PROSTHODONTICS, CROWN & BRIDGE

SYLLABUS

DISTRIBUTION OF HOURS

I YEAR M.D.S.
• Theoretical exposure of all applied sciences of study
• Clinical and non-clinical exercises involved in Prosthodontics therapy for assessment and acquiring higher competence
• Commencement of Library Assignment within six months.
• Short epidemiological study relevant to Prosthodontics.
• Acquaintance with books, journals and referrals to acquire knowledge of published books, journals and website for the purpose of gaining knowledge and reference – in the fields of Prosthodontics including Crown & bridge and implantology
• Acquire knowledge of instruments, equipment, and research tools in Prosthodontics.
• To acquire knowledge of Dental Material Science – Biological and biomechanical & bio-esthetics, knowledge of using material in laboratory and clinics including testing methods for dental materials.
• Participation and presentation in seminars, didactic lectures
• Evaluation – Internal Assessment examinations on Applied subjects

II YEAR M.D.S.
• Acquiring confidence in obtaining various phases and techniques for providing Prosthodontic therapy.
• Acquiring confidence by clinical practice with sufficient numbers of patients requiring tooth and tooth surface restorations.
• Fabrication of Adequate number of complete denture prosthesis following, higher clinical approach by utilizing semi-adjustable articulators, face bow and graphic tracing.
• Understanding the use of the dental surveyor and its application in diagnosis and treatment plan in R.P.D.
• Adequate numbers of R.P.D. covering all partially edentulous situation
• Adequate number of Crowns, Inlays, laminates F.P.D. covering all clinical situation.
• Selection of cases and principles in treatment of partially or complete edentulous patients by implant supported prosthesis.
• Treating single edentulous arch situation by implant supported prosthesis.
• Diagnosis and treatment planning for implant prosthesis.
• Ist stage and IInd stage implant surgery
• Understanding the maxillofacial Prosthodontics
• Treating craniofacial defects
• Management of orofacial defects
• Prosthetic management of TMJ syndrome
• Occlusal rehabilitation
• Management of failed restoration
• Prosthodontics Management of patient with psychogenic disorder.
• Practice of child and geriatric prosthodontics
• Participation and presentation in seminars, didactics lectures
• Evaluation – Internal Assessment examinations
III YEAR M.D.S

• Clinical and laboratory practice continued from IIInd year 16
• Occlusion equilibration procedures – fabrication of stabilizing splint for parafunctional disorders, occlusal disorders and TMJ functions.
• Practice of dental, oral and facial esthetics
• The clinical practice of all aspects of Prosthodontic therapy for elderly patients.
• Implants Prosthodontics – Rehabilitation of Partial Edentulous, Complete edentulism and for craniofacial rehabilitation
• Failures in all aspects of Prosthodontics and its management and after care
• Team management for esthetics, TMJ syndrome and Maxillofacial and Craniofacial Prosthodontics
• Management of Prosthodontics emergencies, resuscitation.
• Candidate should complete the course by attending by large number and variety of patients to master the prosthodontic therapy. This includes the practice management, examinations, treatment planning, communication with patients, clinical and laboratory techniques materials and instrumentation requiring different aspects of prosthodontic therapy, Tooth and Tooth surface restoration, Restoration of root treated teeth, splints for periodontal rehabilitations and fractured jaws, complete dentures, R.P.D. FPD. Immediate dentures over dentures implant supported prosthesis, maxillofacial and body prosthesis, occlusal rehabilitation.
• Prosthetic management of TMJ syndrome
• Management of failed restorations
• Complete and submit Library Assignment 6 months prior to examination.
• Candidates should acquire complete theoretical and clinical knowledge through seminars, symposium, workshops and reading.
• Participation and presentation in seminars, didactic lectures
• Evaluation – Internal Assessment examinations three months before University examinations

Prosthodontics

Aims
To train dental graduates so as to ensure higher competence in both general and special area of Prosthodontics and prepare a candidate for teaching, research and clinical abilities-including prevention and after care in prosthodontics including crown and bridge and implantology

General Objectives of the Course:
1. Training programme in Prosthodontics dentistry including Crown & Bridge & implantology is structure to achieve knowledge and skill in theoretical and clinical laboratory, attitude, communicative skills and ability to research with understanding of social, cultural, education and environmental background of the society
2. To have acquired adequate knowledge and understanding of applied basic and systemic medical science knowledge in general and particular to head and neck
3. The postgraduates will be able to provide Prosthodontic therapy for patients with competence and working knowledge with understanding of applied medical behavioral and clinical science that are beyond he treatment skills of the general BDS graduate and MDS graduate of other specialties to demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment after care and referral to deliver comprehensive care to patients

Knowledge
The candidate should possess knowledge applied basic and systemic medical sciences
1. On human anatomy, embryology, histology, applied in general and particular head and neck, Physiology & Biochemistry, Pathology and microbiology, virology, Health and diseases of various systems of the body (systemic) principles in surgery and medicine, Pharmacology, Nutrition, behavioral Science, Age changes, genetics, Immunology, Congenital defects and syndrome and Anthropology, Bioengineering, Bio-medical and Biological Principle and application, Dental material science.
2. Ability to diagnose and planned treatment for patients requiring a Prosthodontic therapy
3. Ability to read and interpret a radiograph and other investigations for the purpose of diagnoses treatment plan.
4. Tooth and tooth surface restorations, Complete denture prosthodontics, removable, partial dentures, Prosthodontics, fixed prosthodontics and maxillofacial and Craniofacial Prosthodontics, implants supported Prosthodontics, T.M.J and occlusion, craniofacial esthetic and biomaterials, Craniofacial disorders, problems of psychogenic origin
1. Age changes and Prosthodontics Therapy for aged
2. Ability to diagnose failed restoration and provide Prosthodontic therapy and after care
3. Should have essential knowledge on ethics, laws and jurisprudence and forensic odontology in Prosthodontics
4. General health conditions and emergency as related to prosthodontics treatment
5. Identify social, cultural, economic, environmental, educational and emotional determinants of the patients and consider them in planning the treatment
6. Identify cases which are outside the area of hi specialty, competence and refer them to appropriate specialists
7. Advice regarding case management involving surgical, interim treatment etc.
8. Competent specialization – a team management of craniofacial design
9. Should attend continuing education programs, seminars and conferences related to prosthodontics in thus updating himself
10. Teach and guide his/her team, colleagues and other students
11. Should be able to use information technology tools and carry out research both basic and clinical, with the aims of publishing his/her work and presenting his/her work at various scientific forum
12. Should have essential knowledge of personal hygiene, infection control, prevention of cross infection and safe disposal of waste, keeping in view the risks of transmission of Hepatitis & HIV
13. Should have an ability to plan to establish Prosthodontic, clinic/hospital teaching department and practice management
14. Should have a sound knowledge for the application of pharmacology, Effects of drugs on oral tissue and systems of a body and for medically compromised patients.

