INTRAORAL COURSE

1. It can be anticipated that an increasing number of implants will be placed and need to be maintained in the years to come due to:
   a. Dental trends
   b. Patient knowledge and interest in this treatment
   c. Good success rates of oral implants
   d. All of the above

2. What influences patient selection/implant candidacy and the outcome of implant therapy?
   a. The patient’s plaque levels
   b. The patient’s systemic health
   c. The patient’s intraoral environment
   d. All of the above

3. Depending upon the host response and its severity, an increasing number of periodontal pathogens increases:
   a. Enteritis occurs
   b. The risk of gingivitis and periodontitis decreases
   c. The quantity of gram-negative organisms increases
   d. The risk of pulpitis increases

4. What factors affect the intraoral environment?
   a. Medication use
   b. Habits
   c. Level of oral hygiene
   d. All of the above

5. For long-term success of implants:
   a. Patients must attend for maintenance visits
   b. Patients must be willing and able to perform effective oral hygiene to control the intraoral microbial environment
   c. The relationship between periodontal health and peri-implant health must be well established
   d. a and b

6. There is an association between poor glycemic control in diabetics and periodontal disease, adding to an increase in risk for inflammatory periodontal disease.
   a. True
   b. False

7. What medications are included in impacting oral health and the suitability of patients for implant treatment?
   a. Steroids
   b. Anticoagulants and immunosuppressants
   c. Calcium blockers and phenytoin
   d. All of the above

8. Patient on immunosuppressives and steroids are at risk for impaired healing and infection.
   a. True
   b. False

9. ______ is/are associated with a high rate of failure during implant treatment, and is/are contraindicated until blood profiles are back to normal.
   a. Smoking
   b. Chemotherapy
   c. Drugs associated with gingival hyperplasia
   d. Head and neck radiation

10. Results have shown that patients undergoing ______ can have a failure rate up to 30 percent where implants have been placed in irradiated bone.
    a. Smoking
    b. Chemotherapy
    c. Drugs associated with gingival hyperplasia
    d. Head and neck radiation

11. Haas et al. found that higher bleeding indices, visibly more inflammation, deeper peri-implant probing, and more bone loss around implants as evidenced on radiographs were associated with:
    a. Smoking
    b. Chemotherapy
    c. Drugs associated with gingival hyperplasia
    d. Head and neck radiation

12. Recent studies show that drinking more than ______ of alcohol daily is correlated with peri-implant bone loss.
    a. 5g
    b. 10g
    c. 50g
    d. 100g

13. An increase in age has been found to be directly correlated with the presence of peri-implantitis.
    a. True
    b. False

14. What is the single most important factor in implant success?
    a. Quality of bone present at implant site
    b. Oral hygiene
    c. Consultation with the patient’s physician
    d. Patient’s systemic health and medication use

15. Screening and successful treatment of peri-implantitis may begin with:
    a. Pre-surgical phase
    b. Post-surgical phase
    c. Maintenance phase
    d. All of the above

16. A foci for pathogenic microbes around the implant is provided by an implant-abutment interface in addition to the mechanical complications.
    a. True
    b. False

17. ______ occurs during the healing phase whereby the implant fails to osseointegrate.
    a. Short-term implant failure
    b. Long-term implant failure
    c. Compromising of microbial factors
    d. Biofilm development

18. ______ involves the microbial environment and disease processes of peri-mucositis and peri-implantitis.
    a. Short-term implant failure
    b. Long-term implant failure
    c. Microbial contamination
    d. Biofilm development

19. What is associated with a preponderance of gram-negative anaerobes?
    a. Healthy implant sites
    b. Diseased implant sites
    c. Caries
    d. Healthy periodontium

20. Peri-implantitis is not normally associated with:
    a. True
    b. False

21. Treatment of peri-implantitis may begin with ___________ and effective home care.
    a. mechanical removal of plaque and debris
    b. chlorhexidine mouthrinising
    c. fluoride mouthrinising
    d. All of the above

22. Oral hygiene must be improved to reduce the number of pathogens.
    a. Every other day
    b. Once daily
    c. Prior to treatment of peri-implantitis
    d. All of the above

23. Recommendations for detoxification and cleansing of the implant include:
    a. Use of hydrogen peroxide
    b. Alternately use of gauze soaked in chlorhexidine and saline
    c. Use of supersaturated citric acid followed by saline
    d. All of the above

24. Oral hygiene — brushing and flossing — and adjunctive oral hygiene measures are factors in controlling the intraoral environment during the:
    a. Pre-surgical phase
    b. Post-surgical phase
    c. Maintenance phase
    d. All of the above

25. Prophylactic antibiotics have been recommended at the time of implant surgery for all patients to prevent peri-implant infections.
    a. True
    b. False

26. The earlier exposure of one-stage implants to pathogenic bacteria and the good oral hygiene necessary to aid healing influence the long-term success of implants.
    a. True
    b. False

27. During the maintenance phase, an assessment of the health and integrity of soft and hard tissues around the implants should occur:
    a. Every two to three months
    b. Every three to four months
    c. Every four to six months
    d. Every month

28. With the use of an electric toothbrush, one study found:
    a. Therewas a slight decrease in probing depth
    b. Therewas a slight increase in probing depth
    c. No change in probing depth
    d. Only a hard-bristled brush was effective in performing proper oral hygiene

29. In nondiabetic patients, one study found 0.12 percent chlorhexidine rinsing once daily improved the success rate of implants by:
    a. 2.5 percent
    b. 5.2 percent
    c. 9.1 percent
    d. 34 percent

30. Metal instruments have been found to have the potential to smooth the surface of the neck of titanium implants, with negative implications for increased plaque formation, retention, and maturation.
    a. True
    b. False
**Course Evaluation**

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

1. How would you rate the objectives and educational methods?  
   5 4 3 2 1 0

2. To what extent were the course objectives accomplished?  
   5 4 3 2 1 0

3. Please rate the course content.  
   5 4 3 2 1 0

4. Please rate the instructor's effectiveness.  
   5 4 3 2 1 0

5. Was the overall administration of the course effective?  
   5 4 3 2 1 0

6. How do you rate the author's grasp of the topic?  
   5 4 3 2 1 0

7. Do you feel that the references were adequate?  
   Yes No

8. Do you feel that the educational objectives were met?  
   Yes No

9. If any of the continuing education questions were unclear or ambiguous, please list them.

10. Was there any subject matter you found confusing?  
    Please describe.

11. Would you participate in a program similar to this one in the future on a different topic?  
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12. What additional continuing dental education topics would you like to see?

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