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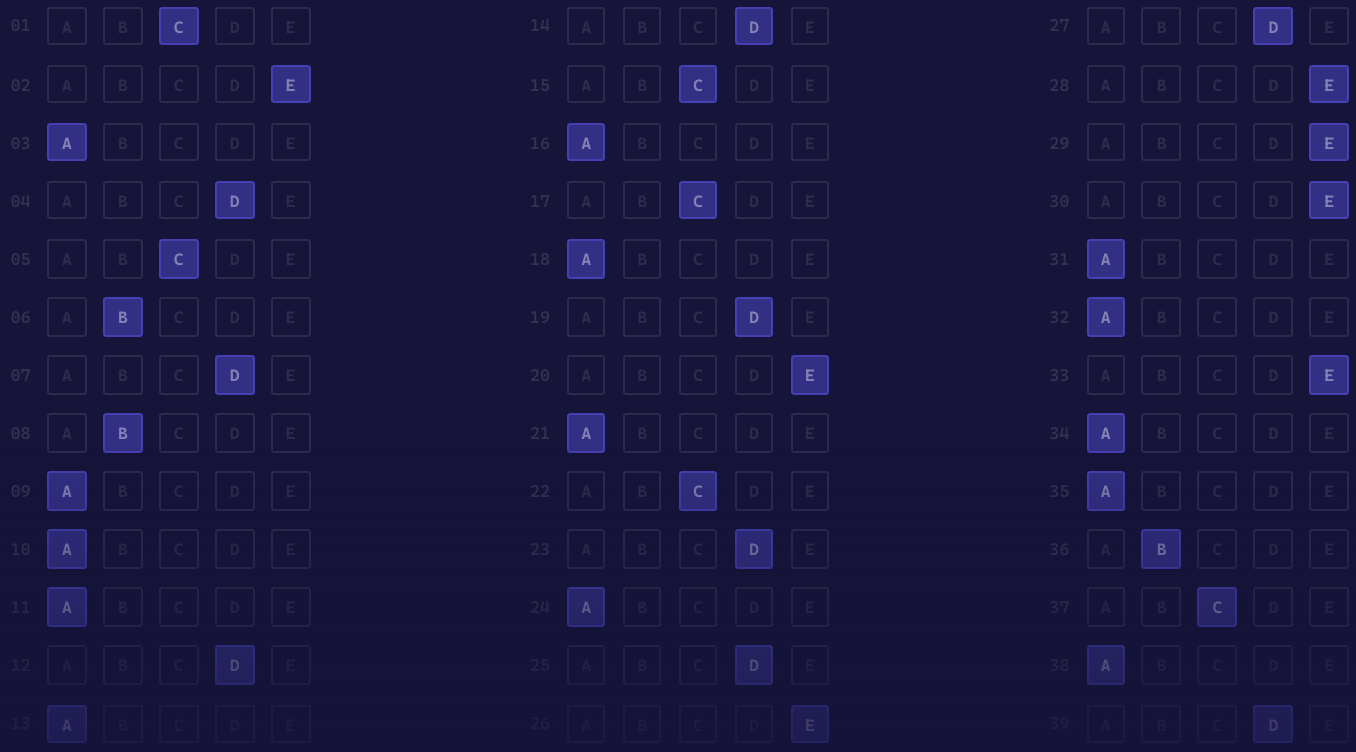

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

CPROS

Consultant Prosthodontics

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) `CPROS`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CPROS`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

A 68-year-old completely edentulous patient presents with a chief complaint of looseness of the maxillary complete denture. On examination, the denture displays adequate retention but inadequate stability, particularly during function. Which factor is most directly responsible for the lack of stability in this prosthesis?

A Inadequate peripheral seal of the denture base

B Improperly contoured polished surface and inadequate occlusal plane orientation

C Loss of vestibular depth due to ridge resorption

D Incorrect posterior palatal seal placement

ANSWER B

WHY Stability of a complete denture is the resistance to horizontal, tipping, and sliding forces during function. While retention depends on peripheral seal and atmospheric pressure, stability is governed primarily by the contour of the polished surfaces, the orientation of the occlusal plane, and the correct positioning of artificial teeth within the neutral zone. Improperly contoured polished surfaces generate destabilizing horizontal forces from the cheeks and tongue, and an improperly oriented occlusal plane directs functional loads at an angle that readily tips the denture.

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QUESTION 2 SINGLE CHOICE

During crown preparation on a maxillary first molar for an all-ceramic restoration, the recommended total occlusal convergence (taper) is approximately:

A 6 degrees

B 10 degrees

C 20 degrees

D 32 degrees

ANSWER C

WHY The recommended total occlusal convergence (combined buccal and lingual taper) for a crown preparation is approximately 20 degrees (about 10 degrees per side). This taper provides adequate retention and resistance form while allowing the restoration to seat without interference. Six degrees is the ideal for ideal retention but is clinically difficult to achieve; 10 degrees per side is too little and prevents seating; 32 degrees represents excessive taper with poor retention.

QUESTION 3 SINGLE CHOICE

A patient is missing teeth #18, #19, #20, #31, and #32 (FDI notation), with the remaining edentulous areas bounded by natural teeth. According to the Kennedy Classification, this arch configuration is classified as:

A Kennedy Class I

B Kennedy Class II

C Kennedy Class III

D Kennedy Class IV

ANSWER C

WHY Kennedy Class III is a bounded edentulous saddle, meaning the edentulous area has a natural tooth both mesially and distally. In this scenario, the missing posterior teeth on both sides are bounded anteriorly and/or posteriorly by natural abutments, and the missing anterior area (#31, #32) is also bounded. The most posterior edentulous areas determine the classification; since both posterior edentulous areas are bounded, this is a Kennedy Class III. Class I is bilateral distal extension, Class II is unilateral distal extension, and Class IV is a single anterior edentulous area crossing the midline.

