THEMES FOR PHD SYLLABUS

(July 2021)

THEMES	Topics
• Theme1	Basic applied science
• Theme2.	Complete denture and removable partial denture
• Theme3	Fixed partial denture, TMJ, Esthetics
• Theme 4	Maxillofacial prosthesis and implants
• Theme 5.	Dental materials

Theme 1: Basic applied science

Applied basic sciences

Applied Basic Sciences, Applied Anatomy Embryology Growth AndDevelopment Genetics Immunology ,Anthology , Physiology Nutrition & Biochemistry ,Pathology & Microbiology, Virology Applied Pharmacology Research Methodology And Bio Statistics ,Applied Dental & Histology, Oral Pathology & Oral Microbiology Adult And Geriatric Psychology Applied Dental Materials.

• A thorough knowledge on the applied aspects of Anatomy, Embryology, Histology Particularly to head and neck, Physiology, Biochemistry, Pathology, Microbiology, Virology.

Pharmacology, Health and systematic diseases principles in surgery medicine and Anesthesia, Nutrition, Behavioral sciences, age changes, genetics, Dental Material Science, congenital defects and Syndromes and Anthropology, Biomaterial Sciences, Bioengineering and Bio-medical and Research Methodology as related to Masters degree prosthodontics including crown & bridge and Implantology.

General Human Anatomy

The Gross Anatomy, anatomy of Head and Neck in detail. Cranial and facial bones, TMJ and function, muscles of mastication and facial expression, muscles of neck and back in cluding muscles of deglutition and tongue, arterial supply and~vehous drainage of the head and neck, anatomy of the Para nasal sinuses with relation to the Vth cranial nerve.

Embryology

• Understanding of development of the face, tongue, jaws, TMJ, Paranasal sinuses, pharynx, larynx, trachea, esophagus, Salivary glands, Development of oral and Para oral tissue includingdetailedaspects

of tooth and dental hard tissue formation

Growth & Development

• The facial form and Facial growth and development overview of Dento facial growth process and physiology from fetal period to maturity and old age, comprehensive study

of craniofacial biology. General physical growth,functionalandanatomicalaspectsofthehead,changesincraniofacialskeletal,relations hipbetween

development of the dentition and facial growth.

Dental Anatomy

• Anatomy of primary and secondary dentition, concept of occlusion, mechanism of articulation, and masticatory function. Detailed structural and functional study of the oral dental and Para oral tissues. Normal occlusion, development of occlusion indeciduous mixed and permanent dentitions, rootlength, rootconfiguration, tooth-numbering system.

<u>Histology</u>

• Histology of enamel, dentin, Cementum, periodontal ligament and alveolar bone, pulpal anatomy, histology and biological consideration. Salivary glands and Histology of epithelial tissuesincluding glands.

Applied Genetics and Heredity

• The Principles of orofacial genetics, molecular basis of genetics, genetic risks, counseling, bioethicsand relationship to Orthodontic management. Dentofacial anomalies, Anatomical, psychological and pathological characteristic of major groups of developmental defects of the orofacial structures

General human physiology

A. Introduction to General Physiology

An understanding of Mastication, deglutition, digestion and assimilation, Homeostasis, fluidand electrolyte balance. Blood composition, volume, function, blood groups and hemorrhage, Blood transfusion, circulation, Heart, Pulse, Blood pressure, capillary and lymphatic circulation, shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration.

B. Endocrines :

• Knowledge of General principles of endocrine activity and disorders relating to pituitary,thyroid, pancreas, parathyroid, adrenals, gonads, including pregenacy and lactation. Physiology of saliva, urine formation, normal and abnormal constituents, Physiology of pain, sympathetic and parasympathetic nervous system.

