

APPLIED ANATOMY OF HEAD AND NECK:

General Human Anatomy: 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 including muscles of deglutition and tongue, arterial supply and venous drainage of the head and neck, anatomy of the Para nasal sinuses in relation to the Vth cranial nerve. General considerations of the structure and function of the brain, brief considerations of V, VII, XI, XII, cranial nerves and autonomic nervous system of the head and neck. The salivary glands, Pharynx, Larynx Trachea, Oesophagus, Functional Anatomy of masticatory muscles, Deglutition, speech, respiration, and circulation, teeth eruption, morphology, occlusion and function. Anatomy of TMJ, its movements and myofascial pain dysfunction syndrome.

Embryology:Development of the face, tongue, jaws, TMJ, Paranasal sinuses,pharynx, larynx, trachea, esophagus, Salivary glands, Development of oral and Para oral tissues including detailed aspects of tooth formation.

Growth & Development:Facial form and Facial growth and development overview ofDentofacial growth process and physiology from foetal period to maturity and old age. General physical growth, functional and anatomical aspects of the head, changes in craniofacial skeletal development, relationship between 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 and Para oral tissues, normal occlusion, development of occlusion in deciduous mixed and permanent dentitions, root length, root configuration & tooth-numbering systems.

Histology:histology of enamel, dentin, Cementum, periodontal ligament and alveolarbone, pulpal anatomy, histology and biological consideration. Salivary glands and Histology of epithelial tissues including glands. Histology of general and specific connective tissue including bone, , Salivary glands, Histology of

skin, oral mucosa, respiratory mucosa, connective tissue, bone, cartilage, cellular elements of blood vessels, blood, lymphatics, nerves, muscles, tongue and tooth.

Cell biology: Brief study of the structure and function of the mammalian cell
Components of the cell and functions of various types of cells and their consequences with tissue injury.

APPLIED PHYSIOLOGY AND NUTRITION:

Introduction, Mastication, deglutition, digestion and assimilation, Homeostasis, fluid and 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. Endocrine glands in particular reference to pituitary, parathyroid and thyroid glands and sex hormones. Role of calcium and Vit D in growth and development of teeth, bone and jaws. Role of Vit. A, C and B complex in oral mucosal and periodontal health. Physiology and function of the masticatory system. Speech mechanism, mastication, swallowing and deglutition mechanism, salivary glands and Saliva.

Endocrines: General principles of endocrine activity and disorders relating to pituitary, thyroid, pancreas, parathyroid, adrenals, gonads, including pregnancy and lactation. Physiology of saliva, urine formation, normal and abnormal constituents, Physiology of pain, Sympathetic and parasympathetic nervous system, neuromuscular co-ordination of the stomatognathic system.

Applied Nutrition: General principles, balanced diet, effect of dietary deficiencies and starvation, Diet, digestion, absorption, transportation and utilization & diet for elderly patients.

APPLIED BIOCHEMISTRY:

General principles governing the various biological activities of the body, such as osmotic pressure, electrolytic dissociation, oxidation-reduction Carbohydrates, proteins, lipids and their metabolism, Enzymes,

Vitamins, and minerals, Hormones, Blood, Metabolism of inorganic elements, Detoxification in the body & anti metabolites.

APPLIED PHARMACOLOGY AND THERAPEUTICS:

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, Cortisones, ACTH, insulin and other antidiabetics vitamins: A, D, B – complex group C, K etc. Chemotherapy and Radiotherapy. Drug regime for antibiotic prophylaxis and infectious endocarditis and drug therapy following dental surgical treatments like placement of implants, pre and peri prosthetic surgery

APPLIED PATHOLOGY:

Inflammation, repair and degeneration, Necrosis and gangrene, Circulatory disturbances, Ischaemia, hyperaemia, chronic venous congestion, oedema, thrombosis, embolism and infarction. Infection and infective granulomas, Allergy and hypersensitive reactions, Neoplasms; Classification of tumors, Carcinogenesis, characteristics of benign and malignant tumors, spread of tumors. Applied histo pathology and clinical pathology.

