



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka)
(Recognised by Dental Council of India, New Delhi)



Accredited A+ Grade by NAAC

Continuous Internal Evaluation

The following are the methods adopted for continuous internal evaluation in our institution.

1. MCQ's
2. Viva Voce
3. Clinical performance assessment
4. Case based discussions
5. Posting end tests
6. Written assignments

Sample templates have been attached.

PRINCIPAL

Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.

Department of Oral pathology Assignment.

Topics: CARIES ACTIVITY TEST, DIAGNOSIS OF DENTAL CARIES AND METHOD TO CONTROL DENTAL CARIES.

1. What is the estimated global prevalence of untreated dental caries?

- A. 20% B. 40% C. 60% D. 80%

2. From the list of oral microorganisms, which is primarily responsible for the initiation of dental caries?

- A. mutans streptococci B. bifidobacteria C. Lactobacilli D. P. Gingivalis

3. Oral bacterial synthesize extracellular glucans (dextrans and mutans) from which host dietary component?

- A. Glucose B. alpha limit dextrans C. Sucrose D. polysaccharides

4. The critical pH below which demineralization of tooth enamel occurs is usually a

- A. 6.0 B. 5.7 C. 5.5 D. 5.0

5. Deficiency of which vitamin has been associated with enamel defects and increased risk of dental caries?

- A. Vitamin A B. Folic acid C. Vitamin C D. Vitamin D

6. Which of the following foods do not contain free sugars?

- A. agave nectar B. honey C. natural unsweetened orange juice D. Miller

7. The best available evidence between amount of sugars and risk of dental caries from which type of study design

A. Randomized control B. non randomized control C. Cohort D. Cross sectional

8. The best method to prevent initiation of caries to a four year old child who has no accessibility to community water fluoridation is:

A. Brushing and flossing B. 2.2% NaF tablets daily C. 0.05% NaF mouthwash daily D. 0.5% NaF toothpaste daily

9. Lactobacilli are numerous in carious lesion because they

A. Are the main causative
B. Can produce insoluble extracellular polysaccharide
C. Can attach to smooth enamel surface
D. Are secondary invaders

10. Starch is considered to be less cariogenic than monosaccharides and disaccharides because it

A. Does not diffuse through plaque
B. Is rapidly hydrolyzed in the mouth
C. Enhances remineralization
D. Raises the pH in the oral cavity

11. The extra cellular polysaccharides synthesized by cariogenic streptococci in the presence of excess sucrose are best diagnosed by as

a. Mucopolysaccharide b. dextran like glucan c. glycogen like glucan
d. amylopectin

12. Organisms involved in smooth surface caries is

1. Streptococcus mutans 2. Actinomyces viscosus 3. Lactobacilli
4. Campylobacter
a. Only 1 b. only 2 c. 1 and 3 d. all of the above

13. In patients with reduced salivary flow the carious incidence is

- a. More than the patient with normal salivary flow
- b. Less than the patient with normal salivary flow
- c. Unaffected
- d. None of the above

14. Which of the following is cariogenic/caries promoting

- a. Selenium
- b. vanadium
- c. strontium
- d. molybdenum

15. The number of dentinal zones in dental caries?

- a. One
- b. two
- c. four
- d. five

16. Dental caries is associated with

- a. streptococcus agalactiae
- b. streptococcus mutans
- c. streptococcus bovis
- d. streptococcus aginosus

17. Widely accepted theory of dental caries?

- a. Proteolytic theory
- b. proteolytic chelation theory
- c. autoimmune theory
- d. acidogenic theory

18. S. mutans is involved in caries initiation. Other bacteria also involved is

- a. S. sarcinus
- b. S. phocae
- c. S. sanguis
- d. S. Salivaris

19. The dietary carbohydrate most likely involved in etiology of dental caries in man is

- a. Glucose
- b. sucrose
- c. dextran
- d. polysaccharide

20. Bacteria responsible for the initiation of caries

- a. actinomyces
- b. strep. mutans
- c. lactobacillus
- d. strep. viridians

21. What is the PH at which initiation of caries begin

- a. 4.3-4.5
- b. 4.9-5.1
- c. 5.2-5.5
- d. 3.5-4.5

22. In the earliest stages of carious lesion, there is loss of

- A. enamel cuticle
- b. organic matrix
- c. enamel lamellae
- d. interprismatic substance

23. Least cariogenic among these

- a. Raw starch
- b. sucrose
- c. cooked starch
- d. fructose

24. Which tooth in the permanent dentition is the most susceptible to dental caries?

- a. Max. 1st pm
- b. mand. 1st molar
- c. max. 2nd molar
- d. mand. 2nd molar

25. Miller put forth the acidogenic theory of dental caries in the year.

- a. 1890
- b. 1924
- c. 1920
- d. 1980

26. For a bacterium to be seriously considered in the etiology of dental caries, it must

- a. Exist regularly in the dental plaque
- b. Produce extracellular amylopectins
- c. Be lethal for gnotobiotic animals
- d. Produce intracellular dextrans

27. Initiation of dental caries depends on

- a. formation of large amount of acid
- b. viscosity of saliva
- c. availability of carbohydrate food
- d. localization of acid over tooth surface

28. The lateral spread of dental caries is facilitated mostly by

- a. enamel spindles
- b. enamel lamellae
- c. dento enamel junction
- d. striae of Retzius

29. Chemico parasitic theory of dental caries is proposed by

- a. Miller
- b. Gottlieb
- c. Schwartz
- d. G.V. Black

30. Pioneer bacteria in dental caries are in

- a. enamel
- b. pulp
- c. dentin
- d. cementum

31. Ammonia causes

- a. increase in plaque formation
- b. increase in calculus formation
- c. decrease in plaque formation
- d. causes precipitation of salivary proteins

32. Animals maintained in germ free environment did not develop caries even when fed on a high carbohydrate diet is given by

- a. Gottlieb
- b. synder
- c. miller
- d. Orland and fitzgerald

33. Attachment of actinomyces species to the tooth surface is facilitated by

- a. Fimbriae
- b. Cilia
- c. Flagella
- d. Pseudopodia

Submitted by


Santhosh



3rd BDS

2019-20 Batch

DSCDS


Department of Oral Pathology
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.