Neuromuscular co0ordination of the stomatognathic system

Applied Nutrition and Applied Biochemistry:

- General principles, balanced diet effect of dietary deficiencies and starvation. Diet , digestion , absorption, transportation and utilization, diet forelderlypatients.
- General principles governing the various biological activities of the body, such as osmotic pressure, electrolytic dissociation ,oxidation-reduction,etc. general composition of the body, intermediary methabolism, Carbohydrates, proteins, liquids and their metabolism, Enzymes, Vitamins, and minerals

Hormones, Blood and other body fluids, Metabolismofinor ganicelements, Detoxication in the body, Anti

metanolites.

Applied Pharmacology and Therapeutics :

Definition of terminologies used - Dosage and mode of administration of drugs. Action and fate of drugs in the body, Drug addiction, tolerance and hypersensitive reactions, Drugs acting on the central nervous system, general anesthetics hypnotics. Analeptics and tranquilizers, Local anesthetics, Chemotherapeutics and antibiotics, Antitubercular and anti syphilitic drugs, Analgesics and antipyretics, Antiseptics, styptics, Sialogogues and antisialogogues, Haematinics, Cortisone, ACTH, insulin and other antidiabetics vitamins: A,D,B - complex group C and K etc. Chemotherapy andRadiotherapy

Applied Pathology and Applied Microbiology:

• Inflammation, repair and degeneration, hyperemia, chronic venous congestion, edema, thrombosis, embolism and infarction. Infection and infective granulomas, Allergy and hypersensitive reaction, Applied his to pathology and clinicalpathology.

• Immunity, knowledge of organisms commonly associated with diseases of theoralcavity Virology, Cross infection control, sterilization and hospitalwastemanagement

Applied oral pathology:

• Developmental disturbances of oral and Para oral struGtures, Regressive changes of teeth, Bacterial, viral and mycotic infections of oral cavity, Dental caries, diseases of pulp and periapical tissues, Physical and chemical injuries of the oral cavity, oral manifestations of metabolic and endocrine disturbances, Diseases of the blood and blood forming organism in relation to the oral cavity, Periodontal diseases, Diseases of theskin, nerves and muscles in relation to the Oralcavity.

Biostatistics: introduction to biostatistic

- Scope and need for statistical application to biological data. Definition of selected terms scale of measurements related to statistics, Methods of collecting data, presentation of the statistical diagrams and graphs.
- Frequencycurves,mean,modeofmedian,Standarddeviationandcoefficientofvariation,Correlation-

Coefficientanditssignificance,BinominaldistributionsnormaldistributionandPoissondistributio n,Testsof Significance

Research methodology:

• Understanding and evaluating dental research, scientific method and the behavior of scientists, understanding to logic - inductive logic - analogy, models, authority, hypothesisandcausation,

• Quacks, Cranks, Abuses of Logic, Measurement and Errors of measurement, presentation of results, Reliability, Sensitivity and specificity diagnosis test and measurement, Research Strategies, Observation, Correlation, Experimentation and Experimental design. Logic of statistical interference balance judgements, judgement under uncertainty, clinical vs., scientific judgement, problem with clinical judgement, forming scientificjudgements, the problem of contradictory evidence, citation analysis as a Meansofliteratu

reevaluation, influencing judgement: Lower forms of Rhetorical life, Denigration, Terminal, Inexactitude.

Applied radiology:

Understanding and Introduction, radiation, background of radiation, sources, radiation biology, somatic damage, genetic damage, protection from primary and secondary radiation, Principles of X-ray production, Applied principles of radio therapy and aftercare.

Applied medicine:

• Systemic diseases and its influence on general health and oral and dental health. Medical emergencies in the dental offices - Prevention, preparation, medico legal consideration, unconsciousness, respiratory distress, altered consciousness, seizures, drug related emergencies, chest pain, cardiac arrest, premedication, and managementofambulatorypatients, resuscitation, applied psychiatry, child, adultand seniorcitize ns. Assessmentof case, premaliation, inhibition, monitoring, extubalin, complication assist in O.T. for anesthesia.

