GOVERNMENT DENTAL COLLEGE AND HOSPITAL, AURANGABAD DEPARTMENT OF PROSTHODONTICS MISSION

Our mission is to equip our students with sound clinical knowledge and skill to develop individual into dentists who are not only professionally trained, but also high in moral and ethical values, imparting profound integrity character to every endeavour, not only in our institution but in the society at large.

We aim to train specialists in prosthodontics, who are skilled clinicians with a strong research background, with continued advancement of knowledge in prosthodontics through integration of basic and advanced sciences with clinical research by our undergraduate and postgraduate students and by our faculty and staff.

GOVERNMENT DENTAL COLLEGE AND HOSPITAL, AURANGABAD DEPARTMENT OF PROSTHODONTICS VISION

Department of Prosthodontics aims at imparting the dental students with the ability to provide excellent treatment, effectively and efficiently with knowledge and skill along with maintaining high ethical standards, empathy, and care while handling any patient needing prosthodontic rehabilitation.

Our all inclusive educational programmes envision to develop and nurture our students to grow into highly talented professionals, ready to take up their responsibility towards the society at large by providing them with a plethora of innovations, concepts based on evidence based dentistry and a clear understanding of the basics of prosthodontics.

DEPARTMENT OF PROSTHODONTICS AND CROWN AND BRIDGE



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1) Staff Details:

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2) Research:

Sr.	Name of Staff	Designation	International	National	Total
No.			Publications	Publications	
1.	Dr. Kishor Mahale	Professor & Head	28	31	59
2.	Dr. Smita Khalikar	Professor	40	30	70
3.	Dr. Vilas Rajguru	Associate Professor	10	7	17
4.	Dr. Sonali Mahajan	Associate Professor	13	10	23
5.	Dr. Ulhas Tandale	Associate Professor	4	8	12
6.	Dr. Varsha Patil	Assistant Professor	2	1	3
7.	Dr. Nikita Galgali	Assistant Professor	2	0	2
8.	Dr.Sumaiyya Sayed	Assistant Professor	3	1	4
9.	Dr.Sumit Thote	Assistant Professor	3	0	3

3.Location in the Institute:

2nd Floor -

- Undergraduate clinic
- Postgraduate clinic
- Postgraduate lab
- Service clinic, OPD
- Implant center
- Casting and ceramic lab
- CAD-CAM Lab

3rd Floor –

• Preclinical Prosthodontics (Under-Graduate Section)

4. Scope of Department:

Conventional and unconventional complete dentures, Removable partial denture, Cast partial denture. All types of Maxillofacial prosthesis. Fixed partial denture. Implants and implant supported prosthesis

5. Patient Services:

- Complete Denture
- Removable Partial Denture (Acrylic/Cast Partial Denture)
- Crown Removal
- Repair of Dentures
- Fixed Partial Denture (Full metal/Acrylic facing/Metal Ceramic/All Ceramic/Implant Prosthesis)
- Composite Restoration
- Post & Core
- Laminates
- Implant
- Smile Designing
- Full Mouth Rehabilitation
- Immediate Denture
- Overdenture
- Obturator (Acrylic/Cast Partial)
- Templates, Splints, Stents, Feeding Plate
- Maxillofacial Prosthesis (Eye,Ear,Nose,Finger,etc).

6. Activities:

- 3) Academic activities The subject is introduced in the first year and the student appears for the final examination in their final year. The lectures are taken as per the time table laid down by MUHS. Apart from lectures, seminars are taken weekly. Interactive sessions, group discussions and question bank solving is done for each batch of students. Practice, viva vocals and relevant diagram drawing projects are integral part of the course. Journals are written by the students covering all the chapters of the subjects and have weightage in terms of marks during the final examination.
- 4) Clinical activities Students start working on the patients from third year and has posting of one month duration per term. Each student is expected to complete a minimum quota as per the MUHS rules and regulations. A clinical work record is maintained by them for the same. Introductory demonstrations on the patients are given to the students and basic as well as newer techniques of various treatment modalities are taught to them.

DENTAL MATERIALS

Lectures (Minimum) 40 Hours Practical & Demonstrations 60 hours. Total 100 Hours.

1) Introduction, Aims and Scope of Dental Materials.

2) Structure & Behaviour of matters.

3) Important Physical properties applicable to Dental Material including their biological considerations.

4) Considerations of following metals & alloy used in Dentistry and the effect of their exposure in mouth a) Dental Amalgam b) Gold and Gold Foil c) Stainless Steel d) Chrome - Cobalt alloys e) Nickel - Chrome alloys f) Casting gold alloys and other alloys used in Dentistry

5) Gypsum Products :- Manufacturing, Chemical, Physical & Mechanical properties, uses & manipulation.

6) Impression Materials -- General requirements, Classification, composition, manipulation, properties and clinical application.

7) Synthetic resins used in Dentistry. a) Denture base materials b) Repair & reline material c) Soft liners & tissue conditioners d) Filled and unfilled Resins as Restorative materials.

8) Dental Waxes - Classification, varieties, Composition, Properties, manipulation & uses.

9) Dental Casting investments - Types, Composition, manipulation & properties.

10) Dental Casting procedures (in brief) - Preparation of die/model - Wax pattern, Spruing, investing - Burnout procedures -Compensation of casting shrinkage, furnaces and muffles and various casting machines. Defects in casting - finishing & polishing of castings.

11) Welding & Soldering - materials & procedure.

12) Abrasive & polishing agents used in dentistry. Mechanism of tooth cutting, burs & points.

13) Dental Cements - Classification, Composition, manipulation properties and uses. Cavity liners and varnishes, Resin cements.

14) Dental Porcelain - General consideration, classification, condensation, firing procedure and glazing. Porcelain fused to metals (Metal Ceramics) Aluminous porcelain & brief introduction about latest advances in porcelain.

15) Root canal filling materials.

16) Die and Models materials. Electroforming & Electroplating (in brief)

17) Brief introduction to orthodontic materials.

18) Introduction to the materials used for Dental implant.

19) Brief introduction about the materials used for maxillofacial prostheses.

PRACTICALS

a) Demonstration of above materials, their identification.

b) Practicals to be conducted for manipulation & study of properties of impression materials. Denture base material & Dental Waxes, Gypsum products. Dental cements & Dental amalgam to inculcate the manipulating skill in students regarding efficient handling of these materials.

PRECLINICAL PROSTHODONTICS (PRACTICALS)

Duration of syllabus: First and Second Year B.D.S. (360 Hours in Two Years period)

Practical Exercises:

A) Fabrication of complete Denture Prosthesis using edentulous Models (Cast)

1) Introduction, Aims, Objective and Scope.