Department of Oral Pathology and Microbiology

Academic year – 1st BDS (2023-24)

Subject – Dental Anatomy and Oral Histology

50 VIVA Q's

1. Sharpeys fibers – Collagen fibers embedded into the cementum on one side and into alveolar bone on the other. More numerous but smaller at attachment in cementum than bone.
2. Curve of Wilson- Mediolateral curve contacting buccal and lingual cusps tips of mandibular posterior teeth and provides optimum resistance to masticatory load.
3. Curve of spee – Anteroposterior curve of mandibular occlusal plane from tip of mandibular canine to tips of buccal cusps of posterior teeth.
4. Why is canine last tooth to be lost?- Long root , Canine fossa and eminence providing anchorage, Self cleansing mechanism of crown
5. Cusp of Carabelli – Small nonfunctional fifth cusp in maxillary molars lingual to mesiolingual cusp.
6. 6-4 Rule – from birth four teeth erupt from each six months of age
7. Mamelons – One of the three rounded protuberances found on the incisal ridges of newly erupted incisors.
8. Myoepithelial cells – Basket shaped cells related to intercalated ducts. Contain contractile filaments hence functionally similar to smooth muscles with a epithelial descent. Control flow of saliva.
9. Function of striated duct – Site for electrolyte resorption from saliva and contribute Kallikrein and EGF
10. Function of intercalated duct – Lysozymes and Lactoferrin in saliva
11. Cementicles – Small spherical calcified masses embedded within cementum or lying free in the PDL, can also occur in some cases of hypercementoses
12. Pulp stones – Calcified nodular masses seen in pulp. Can be true or false and free, attached or embedded.
13. Incremental lines of Von Ebner – in dentin, 4-8mm apart, rate of diurnal deposition of dentin with periods of activity and rest.

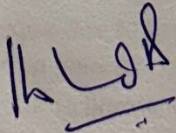
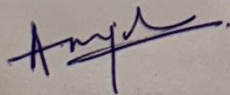
14. Fate of Dental lamina – 5yrs, Remnants are called Cell rests of Serre and can give rise to cysts
15. Why is the term “ectomesenchyme” given – Neural crest cells from neural plate migrate to the mesenchyme, this combined tissue is hence given the name ectomesenchyme.
16. Non Keratinocytes – Langerhans cells, Melanocytes, merkel cells, Inflammatory cells
17. Oblique ridge – Ridge on occlusal surfaces of maxillary molars and formed by the union of triangular ridge of distobuccal cusp and distal cusp ridge of mesiolingual cusp.
18. Triangular Ridge - This is a ridge that extends from the cusp tip toward the central part of the tooth, forming a triangular shape when viewed from a certain angle. It is typically associated with the posterior teeth (premolars and molars).
19. Submerged Teeth – Trauma to the dental follicle/developing PDL sometimes causes tooth to be ankylosed to the bone of the jaw. Because of continued eruption of adjacent teeth the ankylosed tooth may appear submerged.
20. Pre-dentin – First unmineralized layer of dentin, 2-6 micro meter wide, new layer of pre-dentin layed on pre-dentin-dentin border as the previous layer gets mineralized.
21. Theories of Eruption – Root formation, Bone remodelling, Hydrostatic pressure, PDL traction, follicular, Pulp growth, Neuromuscular
22. Line angle – angle formed by any 2 surfaces of the tooth crown, 6 in anterior teeth and 8 in posterior teeth names after the surfaces forming them.
23. Temporary structures in bell stage – Enamel knot, enamel cord, enamel niche
24. Contour lines of Owen- some incremental lines of von ebner are accentuated due to certain disturbances in the environment during dentin formation.
25. Lamina Dura – another name for alveolar bone proper/bundle bone when observed under an X ray. The structure appears radio-opaque due to presence of thick highly mineralized bone and no trabeculae.
26. Clinical considerations of maxillary sinus - Agenesis, Small sinus, double sinus, Acromegaly, Congenital syphilis, 1st molar pathologies, Oroantral fistula, Chronic inflammation of mucoperiosteal layer, neuralgia, sinusitis and sinus block, malignant lesions
27. Enamel hypocalcified structures – enamel lamellae- type A, B ,C, Enamel tufts, DEJ, Enamel spindles, neonatal line, gnarled enamel

28. Freeway Space – physiological interocclusal space between maxillary and mandibular teeth when mandible is at rest. By reciprocal coordination of elevator and depressor masticatory muscles.
29. Embrasures – v shaped spaces adjacent to contact point between the teeth. They are – buccal. Lingual and occlusal. Ideally are symmetrical and tight.
30. Glands of Blandin and Nuhn – anterior lingual minor salivary glands seen in apex of tongue. Open in lingual frenulum. They are mixed but mostly mucous.
31. Life cycle of ameloblasts – consists of 6 stages – morphogenic - Ameloblasts develop from the inner enamel epithelium., organizing- reversal of polarity, formative- Ameloblasts secrete enamel matrix proteins, Maturative - Enamel matrix is mineralized and hardened and ameloblasts reduce in length with cytoplasmic basal processes, protective- Reduced enamel epithelium formed and desmolytic – REE lyses overlying connective tissue during eruption.
32. Incremental lines of salter – Incremental lines of cementum, they depict periods of rest during cementogenesis. Stained intensely by hematoxylin and are highly mineralized.
33. Theories of Mineralization – Seeding theory, Robinsons alkaline phosphatase theory, Matrix vesicle theory (most accepted)
34. Hyaline layer of Hopewell smith – homogenous layer between dentin and cementum. When odontoblasts retreat they dont leave behind processes in first few layers of dentin.
35. Principle fibers of PDL – Alveolar crest, horizontal, oblique, apical and interradicular
36. Reason for shedding- loss of root, loss of supporting tissue, increased masticatory forces, growth of jaw
37. Side determination of any tooth
38. Surface structures of enamel – Perikymata, aprismatic enamel, neonatal line, rod ends, cracks
39. Osteodentin- formed dentin containing odontoblasts- similar to bone in appearance. Type of tertiary dentin in response to stimuli or age change.
40. Plexus of raschkow – sensory nerves entering through the apical foramina as myelinated nerve bundles branch to form subodontoblastic plexus below the cell free zone.
41. Gubernacular cord – observed in eruptive phase of tooth movement. It guides the successor permanent teeth into eruption.