Skills
1. The candidate should be able to examine the patients requiring Prosthodontic therapy, investigate the patient systematically, analyse the investigation results, radiography, diagnose the ailment, plan a treatment, communicate it with the patient and execute it.
2. Understand the prevalence and prevention of diseases of craniomandibular system related to Prosthetic dentistry
3. The candidate should be able to restore lost functions of stomatognathic system namely mastication, speech, appearance and psychological comforts. By understanding biological, biomedical, bioengineering principles and systemic condition of the patient to provide a quality health-care of the craniofacial region
4. The candidate should be able to interact with other speciality including medical speciality for a planned team management of patients for a craniofacial and oral acquired and congenital defects, Temporomandibular joint syndromes, esthetics, implant supported Prosthesis and problems of Psychogenic origin.
5. Should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at higher level of knowledge, training and practice skills currently available in their speciality area
6. Identify target diseases and awareness amongst the population for Prosthodontic therapy.
7. Perform clinical and laboratory procedure with understanding of biomaterials, tissue conditions related to prosthesis and have competent dexterity and skill for performing clinical and laboratory procedures in fixed, removable, implant and maxillofacial TMJ, esthetics Prosthodontics
8. Laboratory technique management based on skills and knowledge of Dental Materials and dental equipment and instruments, management
9. To understand demographic distribution and target diseases of Cranio mandiular region related to Prosthodontic including crown & bridge and implantology.

Attitude
1. Adopt ethical principles in all Prosthodontic practice, Professional honesty and integrity are to be fostered. Treatment to be delivered irrespective of social status, caste, creed or religion of patient
2. Willing to share the knowledge and clinical experience with professional colleagues
3. Willing to adopt new methods and techniques in prosthodontics from time to time based on scientific research, which is in patient’s best interest
4. Respect patient’s rights and privileges including patient’s right to information and right to seek second opinion

Communication Abilities
1. Develop communication skills, in particular, to explain treatment option available in management.
2. Provide leadership and get the best out of his group in a congenial working atmosphere.
3. Should be able to communicate in simple understandable language with the patient and explain the principles of prosthodontics to the patient. He should be able to guide and counsel the patient with regard to various treatment modalities available.
4. Develop the ability to communicate with professional colleagues through various media like Internet, e-mail, videoconference, etc. to render the best possible treatment.

3.6.2 SYLLABUS

I APPLIED ANATOMY AND HISTOLOGY
• Muscles of Mastication
• Temporo Mandibular Joint
• Salivery glands
• Muscles of Facial expression
• Tongue
• Hard and Soft palate

EMBRYOLOGY
• Face
• Palate
• Maxilla
• Mandible
• Tooth Development

APPLIED ORAL ANATOMY
• Structure and relations of the alveolar process and edentulous mouth
• Anatomy of local anesthesia
• Propagation of dental infections
• Development and Growth of Jaw bones
• Development of Teeth and Supporting structures

ORAL HISTOLOGY
• Oral Mucous membrane in health and disease
• Eruption of teeth

BONE
• Tongue
• Salivary glands

II APPLIED GENERAL AND ORAL PHYSIOLOGY AND BIOCHEMISTRY
• Mastication and deglutition
• Saliva
• Food and nutrition
• Metabolism of carbohydrates.
• Fatty acids & amino acids
• Vitamins and Minerals
• Blood Clotting mechanism, Hemorrhage
• Pulse and blood pressure
• Thyroid
• Parathyroid
• Pituitary
• Oral tissues

III. APPLIED PHARMACOLOGY
• Definition, scope and relation to other branches of Medicine.
Recent facts pertaining to General pharmacology viz. Mode of action, bio-assay, standardization etc.

Chemo therapy of Bacterial Infections
a) Sulfonamides
b) Antibiotics

Anesthetics:
 a) Local
 b) General
Analgesics and anti-inflammatory drugs.
Hypnotic, Tranquilizers and antipyretics
Important Hormones:
 a) ACTH
 b) Cortisone
c) Insulin and other Oral antidiabetics.

Drug addiction and tolerance
Important pharmacological agents in connection with Autonomic nervous system viz:
 a) Adrenaline
 b) Noradrenaline
c) Atropine

Immune = suppressive drugs
Brief mention of hypertensive and hypotensive drugs.
Emergency drugs in dental practice
Latest drugs.

IV APPLIED GENERAL AND ORAL PATHOLOGY AND MICROBIOLOGY
Inflammation and repair

APPLIED ORAL PATHOLOGY
• Developmental disturbances of oral and dental structures
• Oral tumors and tumor – like conditions Red and White lesions
• Oral manifestations of nutritional and metabolic diseases
• Diseases of blood and blood forming organs
• Cysts – Clinico pathological aspects
• Neoplasms and non-neoplastic diseases of salivary glands

MICROBIOLOGY
• Elementary knowledge of bacterial
• Staphylococi, Streptococci, Actinomyecosis
• M. Tuberculosis, Treponema palladium, Bacteriods
• Viruses – Herpes, AIDS, Hepatitis
• Fungi – Candida
• Defense Mechanisms
• Oral flora
• Vaccines

R. In addition to the above subjects, there will be subjects as follows for internal assessment to be completed two months before part I University Examination:

1. Principles of Bio-Statistics
2. Principles of Research Methodology

I. Syllabus of Principles of Biostatics
1. Introduction
2. Collection, classification and presentation
3. Averages (Mean, Median, Mode)
4. Dispersion, Skewness and Kurtosis
5. Correlation
6. Regression
7. Binomial, Polsson and Normal Distributions
8. Tests of significance (Large samples)
9. X (T & F test)
10. Measures of morbidity, fertility, mortality and survival
11. Clinical trials

2. PRINCIPLES OF RESEARCH METHODOLOGY

Core curriculum
1. What is research
2. What is research methodology
3. Types of research
   a. Basic of fundamental Research
   b. Applied
   c. Clinical
   d. Experimental
4. How does one select a subject for research
   a. Intuition
   b. Intuition based on experience
   c. Knowledge of subject and questions that one asked of oneself
   d. Areas of unknown aspects that have not been explored questions those are unanswered
   e. Survey of relevant literature using library
5. How does one set about a research problem?
   a) List the aims and objectives
   b) What is there in the relevant literature that has been done is being done and remains to be undone?

   i) Retrospective research
   ii) Prospective Research
   iii) Advantages & disadvantages of each, what will therefore be the best in the circumstances?
   iv) Develop a protocol to give answers so as to give the necessary data in the light of the hypothesis
   v) Evolve a hypothesis
   vi) Advantages and disadvantages of experimental model
vii) Develop a model especially designed to test hypothesis and may confirm the data
viii) Develop a model especially designed to test hypothesis and may confirm the data
ix) How does the data from the experimental model fit the hypothesis, are the conclusions comparable? Are there any other conclusions possible?