2) Masticatory apparatus- Applied anatomy of the components

3) Anatomical landmarks and Physiological considerations of the Edentulous maxillary and mandibular arches.

4) Preliminary impression, (Demonstration only) and cast preparation.

5) Construction of special trays in shellac base and self cured acrylic resin. a) Close-fit type b) Tray with full spacer and tissue stop.

6) Final impression & Master cast preparation by box-in technique (only Demonstration)

7) Preparation of Record bases.. a) Temporary denture bases (shellac/ selfcured acrylic resin) b) Occlusion Rims of standard dimensions.

8) Brief introduction and Demonstration of Jaw Relation recording

9) Brief introductions of articulators- Detail about Mean value articulator.

10) Transfer of Jaw Relation record on articulator.

11) Brief information about the selection of teeth.

12) Arrangement of teeth -Anteriors and posterior.

13) Reproducing gingival tissue morphology (Waxing and carving)

14) Laboratory Procedures: i) Flasking -Various techniques in brief

ii) Wax elimination from mould (Dewaxing)

iii) Preparation and packing the mould with Denture base resin.

iv) Acrylization -Brief introduction about curing cycles

v) Deflasking -Denture recovery from flask.

vi) Laboratory Remount Procedure and selective grinding.

vii) Face bow preservation Record (optional)

viii) Finishing and polishing of Dentures

ix) Making Remount cast for Clinical remount procedure.

15) Teeth arrangement in Prognathic and Retrognathic ridge relations.

16) Repair to a broken complete denture.

B) Fabrication of Removable partial Dentures:

1. Brief introduction to partial Dentures.

- 2. Comparison between Removable and fixed partial dentures.
- 3. Classification (introduction) and rules governing the classification.
- 4. Making one tooth (Anterior) partial denture in acrylic resin.
- 5. Making (posterior) removable partial denture with 'C' clasp adaptation.
- 6. Surveying procedure (Demonstration only)
- 7. Brief introduction of various components of partial Denture.

8. Designing partial denture framework on partially edentulous cast (Drawing as Diagnostic model and in journal)

9. Brief introduction to various laboratory steps in fabrication of cast partial denture framework by using audio-visual aids.

C) Fixed partial Denture Prosthesis :

- 1. Brief introduction to crown and Bridge prosthesis
- 2. Principles of tooth reduction (Preparing abutment) to receive
- a) Full crown for anteriors and posterior teeth .
- b) partial veneer crown for anteriors and posterior teeth
- c) Dowel crown/post and core crown (Demonstration only)

3. Casting procedure to fabricate 3 unit bridge (Demonstration only) with special consideration to making of dyes and working models.

4. Brief introduction of pontic designs.

D) Special Prosthesis :

1. Making of cap spints & gunning splint (only Demonstrations.)

2. Fabrication of obturators (only demonstration)

3. Introduction (with models/charts/photographs) of various maxillofacial prosthesis & Dental Implant.



PRE-CLINICAL LAB

Scheme of Examination for second BDS Examination

Sr. No.	Subject	Subheads	Maximu m Marks allotted	Minimu m Marks required to pass in each subheads
1.	Dental Materials	 Theory (Written) Orals /Viva Internal Assesment Theory+ Oral +Internal Assesment Practical/ clinicals I.A Practical/Clinical Practical/Clinical+IA 	70 20 10 100 90 10 100	- - 50 - 50
2.	Pre-Clinical Prosthodontics	 Practical Internal Assesment Oral/Viva Practical+Internal Assesment+Orals 	60 20 20 100	- - 50

FOURTH BDS PROSTHODONTICS AND CROWN AND BRIDGE LECTURES:

50 Lectures. Complete Denture Prosthodontics :

1. Introduction to Prosthodontics, Terminologies, Aims, Objectives and scope.

2. Human Masticatory apparatus : General consideration.

3. Anatomical & Physiological Landmarks of the maxillary and Mandibular Foundations and their significance.

4. Patients education related to complete denture prosthesis.

5. History taking, examination, diagnosis and treatment planning of an edentulous patient.

6. Importance of Diet and Nutrition.

7. Surgical and Non surgical preparation of the patient.

8. Impressions for complete Denture: Definition, Objectives. Theories and Techniques of impression making.

9. Border moulding procedure with special attention to Posterior platal seal area. Various techniques for cast preparation.

10) Record Bases and occlusion rims :- materials and methods of preparation.

11) Jaw relation records – Methods and instrumentation. Orientation relation (Face bow record) Vertical Jaw Relation Horizontal Jaw Relations.

12) Mandibular Movements and different types of articulators.

13) Selection and arrangement of teeth- Anterior and posterior Concepts of occlusion, Balanced occlusion and factors responsible for the same.

14) Try in of waxed up Dentures. Reproduction of gingival tissue morphology.

15) laboratory procedures ; Flasking , wax elimination, , packing, acrylisation, recovery of dentures.

16) Correction of processing errors – laboratory Remount procedure.

17) Trial insertion of Denture and Clinical Remount procedures.

18) Insertion of denture and instruction to a patient ; Recalls.

19) Repair of Broken denture; Relining & Rebasing of a denture.

- 20) Problems associated with the use of complete denture and their treatment.
- 21) Prosthetic Management of poor foundation cases (Atrophied Ridges).
- 22) Treatment of Abused oral tissues.
- 23) Recent advances.

B] Removable partial Dentures. :30 Lectures.

1. Introduction to partial denture, various terminologies used in partial denture.

2. Various components of fixed and removable partial denture and their comparison.

3. Classification of partially edentulous dental arches.

4. Dental cast surveyor and use of surveying procedure, path of insertion and removal.

5. Components of partial dentures; Their selection, requirements of design and indications. (principles of designing and stress control)

a) The partial denture bases.

b) The artificial teeth.

c) The Direct Retainer.

d) The major connector.

e) The minor connector.

f) The indirect retainer.

g) The stress breaker.

h) The precision attachments.

6. Examination, diagnosis, treatment planning, surveying of diagnostic cast.

7. Preparation of patient to receive partial denture : General preparation.

8.Tooth alteration procedure. Making final impression to get master cast. Various impression procedure and Reviews on materials used.

9.Definitive analysis of master cast, work authorization to Dental Technician.

10. Laboratory procedures related to casting for fabrication of partial denture framework (Audio Visual demonstration.).

11. Trying of cast partial framework in mouth, adjusting the occlusion. The functional impression : Altered cast technique.

12.Jaw Relation record, selection and arrangement of teeth & try-in of denture.