APPLIED MICROBIOLOGY:

Immunity, knowledge of organisms commonly associated with diseases of the oral cavity (morphology cultural characteristics etc) of strepto, staphylo, , Clostridia group of organisms, Spirochaetes, organisms of tuberculosis, leprosy, diphtheria, actinomycosis and moniliasis etc. Virology, Cross infection control, sterilization and hospital waste management

APPLIED ORAL PATHOLOGY:

Developmental disturbances of oral and Para oral structures, Regressive changes of teeth, Bacterial, viral and mycotic infections of the 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 the skin, nerves and muscles in relation to the Oral cavity.

LABORATORY DETERMINATIONS:

Blood groups, blood matching, R.B.C. and W.B.C. count, Bleeding and clotting time, PT, PTT and INR Smears and cultures – urine analysis and culture. Interpretation of RBS, Glycosylated Hb, GTT

BIOSTATISTICS:

Characteristics and limitations of statistics, planning of statistical experiments, sampling, collection, classification and presentation of data (Tables, graphs, pictograms etc) & Analysis of data, parametric and non parametric tests

Introduction to Biostatistics: 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. Frequency curves, mean, mode of median, Standard deviation and coefficient of variation, Correlation – Co-efficient and its significance, Binominal distributions normal distribution and Poisson's distribution, Tests of significance.

RESEARCH METHODOLOGY:

Understanding and evaluating dental research, scientific method and the behavior of scientists, understanding to logic – inductive logic – analogy, models, authority, hypothesis and causation,. Measurement and Errors of measurement, presentation of results, Reliability, Sensitivity and specificity diagnosis tests and measurements, Research Strategies, Observation, Correlation, Experimentation and Experimental design. Logic of statistical in(ter)ferences, balance judgements, judgement under uncertainty, clinical vs., scientific judgement, problems with clinical judgement, forming scientific

judgements, the problem of contradictory evidence, citation analysis as a Means of literature evaluation, influencing judgement : Protocol writing for experimental, observational studies, survey including hypothesis, PICO statement, aim objectives, sample size justification, use of control/placebo, standardization techniques, bias and its elimination, blinding, evaluation, inclusion and exclusion criteria.

APPLIED RADIOLOGY:

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 after care.

ROENTGENOGRAPHIC TECHNIQUES:

Intra oral, extra oral roentgenography, Methods of localization digital radiology and ultra sounds. Normal anatomical landmarks of teeth and jaws in radiograms, temporomandibular joint radiograms, neck radiograms. Use of CT and CBCT in prosthodontics

APPLIED MEDICINE:

Systemic diseases and (its) their influence on general health and oral and dental health. Medical emergencies like syncope, hyperventilation, angina, seizure, asthma and allergy/anaphylaxis in the dental offices – Prevention, preparation, medico legal consideration, unconsciousness, respiratory distress, altered consciousness, seizures, drug related emergencies, chest pain, cardiac arrest, premedication, prophylaxis and management of ambulatory patients, resuscitation, applied psychiatry, child, adult and senior citizens.

APPLIED SURGERY & ANESTHESIA:

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 PLASTIC SURGERY:

Applied understanding and assistance in programs of plastic surgery for prosthodontics therapy.

APPLIED DENTAL MATERIALS:

- Students should have understanding of all materials used for treatment of craniofacial disorders – Clinical, treatment, and laboratory materials, associated materials, technical considerations, shelf life, storage, manipulations, sterilization, and waste management.
- Students shall acquire knowledge of testing biological, mechanical and other physical properties of all materials used for the clinical and laboratory procedures in prosthodontic therapy.
- Students shall acquire full knowledge and practice of Equipments, instruments, materials, and laboratory procedures at a higher level of competence with accepted methods.

All clinical practices shall involve personal and social obligation of cross infection control, sterilization and waste management.

ORAL AND MAXILLOFACIAL PROSTHODONTICS AND IMPLANTOLOGY:

I. NON-SURGICAL AND SURGICAL METHODS OF PROSTHODONTICS AND IMPLANTOLOGY

- Prosthodontic treatment for completely edentulous patients – Complete dentures, immediate complete dentures, single complete dentures, tooth supported complete dentures & Implant supported Prosthesis for completely edentulous patients for typical and atypical cases.
- Prosthodontic treatment for partially edentulous patients: - Clasp-retained acrylic and cast partial dentures, transitional dentures, immediate

dentures, intra coronal and extra coronal precision attachments retained partial dentures & maxillofacial prosthesis for typical and atypical cases.