Applied general and plasticsurgery

- Understanding and General principles of surgery, wound healing, incision wound care, hospital care, control of hemorrhage, electrolyte balance. Common bandages, sutures, splints, shifting of critically ill patients, prophylactic therapy, bone surgeries, grafts, etc, surgical techniques, nursing assistance, anesthetic assistance.
- Principles in speech therapy, surgical and radiological craniofacial oncology, applied surgical ENT and ophthalmology.

Applied understanding and assistance in program of plastic surgery for prosthodontictherapy.

Theme 2 : Complete denture and removable partial denture

Complete Denture Prosthesis

a) <u>Effects of aging of edentulous patients</u>- aging population, distribution and edentulismin old age, impact of age on edentulous mouth - Mucosa, Bone, saliva, jaw movements in old age, taste and smell, nutrition, aging, skin and teeth, concern for personal appearance in oldage

b <u>Sequalae caused by wearing complete denture</u>- the denture in the oral environment Mucosal reactions, altered taste perception, burning mouth syndrome, gagging, residual ridge reduction, denture stomatitis, flabby ridge, denture irritation hyperplasia, traumatic Ulcers, Oral cancer in denture wearers, nutritional deficiencies, masticatory ability and Performance, nutritional status and masticatory functions.

<u>c) Temporomandibular disorders in edentulous Patients</u>: Epidemiology etiology and management,Pharmacotherapy Physical Modalities and Bio-behavioral modalities

d) <u>Nutrition *Care* for the denture wearing patient</u>- Impact of dental status on food intake, Gastrointestinal functions, nutritional needs and status of older adults, Calcium and bone health, vitamin and herbal supplementation, dietarycounseling and risk factor for malnutrition in patients with dentures and when teeth are extracted.

e) Understand the scientific basis of Preparing patient for complete denture-

Diagnosis and treatment planning for edentulous and partially edentulous patients - familiarity with patients, principles of perception, health questionnaires and identification

data, problem identification, prognosis and treatment identification data, problem identification, prognosis and treatment planning - contributing history - patient's history, social information, medical status - status with special reference to debilitating diseases, diseases of the joint, cardiovascular, disease of the skin, neurological disorders, oral malignancies, climacteric, use of drugs, mental health - mental attitude, psychological changes, adaptability, geriatric changes - physiologic, pathological, pathological and intra oral changes. Intra oral health - mucose membrane, alveolar ridges, palate and vestibular sulcus anddentalhealth.

Data collection and recording, visual observation, radiography, palpation, measurement sulci or fossae, extra oral measurement, the vertical dimension of occlusion, diagnostic casts.

Specific observations - existing dentures, soft tissue health, hard tissue health - teeth, bone Biomechanical considerations - jaw relations, border tissues, saliva, muscular development - muscle tone, neuromuscular co-ordination, tongue, cheek and lips. Interpreting diagnostic findings and treatment planning

f) Pre prosthetic surgery

- Improving the patients 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 patients musculature, surgical methods

- Correction of conditions, that preclude optimal prosthetic function - hyperplastic ridge epulisfissuratum and papillomatosis, frenular attachments and pendulous maxillary tuberosities, ridge augmentation, maxillary and Mandibular oral implants, corrections of congenital deformities, discrepancies in jaw size, relief of pressure on thementalforamen,enlargementofdenturebearingareas,vestibuloplasty,ridgeaugmentation,re placementof

tooth roots with Osseo integrated dentureimplants.

g) Immediate Denture-

Advantages, disadvantages, contra indication, diagnosis treatment plan and prognosis, Explanation to the patient, Oral examinations, examination of existing prosthesis, tooth modification, prognosis, referrals/adjunctive care, oral prophylaxis and other treatment needs.First extraction/ surgical visit, preliminary impressions and diagnostic casts, management of loo'se teeth, custom trays, final impressions and final casts two tray or sectional custom impression tray, location of posterior limit and jaw relation records, setting the denture teeth / verifying jaw relations and the patient try in, laboratory phase, setting of anterior teeth, Wax contouring, flasking and boil out, processing and finishing, surgical templates, surgery and immediate denture insertion,post

operative care and patient instructions, subsequent service for the patient on the immediate denture, overdenture tooth attachments, implants or implant attachments

h) Over dentures

(tooth supported complete dentures) - indications and treatment planning, advantages and disadvantages, selection of abutment teeth, lose of abutment teeth, tooth supported complete dentures. Non-coping abutments, abutment with copings, abutments with attachments, submerged vital roots, preparations of the retained teeth.

