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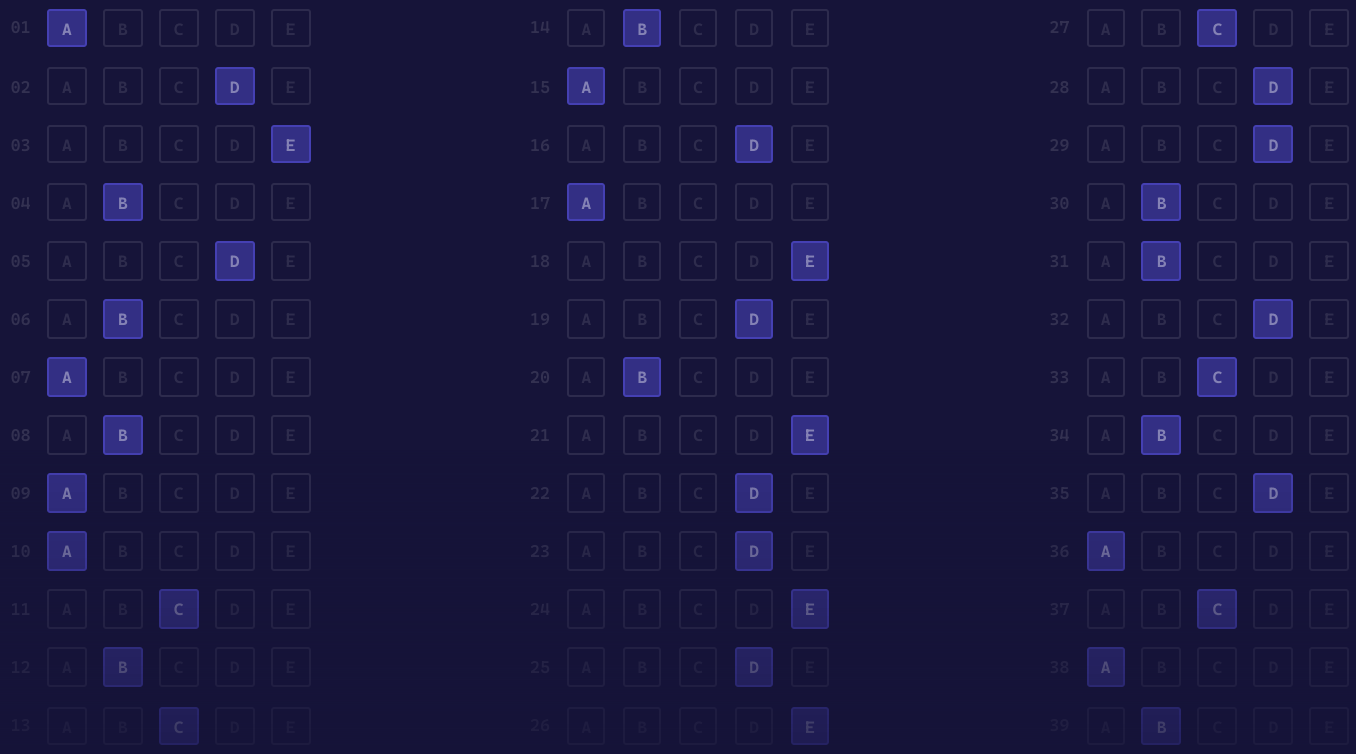

PRACTICE QUESTIONS

Saudi Commission for Health Specialties (SCFHS)

PRODE

Prosthodontics

EDITION	QUESTIONS	ISSUED
Demo	9	August 12, 2026

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Before you begin

What this is

9 practice questions for Saudi Commission for Health Specialties (SCFHS) `PRODE`, 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, `PRODE`
- 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 65-year-old completely edentulous patient presents with well-rounded, firm residual ridges with adequate height and width. According to the classification of residual ridge form most commonly referenced in prosthodontic treatment planning, this ridge form is classified as:

A Class I

B Class II

C Class III

D Class IV

ANSWER C

WHY In the Atwood and commonly cited residual ridge classification, Class III describes a well-rounded, firm ridge with adequate height and width — a favorable foundation for a conventional complete denture. Class I and II describe progressively more resorbed ridges, while Class IV describes a knife-edge ridge.

QUESTION 2 SINGLE CHOICE

When preparing a posterior tooth for a full-coverage metal-ceramic crown, the recommended total occlusal reduction (including the functional cusp bevel) is approximately:

A 1.0 mm uniform

B 1.5 mm uniform with 2.0 mm on the functional cusp bevel

C 2.0 mm uniform with 2.5 mm on the non-functional cusp bevel

D 0.5 mm uniform with 1.0 mm on the functional cusp bevel

ANSWER B

WHY For a metal-ceramic crown, the standard recommendation is approximately 1.5 mm of occlusal reduction over the non-functional (non-cuspal) areas and 2.0 mm over the functional cusp to accommodate the bevel and provide adequate bulk for the metal substructure and ceramic veneer.