6 Objectivity in research methodology
   a. Open trials? Bias and safeguard against it.
   b. Retrospective research
   c. Double blind triple blind studies
   d. Cross over methods
7 Quantification in research methodology
   a. Instrumental quantification rationales and fallacies
   b. Reproducibility
   c. Scoring methods especially to lend objectivity to subjective observation safeguards against subjective bias
8 Records, protocols and analysis

The logic of Research
Examples of special areas of research
1. Clinical
2. Experimental
3. Histological and Morphological
4. Histochemical
5. Genetic and
6. Epidemiologic studies
9 Working knowledge of computers

MDS PART-1
BASIC SCIENCES SYLLABUS
A. APPLIED ANATOMY
1. Muscles of facial expression and muscles of mastication
2. Temporo mandibular joint
3. Salivary glands
4. Biology and anatomy of dental tissues (enamel, dentin, cementum, pulp and periodontium
5. Oral Cavity and vestibule
6. Tongue
7. Palate
8. Mandible and maxilla
B. EMBRYOLOGY
1. Development of face, palate, mandible and maxilla
2. Development of tooth
C. HISTOLOGY
1. Study of epithelium of oral cavity
2. Bone and tooth
3. Tongue
4. Salivary glands
PHYSIOLOGY
1. Physiology and function of the masticatory system
2. Blood coagulation mechanisms
3. Blood groups
4. RBC and haemoglobin
5. WBC Function and classification
6. Cardiac cycle
7. Regulation of blood pressure
8. Shock, hypertension, cardiac failure
9. Composition function and regulation of saliva
10. Mastication and deglutition
11. Endocrine system
   a) Pituitary hormone
   b) Thyroid hormone
   c) Parathyroid hormone
12. Gerodontics
   A. Nutrition in geriatric patients
   B. Consequences and management of age changes

BIOCHEMISTRY
1. Carbohydrates
   a) Digestion of starch and absorption of glucose
   b) Metabolism of glucose, specifically glycolysis, TCA
   c) Blood sugar regulation
2. Lipids – Essential and non-essential fatty acids
3. Proteins – Essential and non-essential amino acids
4. Minerals
   a) Calcium and Phosphorous metabolism
   b) Iron Metabolism
   c) Trace elements in nutrition
5. Vitamins – Vitamin A, B (All types) C, D & E

PATHOLOGY
1. Inflammation
   a) Repair and regeneration, necrosis and gangrene
   b) Roll of complement system in acute inflammation
   c) Roll of Arachidonic acid and its metabolites in acute inflammation
   d) Pulpitis and periodontisis
2. Shock
   a) Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock
   b) Circulatory disturbances.
   c) Ischaemic hyperemia
   d) Venous congestion
   e) Edema
   f) Infarction
3. Hypersensitivity
   a) Anaphylaxis.
   b) Type 2 hypersensitivity.
   c) Type 3 hypersensitivity
   d) Cell mediated reaction and its clinical importance.
   e) System lupus erythematosus
   f) Infection and infective granulomas
4. Neoplasia
   a) Classification of tumors
   b) Carcinogenesis and carcinogen – chemical, viral and microbial
   c) Grading and staging of cancers, tumor, Angiogenesis, Paraneoplastic syndrome.
   d) Spread of tumors
   e) Characteristics of benign and malignant tumors
5. Others
   a) AIDS
   b) Hepatitis B

6. CYSTS - Classification, types (esp. Dental, dentigereous)
7. Pathology of oral soft and hard tissues
8. Dental plaque
9. Dental caries
10. Attrition, Abrasion and erosion of teeth
11. Oral Manifestations of systemic diseases

MICROBIOLOGY
1. Applied General Microbiology
   a) Gram positive bacteria
   b) Gram negative bacteria
   c) Aerobes and anaerobes
   d) Microbiology of tuberculosis
2. Oral Microbiology – normal oral flora
3. Sterilization and disinfection
4. Microbiology of pulpal and periodontal diseases

PHARMACOLOGY
1. General and local anesthetics, hypnotics, anti-epileptics and tranquilizers
2. Chemotherapeutics and antibiotics
3. Analgesics, antipyretics and NSAID
4. Antiseptics, sialogogues and anti sialogogues
5. Haematinics
6. Anti-diabetics
7. Vitamins A, B complex, C, D, E, K and trace elements
8. Steroids
9. Dentifrices
10. Desensitizing agents
11. Fluorides

MDS Part-1
Syllabus Of Basic Sciences
Dental Material Science

Sl. No.  TOPIC
1. Overview of materials for dental applications with special reference to standards for
dental materials
2. Biocompatibility of Dental Materials
3. Structure of matter and principles of adhesion
4. Physical properties of Dental Materials
5. Mechanical Properties of Dental materials
6. Solidification and microstructure of Metals
7. Equilibrium phases in cast alloys
8. Dental Polymers
9. Impression Material
10. Gypsum Products
11. Dental Waxes
12. Casting Investments and procedures
13. Finishing and Polishing materials with special reference to bur design
14. Bonding for direct restorative materials
15. Restorative resins
16. Dental cements
17. Dental Casting and soldering alloys
18. Wrought alloys except orthodontic wires and brackets
19. Dental Ceramics
20. Denture base resins
21. Dental Implants
22. Materials for maxillofacial prosthetics
23. Materials for post and core

5. Adaptability to new methods and techniques in Prosthodontics.
7. Due respect for Patient’s rights and privileges including patient’s right to seek information and second opinion.
   • Communication abilities
   1. Good communication skills in order to explain treatment plan to patient and relatives
   2. Ability to communicate various treatment options in the language that patient understands
   3. Leadership quality and ability to create cohesive working atmosphere
   4. Ability to guide and counsel the patient and relatives in all stages of diagnosis, treatment and follow-up
   5. Effective communication with professional colleagues on personal level as well as various communication media, eg. Internet, Email, Video-conferencing etc.

I. Theory
1. REMOVABLE PROSTHODONTICS

(a) Complete Denture Prosthodontics
(b) Removable Partial Denture Prosthodontics
2. FIXED PARTIAL PROSTHODONTICS
3. IMPLANT SUPPORTED PROSTHODONTICS
4. MAXILLOFACIAL PROSTHODONTICS
5. MISCELLANEOUS
   (a) Full mount rehabilitation
   (b) Over dentures
   (i) Tooth supported over dentures
   (ii) Implant supported over dentures
   (c) Immediate dentures
   (d) Single complete denture
   (e) Pre-prosthetic surgery

II. TEACHING AND LEARNING ACTIVITIES
III. CLINICAL PROGRAM
IV. DISSERTATION
   (a) Library Dissertation
   (b) Final Dissertation (as per norms of the University)

   a. REMOVABLE PROSTHODONTICS
      (a) Complete Denture Prosthodontics – Prosthodontic treatment for completely edentulous patient
• Definitions, Terms and Terminologist
• Aim and scope of complete denture Prosthodontics
• Applied anatomy and physiology of Stomatognathic system including TMJ
• Infection control and cross infection barriers
• Biomechanics of edentulous state
• Biological considerations
• Functional and para-functional considerations
• Behavioural and adaptive changes
• Effect of ageing on edentulous patient
• Sequelae of wearing complete dentures
• Bio-behavioural modalities
• Nutritional considerations in denture wearing patients
• Diagnosis and treatment planning for edentulous/partially edentulous patients, case history in details, medical and dental