i) the Single Dentures:

Single Mandibular denture to oppose natural maxillary teeth, single complete maxillary

denture to oppose natural Mandibular teeth to oppose a partially edentulous Mandibular arch with fixed prosthesis, partially edentulous Mandibular arch with removable partial dentures. Opposing existing complete dentures, preservation

of the residual alveolar ridge, necessity for retaining maxillary teeth and mental trauma.

j) Materials prescribed in the management of dentulous patients

Denture base materials, General requirements of biomaterials for edentulous patients, requirement of an ideal denture base, chemical composition of denture base resins, materials used in the fabrication of prosthetic denture teeth, requirement of prosthetic denture teeth, denture lining materials and tissue conditioners, castmetalalloys as denture, bases - base metal alloys.

k) Articulators-

Classification, selection, limitations, precision, accuracy and sensitivity and Functional activities of the lower member of the articulator and uses,

l) Fabrications of complete dentures -

complete denture impressions - muscles of facial expressions and anatomical landmarks, support, retention, stability, aims and objectives - preservation, support, stability, aesthetics, and retention. Impression materials and techniques - need of 2 impressions the preliminary impression and final impression Developing an analogue / substitute for the maxillary denture bearing area - 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 spiny process, torus palatinus, Anatomy of peripheral or limiting structures, labial vestibule, Buccal vestibule, vibrating line, 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

Developing an analogue / substitute for the Mandibular denture bearing areaMandible anatomy of supporting structure, crest of the residual ridge, the Buccal shelf, shape of supporting structure, mylohyoid ridge, mental foramen, genial tubercles, torus mandibularis, Anatomy of peripheral or limiting structure - labial vestibule, Buccal vestibule, lingual border, mylohyoid muscle, retromylohyoid fossa, sublingual gland region, alveolingual sulcus, Mandibular impressions - preliminary impressions, custom tray, refining, preparing thetray\, finalimpressions.

m) 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 trail denture base, tests to determine vertical dimension of occlusion, interocclusal, centric relation records, Biological and clinical considerations in making jaw relation records and transferring 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, physiologic rest position, vertical dimension, occlusion, recording methods - mechanical, physiological, Determining the horizontal jaw relation - Functional graphics, tactile or inter()cclusal 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.

n) Selecting and arranging artificial teeth and occlusion for the edentulous patient

anterior tooth selection, posterior tooth selection, and principles in arrangement of teeth, and factors govening position of teeth - horizontal, vertical. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics - to concept of occlusion.

o) <u>Try in</u>

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.

p) Speech consideration with complete dentures

Speech production - structural and functional demands, neuropsychological background, speech production and the roll of teeth and other oral structures - bilabial sounds, labiodentals sounds, linguodental sounds, linguoalveolar sound, articulatoric characteristics, acoustic characteristics, auditory characteristics, linguopalatal and linguoalveolar sounds, speech analysis and prosthetic considerations.

q) Insertion and after care laboratory procedure

Wax contouring, flasking and processing, laboratory remount procedures and selective, finishing and polishing. Critiquing the finished prosthesis doctors evaluation, patients evaluation, friends evaluation, elimination of basal surface errors, errors in occlusion, interocclusal records for remounting procedures - verifying centric relation, eliminating occlusal errors, special instructions to the patient appearance with new denture, mastication with new dentures, speaking with new dentures, speaking with new dentures, oral hygiene with dentures, preserving of residual ridges and educational material for patients, maintaining the comfort andhealth of the oral cavity in the rehabilitated edentulous patients. Twenty-four hours oral examination andtreatment and preventive Prosthodontic - periodontic recall for oral examination 3 to 4 months intervals and yearly intervals.