13. Acrylization of partial denture bases.

14. Insertion of Removable partial denture & instructions to patient.

15. Patients Complaints and their solution.

16.Factors influencing magnitude of stress transfer on abutment teeth.

17. Management of Kennedy Cl I & II Cases and Cl III & IV cases.

18.Perioprosthodintic relationship.

FIXED PROSTHODONTICS : Lectures :- 30.

1. Aims and objectives of fixed partial denture prosthesis, and effects of loss of natural tooth/ teeth.

2. Examination & Diagnosis for patient of fixed partial denture.

3. Treatment required prior to fixed denture prosthesis.

4. Oral anatomy, physiology and histology as related to fixed partial denture prosthesis.

5. Terminologies related to fixed prosthodontics.

6. Types of fixed partial dentures.

7. Component parts of fixed partial denture - Retainer, Pontic & Connector.

8. Abutment selection and Questionable abutment.

9. Individual abutment preparation to receive 1. acrylic jacket crown.

2. Porcelain fused to Metal jacket crown.

3. Partial veneer.

4. Metal veneer crowns.

10. Tissue management and gingival dilatation methods.

11. Impression procedures in fixed prosthodontics

12. Temporization procedures.

13. Die preparation and review of materials used for die preparation , Laboratory procedures for fabrication.

14. Try in of fixed partial denture.

15. Cementation of fixed partial denture,

16. Maintenance of fixed partial denture, instructions to patients , recall visits repair of F.P.D. Management of failures in fixed partial denture treatment.

17. Restoration of Endodontically treated tooth.

18. Introduction to adhesive bridges, laminates, All ceramic crowns.

Special Prosthesis : Lectures :- 20

Brief introduction & general consideration.

1. Maxillofacial prosthesis - Aims & objectives, various types, materials used for maxillofacial prosthesis. Obturators & splints.

2. Overdentures, Immediate denture, Intermediate/ Interim or denture Implant denture,

3. Prosthodontic consideration in geriatric patient.

Theory Hours : 1. Complete Denture : 50 Hours

2. R.P.D. : 30 Hours

3. Fixed partical Denture : 30 Hours

4. Maxillofa	cial Prosthesis : 2	20 Hours ha	and special T	otal 130 Hours	130 Hours
Spread	over	Ist	to	IVth	BDS
Preclinical H	Hours : 360 Hr	s. Spread ov	ver Ist & II B	DS.	
Clinical Hou	urs : 540 Hrs. S	Spread over	IIIrd & IV B	SDS.	
Total	Duration:		••••	1000	Hrs.

7. Dental Materials Recommended Books

1. Philips Science Of Dental Materials : 10th Edn. - Kenneth J. Anusavice.

2. Restorative Dental Materials - 10 Edn. Robert G. Craig

3. Notes on Dental Materials - E.C. Combe

4. Prep. Manual For Undergraduates – Dental Materials – Dr. M.S. Koudi & Dr. Sanjay Gouda B. Patil.

8. Prosthodontics And Crown & Bridge Recommended Books :

1. Syllabus Of Complete Denture By - Charles M. Heartwell Jr. And Arthur O. Rahn.

- 2. Boucher's "Prosthodontic Treatment For Edentulous Patients"
- 3. Essentials Of Complete Denture Prosthodontics By Sheldon Winkler.
- 4. Maxillofacial Prosthetics By Willam R. Laney.
- 5. Mccraken's Removable Partial Prosthodontics.

6. Removable Partial Prosthodontics By - Ernest L. Miller And Joseph E. Grasso.



UG CLINIC

Scheme of Examination for Final BDS Examination

Sr.NO.	Subject	Subheads	Maximum	Minimum
			Marks	Marks
			allotted	required
				to pass in
				each
				subheads
1.	Prosthodontics	1) Theory (Written)	70	-
	and Crown	2) Orals /Viva	20	-
	and Bridge	3) Internal Assesment	10	-
		4) Theory+ Oral +	100	50
		Internal Assesment		
		1) Practical/ clinicals	90	-
		2)I.A Practical/Clinical	10	
		3) Practical/Clinical+IA	100	50

MDS COURSE

SUBJECT : PROSTHODONTICS AND CROWN & BRIDGE

<u>SYLLABUS OF PART – I</u>

Applied Anatomy

• Anatomy of the stomatognathic system. - Maxilla, Mandible, Maxillary sinus, Face (muscles & nerve supply), Trigeminal ganglion, Cranial nerves, Salivary glands, Larynx, Pharynx, Trachea and esophagus, Muscles of mastication, Maxillary artery, TemperoMandibular Joint, Mandibular Nerve, sympathetic & parasympathetic ganglion, • Anatomy of T.M.J. its movements, disorders and its management. • Anatomy physiology and function of the masticator system. Embryology • Derivatives of Neural Crest, Pharyngeal arches Growth & Development Genetics • Growth and development of face jaws and teeth. • Growth and development of Maxilla, Mandible ,Face, Hard Palate, Soft Palate, Tongue • Consequences and management of age changes in the dentition • Principles of orofacial genetics • molecular basis of genetic defects Immunology • Basic principles of immunity, antigen and antibody reactions • Immunological disorders, • Sensitivity, Delayed Hypersensitivity • Cell mediated immunity Physiology • Mastication, swallowing, Speech and deglutition mechanism. • Salivary glands and saliva, • Healing of wound & Fracture • Blood: Composition, volume, functions, blood groups, RBC and haemoglobin, WBC: Structure and Functions, Platelets : Function and applied aspects and Plasma Proteins • Physiology of pain, sympathetic and parasympathetic nervous systems, physiology of pulpal pain and non odontogenic pain, pain disorders-typical and atypical Nutrition & Biochemistry • Role of Vitamin A, C and B complex in oral mucosal and periodontal health. • Role of Calcium and Vitamin D in growth and development of teeth and jaws. Balanced diet • Nutrition in geriatric patients Pathology & Microbiology • Pathology of the periodontal, Pulp and peri-apical tissues • Pathology of dental tissues and oral cavity. • Dental plaque in relation to dental disease. • Sensory perception and pain • Oral pre-cancerous lesions. • Malignant lesions of the oral cavity and head and neck region. • Developmental anomalies of face, jaws and teeth • Microbiological & virological effects & its treatment options. • waste disposal system • Sterilization & Disinfection Biomedical Staphylococci, Streptococci, Fungi- Candida, Tuberculosis • Blood Coagulation