42. Howships lacunae – They are bays of resorption seen when bone is undergoing remodelling. Osteoclasts are present in these lacunae.
43. Unique features of PDL – high cellularity, high turn over rate, presence of oxytalan fibers, proprioceptive mechanoreceptors, specific orientation of integrated bundles of collagen fibers.
44. Fibers of PDL – Collagen fibers (type I, III, V, VI, IV, VII and Principal fibers), Mature elastic (elastin) and immature elastic (elaurin and oxytalan) fibers and indifferent fiber plexus (associated with principal fibers)
45. Odland bodies – they are lamellar granules and are glycolipids. They discharge their contents into intercellular spaces which contributes to keratinization.
46. Shift of Dentogingival junction – 4 stages –
Stage 1 – gingival sulcus – on enamel, attachment epithelium – on CEJ
Stage 2 - gingival sulcus – on enamel, attachment epithelium – partly cementum
Stage 3 - gingival sulcus – at CEJ, attachment epithelium – on cementum
Stage 4 – both on cementum
47. Stippling – alternating elevations and depressions on attached gingiva. These correspond to elevations and depressions of the rete pegs respectively. Males>females. Loss – sign of gingivitis
48. Ugly duckling stage – during mixed dentition period, teeth present are of different sizes, some teeth are missing, crowded or malposed.
49. Van korffs fibers - They are fibers of type III collagen. They are of a larger diameter and seen in mantle dentin.
50. Dentinal fluid- composed of protein, fibrinogen and serum albumin- blocks tubular lumen and plays role in dentin hypersensitivity by movement on stimuli.

Submitted by - Anjalee Katiyar

Reg no. – 23D0295



Department of Oral Pathology
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
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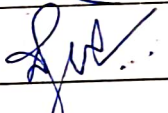


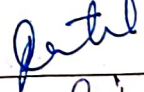
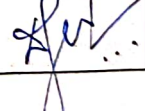
DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES AND HOSPITAL

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

IV YEAR BDS

Clinical postings from: 20/12/23 to 03/01/24

Name of the students: Almas Banu Anjani Sravya M,
Bhavana B.A, Chiraseel Chakraborty,
Sheeraj Narendra Shet, Harshitha K.

Sl no	Date	Staff	Discussion topic	Signature
1	21/12/23	Dr. Preeti	Case history, examination of swelling, ulcer and mucosal lesions	
2	22/12/23	Dr. Mahesh	Dental Caries and sequel	
3	23/12/23	Dr. Darshana	Periodontal Diseases	
4	26/12/23	Dr. Ravi	Principles of radiographic interpretation and Pathologic radiographs	
5	27/12/23	Dr. Mahesh	Analgesics	
6	28/12/23	Dr. Preeti	Antibiotics	
7	29/12/23	Dr. Darshana	Prescription Writing	

Note: Recording of 15 cases is mandatory before completing the posting

Posting End Exam: I - 2/12/23 & 3/12/23.

II - 2/01/24

III -


HOD

Topic:- Epidemiology of Oral Cancer

* Long Essay (10m)

1. Define epidemiology. List types of cancer registries. List any 2 objectives of National Cancer Registry Program. Elaborate risk factors for oral & oropharyngeal cancers.

Ans → The study of the distribution & determinants of health related states & events in specified population & application of this study to the control of health problems [John M Last]

There are 2 types of cancer registries

Ⓐ Population based

Ⓑ Hospital based

Objectives:- To generate reliable data on the magnitude & patterns of cancer
Understand epidemiological studies based on results of registry data.

Etiology & Risk factors:-

Ⓐ Tobacco

Ⓑ Smoked tobacco

Ⓒ 6

- Bidi
 - Chillum
 - Chutta
 - Cigarettes
 - Dhumti
 - Hookah
- Hookli —

22
—
35

Jasika

© Smokless Tobacco

- Khaini
- Mainpuri
- Mauba
- Mishri
- Paan
- Snuff
- Zarda
- Gutka
- Pan masala
- Gudakhi

Constituents in tobacco

- Nicotine
- Tar
- Carbon monoxide
- Nitrogen oxide
- Hydrogen cyanide
- Metals
- Radioactive compounds

ⓓ Alcohol

ⓐ UV radiation

ⓕ Fungal infection



- Chillum
- Chutter
- Choncha
- Dhunna
- Hookah

⑧ Viruses

⑨ Trauma & dental irritation

⑩ Genetic factors

* Short Essay (5m)

2. Elaborate on various approaches on prevention & control of oral cancer.

→ There are 3 well known approaches :-

① Regulatory / Legal Approach

② Service approach

③ Educational approach.

① Regulatory Approach

- In India, Cigarette Act (1975) made it necessary to print warnings on cigarette packets
- National Cancer Control Programme (1985)
- In 2003, no to ads of Tobacco & tobacco products

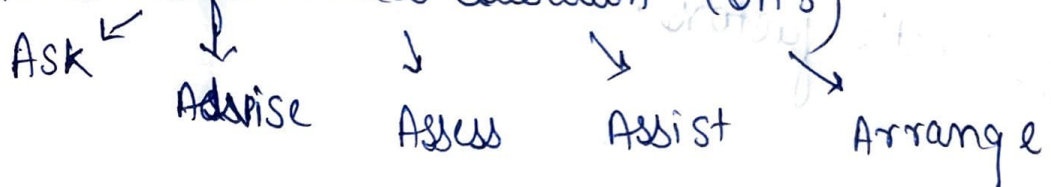
② Service Approach

- Active search for disease among apparently healthy people is a fundamental aspect of prevention.

① Educational Approach

- Role of dentist (important role)

- Guidelines for tobacco cessation (5A's)



3. Nicotine Replacement Therapy (NRT)

Nicotine lessen craving & other withdrawal symptoms while the individual learns to stop the behaviour connected with tobacco use.