1. Developing rapport with the patient and effective communication
2. Dental Materials prescribed in the management of edentulous patients –
   • Denture base material
   • General requirement of biomaterials for edentulous patients
   • Requirement of an ideal denture base
   • Chemical composition of denture base resins
   • Materials used for fabrication of Prosthetic denture teeth
   • Requirement of prosthetic denture teeth
   • Denture lining materials and tissue conditioners
   • Cast metal alloys as denture bases – base metal alloys

3. Articulators
   • Classification
   • Selection
   • Limitations
   • Precision
   • Accuracy, sensitivity and functional activities of lower member of the articulator and uses

4. Fabrication of complete dentures
   Complete denture impressions
   • Muscles of facial expressions and anatomical landmarks
   • Support
   • Retention
   • Stability
   • Aims & Objectives
   • Preservation support
   • Aesthetics and retention
   • Impression materials and techniques
   • Need of two impressions
   • Preliminary impression and final impressions

5. Maxilla – 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 bony spicules
• Torus palatines
• Anatomy of peripheral or limiting structures
• Labial vestibule
• Buccal vestibule
• Vibrating line
6. Mandible – Anatomy of supporting structure
• Crest of the residual ridge
• The buccal shelf
• Shape of supporting structure
• Mylohyoid ridge
• Mental foraman
• Genial tubercles
• Torus Mandibulars
• Anatomy of peripheral or limiting structure
• Labial vestibule
• Buccal vestibule
• Lingual flange
• Mylohyoid muscle
• Retromylohyoid fossa
• Sublingual gland region
• Alveolingual sulcus
7. Preliminary and final impressions
• Impression making
• Custom tray and refining the custom tray
• Preparing the tray to secure the final impression
• Establishment of posterior palatal seal
• Making the final impression
• Boxing impression and making the casts
8. Mandibular Movements-
Maxillo mandibular relation and concepts of occlusion
• Gnathology
• Identification of shape and location of arch form-mandibular and maxillary
• Occlusion rim
• Adjusting level of occlusal plane on trial denture base
• Tests to determine vertical dimensions of occlusion
• Centric relation record
• Biological and clinical considerations in making jaw relation records from the patients and transferring them to the articulator
• Recording of mandibular movements
• Influence of opposing tooth contacts
• Temporomandibular joint
• Muscular involvements
• Neuromuscular regulation of mandibular motion
• The envelope of motion
• Rest position
• Maxillo-mandibular relations-The centric & Ecccentric Physiological rest position
• Vertical dimensions of Occlusion and Rest
Recording methods-Mechanical & Physiological
• Determining the horizontal jaw relation
Functional graphics
Tactile or inter occlusal 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
9. Selecting and arranging artificial teeth and occlusion for the edentulous patients
• Anterior tooth selection
• Posterior tooth selection
• Principles in arrangement of teeth
• Factors governing position of teeth
• The inclinations and arrangement of teeth for aesthetics
• Phonetics and Mechanics
• Concepts of occlusion
10. Try-in
• Verifying vertical dimension
• Centric relation
• Creating a facial and functional harmony with anterior teeth
• Harmony of individual tooth position
• Harmony with sex personality and age of the patient
11. Speech considerations of complete dentures
• Speech production structural and functional demands
• Neuropsychological background
• Speech production and the role of teeth and other oral structures
Bilabial sounds
Labiodental sounds
Linguodental sounds
Linguoalveolar sound
• Linguopalatal and linguoalveolar sounds
• Speech analysis and prosthetic considerations
12. Waxing contouring of trial dentures
• Flasking and processing
• Laboratory remount procedures and selective occlusal grinding
• Finishing and polishing
• Evaluating the finished prosthesis
Doctors evaluation
Patients evaluation
Friends evaluation
• Evaluation of basal surface errors
• Errors in occlusion
13. Interocclusal records for remounting procedures-
Verifying centric relations
Eliminating occlusal errors
• Special Instructions to the patients
Appearance with new denture
Mastication with new dentures
Speaking with new dentures
Oral hygiene with dentures
Preserving of residual ridges and educational materials for patients
• Maintaining the comfort and health of the oral cavity of the rehabilitated edentulous patients
Follow-up after twenty four hours for oral examination and prosthesis adjustments
Recall for oral examination 3 to 4 months intervals and yearly intervals

5.(e) Pre-prosthetic Surgery- Improving the patient’s denture bearing areas and ridge relations
- Non surgical methods
- Rest for the denture supporting tissues
- Occlusal correction of the old prosthesis
- Good nutrition
- Conditioning of the patient’s musculature
- Surgical methods
- Correction of conditions that preclude optimal prosthetic function
- Hyperplastic ridge
- Epulis fissuratum and papillomatosis
- Frenular attachments and pendulous maxillary tuberosites
- Ridge augmentation
- Maxillary and mandibular oral implants
- Corrections of congenital deformities
- Discrepancies in jaw size
- Relief of pressure on the mental foreman
- Enlargement of dental wearing areas
- Vestibuloplasty
- Ridge augmentation
- Replacement of tooth roots with Osseo integration denture implants

14. Developing rapport with the patients and effective communication

15. Dental Materials prescribed in the management of edentulous patients –
- Denture base material
- General requirement of biomaterial for edentulous patients
- Requirement of an ideal denture base
- Chemical composition of denture base resins
- Materials used for fabrication of prosthetic denture teeth
- Requirement of prosthetic denture teeth
- Denture lining materials and tissue conditioners
- Cast metal alloys as denture bases – metal alloys

16. Articulators
- Classification
- Selection
- Limitations
- Precision
- Accuracy, sensitivity and functional activities of lower member of the articulator and uses

17. Fabrication of complete dentures
- Muscles of facial expressions and anatomical landmarks
- Support
- Retention
- Stability
- Aims & Objectives
- Preservation support
• Stability
• Aesthetics and retention
• Impression materials and techniques
• Need of two impressions
• Preliminary impression and final impressions

18. Maxilla – 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 shiny process
  • Torus palatines
  • Anatomy of peripheral or limiting structures
  • Labial vestibule
  • Buccal vestibule
  • Vibrating line

19. Mandible – anatomy of supporting structure
• Crest of the residual ridge
• The buccal shelf
• Shape of supporting structure
• Mylohyoid ridge
• Mental foramen
• Genial tubercles
• Torus Mandibulares
• Anatomy of peripheral or limiting structure
• Labial vestibule
• Buccal vestibule
• Lingual border
• Mylohyoid muscle
• Retromylohyoid fossa
• Sublingual gland region
• Alveolinguam sulcus