r) Have knowledge of Implant supported Prosthesis for partially edentulous patients-

Science of Osseo integration, clinical protocol for treatment with implant supported over dentures, managing problems and complications, implant Prosthodontics for edentulous patients: current and future directions.

s) Have knowledge of Implant supported prosthesis for partially edentulous patients-

Clinical and laboratoryprotocol: Implant supported prosthesis, managing problems and complications

Introduction and Historical ReviewBiological, clinical and surgical aspects of oral implants Diagnosis and treatment planningRadiological interpretation for selection of fixtures Radiological interpretation for selection of fixtures Splints for guidance fort surgical placement of fixtures In tra oral plastic surgeryGuided bone and Tissue generation consideration for implants fixture. Implants supported prosthesis for complete edentulism and partial edentulism Occlusion for implants support prosthesis.

Peri implant tissue and Management. Maintenance and after care. Management of failed restoration.

Work authorization for implant supported prosthesis - definitive instructions, egal aspects, delineation of responsibility.

<u>Prosthodontic treatment for partially edentulous patients</u>-Removable partial ProsthodonticsA. Scope, Definition and Terminology Classification of partially edentulous arches requirements of an acceptable methods of classification, Kennedy's classification,

Applegate's rules for applying the Kennedy classification

Components of RPD

- Major connector - Mandibular and Maxillary,

- Minor connectors, design, functions, form and location of major and minor connectors, tissue -stops, finishing lines, reaction of tissue tometalliccoverage

- Rest and rest seats - from of the Occlusal rest and rest seat, interproximal Occlusal rest seats, internal Occlusal rests, possible movements of partial dentures, support for rests, lingual rests on canines and incisor teeth, incisal rest andrestseat.

- Direct retainer- Internal attachment, extracoronal direct retainer, relative uniformity of retention, flexibility of clasp arms, stabilizing - reciprocal clasp are, criteria for selecting a given clasp design, the basic principles of clasp design, circumferential clasp, bar clasp, combination clasp and other typeofretainers.

- Indirect Retainer - denture rotation about an axis, factors influencing effectiveness of indirect retainers, forms of indirect retainers, auxiliary Occlusal rest, canine extensions fromOcclusal rests, canine rests, continuous bar

retainers and linguoplates, modification areas, rugae support, direct - indirectretention.-

Principles of removable partial Denture design - bio mechanic considerations, and the factors influence after mouth preparations - Occlusal relationship of remaining teeth, orientation of Occlusal plane, available space for restoration, arch integrity, tooth morphology, response of oral structure to previous stress, periodontal conditions, abutment support, tooth supported and tooth and tissue supported, need for indirect retention, clasp design, need for rebasing, secondary impression, need for abutment tooth modification, type of major connector, type of teeth selection, patients past experience, method of replacing single teeth or missing anterior teeth.

Difference between tooth supported and tissue supported partial dentures, essential of partial denture design, components of partial denture design, tooth support, ridge support, stabilizing components, guiding planes, use of splint bar for denture support, internal clip attachments, overlay abutment as support for a denture base, use of a component partial to gain support.

Surveying – Description of dental surveyor, purposes of surveying, Aims and objectives in surveying of diagnostic cast and master cast, Final path of placement, factors that determine

path of placement and removal, Recording relation of cast to surveyor, measuring retention, Blocking ofmaster cast - paralleled blockout, shaped blockout, arbitrary blockout and relief. Diagnosis and treatment planning –

Infection control and cross infection barriers - clinical and laboratory and hospital waste management, Objectives of. prosthodontic treatment, Records, systemic evaluation, Oral examination, preparation of diagnostic cast, interpretation of examination data, radiographic interpretation, periodontal considerations, caries activity, prospective surgical preparation, endodontic treatment, analysis of occlusalfactors, fixed restorations, orthodontic treatment, need for determining the design of components, impression procedures and occlusion, need for reshaping remaining teeth, reduction of unfavorable tooth contours, differential diagnosis: fixed or removable partial dentures, choice between complete denture and removable partial dentures, choice of materials