→ NRT for tobacco use cessation are:-

① Nicotine gum (4 mg nicotine pieces - Gutkha / Mint flavour)

② Nicotine patch

③ Nicotine inhaler

④ Nicotine nasal spray

⑤ Nicotine lozenges

→ Contraindicated in :- Pregnancy, Lactation, CVS disease, vascular disease, endocrine disorders, inflammation of mouth & throat.

24

→ Nicotine withdrawal symptoms:- Craving for tobacco, Depressed mood, insomnia, irritation, frustration, anxiety etc.

4. 2 procedures in preventive orthodontics. Elaborate any 1.

edms

Procedures are:-

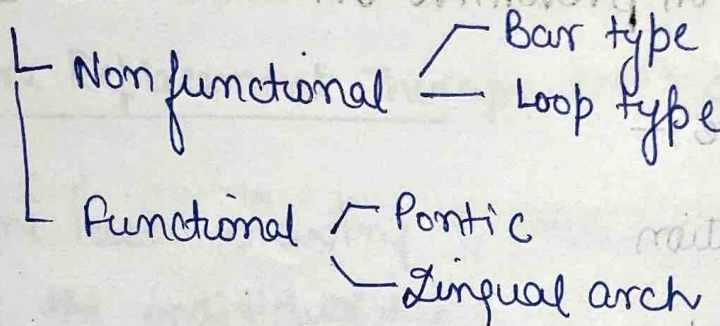
- Ⓐ Parent education
- Ⓑ Caries control
- Ⓒ Care of deciduous dentition
- Ⓓ Management of ankylosed teeth
- Ⓔ Maintenance of quadrant wise tooth shedding table
- Ⓕ Checkup for oral habits
- Ⓖ Occlusal equilibration
- Ⓗ Exstn of supernumerary teeth
- Ⓙ Space maintenance
- ⓐ Management of deeply locked permanent first molar.
- ⓑ Management of abnormal frenal attachment.

① Space maintainers

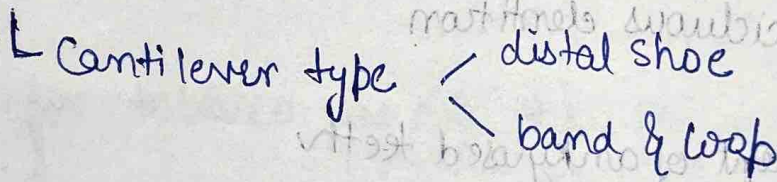
- To maintain space for erupting permanent tooth.
- Classⁿ (Acc. to Heinrichsen)

① Fixed space

Class I



Class II



② Removable

- Acrylic partial dentures
- Complete denture
- Removable distal shoe space maintainer



5. 5A's for tobacco cessation

→ i) Ask :- Ask pt. about their tobacco use at every visit

ii) Advise :- Non-users to never use tobacco
Advise users to quit.

2
iii) Assess :- Assess patient's readiness to quit.
If patient is willing to quit the habit

~~3~~
iv) Assist :- Assist the patient with quitting
Set quit date, support from family, friends,
Reduce tobacco use.
Review past quit attempts.

v) Arrange :- Arrange for follow ups
Revisits, appointment.

6. COTPA

→ COTPA stands for "Cigarettes & Other Tobacco Products Act"

→ Prohibits smoking in public places

→ Prohibiting ads, sponsorship of tobacco products.

→ Prohibition of sale of tobacco products near educational institutions.

2

→ Display of warnings on products

Advice was to print



to print the bottom of the pack

if front is visible to print the top

to print the bottom of the pack

to print the bottom of the pack

to print the bottom of the pack

to print the bottom of the pack

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1970

to print the bottom of the pack

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Dayananda Sagar College of Dental Sciences

Kumaraswamy Layout, Bangalore-560078

Department of Conservative Dentistry and Endodontics

Evaluation form (UG student clinical performance assessment) for restorative treatment

Name of student: Aminul Hassan Year: IV BDS Date: 21/04/23

Sl no	Exercise	Weightage allotted (total 20)	Weightage obtained
1	Case history and examination	1	1
2	Investigation and diagnosis	1	1
3	Treatment planning	1	1
4	Material selection & Shade selection	2	2
5	Caries removal/ Tooth preparation	5	4
6	Isolation	1	1
7	Pulp protection- varnish/DBA/Base/Liner/Matrix	3	2
8	Restoration	3	2
9	Finishing and polishing	2	1
10	Post Op instructions	1	1
	Total	20	16

[Signature]

Staff in charge

[Signature]
HOD



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

DEPARTMENT OF PROSTHODONTICS INCLUDING CROWN AND BRIDGE

STUDENT PERFORMANCE ASSESSMENT TOOL FOR DISCUSSION

TOPIC: *Care History in Complete Denture.*

Date: *25/1/24*

Time: *9 to 1*

PARAMETER	WEIGHT AGE	STUDENT S NAME					
		1)	2)	3)	4)	5)	6)
		<i>Boja</i>	<i>Abithya</i>	<i>Rishi</i>	<i>Bhuvan</i>		
Content – Subject Knowledge	1	<i>1</i>	<i>1/2</i>	<i>1</i>	<i>1</i>		
Enthusiasm	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		
Voice Tone & Pitch	1	<i>1/2</i>	<i>1</i>	<i>1</i>	<i>1</i>		
Body Language Posture	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		
Eye Contact	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		
Analytical Ability	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		
Preparedness	1	<i>1</i>	<i>1/2</i>	<i>1</i>	<i>1</i>		
Initiative - Leadership	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		
Listening	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		
TOTAL	9	<i>8 1/2</i>	<i>8</i>	<i>9</i>	<i>9</i>		

INTERPRETATION

SCORE	INFERENCE
<i>0-3</i>	<i>POOR</i>
<i>4-6</i>	<i>GOOD</i>
<i>7-9</i>	<i>EXCELLENT</i>

TOTAL SCORE	INTERPRETATION

STAFF SIGN & NAME: *Dr. Pradeep Chandras*
[Signature]

For [Signature]



Dayananda Sagar College of Dental Sciences,
Department Of Prosthodontics Including Crown and Bridge



TOPIC: COMPLETE DENTURE

SI NO	EXERCISE	POOR (1)	GOOD (2)	EXCELLENT (3)
1	CASEHISTORY,DIAGNOSIS , TREATMENT PLANING	✓		
2	ARRANGEMENT OF INSTRUMENT	✓		
3	PRIMARY IMPRESSION		✓	
4	SECONDARY IMPRESSION		✓	
5	JAW RELATION		✓	
6	TRIAL	✓		
7	INSERTION AND POST INSTRUCTION		✓	
8	FOLLOW UP		✓	

INTERPRETATION

SCORE	INFERENCE
0-8	POOR
9-16	GOOD
17-24	EXCELLENT

TOTAL SCORE	INTERPRETATION
13	Good

STUDENT UG / PG SIGN & NAME:

Y. Manisha

STAFF SIGN & NAME:

Dr. Pradeep Chandro. K

for
S.H.