QUESTION 3 SINGLE CHOICE

In Kennedy Class I and Class II partially edentulous arches, the most appropriate direct retainer to minimize torquing forces on the abutment tooth is a:

A Circumferential clasp engaging less than 180° of the tooth

B Ring clasp

C Embrasure clasp

D **Precision attachment (e.g., double-tilted, internally inclined) used together with a stable indirect retainer and rest**

ANSWER D

WHY In distal-extension removable partial dentures (Kennedy I/II), clasp design is critical because the distal extension applies torquing forces. A precision attachment, particularly one designed to minimize torque (such as a double-tilted design), or a bar/double clasp combined with proper indirect retention, is preferred because a simple circumferential clasp placed in the undercut can transmit damaging torque to the abutment.

QUESTION 4 SINGLE CHOICE

Which elastomeric impression material is most commonly selected for multi-unit fixed prosthetic impressions because of its excellent dimensional stability, allowing delayed pouring of the definitive cast?

A Irreversible hydrocolloid (alginate)

B Polysulfide

C Condensation silicone

D Addition silicone (polyvinyl siloxane)

ANSWER D

WHY Addition-curing silicone (polyvinyl siloxane, PVS) is the preferred elastomer for multi-unit fixed prosthodontic impressions because of its superior dimensional stability, allowing the cast to be poured days later without significant distortion. Polysulfides are dimensionally stable but hydrophobic and slow-setting; condensation silicones shrink due to alcohol by-product; alginates distort quickly and are not suitable for definitive fixed impressions.

QUESTION 5 SINGLE CHOICE

The concept of arranging artificial teeth in balanced occlusion for a complete denture primarily aims to:

A Maximize masticatory force transmission to the alveolar ridge during centric relation only

B Stabilize the denture during functional and parafunctional movements by ensuring bilateral contacts in eccentric positions

C Eliminate the need for posterior palatal seal in the maxillary denture

D Reduce the vertical dimension of occlusion below the rest position

ANSWER B

WHY Balanced occlusion in complete dentures refers to the bilateral, simultaneous occlusal contacts of anterior and posterior teeth in centric and eccentric positions. Its purpose is to stabilize the denture during functional and parafunctional (lateral/protrusive) movements, preventing displacement and improving patient comfort.

QUESTION 6 SINGLE CHOICE

Which diagnostic feature is most characteristic of disc displacement without reduction (closed lock) of the temporomandibular joint?

A Pain-free clicking with normal mouth opening

B Marked limited mouth opening with deviation toward the affected side and no clicking

C Lateral deviation of the mandible toward the opposite side on opening

D Hypertranslation of the condyle beyond the articular eminence

ANSWER B

WHY Disc displacement without reduction (closed lock) typically presents with a sudden, marked limitation in mouth opening (< 35 mm), mandibular deviation toward the affected (ipsilateral) side on opening, and absence of the clicking that characterized the previously reducible disc displacement.

QUESTION 7 SINGLE CHOICE

A patient with a recently cemented all-ceramic (lithium disilicate) crown on tooth #11 returns reporting that the crown debonded during function. The most likely cause is:

A Use of a resin-modified glass ionomer luting cement without proper enamel/dentin bonding

B Heavy occlusal contacts in lateral excursions on the crown

C Cementation in a contaminated field with saliva/blood during bonding

D Insufficient ceramic thickness in the occlusal area

ANSWER C

WHY The most common cause of debonding of bonded all-ceramic restorations is contamination of the intaglio surface or tooth substrate with saliva, blood, or sulcular fluid, which prevents effective resin bonding. Bonding protocols require strict isolation; while occlusion and ceramic thickness matter, debonding from salivary contamination is the leading clinical cause.

QUESTION 8 SINGLE CHOICE

The primary purpose of placing a finish line with a heavy chamfer (1.0–1.2 mm) on a posterior tooth prepared for an all-ceramic crown is to:

A Reduce the number of visits required for cementation

B Allow adequate bulk of ceramic for strength while providing a clearly defined margin

C Eliminate the need for gingival retraction during impression-making

D Increase the retention of the restoration through mechanical undercut

ANSWER B

WHY A heavy chamfer finish line on posterior teeth prepared for all-ceramic crowns provides a well-defined, smooth transition that allows the lab to produce adequate bulk of ceramic (essential for fracture resistance) and clearly identify the margin for accuracy of fit and cementation.

QUESTION 9 SINGLE CHOICE

A patient wearing complete dentures complains that the lower denture frequently lifts during speech and chewing, while the upper denture feels loose at the end of the day. On examination, the occlusal vertical dimension appears reduced and the patient exhibits a 'reverse smile line'. The most likely cause of these findings is:

A Inadequate posterior palatal seal on the maxillary denture

B Reduced occlusal vertical dimension with resultant overclosure

C Excessive labiolingual flange thickness on the mandibular denture

D Use of non-anatomic posterior teeth in a balanced occlusion scheme

ANSWER B

WHY Overclosure (reduced OVD) allows the mandible to overrotate, causing the lower denture to lift due to lack of occlusal contact and producing a strained appearance with reverse smile line. Increasing the OVD to restore proper facial proportion and occlusal contacts is the corrective approach.