

Grade

(Pass is 70%)

INTRODUCTION TO TM DYSFUNCTION

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| 1. | Flat Plane maxillary splints move the condyle down and forward to the proper position. | T | F |
| 2. | When the lower jaw is moved forward with functional appliances in a younger patient, TM dysfunction may be prevented, as well as snoring and sleep apnea. | T | F |
| 3. | Ideal distance from the condyle to the back of the glenoid fossa is 4 mm. | T | F |
| 4. | Posterior ligament can become stretched or torn in a MVA (whiplash Injury). | T | F |
| 5. | Stage 2 internal derangement has no pain. | T | F |
| 6. | Prior to any restorative, prosthetic or orthodontic treatment clinicians should treat the clicking jaw and try to recapture the anteriorly displaced disc. | T | F |
| 7. | The ideal case to treat is one that has an overjet or deep overbite or both that when the lower jaw is moved forward the clicking stops. | T | F |
| 8. | Patients who present with either an acute or chronic closed lock should be referred to a dentist with special training in treating TMD patients. | T | F |
| 9. | Dentists must take a complete history to evaluate possible TMD including any trauma, MVA, extractions of wisdom teeth, intubation procedures in hospital. | T | F |
| 10. | The ideal position of the condyle in the glenoid fossa is downward and forward (Gelb 4/7 position). | T | F |

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