20. 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

21. Mandibular Movements – Maxillo mandibular relation and concepts of occlusion
• Gnathology
• Identification of shape and location of arch form-mandibular and maxillary
• Occlusion rim
• Level of occlusal plane and recording of trial denture base
Tests to determine vertical dimensions of occlusion
Inter occlusion
Centric relation record
Biological and clinical considerations in making jaw relation records from the patients to the articulator
Recording of mandibular movements
Influence of opposing tooth contacts
Temporomandibular joint
Muscular involvements
Neuromuscular regulation of mandibular motion
The envelope of motion
Rest position
Maxillo-mandibular relations-
The centric
Eccentric
Physiological rest position
Vertical dimensions
Occlusion
Recording methods-
Mechanical
Physiological
Determining the horizontal jaw relation
Functional graphics
Tactile or inter occlusal 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
Selecting and arranging artificial teeth and occlusion for the edentulous patients
Anterior tooth selection
Posterior tooth selection
Principles in arrangement of teeth
Factors governing position of teeth
The inclinations and arrangement of teeth for aesthetics
Phonetics and Mechanics
The Concept of occlusion
The Try-in
Verifying vertical dimension
Centric relation
Establishment of posterior palatal seal
Creating a facial and functional harmony with anterior teeth
Harmony of spaces of individual teeth position
Harmony with sex
Personality and age of the patient
Co-relating aesthetics and incisal guidance
Speech considerations of complete dentures
Speech production structural and functional demands
Neuropsychological background
• Speech production and the roll of teeth and other oral structures

Bilabial sounds
Labiodental sounds
Linguodental sounds
Linguoalveolar sound
  • Articulator characteristics
Acoustic characteristics
Auditory characteristics
  • Linguopalatal and Linguoalveolar sounds
  • Speech analysis and prosthetic considerations

25. Waxing contouring and processing the dentures and aftercare laboratory procedures
Wax contouring
  • Flasking and processing
  • Laboratory remount procedures and selective
  • Finishing and polishing
  • Critiquing the finished prosthesis
Doctors evaluation
Patients evaluation
Friends evaluation

26. Evaluation of basal surface errors
27. Errors in occlusion
28. Interocclusal records for remounting procedures
  • Verifying centric relations
  • Eliminating occlusal errors
  • Special Instructions to the patients
Appearance with new denture
Mastication with new dentures
Speaking with new dentures
Oral hygiene with dentures
Preserving of residual ridges and educational materials for patients
  • Maintaining the comfort and health of the oral cavity of the rehabilitated edentulous patients
  • Twenty four hours oral examination and treatment and preventive prosthodontics
  • Recall for oral examination 3 to 4 months intervals and yearly intervals

b) REMOVABLE PARTIAL DENTURE PROSTHODONTICS
  • Scope, definition and terminologies of removable partial denture prosthodontics
  • Requirements of an acceptable method of classification of partially edentulous arches
  • Review of classification of partially edentulous arches
  • Kennedy’s classification
  • Applegate’s rules for applying Kennedy’s classification
  • Education of patient
  • Diagnosis and treatment planning
  • Phase wise treatment execution
  • Mouth preparation
i. Conditioning of abused tissues
ii. Oral surgical procedures
iii. Periodontal treatment
iv. Preventive & prophylactic procedures
v. Restorative treatment for the teeth
vi. Preparation of abutment teeth
  • Surveying
i. Definition and concept
ii. Types of Dental surveyors
iii. Purpose of surveying procedures
iv. Surveying of diagnostic cast and master cast
v. Path of placement & factors determining the same
vi. Blocking out undercuts on the master caste & providing relief
   • Components of removable partial denture
     i. Major connectors (maxillary and mandibular)
     ii. Minor connectors
iii. Direct retainers
iv. Rest and rest seats
v. Indirect retainers
vi. Denture base
vii. Artificial teeth
viii. Precision attachments
ix. Stress breakers
   • Principles of removable partial denture design
     i. Bio-mechanical considerations
     ii. Occlusal relationship
     iii. Orientation of occlusal plane
iv. Integrity of partially edentulous arches
v. Abutment tooth morphology
vi. Response of Oral structure to various stress factors
vii. Periodontal considerations
viii. Need for guide plane preparations
ix. Support obtained for RPD.
   a) Tooth supported-RPD
   b) Tooth & tissue supported – RPD (distal extension base)
   x. Need for indirect retention
   xi. Direct retainer design
   xii. Functional impression
xiii. Need for relining & rebasing
   • Difference between tooth supported and tissue supported partial dentures
     1. Support obtained
     2. Impression procedures
     3. Indirect retentions
     4. Tooth support
     5. Ridge support
     6. Need for stress breakers
     7. RPI system
       • Occlusion in removable partial dentures
       • Impression materials and procedures for various RPD situations
       • Laboratory procedures
     i. Duplication of casts
     ii. Preparation of wax pattern for partial denture framework
     iii. Spruing, investing, burnout, casting & finishing of the partial denture framework
     iv. Making record bases occlusal rims & occlusal template from a functional occlusal record
     v. Arranging anterior and posterior teeth in relation to the opposing cast
     vi. Anterior & Posterior try-in
     vii. Processing the RPD
     viii. Remounting & Occlusal corrections
ix. Finishing & Polishing of Denture
   • Initial placement and adjustments
   • Instructions to patient regarding removable partial denture usage & hygiene
   • Adjustments in partial denture framework
   • Occlusal Adjustments
   • Routine follow up services
   • Relining & rebasing for removable partial denture
   • Repairs and additions to removable partial denture
   • Management of failed restorations

2) FIXED PARTIAL PROSTHODONTICS
   • Aims Scope & Objectives of FPD
   • Definitions & Terminologies
   • Classification
   • Diagnosis and treatment planning
   i. Patient’s case history
   ii. Patient’s needs & expectations
   iii. Patient’s physiological and psychological status
   iv. Patients oral & systemic health
   v. Detailed clinical examination
   a) Oral
   b) General
   vi. Occlusal considerations
   vii. Periodontal health
   viii. Health status of remaining teeth
   ix. Radiological examination
   x. Abutment selection
   a) Restorative considerations
   b) Bone support
   c) Root form
   d) Tipping and inclination
   xi. TMJ & muscles of mastication
      • Caries management of remaining teeth
      • Periodontal treatment
      • Bio-mechanical principles of tooth preparation
      • Individual tooth preparation
      i. Full crowns (Metal, metal ceramic and all ceramic)
      ii. Partial veneer crowns
      iii. Telescopic crowns
      iv. Pin ledge preparations
      v. Laminates
   vi. Resin bonded prostheses preparations
   vii. Various gingival margin preparations
      • Tissue management, isolation and fluid control
      • Impressions materials and techniques
      • Provisional restorations – Materials and techniques
      • Inter occlusal records
      • Laboratory procedures for fixed PROSTHODONTICs
      • Occlusion in fixed PROSTHODONTICs
      • Articulators
      • Recording and transferring of occlusal relations
- Cementing of restorations
- Various luting agents used in FPD
- Restorations of Endodontically treated teeth
- Management of failed restorations

3) IMPLANT SUPPORTED FIXED PROSTHODONTICS
- Aims, objectives and scope of implantology
- Definitions and terminology
- Implant materials
- Various implant systems
- Science of Osseo integration
- Clinical protocol, diagnosis and phase-wise treatment planning
- Implant supported over dentures
- Implant supported fixed PROSTHODONTICs
- Implant supported removable partial PROSTHODONTICs
- Implants in maxillofacial prosthodontics
- Laboratory procedures & techniques
- Management of problems & complications
- Recent advances in implantology