Aysha Sameen
2023 Regular Batch
IV BDS.

DEPARTMENT OF PEDODONTICS

1) Phallic Stage Of Freud Corresponds To Which Of The Following Stages Of Piaget?

- (a) Sensorimotor
- (b) Pre-Operational
- (c) Concrete Operational
- (d) Formal Operational

2) Which Of The Following Is Not A Behavioural Theory?

- (a) Cognitive Theory
- (b) Hierarchy Of Needs
- (c) Social Learning
- (d) Classical Conditioning

3) Which Of The Following Operates On Pressure Principle?

- (a) Ego
- (b) Id
- (c) Superego
- (d) None

4) Trust Vs Mistrust Is Seen In Which Age Group?

- (a) Birth-1^{1/2} Year
- (b) 1^{1/2} Year - 3 Years
- (c) Early Adulthood
- (d) 6-12 Years

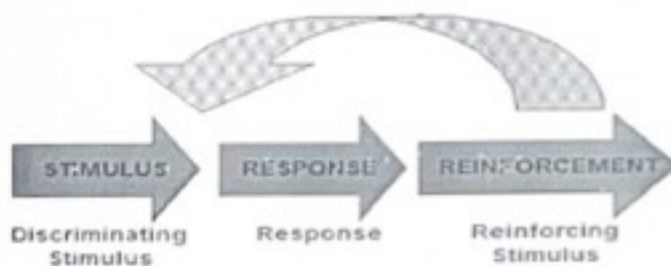
5) According To Erick Erikson , There Are ____ Stages In The Human Life Cycle.

- (a) Seven
- (b) Six
- (c) Eight
- (d) None

6) A Child Visits A Doctor And Experience Pain, So In Subsequent Visits, He Ascribes Pain To Th Sign Of A White Coat . This Model Of Fear Best Described As

- (a) Operant Conditioning
- (b) Freudian Theory
- (c) Extinction
- (d) Classical Conditioning

7) Which Of The Following Is Depicted In The Adjoining Figure?



- (a) Social Learning Theory
- (b) Operant Conditioning

- c) Both Of The Above
- d) None Of The Above

8) Which Of The Following Is Credited For The Theory In The Adjoining Figure?



- a) Abraham maslow
- b) Massler
- c) Erikson
- d) Freud

9) Whats The Basis Of Behaviour Shaping?

- a) Aversive Conditioning
- b) Social Learning Principle
- c) Coagnitive Theory
- d) All Of The Above

10) DevelopmentOf Attraction In Young Girls Towards Their Father Is Known As:

- a) Oedipus Complex
- b) Electra Complex
- c) Attraction Complex
- d) None Of The Above

11) Animism And Constructivism Are Seen In :

- a) Preoperational Stage
- b) Sensorimotor Stage
- c) Concrete Operational Stage
- d) Formal Operational Stage

12) According To Piaget Theory , Feature Of The Concrete Operational Stage Is

- a) Symbolic Play
- b) Centering
- c) Elimination Of Egocentrism
- d) All Of The Above

13) Phenomenon Of Imaginary Audience Given By

- a) Freud
- b) Massler
- c) Maslow
- d) Elkind

14) Phallic Stage Of Freud's Theory Corresponds To Which Stage Of Erikson's Theory?

- a) Autonomy Vs Shame
- b) Initiative Vs Guilt
- c) Identity Vs Role
- d) Industry Vs Inferiority

15) According To Psychosexual Theory, Development Of Personality And Skills Occurs During:

- a) Latency Stage
- b) Genital Stage
- c) Phallic Stage
- d) Anal Stage

16) Classical Conditioning Theory Was Given By:

- a) Bandura
- b) Pavlov
- c) Skinner
- d) Maslow

17) Knowledge Adaptation Involves: Assimilation, Accommodation, _____

- a) Adaptation
- b) Reconstruction
- c) Centralisation
- d) Equilibration

18) According To Freud Theory, Anal Stage Is Seen In Which Age Group?

- a) 3-5 Years
- b) 1-3 Years
- c) 2-4 Years
- d) 0-3 Years

19) The Internalisation, Representation Of The Values And Morals Of The Society As Taught To A Child By The Parents Is Represented By:

- a) Superego
- b) Ego
- c) Id
- d) None

20) About Oedipus Complex:

1. Given By Freud 2. Seen In Males 3. Seen In Latency Stage 4. Seen In Females

The Correct Option Is

- a) 1 & 2
- b) 1, 2, 3
- c) 1, 3, 4
- d) 1 & 4

14
20

NAME: V. SUDHA SARAYU

POSTING TEST

DATE: 3/4/24

Maxillary nerve

Posterior Superior Alveolar nerve block

Other names → Tuberosity block
Zygomatic block.

37/50

Nerves anesthetized - posterior Superior Alveolar
nerve & ^{its} Branches

Extroral soft tissue

Areas anesthetized:



✓ pulp of Maxillary 1st, 2nd and 3rd molars

✓ Buccal periodontium and Bone overlying these teeth

Alveolar mucosa membrane

Landmarks..

- Mucobuccal fold ✓
- Maxillary Tuberosity ✓
- Zygomatic process of Maxilla ✓

Technique:

27 gauge short needle is used.

Area of insertion: Height of mucobuccal fold above maxillary second molar

Orientation of the bevel: Towards the bone during injection

Procedure:

* Retract the patient's Cheek.

