. Pierre-Robbins Syndrome is characterized by:

a) Large mandible and cleft palate.
b) Short maxilla and cleft palate.
c) Large maxilla and cleft palate.
d) Short mandible and cleft palate.
e) Short mid-facial region and cleft palate.

Key: d

37. Muscle involved in torticollis is:

a) Temporalis.
b) Lateral pterygoid.
c) Medial pterygoid.
d) Zygomaticus major.
e) Sternocleido-mastoid.

Key: e

38. Class II elastics are given from:

a) Upper canine to upper 1st molar.
b) Lower canine to lower 1st molar.
c) Upper canine to lower 1st molar.
d) Lower canine to upper 1st molar.
e) Between upper and lower incisors.

Key: c

39. Co-Cr shift is normal:

a) 1-2mm.
b) 2-3mm.
c) 3-4mm.
d) 3-5mm.
e) 4-5mm.

Key: a

40. Canine guided occlusion means:

a) Canine to canine contact on balancing side, no contact on working side.
b) Contact on incisors.
c) Three point contact.
d) Canine to canine contact on working and balancing side.
e) Canine to canine contact on working side, no contact on balancing side.

Key: a

41. RPE (evidence of mid sagital suture break) is assessed by:

a) OPG.
b) Lateral cephalogram.
c) Upper occlusal radiograph.
d) Lower occlusal.
e) Peri-apical.

Key: c

42. Well aligned deciduous dentition is an indication for:

a) Potential crowding.
b) Potential spacing.
c) Disto-occlusion.
d) Mesio-occlusion.
e) Well-aligned permanent teeth.

Key: a

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43. Most commonly congenitally missing tooth is:

a) Upper lateral incisors.
b) Upper 1st premolar.
c) Upper central incisor.
d) Lower lateral incisor.
e) Lower canines.

Key: a

44. Esthetic brackets are:

a) Metal brackets.
b) Steel brackets.
c) Ceramic brackets.
d) NiTi brackets.
e) Co-Cr brackets.

Key: c

45. Retention in removable appliances is obtained by:

a) Z-spring.
b) Adams clasps.
c) Expansion screw.
d) Labial bow.
e) Retraction spring.

Key: b

Reference:

- **Moyers Text Book.**
- **Contemporary Orthodontics by William Proffit.**
- **An introduction to orthodontics Laura Mitchell.**