Prosthodontic treatment for edentulous patients: Complete Dentures and Implant supported Prosthesis.

Complete Denture Prosthesis: Definitions, terminologies, G.P.T., Boucher's clinical dental terminology.

Scope of Prosthodontics: The Cranio Mandibular system and its functions, the reasons for loss of teeth, consequences of loss of teeth and treatment modality with various restorations and replacements

- a) Edentulous Predicament, Biomechanics of the edentulous state, Support mechanism for the natural dentition and complete dentures, Biological considerations, Functional and Para functional considerations, Esthetic, behavioral and adaptive responses, Temporomandibular joints changes.
- b) Effects of aging of edentulous patients –aging population, distribution and edentulism in 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 old age
- c) Sequelae caused by wearing complete denture –the denture in the oral environment – Mucosal reactions, altered taste perception, burning mouth syndrome, gagging, residual ridge (reduction) resorption, 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.
- d) Temporomandibular disorders in edentulous patients – Epidemiology, etiology and management, Pharmacotherapy, Physical modalities, and Bio-behavioral modalities
- e) Nutrition Care for the denture wearing patient –Impact of dental status on food intake, Gastrointestinal functions, nutritional needs and status of

older adults, Calcium and bone health, vitamin and herbal supplementation, dietary counseling and risk factor for malnutrition in patients with dentures and when teeth are extracted.

- f) Preparing patient for complete denture patients –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 planning – contributing history – patient’s history, social information, medical status – systemic status with special reference to debilitating diseases, diseases of the joints, cardiovascular disorders, diseases 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 – mucus membrane, alveolar ridges, palate and vestibular sulcus and dental health. Data collection and recording, visual observation, radiography, palpation, measurement of 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 coordination, tongue, cheek and lips. Interpreting diagnostic findings and treatment planning.
- g) Pre prosthetic surgery –Improving the patients denture bearing areas andridge relations.
- h) Non surgical methods –rest for the denture supporting tissues, occlusal correction of the old prosthesis, good nutrition, conditioning of the patients musculature,

- i) Surgical methods –Correction of conditions, that preclude optimal prosthetic function – hyperplastic ridge – epulisfissuratum and papillomatosis, frenular attachments 50 and pendulous maxillary tuberosities, ridge augmentation, maxillary and mandibular oral implants, corrections of congenital deformities, discrepancies in jaw size, relief of pressure on the mental foramen, enlargement of denture bearing areas, vestibuloplasty, ridge augmentation, replacement of tooth roots with Osseo integrated denture implants.
- j) Immediate Denture –Advantages, Disadvantages, Contraindications,Diagnosis, treatment planning 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 visit, preliminary impressions and diagnostic casts, management of loose teeth, custom trays, final impressions and master casts, two tray or sectional custom impression tray, location of posterior limit and jaw relation records, setting of the posterior 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.
- k) Over dentures (tooth supported complete dentures)–indications and treatment planning, advantages and disadvantages, selection of abutment teeth, loss of abutment teeth, tooth supported complete dentures. Non-coping abutments, abutment with copings, abutments with attachments, submerged vital roots, preparations of the retained teeth.
- l) Single Dentures: Single Mandibular denture to oppose natural maxillaryteeth, 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 preventing mental trauma.

- m) Art of communication in the management of the edentulous predicament – Communication–scope, a model of communication, why communication is important? What are the elements of effective communication? special significance of doctor / patient communication, doctor behavior, The iatro sedative (doctor & act of making calm) recognizing and acknowledging the problem, exploring and identifying the problem, interpreting and explaining the problem, offering a solution to the problem for mobilizing their resources to operate in a most efficient way, recognizing and acknowledging the problem, interpreting and explaining the problem, offering a solution to the problem.
- n) Materials prescribed in the management of edentulous 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, cast metal alloys as denture bases – base metal alloys.
- o) Articulators – Evolution of concepts, Classification, selection, limitations, precision, accuracy and sensitivity, and Functions of the articulator and their uses. Recent advancements including virtual articulator
- p) Fabrication of complete dentures –complete denture impressions–muscles of facial expressions and anatomical landmarks, support, retention, stability, aims and objectives of preservation, support, stability, aesthetics, and retention. Impression materials and techniques – need of 2 impressions the preliminary impression and final impressions.