* Insert the needle slowly into the height of.
mucobuccal fold over second molar

Advance the needle slowly in an upward,
inward and backward direction.

Signs & Symptoms:

Subjective: None.

Objective: use of electrical pulp testing with
no response from tooth ?

Complications:

1) Hematoma.

2) Mandibular anesthesia

2) Middle Superior Alveolar nerve block.

Nerves anesthetized: middle Superior Alveolar nerve
and its branches

Areas anesthetized: pulp of maxillary first &
second premolar, mesiobuccal

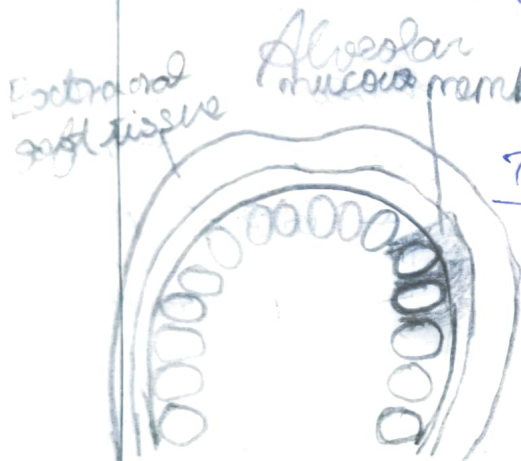
root of Maxillary first molar.

* Buccal periodontium and Bone overlying the same teeth

Technique:

* 27 gauge short needle is used.

* Area of insertion: - Height of mucobuccal fold over the maxillary 2nd premolar



Target area: Maxillary bone above the apex of Maxillary 2nd premolar.

Orientation of bevel: - Towards the Bone

Procedure: * stretch the patient lip to make the tissues taut

* Insert the needle into height of mucobuccal fold above second premolar with bevel directed towards bone.

Signs and symptoms:

Subjective: upper lip numb

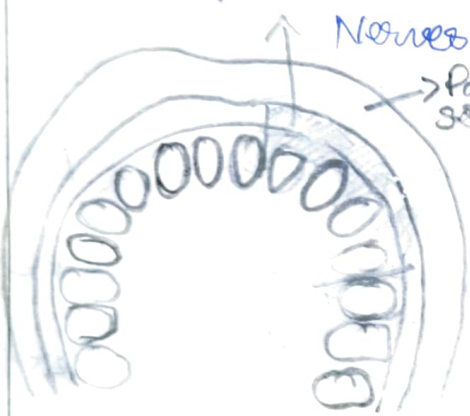
Objective: use of electrical pulp testing with no response from tooth

complication: Hematoma, rarely may develop

at the site of injection

ANTERIOR SUPERIOR ALVEOLAR NERVE BLOCK

Alveolar mucous membrane



Nerves anesthetized:

→ Palatal soft tissue

1. Anterior Superior Alveolar nerve block
 2. Middle Superior Alveolar nerve block
 3. Infraorbital
- ┌ Inferior palpebral
├ lateral nasal
└ superior labial

Areas Anesthetized:

- * pulp of Maxillary central incisor, ~~lateral~~, maxillary premolar and mesiobuccal root of 1st molar
- * Buccal periodontium and bone overlying these teeth
- * lower eyelid, lateral aspect of nose, upper lip.

~~Indication~~

TECHNIQUE:

- A 25-27 gauge needle is recommended
- * Height of mucobuccal fold directly over first premolar

Target - Infraorbital foramen.

Landmarks - mucocutaneous fold, infraorbital notch,
infraorbital foramen

Orientation of bevel - Towards the Bone

SIGNS AND SYMPTOMS:

Subjective: - Tingling and Numbness of lower eyelids, lateral part of nose and upper lip.

Objective: numbness in teeth and soft tissues

complications:

Rarely Hematoma may develop

Greater palatine nerve block

~~Nerves~~ common names:

Anterior palatine nerve block

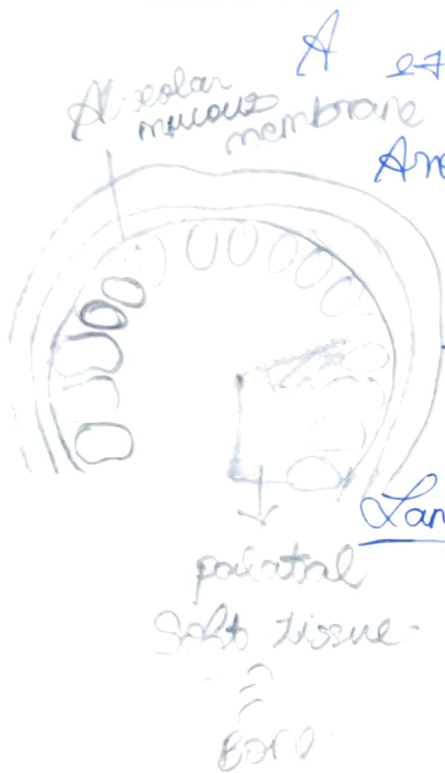
Nerves anesthetized:

greater palatine

Areas anesthetized: Posterior portion of hard palate and its overlying soft tissues anteriorly as far as first premolar and medially

tell midline -

PROCEDURE:



A 27 gauge short needle is recommended

Area of insertion: soft tissue slightly anterior to greater palatine foramen

Target area: greater palatal nerve

Landmarks: Greater palatine foramen & junction of maxillary alveolar process and palatine bone

Orientation of the bevel: Towards palatal soft tissue

Signs and Symptoms:

Subjective: numbness in posterior portion of palate.

Objective: - No pain during dental therapy

Complications:

* Ischemia and Necrosis of soft tissues, Hematoma.

- Patient discomfort, the soft palate is anesthetized

NASOPALATINE NERVE BLOCK

Other common names: incisive nerve block,
sphenopalatine nerve
block.

Nerves anesthetized: Nasopalatine nerve
bilaterally

Areas anesthetized: Anterior portion of hard
palate bilaterally from the mesial
aspect of right first premolar
to mesial aspect of left
first premolar

Indications: when pulpal soft tissue anesthesia
necessary for restorative treatment.

Technique -

Single needle penetration of palate.