with applied aspects, Blood Transfusion, shock, lymph and applied aspects, Inflammation, Repair and regeneration, necrosis and Gangrene, Neoplasm, classification of tumors and carcinogenesis. Virology • Microbiological & virological effects & its treatment options. • HIV, Hepatitis, Herpes Virus Applied Pharmacology • Medical conditions and medications affecting dental treatment in Geriatric patients • Antihypertensive • NSAIDS • Anti-Histaminics • Anti-cholinergic • Adrenergic drugs • Antibiotics • Antacids • Anticoagulants • Dosage and mode of administration of drugs • Brief Pharmacology of : drugs acting on Central Nervous System, general anesthetics , hypnotics, analeptics and tranquilizers, Local anesthetics, antibiotics, analgesics and antipyretics, antiseptics, styptics, Sialogogues and anti-sialogogues, Haematinics, Cortisone , ACTH , Insulin and other ant diabetics • Chemotherapy and Radiotherapy Applied Dental Materials: • Physical, mechanical and biological properties of modem dental materials. • Gypsum products used in prosthodontics. • Die and counter die materials. • Various resins used in prosthodontics including Denture base materials • Impression materials used in Dentistry. • Duplicating materials. • Metals and alloys used in Dentistry. • Dental Waxes including inlay casting wax • Investments. • Casting machines procedures and defects. • Soldering and Welding • Cements - restorative and looting • Composites - various generations and system in order of development. Composition, uses and manipulation. Tissue conditioner and soft reline. • Porcelain Including Porcelain fused to Metal alloys. • Porcelain furnace, firing and techniques. • Mechanics of tooth cutting (burs and points) • Cutting, polishing and finishing agents. • Implant materials. • Bonding agents – enamel and dentin bonding agents and various other adhesives. • CAD-CAM System & material science & digital scanning systems Research Methodology and Biostatistics • Scope and need for statistical application to biological data. • Definition of selected terms- scale of measurements related to statistics. • Methods of collecting data. • Presentation of data statistical diagrams and graphs Applied Dental Anatomy and Histology • Biology and anatomy of dental tissues • Biology and physiology enamel, dentine Cementum, pulp and periodontium • Anatomy and histology of oral mucous membrane. • Anatomy of T.M.J. its movements, disorders and its management. • Anatomy physiology and function of the masticator system. • Normal occlusion, development of occlusion in deciduous, mixed and permanent • Dentitions. Oral Pathology & Oral Microbiology • Pathology of the periodontal, Pulp and peri-apical tissues • Pathology of dental tissues and oral cavity. • Dental plaque in relation to dental disease. • Sensory perception and pain • Oral pre-cancerous lesions. • Malignant lesions of the oral cavity and head and neck region. • Developmental anomalies of face, jaws and teeth • Microbiological & virological effects & its treatment options. • Regressive changes of teeth • Bacterial ,viral and mycotic infections of oral cavity • Dental caries • Physical and chemical injuries of the oral cavity • Oral manifestations of metabolic and endocrinal disturbances • Diseases of blood and blood forming organisms in relation to oral cavity • Diseases of skin, nerves and muscles in relation to oral cavity • Anatomy of TMJ, its movements , disorders and its management

PROSTHODONTICS AND CROWN & BRIDGE

SYLLABUS OF PART II

1. NON-SURGICAL AND SURGICAL METHODS OF PROSTHODONTICS AND IMPLANTOLOGY

A).Complete Denture Prosthesis

1. Definitions 2. Terminologies, G.P.T., Boucher's clinical dental terminology 3. The Cranio Mandibular system and its functions, 4. Reasons for loss of teeth, 5. Consequences of loss of teeth 6. Treatment modality with various restorations and replacements 7. Edentulous Predicament, i. Biomechanics of the edentulous state, ii. Support mechanism for the natural dentition and complete dentures, iii. Biological considerations, iv. Functional and Para functional considerations, v. Esthetic. behavioral adaptive vi.Temporomandibular and responses, jointschanges. 8. Effects of aging of edentulous patients i. Aging population distribution edentulism in old age ii. Impact of age on edentulous mouth -Mucosa, Bone, saliva, jaw movements in old age, taste and smell, nutrition, aging, skin and teeth, concern for personal appearance in Old age 9. Sequelae caused by wearing complete denture i. Mucosal reactions, ii. Altered taste perception, iii Burning mouth syndrome, iv Gagging, v. Residual ridge (reduction) resorption, vi. Denture stomatitis, vii Flabby ridge, viii Denture irritation hyperplasia, ix. Traumatic Ulcers, x. Oral cancer in denture wearers, xi deficiencies, xii Masticatory ability and performance, Nutritional xiii Nutritional status and prosthodontics. xiv Masticatory functions. 10 Temporomandibular disorders in edentulous patients - i. Epidemiology, ii Etiology and iii Management, iv Pharmacotherapy, v Physical and Biobehavioral modalities 11 Nutrition Care for the denture wearing patient - i. Impact of dental status on food intake ii. Gastrointestinal functions iii. Nutritional needs and status of older adults iv. Calcium and bone health v. Vitamin and herbal supplementation vi. Dietary counseling vii. Risk factor for malnutrition in patients with dentures viii. When teeth are extracted 12 Preparing patient for complete denture patients -i. Diagnosis and treatment planning for edentulous and partially edentulous patients - Familiarity with patients - Principles of perception - Health questionnaires - Identification data -Problem identification - Prognosis and treatment identification data - Problem identification, Ii Prognosis and treatment planning - Contributing history -Patient's history - Social information - Medical status - Systemic status with