4) MAXILLOFACIAL PROSTHODONTICS
- Aims, objectives and scope of maxillofacial prosthodontics
- Definitions and terminologies
- Materials for maxillofacial prosthodontics
- Psychological and social aspects
- Counseling of patients and relatives
- Interaction of clinician and patient
- Multi-disciplinary approach for treatment of patients with maxillofacial prosthodontics
- Cleft lip and palate patients rehabilitation
- Rehabilitation of cancer patients
- Prosthesis for facial defects
- Ear, nose and eye prosthesis
- Acquired defects of the mandible
- Acquired defects of the maxilla
- Acquired defects of hard and soft palate
- Prosthesis for radiation therapy
- Maxillofacial implants
- Laboratory procedures & techniques
- Patient education regarding maxillofacial prosthesis
- Maintenance of the prosthesis
- Recall visits

5) MISCELLANEOUS
a) Full mouth rehabilitation
- Diagnosis and phase wise treatment planning
- Diagnostic casts evaluation
- Multidisciplinary approach & Integrated Prosthodontics
- Patients detailed case history
- General medical examination
- Detailed oral examination
- Oral Surgery treatment
• Periodontal treatment
• Conservative & Endodontic treatment
• Prosthodontics treatment
• Provisional Restorations
• Jaw relation records
• Occlusion - Recording & transferring to the articulator]
• Laboratory Procedures
• Final Prosthesis
• Recall visits & maintenance
• Repairs & modifications
b) Over dentures
i. Tooth supported overdentures
ii. Implant supported overdentures
• Indications & treatment planning
• Advantages & Disadvantages
• Selection of abutment teeth
• Tooth supported complete dentures
• Abutment without copings
• Abutment with copings
• Abutment with attachments
• Preparations of retained teeth
• Laboratory procedures
• Clinical procedure
• Recall visits & maintenance
c) Immediate dentures
• Advantages & Disadvantages
• Indications and contra-indications
• Diagnosis treatment planning and prognosis
• Patient education
• Oral & general examination
• Examination of existing prostheses
• Fabrication of immediate dentures
i) Impression procedure
ii) Jaw relation record
iii) Try-in stage
iv) Processing & finishing of prostheses
• Planned extractions
• Delivery of prostheses
• Recall and maintenance
• Schedule for permanent prostheses
d) Single complete denture
• Single mandibular denture to oppose natural maxillary teeth
• Single maxillary denture to oppose natural mandibular teeth
• Opposing existing complete denture
• Preservation of residual alveolar ridge
• Necessity of retaining teeth
• Psycho-social aspects related to patients
• Clinical procedure
• Laboratory procedure
• Patient education
• Delivery of prostheses
• Recall and maintenance
e) Pre-prosthetic surgery
• Improving he patients denture bearing areas and ridge relations
• Non-surgical methods
i. Rest for the denture supporting tissues
ii. Occlusal correction of the old prostheses
iii. Improvement in nutrition & hygiene
iv. Conditioning of the patients musculature
• Surgical Methods
i. Correction of conditions that preclude optimal prosthetic function
ii. Hyper-plastic ridges
iii. Epulis Fissuratum and Papillomatosis
iv. Frenal attachments
v. Pedunculated maxillary tuberosity
vi. Ridge augmentation
vii. Oral implants
viii. Correction of congenital deformities
ix. Correction of discrepancies in jaw size
x. Relief of pressure on the mental foramen
xi. Enlargement of denture bearing areas
xii. Vestobuloplasty
xiii. Removal of tori
II) TEACHING & LEARNING ACTIVITIES
• Lectures in Prosthodontics, Dental Material Science & Basic Medical subjects (as per the norms of Dr.D.Y. Patil University)
  • Journal club: The journal review meetings shall be held once in a week. All PGs are expected to actively participate and make at least five presentations of selected articles
  • Seminars: The seminars shall be held at least twice a week in the department. All the PGs and their Post graduate teachers are expected to participate actively. Each PG shall make at least 5 seminars in each year.
  • Attending conferences & workshops; The PGs shall be encouraged to attend conferences and workshops concerned with the subject from time to time. All PGs are expected to present posters and papers in conferences as per the norms stated by the University.
  • Teaching skills: The PG students are expected to take at least one Dental Material science/Prosthodontics lecture for Undergraduate students under the guidance of their teachers.
  • Evaluation skills: PGs shall be encouraged to take part in evaluation of day-to-day pre-clinical laboratory work of Undergraduate students
  • Attending Continuing Dental Education Programme: All PGs shall be encouraged to upgrade heir knowledge by attending continuing dental education programmes.
III) CLINICAL PROGRAMME
• Attending Departmental OPD
• Maintaining Departmental clinical record
• Attending and treating cases assigned for CD, RPD & FPD
• Attending and treating special cases
• Participating in community dental programmes
IV) DISSERTATION
a) Library Disseration
b) Final dissertation
(As per norms of the University)

M.D.S. Part II Clinical Programme
Clinical Requirement During Training

1. Complete Dentures
   a) Routine Cases : 30
   b) Balanced Occlusion : 05
2. Removable Partial Dentures
   A. Cast Partial Dentures : 02
   B. Interim Partial Dentures : 10
   C. Transitional Partial Denture : 05
   D. Immediate Dentures : 05
3. Crowns
   A. Posterior full metal crown : 20
   B. Posterior full metal ceramic crown : 10
   C. Anterior metal ceramic crowns : 10
   D. All ceramic crowns : 05
4. Fixed Partial Dentures (Bridges) : 15
5. Maxillofacial Prosthesis : 05
6. Implant Prosthesis : 02
7. Full mouth rehabilitation : 02

3. ASSESSMENT:
   A Periodic Tests

During the course of three years, the departments will conduct three tests, two of them by annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, Practical and viva voce. Records and mark obtained in such tests will be maintained by the Head of the department and sent to the university, when called for.

Evaluation – Internal Assessment Examinations

III Year M.D.S.
• Clinical and laboratory practice continued from IIInd Year
• Occlusion equilibration procedures – fabrication of stabilizing splint for parafunctional disorders, occlusal disorders TMJ functions
• Practice of dental, oral and facial aesthetics
• The clinical practice of all aspects of Prosthodontic therapy for elderly patients
• Implants prosthodontics- Rehabilitation of Partial Edentulous, complete edentulism and craniofacial rehabilitation
• Failures in all aspects of prostodontics and its management and after care
• Team management for aesthetics, TMJ syndrome and Maxillofacial and Craniofacial Prostodontics
• Management of Prostodontic emergencies, Resuscitation
• Candidate should complete the course by attending large number and variety of patients to master prostodontic therapy. This includes the practice management, examination, treatment planning, communication with patient, clinical and laboratory techniques, materials and instrumentation requiring different aspects of prostodontic therapy. Tooth and Tooth surface restoration, Restoration root treated teeth, splints for periodontal rehabilitations and fractured jaws, complete dentures, R.P.D, FPD.
Immediate dentures, over dentures implant supported prosthesis, maxillofacial and body prosthesis, occlusal rehabilitation.