Preparation of Mouth for removable partial dentures -

Oral surgical preparation, conditioning of abused and irritated tissues, periodontal preparation - objectives of periodontal therapy, periodontal diagnosis, control therapy, periodontalsurgery

Preparation of Abutment teeth

Classification of abutment teeth, sequence of abutment preparations on sound enamel or existing restorations, conservative restoration using crowns, splinting abutment teeth, utilization, temporary crowns to be used as abutment

Materials and Procedures for Removable Partial Dentures

Rigid materials, thermoplastic materials, Elastic materials, Impressions of the partially edentulous arch, Tooth supported, tooth tissue supported, Individual impression trays.

Support for the Distal Extension Denture Base

Distal extension removable partial denture, Factors influencing the support of distal extension base, Methods for obtaining functional support for the distal extension base.

Laboratory Procedures

Duplicating a stone cast, Waxing the partial denture framework, Anatomic replica patterns, Spruing, investing, burnout, casting and finishing of the partial denture framework, making record bases, occlusion rims, making a stone occlusal template from a functional occlusal record, arranging posterior teeth to an opposing cast or template, types of anterior teeth, waxing and investing the partial denture before processing acrylic resin bases, processing the denture, remounting and occlusal correction to an occlusaltemplate, polishing the denture.

Initial placement, adjustment and servicing of the removable partial denture - adjustments to bearingsurfaces of denture framework, adjustment of occlusion in harmony with natural and artificial dentition, instructions to the patient, follow - up services

Rebasing the removable partial denture -

Relining tooth supported dentures bases, relining distal extension denture bases, methods of reestablishing occlusion on a relined partial denture

Repairs and additions to removable partial dentures -

Broken clasp arms, fractured occlusal rests, distortion or breakage of other components - major and minor connectors, loss of a tooth or teeth not involved in the support or retention of the restoration, loss of an abutment tooth necessitating its replacement and making a new direct retainer, Other types of repairs, Repair

by soldering.

Removable partial denture considerations in maxillofacial prosthetics -

Maxillofacial prosthetics, intra oral prosthesis, design considerations, maxillary prosthesis, Obturators,speech aids, palatal lifts, palatal augmentations, mandibular prosthesis, treatment planning, framework design, class I resection, Class II resection, mandibular flange prosthesis, jawrelationrecord

<u>Management of failed restorations and work authorization</u>

Theme 3 : Fixed partial denture, TMJ, Esthetics

Diagnosis and treatmentplanning-

patients history and interview, patients desires and expectations and needs, systemic and emotional health, clinical examinations - head and neck, oral - teeth, occlusal and periodontal, Preparation of diagnostic cast, radiographic interpretation, Aesthetics, endodontics considerations, abutment selection - bone support, root proximities and inclinations, selection of abutments, for cantilever, pier abutments, splinting, available tooth structures and crown morphology, TMJ and muscles mastication and comprehensive planning and prognosis.

supported and tooth supportedfixedProsthodontic

Management of Cariousteeth

Reconstruction measure for compromising teeth - retentive pins, horizontal slots, retention grooves

Periodontal considerations-

Attachment units, ligaments, gingivitis, periodontitis. Microbiological aspect of periodontal diseases, marginal lesion, occlusal trauma, periodontal pockets attached gingiva, interdental papilla, gingival embrasures, gingival/periodontal prosthesis, radiographic interpretations of Periodontia, intraoral, periodontal splinting - Fixed prosthodontics with periodontially compromised dentitions, placement of margin restorations.