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 lines. 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 area anatomy of supporting structure, crest of the residual ridge, 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 the tray, final impressions.

- q) Mandibular movements, Maxillo mandibular relations and concepts of occlusion – Gnathology, identification of shape and location of arch form–Mandibular and maxillary occlusion rims, 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 interocclusal 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.

- r) 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 governing the position of teeth – horizontal & vertical relations. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics – to concept of occlusion.
- s) 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.
- t) Speech considerations with complete dentures & speech production – structural and functional demands, neuropsychological background, speech production and the roll of teeth and other oral structures – bilabial sounds, labiodental(s) sounds, linguodental sounds, linguoalveolar sound, articulatoric characteristics, acoustic characteristics, auditory characteristics, linguopalatal and linguoalveolar sounds, speech analysis and prosthetic considerations.
- u) Waxing contouring and processing the dentures their fit and insertion and after care –laboratory procedure–wax contouring, flasking and processing, laboratory remount procedures, selective grinding, 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, oral hygiene with dentures, preservation of residual ridges and educational material for patients, maintaining the comfort and health of the oral cavity in the rehabilitated edentulous patients. Twenty-four hours oral examination and treatment and (preventive) Prosthodontic – periodontic recall for oral examination 3 to 4 months intervals and yearly intervals.

v) Implant supported Prosthesis for partially edentulous patients – Science of Osseo integration, clinical protocol (diagnostic, surgical and prosthetic) for treatment with implant supported over dentures, managing problems and complications. Implant Prosthodontics for edentulous patients: current and future directions. Implant supported prosthesis for partially edentulous patients – Clinical and laboratory protocol: Implant supported prosthesis, managing problems and complications

- Introduction and Historical Review
- Biological, clinical and surgical aspects of oral implants
- Diagnosis and treatment planning
- Radiological interpretation for selection of fixtures
- Splints for guidance for surgical placement of fixtures
- Surgical and Intra oral plastic surgery, if any
- Guided bone and Tissue regeneration consideration for implants fixture.
- Implant supported prosthesis for complete edentulism and partial edentulism
- Occlusion for implant supported prosthesis.
- Peri-implant tissue and Management of peri-implantitis o Maintenance and after care
- Management of failed restoration.

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

Prosthodontic treatment for partially edentulous patients – Removable partial Prosthodontics:

- a) Scope, definition and terminology, Classification of partially edentulous arches - requirements of an acceptable method of classification, Kennedy's classification, Applegate's rules for applying the Kennedy classification
- b) 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 to metallic coverage
 - Rest and rest seats – form 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 and rest seat.
 - Direct retainers- Internal attachments & extracoronal direct retainers. Relative uniformity of retention, flexibility of clasp arms, stabilizing reciprocal clasp, criteria for selecting a given clasp design, the basic principles of clasp design, circumferential clasp, bar clasp, combination clasp and other type of retainers.
 - Indirect Retainers – denture rotation about an axis, factors influencing effectiveness of indirect retainers, forms of indirect retainers, auxiliary Occlusal rest, canine extensions from Occlusal rests, canine rests, continuous bar retainers and linguoplates, modification areas, rugae support, direct – indirect retention.

- Teeth and denture bases – types, materials, advantages and disadvantages, indications and contraindications and clinical use. Principles of removable partial Denture design – Bio mechanical considerations, and the factors influencing 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. Essentials of partial denture design, components of partial denture design, tooth support, tissue 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 partially to gain support.

c) Education of patient

d) Diagnosis and treatment planning

e) Design, treatment sequencing and mouth preparation

f) Surveying –Description of dental surveyor, purposes of surveying, Aims and objectives in surveying of diagnostic cast and master cast, Final path of insertion, factors that determine path of insertion and removal, Recording relation of cast to surveyor, measuring amount of retentive area Blocking of master cast – paralleled blockout, shaped blockout, arbitrary blockout and relief.