- Prosthetic management of TMJ syndrome
- Management of failed restoration
- Complete and submit Library Assignment 6 months prior to examination
- Candidates should acquire complete theoretical and clinical knowledge through seminars, symposium, workshops and reading
- Participation and presentation in seminars didactic lectures
- Evaluation – Internal assessment examinations three months before University examinations

**PROSTHODONTIC TREATMENT MODALITIES**

1. Diagnosis and Treatment plan in prosthodontics
2. Tooth and tooth surface restoration
   - Fillings
   - Veneers – composites and ceramics
   - Inlays – composite, ceramic and alloys
   - Onlay - composite, ceramic and alloys
   - Partial crowns – 1/4th, 4/5th, 7/8th, ½ crowns
   - Pin – ledge
   - Radicular crows
   - Full crowns

3. Tooth Replacements
   - **PARTIAL** COMPLETE
     - Tooth supported Fixed partial denture Overdenture
     - Tissue supported Interim partial denture Complete denture
       Intermediate partial denture Immediate denture
       Immediate complete denture
     - Tooth & Tissue Cast partial denture Over denture
       Supported Precision attachment
       - Implant supported Cement retained Bar attachment
         Screw retained Ball attachment
         Clip attachment
       - Tooth Screw retained
       Supported Cement retained
       - Root supported Dowel and core Overdenture
         Pin retained
         Precision attachments
         Intra coronal attachments
         Extra coronal attachments
         Bar – slide attachments
         Joints and hinge joint attachments.
4. Tooth and tissue defects (Maxillofacial and Cranio-facial prosthesis)
   A. Congenital Defects
      a. Cleft lip and palate
      b. Pierre Robin Syndrome
      c. Ectodermal dysplasia cast partial dentures
      d. Hemifacial microsomia Implant supported prosthesis
      e. Anodontia complete dentures
f. Oligodontia ) fixed partial dentures
g. Malformed teeth )

B. Acquired defects
a. Head and neck cancer patients- prosthodontic splints and stents
b. Restoration of facial defects
- Auricular prosthesis
- Nasal prosthesis
- Orbital prosthesis
- Cramofacial implants
c. Midfacial defects ) cast partial denture
d. Restoration of maxillofacial trauma ) Implant supported dentures
e. Hemimandibulectomy ) complete dentures
f. Maxilloctomy )
g. Lip and check support prosthesis
h. Ocular prosthesis
i. Speech and Velopharyngeal prosthesis
j. Laryngectomy aids
k. Esophageal prosthesis
l. Nasal stents
m. Tongue prosthesis
n. Burn stents
o. Auditory inserts
p. Trismus applicances
5 T.M.J. and occlusal disturbances
a. Occlusal equilibrium
b. Splints – Diagnostic Repositioners/Deprogrammers
c. Anterior bite plate
d. Posterior bite plate
e. Bite raising appliances
f. Occlusal rehabilitation
6 Esthetic/Smile designing
a. Laminates/Veneers
b. Tooth contouring (peg laterals, malformed teeth)
c. Tooth replacements
d. Team management
7 Psychological therapy
a. Questionnaire
b. Charts, papers, photographs
c. Models
d. Case reports
e. Patient counseling
f. Behavioral modifications
g. Referrals
8 Geriatric Prosthodontics
a. Prosthodontics for the elderly
b. Behavioral and psychological counseling
c. Removable Prosthodontics
d. Fixed Prosthodontics
e. Implant supported Prosthodontics
f. Maxillofacial Prosthodontics
Psychological and physiological considerations

Preventive measures

a. Diet and nutrition modulation and counseling
b. Referrals

The bench work should be completed before the clinical work starts during the first year of the MDS Course

1. Complete dentures
   1. Arrangements in adjustable articulator for
      • Class I
      • Class II
      • Class III
      • Various face bow transfer to adjustable articulators
      • Processing of characterized anatomical denture

II. Removable partial denture
   1. Design for Kennedy’s Classification
      (Survey, block out and design)
      • Class I
      • Class II
      • Class III
      • Class IV
   2. Designing of various components of RPD
   3. Wax pattern on refractory cast
      • Class I
      • Class II
      • Class III
      • Class IV
   4. Casting and finishing of metal frameworks
   5. Acrylisation on metal frameworks for
      Class I
      Class III with modification

III. Fixed Partial Denture
    1. Preparation in ivory teeth/natural teeth
       • PVC for metal
       • PVC for ceramic
       • Porcelain jacket crown
       • Acrylic jacket crown
       • PFM crown
       • 3/4th (canine, premolar and )
       • 7/8th posterior
       • Proximal half crown
       • Inlay – Class I, II, V
       • Onlay – Pin ledged, pinhole
       • Laminates
    2. Preparation of different die system
    3. Fabrication of wax pattern by drop wax build up technique
       • Wax in increments to produce wax coping over dies of teeth preparations on substructures
       • Wax additive technique
       • 3-unit wax pattern (maxillary and Mandibular)
       • Full mouth
    4. Pontic design in wax pattern
       • Ridge lap
• Sanitary
• Modified ridge lap
• Modified sanitary
• Spherical or conical
5 Fabrication of metal framework
• Full metal bridge for posterior (3 units)
• Coping for anterior (3 unit)
• Full metal with acrylic facing
• Full metal with ceramic facing
• Adhesive bridge for anterior
• Coping for metal margin ceramic crown
• Pin ledge crown
6 Fabrication of crowns
• All ceramic crowns with characterization
• Metal ceramic crowns with characterization
• Full metal crown
• Precious metal crown
• Post and core
7 Laminates
• Composites with characterization
• Ceramic with characterization
• Acrylic
8 Preparation for composites
• Laminates
• Crown
• Inlay
• Onlay
• Class I
• Class II
• Class III
• Class IV
• Fractured anterior tooth
IV. Maxillofacial prosthesis
1. Eye
2. Ear
3. Nose
4. Face
5. Body
6. Cranial
7. Maxillectomy
8. Finger prosthesis
9. Guiding flange
10. Obturator
V. Implant supported prosthesis
1. Step by sep procedures – laboratory phase
VI Other exercises
1. TMJ splints – stabilization appliances, maxillary and Mandibular repositioning appliances
2. Anterior disclusion appliances
3. Chrome cobalt and acrylic resin stabilization appliances
4. Modification in accommodation in irregularities in dentures
5. Occlusal splint
6. Periodontal splint
7. Precision attachments – custom made
8. Over denture coping
9. Full mouth rehabilitation (by drop wax technique, ceramic build up)
10. TMJ appliances – stabilization appliances

ESSENTIAL SKILLS

Key
O - Washes up and observes
A - Assists a senior
PA - Performs procedure under the direct supervision of a senior specialist
PI - Performs independently

PROCEDURE CATEGORY

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<tr>
<td>Tooth and tooth surface restoration</td>
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<tr>
<td>a) Composites – fillings, laminates, inlay, onlay</td>
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<td>b) Ceramics – laminates, inlay, onlay</td>
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<td>c) Glass ionome</td>
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CROWNS