special reference to debilitating diseases - Diseases of the joints -Cardiovascular disorders - Diseases of the skin - Neurological disorders - Oral malignancies. Climacteric - Use of drugs - Mental attitude - Psychological changes - Adaptability - Geriatric changes - Intra oral changes - Intra oral health (mucus membrane, alveolar ridges, palate and vestibular sulcus and dental health) 13. Data collection and recording (visual observation, radiography, palpation, measurement of sulci or fossae, extra oral measurement, the vertical dimension of occlusion, diagnostic casts). 14. Specific observations i. Existing dentures ii. Soft tissue health iii. Hard tissue health - teeth, bone 15. Biomechanical considerations i. Jaw relations ii. Border tissues iii. Saliva iv. Muscular development (muscle tone, neuromuscular co-ordination, tongue, cheek and lips). 16. Interpreting diagnostic findings and treatment planning 17. Immediate Denture a) Advantages b) Disadvantages c) Contraindications d) Diagnosis, treatment planning e) Prognosis f) Explanation to the patient g) Oral examinations h) Examination of existing prosthesis i) Tooth modification j) Prognosis k) Referrals/adjunctive care 1) Oral prophylaxis and other treatment needs. 18. First visit- 4. a) Preliminary impressions and diagnostic casts, b) Management of loose teeth c) Custom trays d) Final impressions and master casts e) Two tray or sectional custom impression tray f) Location of posterior limit and jaw relation records g) Setting of the posterior denture teeth / verifying jaw relations and the patient try in. 19. Laboratory phase a) Setting of anterior teeth b) Wax contouring c) Flasking and boil out d) Processing and finishing 20. Surgical templates a) Surgery and immediate denture insertion b) Postoperative care and patient instructions, subsequent service for the patient on the immediate denture. 21. Over dentures (tooth supported complete dentures) a) Indications and treatment planning b) Advantages and disadvantages c) Selection of abutment teeth d) Loss of abutment teeth e) Tooth supported complete dentures f) Non-coping abutments g) Abutment with copings h) Abutments with attachments i) Submerged vital roots j) Preparations of the retained teeth. 22. Single Dentures: a) Single Mandibular denture to oppose natural maxillary teeth, b) Single complete maxillary denture to oppose natural Mandibular teeth to oppose a partially edentulous Mandibular arch with fixed prosthesis c) Partially edentulous Mandibular arch with removable partial dentures d) Opposing existing complete dentures e) Preservation of the residual alveolar ridge, necessity for retaining maxillary teeth and preventing mental trauma. 23. Pre prosthetic surgery 24. Nonsurgical methods i. Rest for the denture supporting tissues ii. Occlusal correction of the old prosthesis iii. Good

nutrition iv. Conditioning of the patients musculature A Surgical methods - • Correction of conditions, that preclude optimal prosthetic function i. Hyperplastic ridge ii. Epulis fissuratum iii. Papillomatosis iv. Frenular attachments v. Pendulous maxillary tuberosities vi. Ridge augmentation vii. Maxillary and mandibular oral implants viii. Corrections of congenital deformities ix. Discrepancies in jaw size x. Relief of pressure on the mental foramen xi. Enlargement of denture bearing areas xii. Vestibuloplasty xiii. Ridge augmentation xiv. Replacement of tooth roots with Osseo integrated dentureimplants. • Implant supported Prosthesis for partially edentulous patients -Science of Osseo integration, clinical protocol (diagnostic, surgical and prosthetic) for treatment with implant supported over dentures, managing problems and complications. Implant Prosthodontics for edentulous patients: current and future directions. Implant supported prosthesis for partially edentulous patients - Clinical and laboratory protocol: Implant supported prosthesis, managing problems and complications i. Introduction and Historical Review ii. Biological, clinical and surgical aspects of oral implants o Diagnosis and treatment planning iii. Radiological interpretation for selection of fixtures iv. Splints for guidance fort surgical placement of fixtures. v. Surgical and Intra oral plastic surgery, if any Guided bone and Tissue regeneration consideration for implants fixture. vi. Implant supported prosthesis for complete edentulism and partial edentulism on Occlusion for implant supported prosthesis. vii. Periimplant tissue and Management of peri-implantitis viii. Maintenance and after care. ix. Management of failed restoration. x. Work authorization for implant supported prosthesis - definitive instructions, legal aspects, delineation of responsibility. 25. Art of communication in the management of the edentulous predicament i. Communication-scope ii. A model of communication, why important? What are communication is the elements of effective communication? Special significance of doctor / patient communication iii. Doctor behavior iv. The iatro sedative (doctor & act of making calm) recognizing and acknowledging the problem v. Exploring and identifying the problem vi. Interpreting and explaining the problem vii. Offering a solution to the problem for mobilizing their resources to operate in a most efficient way viii. Recognizing and acknowledging the problem ix. Interpreting and explaining the problem x. Offering a solution to the problem. 26. Materials prescribed in the management of edentulous patients -i. Denture base materials ii. General requirements of biomaterials for edentulous patients iii. Requirement of an ideal denture base iv. Chemical composition of denture base resins v.

Materials used in the fabrication of prosthetic denture teeth vi. Requirement of prosthetic denture teeth vii. Denture lining materials and tissue conditioners viii. Cast metal alloys as denture bases - base metal alloys. 27. Articulators -Evolution of concepts i. Classification ii. Selection iii. Limitations iv. Precision v. Accuracy and sensitivity vi. Functions of the articulator and their uses vii. Recent advancements including virtual articulator 28. Fabrication of complete dentures i. Complete denture impressions-muscles of facial expressions and anatomical landmarks, support, retention, stability, aims and objectives of preservation, support, stability, aesthetics, and retention. ii. Impression materials and techniques – need of 2 impressions the preliminary impression and final impressions. Preliminary and final impressions, impression making, custom tray and refining the custom tray, preparing the tray to secure the final impression, making the final impression, boxing impression and making the casts iii. Developing an analogue / substitute for the maxillary denture bearing area anatomy of supporting structures - mucous membrane, hard palate, residual ridge, shape of the supporting structure and factors that influence the form and size of the supporting bones, incisive foramen, maxillary tuberosity, sharp spiny process, torus palatinus, iv. Anatomy of peripheral or limiting structures, labial vestibule, Buccal vestibule, vibrating lines. v. Developing an analogue / substitute for the Mandibular denture bearing area- anatomy of supporting structure, crest of the residual ridge, buccal shelf, shape of Supporting structure, mylohyoid ridge, mental foramen, genial tubercles, torus mandibularis, Anatomy of peripheral or limiting structure – labial vestibule, Buccal vestibule, lingual border, mylohyoid muscle, retromylohyoid fossa, sublingual gland region, alveolingual sulcus, Mandibular impressions – preliminary impressions, custom tray, refining, preparing the tray, final impressions. 29 Mandibular movements, Maxillo mandibular relations and concepts of occlusion - i. Gnathology, ii. Identification of shape and location of arch form-Mandibular and maxillary occlusion rims, level of occlusal plane and recording of trail denture base, tests to determine vertical dimension of occlusion, interocclusal & centric relation records. iii. Biological and clinical considerations in making jaw relation records and transferring records from the patients to the articulator iv. Recording of Mandibular movements - influence of opposing tooth contacts, temporomandibular joint, muscular involvements, neuromuscular regulation of Mandibular motion, the envelope of motion, rest position. v. Maxillo -Mandibular relations – the centric, eccentric, physiologic rest position, vertical dimension, occlusion, vi. Recording methods - mechanical, physiological, vii.