A 27 gauge short needle is recommended.

Area of insertion - palatal mucosa
just lateral to incisive papilla.

Target area - Incisive foramen

Landmarks :- incisive papilla, Central incisors

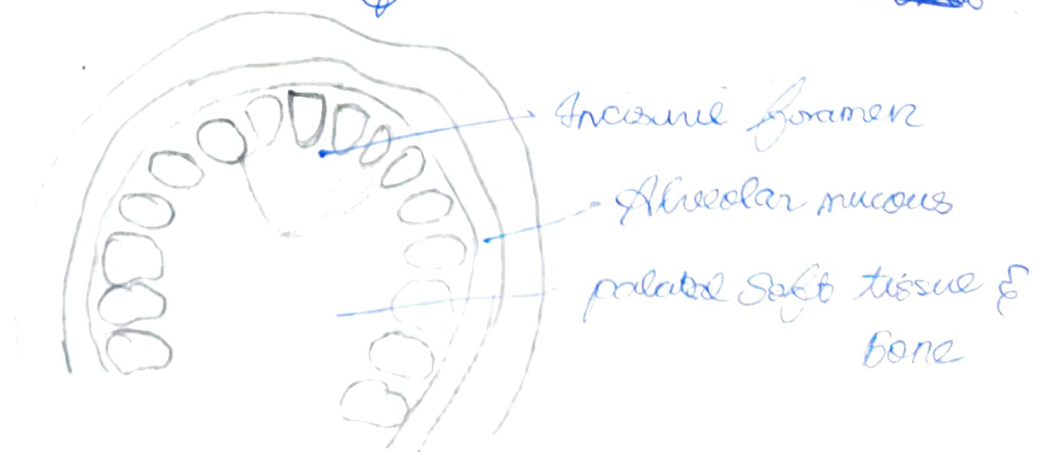
Path of insertion :- 45° towards incisive papilla

Orientation of the bevel towards palatal soft tissue

Signs and Symptoms

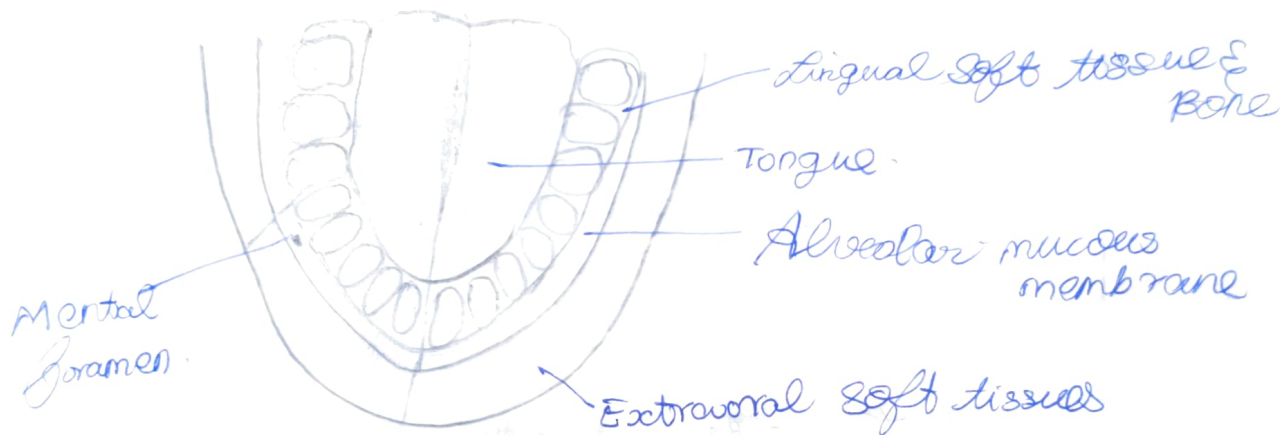
Subjective:- ~~numbness~~ numbness in anterior portion of palate & upper lip

Objective: Instrumentation of the gingival tissue using Periosteal elevator, there'll be no pain if anesthesia is ~~active~~ active.



Techniques of Mandibular Anesthesia.

Inferior Alveolar Nerve Block.



Nerves Anesthetized: -

1. Inferior Alveolar.
2. Incisive.
3. Mental
4. Lingual.

Area anesthetized: -

- * Mandibular teeth to the midline
- * Body of Mandible.
- * Buccal mucoperiosteum.
- * Anterior 2/3rd of tongue and floor of oral cavity
- * Lingual soft tissue and periosteum

Technique :-

A long 25 gauge needle is used

Area of insertion: mucous membrane on medial side of Mandibular ramus

Target area :- Inferior Alveolar nerve as it passes downwards towards mandibular foramen

Landmarks:

* Coronoid notch

* Pterygomandibular raphe

* occlusal plane of mandibular posterior teeth

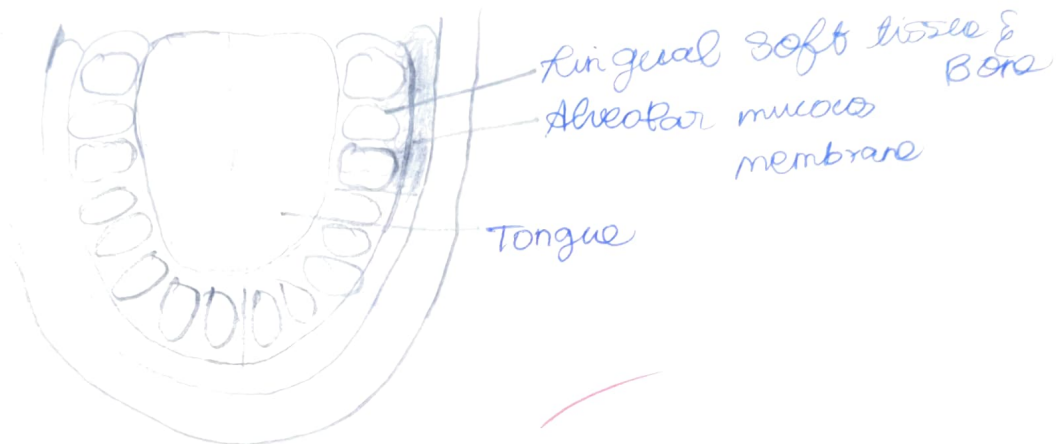


Signs and Symptoms:-

Subjective :- numbness of the lower lip

Objective :- Fracture of gingival tissue using Periosteal elevator, there'll be absence of pain.