Tooth preparations-

Individual tooth preparations Complete metal Crowns - P.F.C., All porcelain - Cerestore crowns, dicor crowns, incerem etc. porcelain jacket crowns partial 3/4, fronionalhalf, radicular 7/8, telescopic, pin-ledge, laminates, inlays, onlays and preparations for restoration of teeth-amalgam, glass lonomer and composite resins, Resin Bond retainers, Gingival marginal preparations - Design, material selection, and biological and mechanical considerations - intracoronal retainer and precision attachments - custom made andreadymade

Fluidcontrol

Rubber dam applications, tissue dilation - soft tissue management for cast restoration, impression materials and techniques, provisional restoration, interocclusal records, laboratory support for fixed Prosthodontics, Occlusion,Occlusal equilibration, articulators, recording and transferring of occlusal relations, cementing of restorations.

- Evaluation of Resins, Gold and gold alloys, glassIonomer, restorations.
- Restorations of endodontically treated teeth, Stomatognathic Dysfunctionandmanagement
- Management of failedrestorations
- Osseo integrated supported fixed Prosthodontics Osseo integrated supported and tooth supported fixed Prosthodontics

Occlusion

Evaluation diagnosis and treatment of occlusal problems:

Scope, definition, terminology, optimum oral health, anatomic harmony, functional harmony, occlusal stability, causes of deterioration of dental and oral health, Anatomical, physiological, neuro - muscular, psychological, considerations of teeth, muscles of mastication, temporomandibular joint, intra oral and extra oral and facial

musculatures, the functions of Cranio mandibular system.

Able to estimate and select and perform Occlusal therapy, the stomatognathic system, centric relation, vertical dimension, the neutral zone, the occlusal plane, differential diagnosis of temporomandibular disorders, understanding and diagnosing intra articular problems, relating treatment to diagnosis of internal derangements of TMJ, Occlusal splints, Selecting instruments for occlusal diagnosis and treatment, mounting casts, Pankey- mann-schuyler philosophy of complete occlusal rehabilitation, long centric, anterior guidance, restoring lower anterior teeth, restoring upper anterior teeth, determining the type of posterior occlusal contours, methods for determining the plane of occlusion, restoring lower posterior teeth, restoring upper posterior teeth, functionally generated path techniques for recording border movements intra orally, occlusal equilibration, Bruxism, Procedural steps in restoring occlusions, requirements for occlusal stability, solving occlusal problems through programmed treatment planning, splinting, solving - occlusal wear problems, deep overbite problems, anterior overjet problems, anterior open bite problems. Treating - end to end occlusion, splayed anterior teeth, cross bite patient, Crowded, irregular, or interlocking anterior bite, using Cephalometric for occlusal analysis, solving

severe arch malrelationship problems, transcranial radiography, postoperative care of occlusal therapy.

TMJ- Temporomandibular joint dysfunction-Scope, definitions and terminology

To assess Temporomandibular joint and its function, Orofacial pain, and pain from the temporomandibular joint region, temporomandibular joint dysfunction, temporomandibular joint sounds, temporomandibular joint disorders

Anatomy related, trauma, disc displacement, Osteoarthrosis / Osteoarthritis, Hyper mobility and dislocation, infectious arthritis, inflammatory diseases, Eagle's syndrome (Styloid - stylohyoid syndrome), Synovial chondromatosis, Osteochondrrosis disease, Ostonecrosis, Nerve entrapment process, Growth changes, Tumors,

Radiographic imaging.

• Etiology, diagnosis and cranio mandibular pain, differential diagnosis and management of orofacial pain

- pain from teeth, pulp, dentin, muscle pain, TMJ pain - psycho logic, physiologic - endogenous control, acupuncture analgesia, Placebo effects on analgesia, Trigeminal neuralgia, Temporalarteritis

• Occlusal splint therapy-construction and fitting of occlusalsplints, management of occlusal splints, therapeutic effects of occlusal splints, occlusal splints and general muscles performance, TMJ joint uploading and anterior repositioning appliances, use and care of occlusalsplints.