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<tr>
<td>PVC for metal</td>
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<tr>
<td>PVC for Ceramic</td>
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<td>Precious metal crown</td>
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<td>Galvanofomed crown</td>
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<td>3/4th Crowns (Premolars, canines and centrals)</td>
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<td>7/8th Posterior Crown</td>
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<td>Proximal half crown</td>
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<td>Pin ledge and pin hole crowns</td>
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<tr>
<td>Telescopic Crowns</td>
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<td>Intraradicular crowns (Central, internal canine premolar and molar)</td>
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<tr>
<td>Crown as implant supported prosthesis</td>
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FIXED PARTIAL DENTURES

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<tr>
<td>Cast porcelain (3 units)</td>
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<td>Cast metal – precious and non precious(3 unit posterior)</td>
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<td>Porcelain fused metal (anterior and posterior)</td>
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<tr>
<td>Multiple abutment – maxillary and mandibular full arch</td>
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<tr>
<td>Incorporation of custom made and ready made precision joint or attachments</td>
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<td>Adhesive bridge for anterior / posterior</td>
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<tr>
<td>Metal fused to resin anterior FPD</td>
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</table>
Interim provisional restorations (crowns and FPDs) 1 1 1 10
Immediate fixed partial dentures (interim) 1 5
Fixed prosthesis as a retention and rehabilitation for acquired and congenital defects – maxillofacial prosthesis 1 1 1 5
Implant supported prosthesis 1 1 1
Implant – tooth supported prosthesis 1 1 1
REMOVABLE PARTIAL DENTURE
Provisional partial denture prosthesis 1 1 1 10
Cast removable partial denture (Kennely’s Applegate classification with modification) 1 1
Removable bridge with precision attachments and telescopic crowns for anterior and posterior 1
Immediate RPD 1 1 5
Partial denture for medically compromised and handicapped patients 1 1 1 5
COMPLETE DENTURES
Neurocentric occlusion & characterized prosthesis 1 5
Anatomic characterized prosthesis (by using semi adjustable articulator) 1 25
Single dentures 1 5
Overlay dentures 1 5
Interim complete dentures as a treatment prosthesis for abused denture supporting tissues 1 5
Complete denture prosthesis (for abnormal ridge relation, ridge form & ridge size) 1 5
Complete dentures for patients with TMJ syndromes 1 5
Complete dentures for medically compromised & handicapped patients 1 5
GERIATRIC PATIENTS
Tooth and tooth surface restorations, crowns, fixed prosthesis, removable prosthesis 1 5
IMPLANT SUPPORTED COMPLETE PROSTHESIS
Implant supported complete prosthesis (Maxillary and mandibular) 1 1
MAXILOFACIAL PROSTHESIS
Guiding flange and obturators 1 4
Speech and palatal lift prosthesis 1 2
Eye prosthesis 1 2
Ear Prosthesis 1 2
Nose Prosthesis 1 2
Face prosthesis 1
Maxillectomy 1 2
Hemimandibulectomy 1 2
Cranioplasty 1 1
Finger / head, foot 1 2
Body prosthesis 1 1
Management of burns, scars 1
TMJ SYNDROME MANAGEMENT
Splints- periodontal, teeth, jaws 4
TMJ supportive and treatment prosthesis 1 1
Stabilization appliances for maxilla and mandible with freedom to move from IP to CRCP 1
In IP without the freedom to move to CRCP 1
Repositioning appliances, anterior disclusion 1
Chrome cobalt and acrylic resin stabilization appliances for modification to accommodate for the irregularities in the dentition  
2

Occlusal adjustment and occlusal equilibrium 1 4

FULL MOUTH REHABILITATION
Full mouth rehabilitation – Restoration of esthetics and function of stomatognathic system 1 4

INTER-DISCIPLINARY TREATMENT MODALITIES
Inter-disciplinary management – restoration of Oro craniofacial defects for esthetics, phonation, mastication and psychological comforts 1 2

MANAGEMENT OF FAILED RESTORATION
Tooth and tooth surface restoration 5

Removable prosthesis 10

Crowns and fixed prosthesis 5

Maxillofacial prosthesis 2

Implant supported prosthesis 1

Occlusal rehabilitation & TMJ Syndrome 2

Restoration failure of Psychogenic origin 5

Failure to age changes 2

3.6.3 SUMMATIVE EVALUATION PATTERN
1). Term end examination for Part I,II,III students. (both theory and practical)
2). Year end examination for Part I,II,III students. (both theory and practical)
(note:- university pattern for examination is observed for the departmental examinations)
3). Part I – Once in three months, last Thursday theory examination
4). Part II – Once in two months, last Thursday theory examination.
5). Part III- Every month last Thursday theory examination.

SUMMATIVE EVALUATION
THEORY
SAQ ( 6 OUT OF 7) x 10 = 60 MARKS
LAQ( 2 out of 2) x 20 = 40 MARKS
TOTAL = 100 MARKS

PRACTICAL
Presentations Of Treated Patients And Record During 3 Yrs Training Period
A C.D. 5 Marks
B R.P.D 5 Marks
C F.P.D 10 Marks
D I.S.P 10 Marks
E Occlusal Rehabilitation 10 Marks
F Maxillofacial Prosthesis 10 Marks
Total 50 Marks

Presentation Of Actual Treated Patient.
A Treatment Plan 10 Marks
B Tentative Jaw Relation 5 Marks
C Face Bow Transfer 5 Marks
D Transferring It To Articulators 10 Marks
E Extra Oral Tracing And Securing Centric And Protrusive Record 25 Marks
F Transferring On Articulators 10 Marks
G Selection Of Teeth 5 marks
H Arrangement Of Teeth 15 Marks
## I. Waxed Up Denture Trial

- **Marks:** 10

## J. Denture Insertion

- **Marks:** 5

**Total:** 100 Marks

### F.P.D

<table>
<thead>
<tr>
<th>Section</th>
<th>Marks</th>
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<tbody>
<tr>
<td>A. Case Discussion And Selection Of Patient</td>
<td>10</td>
</tr>
<tr>
<td>B. Abutment Preparation , Isolation And Fluid Control</td>
<td>50</td>
</tr>
<tr>
<td>C. Gingival Retraction And Impression</td>
<td>20</td>
</tr>
<tr>
<td>D. Provisionalization</td>
<td>20</td>
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**Total:** 100 Marks

### R.P.D

<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>A. Surveying And Designing Of Partially Edentulous Cast</td>
<td>25</td>
</tr>
<tr>
<td>B. Discussion On Components And Material Selection Including Occlusion Scheme</td>
<td>25</td>
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**Total:** 50 Marks

### Viva-Voce

<table>
<thead>
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<tbody>
<tr>
<td>A. Viva-Voce Examination</td>
<td>50</td>
</tr>
<tr>
<td>B. Five Cases Presentation</td>
<td>30</td>
</tr>
<tr>
<td>C. Pedagogue Exercises</td>
<td>20</td>
</tr>
</tbody>
</table>

**Total:** 100 Marks