INTRA BUCCAL NERVE BLOCK



Nerves Anesthetized:

* Buccal Nerve

Areas Anesthetized:

* Soft tissues and periosteum
Buccal to mandibular
molar teeth

Indic
Procedure:

* A ~~25~~ 25 gauge needle is used.

Area of insertion: Mucous membrane distal and
Buccal to the most distal molar
tooth in the arch

Target area: Buccal nerve as it passes
over the anterior border of ramus

Landmarks: Mandibular notches
mucobuccal fold

orientation of Bevel: Towards the Bevel
during injection

Signs and symptoms:

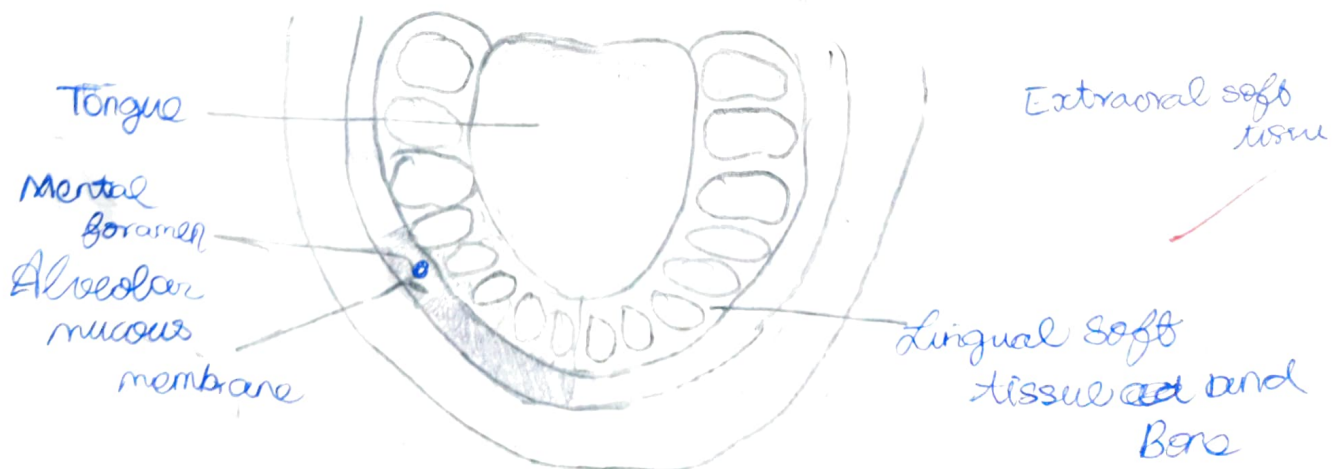
Subjective: Not present

Objective: Instrumentation of
Buccal ~~gingival~~ ~~buccal~~ ~~soft~~ tissue using
Periosteal elevator, there'll
be absence of pain

Complications:

Hematoma

MENTAL NERVE BLOCK



Nerves anesthetized: Mental Nerve

Areas anesthetized:- Buccal mucosa membrane anterior to the mental foramen and the skin of lower lip

Procedure:

Area of insertion: * 25 gauge needle is used.
* Mucobuccal fold ^{just} anterior to or at mental foramen

Target area: * Mental nerve as it exits the mental foramen

Landmarks:

Mandibular premolars and mucobuccal fold
orientation of bevel: Towards the bone during injection

Signs and symptoms:-

Subjective:- numbness of lower lip.

Etchir -

Objective: Instrumentation¹ of soft tissue using Perioatal elevator over the tooth anterior to mental foramen, elicits NO pain.

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES, BANGALORE

DEPARTMENT OF PERIODONTOLOGY

UG Evaluation template (Student Clinical performance assessment tool)

III BDS

Sl No.	Exercise	Weightage obtained (Range 1-10)
1	Case History recording & clinical Evaluation	01 1
2	Investigation & Diagnosis	01 0.5
3	Prognosis & Treatment planning	01 1
4	Scaling procedure	02 1.5
5	Case discussion	01 1
6	Re-evaluation/Maintenance Therapy	01 0.5
7	Record Book	01 1
8	MCQs	02 1.5

8/10

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IV BDS

Sl No.	Exercise	Weightage obtained (Range 1-10)
1	Case History recording & clinical Evaluation	01 1
2	Investigation & Diagnosis	01 1
3	Prognosis & Treatment planning	01 1
4	Scaling procedure	02 1.5
5	Case discussion	01 1
6	Re-evaluation/Maintenance Therapy	01 0.5
7	Record Book	01 1
8	Quota	01 0.5
9	Attendance	01 1
10	Research Project	01 0.5

9/10

Sl No.	Exercise	Weightage obtained (Range 1-10)
1	Case History recording & clinical Evaluation	01 1
2	Investigation & Diagnosis	01 0.5
3	Prognosis & Treatment planning	01 1
4	Scaling procedure	02 2
5	Case discussion	01 0.5
6	Re-evaluation/Maintenance Therapy	01 0.5
7	Record Book	01 0.5
8	quota	01 1
9	Attendance	01 1
10	Research Project	01 1

9/10

Final



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

Shavige Malleswara Hills ,Kumarswamy Layout ,Bangalore.

EVALUATION FORM FOR CASE PRESENTATION

NAME OF STUDENT - Honey

SUBJECT - Orthodontics & Dentofacial Orthopedics

YEAR IV - BDS - [Regular Batch]

SLNO	CONTENT	TOTAL MARKS	OBTAINED MARKS
1	Case history	05	04
2	Extra-oral examination	03	03
3	Intra-oral examination	04	04
4	Diagnosis & treatment plan	05	03
5	Patient communication	03	03

Total Marks Obtained = 17

Evaluator signature

Signature
19/3/2024

Head of the department

Signature
Dept. of Orthodontics & Dento Facial Orthopedics
Dayananda Sagar College of
Dental Sciences and Hospital
Bangalore-560 078