• Reversible - occlusal stabilization splints and physical therapies, jaw exercises, jaw manipulation and other physiotherapy or irreversible therapy occlusal repositioning appliances, orthodontic treatment, Orthognathic surgery, fixed and removable prosthodontic treatment and occlusal adjustment, removable prosthodontic treatment and occlusal adjustment, special nature of orofacial pain, Indication for occlusal adjustment, special nature of orofacial pain, Indication for occlusal adjustment philosophies, mandibular position, excursive guidance" occlusal contact scheme, goals of occlusal adjustment, significance of a slide in centric, Preclinical procedures, clinical proceduresfor occlusal

Esthetic component

Facial components, dental components, gingival components and physical components. Esthetics and' its relationship to function

-Crown morphology, physiology of occlusion, mastication, occlusal loading and clinical aspect in bio esthetic aspects, Physical and physiologic characteristic and muscular activities of facial muscle, perioral anatomy and muscle retaining exercises

-Smile - classification and smile components, smile design, esthetic restoration of smile Esthetic management of the dentogingival unit, intraoral materials for management of gingival contours, and ridge contours, Periodontal esthetics,

-Restorations - Tooth colored restorative materials, the clinical and laboratory aspects, marginal fit, anatomy, inclinations, form, size, shape, color, embrasures, contact point.

- Recent advances in smile designing

Theme 4 : Maxillofacial prosthesis and implants

Scope, terminology, definitions, cross infection control and hospital waste management, work authorization.

Behavioral and psychological issues in Head and neck cancer, Psychodynamic interactions clinician and patient - Cancer Chemotherapy: Oral Manifestations, Complications, and management, Radiation therapy of head and neck tumors: Oral effects, Dental manifestations and dental treatment: Etiology, treatment and rehabilitation (restoration) -

Acquired defects of the mandible, acquired defects of hard palate, soft palate, clinical management of edentulous and partially edentulous maxillectomy patients, Facial defects, Restoration of speech, Velopharyngeal function, cleft lip and palate, cranial implants, maxillofacial trauma, Lip and cheek support prosthesis, Laryngectomy aids, Obstructive sleep apnoea, Tongue prosthesis, Esophageal prosthesis, Vaginal radiation carrier, Burn stents, Nasal stents, Auditory inserts, trismus appliances, mouth controlled devices for assisting the handicapped, custom prosthesis for lagophthalomos of the eye. Osseo integrated supported facial and maxillofacial prosthesis. Resin bonding for maxillofacial prosthesis, Implant rehabilitation of the mandible compromise by radiotherapy, CraniofacialOsseointegration,Prosthodontictreatment,Materialandlaboratoryproceduresfor maxillofacial

prosthesis.Recent advances in maxillofacial Prosthodontics

Theme 5 : Dental materials

Applied dental material:

Physical and chemical properties of dental materials, its biocompatibility

Knowledge of the following materials and its

application in clinical situations

• Introduction, Aims and Scope of Dental Materials

- Structure & Behavior ofmatters.
- Important Physical properties applicable to Dental Material including theirbiological considerations.
- Consideration of following metals and alloy used in Dentistry and the effect of their exposure inmouth
- DentalAmalgam
- Gold and GoldFoil
- StainlessSteel
- Chrome Cobaltalloys
- Nickel Chrome alloys, NiTialloy,Zirconia.
- Casting gold alloys and other alloys usedinDentistry.
- Gypsum Products Manufacturing, Chemical, Physical & MechanicalProperties,Uses&Manipulation.

• Impression Materials – General requirements, Classification, Composition, Manipulation, Properties AndClinicalApplication.

• Dental Waxes – Classification,

Varieties, Composition, Properties,

Manipulation &Uses.

• Dental Casting investments – Types, Composition, Manipulation & Properties.

• Knowledge of testing biological, mechanical and other physical property of all material used for the clinical and laboratory procedures in prosthodontic therapy.

• Full knowledge and practice Equipments, instruments, materials, and laboratory procedures at a higher competence with accepted methods.

Digital technology and its application in practice especially CAD CAM restorations with intraoralscanning.