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QUESTION 4 SINGLE CHOICE

Which loading protocol for dental implants provides the longest documented clinical success in the posterior maxilla where bone density is typically lowest?

A Immediate loading within 48 hours of placement

B Early loading between 1 week and 2 months

C Conventional delayed loading after 3 to 6 months of healing

D Progressive loading with incrementally increasing forces

ANSWER C

WHY Conventional delayed loading (3–6 months of undisturbed healing before prosthetic loading) remains the gold standard and has the longest documented clinical success, particularly in low-density bone such as the posterior maxilla (Type III/IV bone). Immediate and early loading protocols have shown favorable outcomes in well-selected cases but carry higher risk of micromovement exceeding the threshold for osseointegration in low-density bone. Delayed loading allows adequate secondary biological stability to develop before functional forces are applied.

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QUESTION 5 SINGLE CHOICE

A patient has undergone a maxillectomy for squamous cell carcinoma, resulting in an oronasal and oroantral communication. The prosthesis of choice for immediate and intermediate rehabilitation of this defect is a:

A Mandibular resection prosthesis

B Definitive obturator prosthesis

C Surgical obturator

D Speech bulb prosthesis

ANSWER C

WHY A surgical obturator is placed at the time of surgery (or within 7–10 days postoperatively) to immediately close the defect, restore the palatal contour, support surgical packing, and improve speech, deglutition, and appearance during the healing phase. The interim obturator is placed after initial healing, and the definitive obturator is fabricated after the surgical site has stabilized (typically 3–6 months postoperatively). A mandibular resection prosthesis is unrelated to maxillary defects, and a speech bulb prosthesis is used for velopharyngeal insufficiency.

QUESTION 6 SINGLE CHOICE

In a complete denture with a lingualized occlusion scheme, the working-side maxillary cusp that contacts the central fossa of the mandibular tooth is typically the:

A Buccal cusp

B Lingual cusp

C Mesiobuccal cusp

D Distobuccal cusp

ANSWER B

WHY In lingualized occlusion for complete dentures, the lingual cusp of the maxillary posterior tooth contacts the central fossa of the mandibular tooth, while the buccal cusps of the maxillary teeth are designed not to contact in centric or during excursions. This arrangement concentrates functional forces on a single cusp-fossa contact, directs forces toward the supporting ridge center, and enhances denture stability—particularly useful for patients with residual ridge resorption.

QUESTION 7 SINGLE CHOICE

Which ceramic material is most appropriate for an anterior all-ceramic crown on a tooth with vital pulp in a high esthetic demand patient?

A Metal-ceramic with high noble alloy substructure

B **Lithium disilicate (e.g., IPS e.max) pressed or milled**

C Zirconia (yttria-stabilized tetragonal zirconia polycrystal)

D Leucite-reinforced glass ceramic

ANSWER **B**

WHY Lithium disilicate offers an excellent combination of high translucency for esthetics in the anterior zone and adequate flexural strength (~360–400 MPa) suitable for single-unit anterior and premolar crowns. Zirconia is stronger but more opaque, limiting its use in highly esthetic anterior situations. Leucite-reinforced glass ceramics have lower strength (~150 MPa) and are less favored today. Metal-ceramic, while strong, does not satisfy the high esthetic demand of an all-ceramic requirement. Lithium disilicate's translucency and tooth-like fluorescence make it the most appropriate choice.

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QUESTION 8 SINGLE CHOICE

According to Ante's Law, the combined pericemental area of abutment teeth supporting a fixed partial denture should be equal to or greater than that of the teeth being replaced. Which additional clinical factor must be carefully evaluated alongside Ante's Law when planning a long-span prosthesis replacing a mandibular first molar using the second premolar and second molar as abutments?

A Shade compatibility of the abutment crowns

B Periodontal support, root morphology, and crown-root ratio

C Patient's age and dietary habits

D Type of luting cement to be used

ANSWER B

WHY Ante's Law alone is insufficient. The abutment teeth must also demonstrate adequate periodontal support (preferably with at least 50% bone remaining), favorable root morphology (multirooted teeth with divergent roots preferred), and a crown-root ratio of at least 1:1 (preferably more root in bone than clinical crown). These biomechanical factors govern the long-term prognosis and are critical in long-span prostheses where abutments experience increased functional loads. Shade, cement choice, and patient habits do not determine the mechanical feasibility of the FPD.

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QUESTION 9 MULTIPLE CHOICE

Which of the following are appropriate initial conservative management strategies for a patient with masticatory muscle myalgia (myofascial pain) related to a recent increase in the vertical dimension of occlusion from a new prosthesis? (Choose two.)

A **Patient education, reassurance, and self-care instructions**

B Immediate occlusal adjustment of the prosthesis to reduce the vertical dimension

C **Stabilization splint therapy in conjunction with the new prosthesis**

D Prescription of high-dose long-acting benzodiazepines for muscle relaxation

ANSWER **A · C**

WHY Initial conservative management of masticatory muscle myalgia from a prosthetic cause includes patient education and self-care (soft diet, jaw rest, moist heat, behavioral modifications) along with stabilization splint therapy to allow muscle deprogramming and recovery. A period of adaptation (typically 2–4 weeks) should be allowed before any irreversible occlusal adjustment, as most patients adapt to minor changes in vertical dimension. Immediate occlusal adjustment is premature and irreversible. Long-acting benzodiazepines are not appropriate first-line therapy due to risk of dependence and side effects; if a pharmacologic agent is indicated, a low-dose muscle relaxant or NSAID would be preferred short-term.

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