Determining the horizontal jaw relation - Functional graphics, tactile or interocclusal check record method, Orientation / sagittal relation records, Arbitrary / Hinge axis and face bow record, significance and requirement, principles and biological considerations and securing on articulators. 30. Selecting and arranging artificial teeth and occlusion for the edentulous patient - i. Anterior tooth selection, posterior tooth selection, and principles in arrangement of teeth, and factors governing the position of teeth – horizontal & vertical relations. ii. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics - to concept of occlusion. 31. The Try in - i. Verifying vertical dimension ii. Centric relation iii. Establishment of posterior palatal seal iv. Creating a facial and functional harmony with anterior teeth v. Harmony of spaces of individual teeth position vi. Harmony with sex vii. Personality and age of the patient viii. Co-relating aesthetics and incisal guidance. 32. Speech considerations with complete dentures & speech production - i. Structural and functional demands, ii. Neuropsychological background, iii. Speech production and the roll of teeth and other oral structures - Bilabial sounds labiodental(s) sounds - Linguodental sounds - Linguo alveolar sound - Articulatoric characteristics - Acoustic characteristics -Auditory characteristics – Linguopalatal and linguoalveolar sounds – Speech analysis and prosthetic considerations. 33. Waxing contouring and processing the dentures their fit and insertion and after care - i. Laboratory procedure--Wax contouring – Flasking and processing – Laboratory remount procedures – Selective grinding - Finishing and polishing. ii. Critiquing the finished prosthesis - - Doctors evaluation - Patients evaluation - Friends evaluation -Elimination of basal surface errors – Errors in occlusion – Interocclusal records for remounting procedures - verifying centric relation, eliminating occlusal errors. iii. Special instructions to the patient - appearance with new denture, mastication with new dentures, speaking with new dentures, oral hygiene with dentures, preservation of residual ridges and educational material for patients, maintaining the comfort and health of the oral cavity in the rehabilitated edentulous patients. Twenty-four hours oral examination and treatment and (preventive) Prosthodontic – periodontic recall for oral examination 3 to 4 months interval and yearly intervals. B Prosthodontic treatment for partially edentulous patients.

B).Removable Partial Prosthodontics

Removable partial Prosthodontics Scope, definition and terminology • Classification of partially edentulous arches - requirements of an acceptable method of classification, • Kennedy's classification • Applegate's rules for applying the Kennedy classification Components of RPD- i) Major connectormandibular and maxillary ii) Minor connectors- design • Functions & form and location of major and minor connectors • Tissue stops • Finishing lines • Reaction of tissue to metallic coverage iii) Rest and rest seats - form of the Occlusal rest and rest seat, • Interproximal Occlusal rest seats • Internal Occlusal rests • Possible movements of partial dentures • Support for rests • Lingual rests on canines and incisor teeth • Incisal rest and rest seat. iv) Direct retainers- Internal attachments & extra coronal direct retainers. • Relative uniformity of retention • Flexibility of clasp arms • Stabilizing reciprocal clasp • Criteria for selecting a given clasp design • The basic principles of clasp design • Circumferential clasp, bar clasp, combination clasp and other type of retainers. v) Indirect Retainers - denture rotation about an axis, • Factors influencing effectiveness of indirect retainers • Forms of indirect retainers • Auxiliary Occlusal rest • Canine extensions from Occlusal rests, canine rests • Continuous bar retainers and linguoplates • Modification areas, rugae support, direct – indirect retention vi) Teeth and denture bases – types, • Materials, • Advantages and dis-advantages, • Indications and contraindications and clinical use. vii) Principles of removable partial Denture design - • Bio mechanical considerations, • The factors influencing after mouth preparations • Occlusal relationship of remaining teeth • Orientation of Occlusal plane • Available space for restoration • Arch integrity • Tooth morphology • Response of oral structure to previous stress • Periodontal conditions • Abutment support • Tooth supported and tooth and tissue supported, • Need for indirect retention • Clasp design • Need for rebasing • Secondary impression • Need for abutment tooth modification • Type of major connector • Type of teeth selection • Patients past experience • Method of replacing single teeth or missing anterior teeth. • Difference between tooth supported and tissue supported partial dentures, essentials of partial denture design • Components of partial denture design, • Tooth support • Tissue support • Stabilizing components • Guiding planes • Use of splint bar for denture support • Internal clip attachments • Overlay abutment as support for a denture base • Use of a component partially

to gain support. a. Education of patient b. Diagnosis and treatment planning c. Design, treatment sequencing and mouth preparation d. Surveying - • Description of dental surveyor • Purposes of surveying • Aims and objectives in surveying of diagnostic cast and master cast • Final path of insertion • Factors that determine path of insertion and removal • Recording relation of cast to surveyor • Measuring amount of retentive area • Blocking of master cast paralleled blockout, shaped block out, arbitrary blockout and relief. e. Diagnosis and treatment planning – • Infection control and cross infection barriers – • Clinical and laboratory and hospital waste management • Objectives of prosthodontic treatment • Records • Systemic evaluation • Oral examination, preparation of diagnostic cast • Interpretation of examination data • Radiographic interpretation • Periodontal considerations • Caries activity • Prospective surgical preparation • Endodontic treatment • Analysis of occlusal factors • Fixed restorations • Orthodontic treatment • Need for determining the design of components • Impression procedures and occlusion • Need for reshaping remaining teeth • Reduction of unfavorable tooth contours • Differential diagnosis: fixed or removable partial dentures • Choice between complete denture and removable partial dentures, choice of materials f. Preparation of Mouth for removable partial dentures –Oral surgical preparation • Conditioning of abused and irritated tissues • Periodontal preparation objectives of periodontal therapy • Periodontal diagnosis • Control therapy • Periodontal surgery. g. Preparation of Abutment teeth -Classification of abutment teeth • Sequence of abutment preparations on sound enamel or existing restorations • Conservative restorations using crowns • Splinting abutment teeth • Utilization • Temporary crowns to be used as abutment. h. Impression Materials and Procedures for Removable Partial Dentures – • Rigid materials • Thermoplastic materials • Elastic materials • Impressions of the partially edentulous arch • Tooth supported; tooth tissue supported • Individual impression trays i. Support for the Distal Extension Denture Base –Distal extension • Removable partial denture • Factors influencing the support of distal extension base • Methods of obtaining functional support for the distal extension base. j. Laboratory Procedures –Duplicating a stone cast • Waxing the partial denture framework • Anatomic replica patterns • Spruing • Investing • Burnout • Casting and finishing of the partial denture framework • Making record bases • Occlusion rims • Making a stone occlusal template from a

functional occlusal record • Arranging posterior teeth to an opposing cast or template • Arrangement of anterior teeth • Waxing and investing the partial denture before processing acrylic resin bases • Processing the denture • Remounting and occlusal correction to an occlusal template • Polishing the denture. k. Initial placement, adjustment and servicing of the removable partial denture • Adjustments to bearing surfaces of denture framework • Adjustment of occlusion in harmony with natural and artificial dentition • Instructions to the patient • Follow – up services 1. Relining and Rebasing the removable partial denture –Relining tooth supported dentures bases • Relining distal extension denture bases • Methods of reestablishing occlusion on a relined partial denture. m. Repairs and additions to removable partial dentures –Broken clasp arms • Fractured occlusal rests • Distortion or breakage of other components – major and minor connectors • Loss of a tooth or teeth not involved in the support or retention of the restoration • Loss of an abutment tooth necessitating its replacement and making a new direct retainer • Other types of repairs & repair by soldering. n. Removable partial denture considerations in maxillofacial prosthesis.

Maxillofacial prosthetics
Intra oral prosthesis
Design considerations
Maxillary prosthesis
Obturators
Speech aids
Palatal lifts
Palatal augmentations
Mandibular prosthesis
Treatment planning
Framework design
Class I resection
Class II resection
Mandibular flange prosthesis
Jaw relation records.
Management of failed restorations and work authorization details.

C. FIXED PROSTHODONTICS

a) Scope, b) Definitions and terminology, c) Classification and principles, d) Design, e) Mechanical and biological considerations of components – i. Retainers ii. Connectors iii. Pontics iv. Work authorization f) Diagnosis and treatment planning Patients history and interview Patients desires and expectations and needs Systemic and emotional health g) Clinical examinations – i. Head and neck, oral – teeth ii. Occlusal and periodontal iii. Preparation of diagnostic cast iv. Radiographic interpretation v. Aesthetics vi. Endodontics considerations vii. Abutment selection – bone support, root proximities and inclinations, selection of abutments for

cantilever, pier h) Management of Carious teeth – i. Caries in aged population ii. Caries control, removal caries iii. Protection of pulp iv. Reconstruction measure for compromised teeth -v. Retentive pins, vi. Horizontal slots, vii. Retentive grooves, viii. Prevention of caries, ix. Diet, x. Prevention of root caries and vaccine for caries i) Periodontal considerations - Attachment units, Ligaments, Prevention of gingivitis, Periodontitis. Microbiological aspect of periodontal diseases, Marginal lesion, Occlusal trauma, Periodontal pockets in attached gingiva, Interdental papilla, gingival embrasures, Gingival/periodontal prosthesis, Radiographic interpretations of periodontia, Intraoral, periodontal splinting - i. Fixed Prosthodontics with periodontially compromised dentitions, ii. Placement of marginrestorations j) Biomechanical principles of tooth preparation – Individual tooth preparations – Complete metal Crowns – P.F.C., All porcelain – i. Cerestore crowns, ii. Dicor crowns, iii. Inceram etc. iv. Porcelain jacket crowns; v. Partial 3/4, 7/8, vi. Telescopic, pin-ledge, laminates, inlays, onlays. vii. Preparations for restoration of teeth- Amalgam, Glass Ionomer and composite resins. Resin bond retainers, viii. Gingival marginal preparations - Design, Material selection, ix. Biological and mechanical considerations -x. Intra coronal retainer and precision attachments xi. Custom made and prefabricated k) Isolation and fluid control - i. Rubber dam application(s), ii. Tissue dilation-soft tissue management for cast restoration, iii. Impression materials and techniques, iv. Provisional restorations, v. Interocclusal records, vi. Laboratory support for fixed Prosthodontics, vii. Occlusion, viii. Occlusal equilibration, articulators, ix. Recording and transferring of occlusal relations, x. Cementing of restorations 1) Resins, Gold and gold alloys, glass Ionomer, restorations. m) Restoration of endodontically treated teeth, Stomatognathic Dysfunction and management n) Management of failed restorations o) Osseo integrated/ supported fixed Prosthodontics - Osseo integrated/ supported and tooth supported fixed Prosthodontics p) CAD - CAM **Prosthodontics**

D.MAXILLOFACIAL REHABILITATION:

• Scope • Terminology • Definitions • Cross infection • Control and hospital waste management • Work authorization • Behavioral and psychological issues in Head and neck cancer • Psychodynamic interactions between clinician and

patient. I. Cancer Chemotherapy: Oral Manifestations • Complications • Management II. Radiation therapy of head and neck tumors: Oral effects • Dental manifestations and dental treatment: Etiology, treatment and rehabilitation (restoration). • Acquired defects of the mandible • Acquired defects of hard palate, soft palate • Clinical management of edentulous and partially edentulous maxillectomy patients • Facial defects • Restoration of speech • Velopharyngeal function • Cleft lip and palate • Cranial implants • Maxillofacial trauma • Lip and cheek support prosthesis • Laryngectomy aids • Obstructive sleep apnoea • Tongue prosthesis • Oesophageal prosthesis • Radiation carriers • Burn stents • Nasal stents • Vaginal and anal stents • Auditory inserts • Trismus appliances • Mouth controlled devices for assisting the handicapped • Custom prosthesis • Conformers, and orbital prosthesis for ocular and orbital defects. • Osseo integrated supported facial and maxillofacial prosthesis. • Resin bonding for maxillofacial prosthesis, • Cranial prosthesis Implant rehabilitation of the mandible compromise by radiotherapy, • Prosthodontic treatment, • Material and laboratory procedures for maxillofacial prosthesis.

E. OCCLUSION EVALUATION, DIAGNOSIS AND TREATMENT OF OCCLUSAL PROBLEMS:

Scope, definition, terminology, optimum oral health, anatomic harmony, functional harmony, occlusal stability, causes of deterioration of dental and oral health.
Anatomical, physiological, neuro – muscular, psychological considerations of teeth • Muscles of mastication • Temporomandibular joint • Intra oral and extra oral and facial musculatures and the functions of Cranio mandibular system.
Occlusal therapy • The stomatognathic system • Centric relation, vertical dimension • The neutral zone • The occlusal plane • Differential diagnosis of temporomandibular disorders • Understanding and diagnosing intra articular problems • Relating treatment to diagnosis of internal derangements of TMJ • Occlusal splints. • Selecting instruments for occlusal diagnosis and treatment, mounting casts • Pankey-Mann-Schuyler philosophy of complete occlusal rehabilitation • Long centric • Anterior guidance • Restoring lower anterior teeth • Restoring upper anterior teeth • Determining the type of posterior occlusal contours • Methods for determining the plane of occlusion • Restoring lower posterior teeth • Restoring upper posterior teeth •

Functionally generated path techniques for recording border movements intra orally • Occlusal equilibration. • Bruxism • Procedural steps in restoring occlusion • Requirements for occlusal stability • Solving occlusal problems through programmed treatment planning • Splinting • Solving– occlusal wear problems • Deep overbite problems • Anterior overjet problems • Anterior open bite problems • Treating – end to end occlusion • Spaced anterior teeth • Cross bite problems • Crowded, irregular, or interlocking anterior bite. • Using Cephalometric for occlusal analysis, solving severe arch mal-relationship problems, transcranial radiography, postoperative care of occlusal therapy.

F. ESTHETICS

Scope, definitions Morpho psychology and esthetics, structural esthetic rules – Facial components Dental components Gingival components Physical components. Esthetics and its relationship to function – Crown morphology Physiology of occlusion, mastication, occlusal loading and clinical aspect in bio esthetic aspects Physical and physiologic characteristic and muscular activities of facial muscle Perioral anatomy and muscle retaining exercises Smile -Classification and smile components Smile design Esthetic restoration of smile Esthetic management of the dentogingival unit Intraoral materials for management of gingival contours, and ridge contours. Periodontal esthetics Restorations – Tooth colored restorative materials The clinical and laboratory aspects Marginal fit Anatomy Inclinations, form, size, shape, color, embrasures & contact point. • Infection control, cross infection barrier – clinical &lab; hospital & lab waste management TMJ - Temporomandibular joint dysfunction Scope Definitions Terminology a) Temporomandibular joint and its function, b) Orofacial pain, c) Pin from the temporomandibular joint region, d) Temporomandibular joint dysfunction, e) Temporomandibular joint sounds, f) Temporomandibular joint disorders, g) Anatomy related, h) Trauma, disc displacement, i) Osteoarthrosis/Osteoarthritis, j) Hyper mobility and dislocation, k) Infectious arthritis, l) Inflammatory diseases, m) Eagle's syndrome (Styloid – stylohyoid syndrome), n) Synovial chondromatosis, o) Osteochondrosis disease, p) Ostonecrosis, q) Nerve entrapment process, r) Growth changes, s) Tumors t) Radiographic u) Etiology, diagnosis and cranio mandibular pain, v) Differential diagnosis and management of orofacial pain-i. Pain from teeth, pulp, ii. Dentin, muscle pain, iii. TMJ pain Psychologic, Physiologic – o Endogenous control o Acupuncture analgesia o Placebo effects on analgesia o Trigeminal neuralgia o Temporal arteritis Occlusal splint therapy i. Construction and fitting of occlusal

splints ii. Management of occlusal splints, iii. Therapeutic effects of occlusal splints iv. Occlusal splints and general muscles performance v. TMJ joint uploading and anterior repositioning appliances vi. Use and care of occlusal splints Occlusal adjustment procedures – Reversible i. Occlusal stabilization splints and physical therapies ii. Jaw exercises iii. Jaw manipulation and other physiotherapy Irreversible therapy i. Occlusal repositioning appliances, orthodontic treatment ii. Orthognathic surgery iii. Fixed and removable prosthodontic treatment and occlusal adjustment iv. Removable prosthodontic treatment and occlusal adjustment iv. Removable prosthodontic treatment, special nature of orofacial pain vi. Psychopathological considerations, occlusal adjustment philosophies vii. Mandibular position, excursive guidance viii. Occlusal contact scheme ix. Goals of occlusal adjustment x. Significance of a slide in centric xi. Preclinical procedures xii. Clinical procedures for occlusal adjustment.



PG CLINIC



CAD-CAM LAB

Scheme of Examination

A Theory Part – I Basic sciences paper 100 Marks

Part – II --- Paper –I, Paper-II, Paper-III 300 Marks (100 Marks for each paper) Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course.

Part-II Examination will be conducted at the end of Third year of MDS course.

Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration.

Paper-I , Paper-II and Paper III shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Distribution of topics for each paper will be as follows:

Part-I : Applied Basic Sciences: Applied Anatomy Nutrition & Biochemistry, Pathology & Microbiology, virology, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology, Applied dental materials.

Part-II : Part-I :Removable Prosthodontics and Implant supported prosthesis (Implantology), Geriatric dentistry and Cranio facial Prosthodontics.

Part-II : Fixed Prosthodontics, Occlusion, TMJ and esthetics.

Paper-III : Essays (descriptive and analyzing type questions) *The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.

B Practical 300 Marks

1) Practical/ Clinical Examination- 200 Marks

2) Viva voce 100 Marks

1) Practical/ Clinical Examination (200 Marks)

i) Presentation of treated patients and records during their 3 years Training period(35 Marks) a. C.D. 1 mark b. R. P.D. 2 marks c. F.P.D. including single tooth and surface restoration d. I.S.P. 5 marks e. Occlusal rehabilitation 5 marks f. T.M.J 5 marks g. Maxillofacial Prosthesis 5 marks h. Pre-Clinical Exercises 10 marks

ii) Presentation of Clinical Exam CD patient's prosthesis including insertion (75 Marks) 1 Discussion on treatment plan and patient review 10 marks 2 Tentative jaw relation records 5 marks 3 Face Bow – transfer 5 marks 4 Transferring it on articulators 5 marks 5 Extra oral tracing andsecuring centricand protrusive/lateral, record 15 marks 6 Transferring records on articulator and programming. 5 marks 7 Selection of teeth 5 marks 8 Arrangement of teeth 10 marks 9 Waxed up denture trial 10 marks 10 Check of Fit, insertion and instruction of previously 5 marks processed characterized, anatomic complete denture Prosthesis

ALL STEPS WILL INCLUDE CHAIRSIDE, LAB AND VIVA VOCE

iii) Fixed Partial Denture (35 Marks) a. Case discussion including treatment planning and selection of Patient for FPD 5 Marks b. Abutment preparation,

isolation and fluid control. 15 Marks c. Gingival retraction and impressions (Conventional/CAD CAM impressions) 10 Marks d. Cementation of provisional restoration. 5 Marks

iv) Removable Partial Denture (25 Marks) a. Sueveying and designing of partially dentate cast. 15 Marks b. Discussion on components and material selection including 10 Marks occlusal schemes.

v) Implant supported Prosthesis (2nd Stage protocol) (30 Marks) a. Case discussion including treatment planning and selection of Patient for ISP. 10 Marks b. Stage II Preparation, Abutment selection, placement and evaluation.10 Marks c. Implant impression and making of cast. 10 Marks

2) Viva voce : (100 Marks)

i) Viva voce Examination: (80 Marks)

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expressions, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii) Pedagogy (20 Marks)

Other courses available

1)Ph.D. in Prosthodontics and Crown Bridge.

2)Fellowship in oral Implantology.