- g) 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 occlusal factors, 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
- h) 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, periodontal surgery.
- i) Preparation of Abutment teeth –Classification of abutment teeth, sequence of abutment preparations on sound enamel or existing restorations, conservative restorations using crowns, splinting abutment teeth, utilization, temporary crowns to be used as abutment.
- j) Impression 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.
- k) Support for the Distal Extension Denture Base –Distal extension removable partial denture, Factors influencing the support of distal extension base, Methods of obtaining functional support for the distal extension base.

- l) 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, arrangement of anterior teeth, waxing and investing the partial denture before processing acrylic resin bases, processing the denture, remounting and occlusal correction to an occlusal template, polishing the denture.
- m) Initial placement, adjustment and servicing of the removable partial denture –adjustments to bearing surfaces of denture framework, adjustment of occlusion in harmony with natural and artificial dentition, instructions to the patient, follow – up services
- n) Relining and Rebasing the removable partial denture –Relining tooth supported dentures bases, relining distal extension denture bases, methods of reestablishing occlusion on a relined partial denture.
- o) 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.
- p) 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, jaw relation records.
- q) Management of failed restorations and work authorization details.

II. MAXILLOFACIAL REHABILITATION:

Scope, terminology, definitions, cross infection control and hospital waste management, work authorization. Behavioral and psychological issues in Head and neck cancer, Psychodynamic interactions between 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, Oesophageal prosthesis, radiation carriers, Burn stents, Nasal stents, Vaginal and anal stents, Auditory inserts, Trismus appliances, mouth controlled devices for assisting the handicapped, custom prosthesis, conformers, and orbital prosthesis for ocular and orbital defects. Osseo integrated supported facial and maxillofacial prosthesis. Resin bonding for maxillofacial prosthesis, cranial prosthesis Implant rehabilitation of the mandible compromise by radiotherapy, Prosthodontic treatment, Material and laboratory procedures for maxillofacial prosthesis.

III. 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 and the functions of Cranio mandibular system. 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 occlusion, 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, splaed anterior teeth, cross bite problems, Crowded, irregular, or interlocking anterior bite. Using Cephalometric for occlusal analysis, solving severe arch malrelationship problems, transcranial radiography, postoperative care of occlusal therapy.

IV. FIXED PROSTHODONTICS:

Scope, definitions and terminology, classification and principles, design, mechanical and biological considerations of components – Retainers, connectors, pontics, work authorization.

- Diagnosis and treatment planning –patients history and interview, patientsdesires 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 of mastication and comprehensive planning and prognosis.

- Management of Carious teeth –caries in aged population, caries control,removal caries, protection of pulp, reconstruction measure for compromised teeth – retentive pins, horizontal slots, retentive grooves, prevention of caries, diet, prevention of root caries and vaccine for caries.
- Periodontal considerations –attachment units, ligaments, prevention ofgingivitis, periodontitis. Microbiological aspect of periodontal diseases, marginal lesion, occlusal trauma, periodontal pockets in 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.
- Biomechanical principles of tooth preparation –individual tooth preparations - Complete metal Crowns – P.F.C., All porcelain – Cerestore crowns, dicor crowns, inceram etc. porcelain jacket crowns; partial 3/4, 7/8, telescopic, pin– ledge, laminates, inlays, onlays. Preparations for restoration of teeth– amalgam, glass Ionomer and composite resins. Resin bond retainers, Gingival marginal preparations – Design, material selection, and biological and mechanical considerations – intracoronal retainer and precision attachments – custom made and prefabricated.
- Isolation and fluid control – Rubber dam application(s), tissue dilation– softtissue management for cast restoration, impression materials and techniques, provisional restorations, interocclusal records, laboratory support for fixed Prosthodontics, Occlusion, Occlusal equilibration, articulators, recording and transferring of occlusal relations, cementing of restorations.
- Resins, Gold and gold alloys, glass Ionomer, restorations.

- Restoration of endodontically treated teeth, Stomatognathic Dysfunction and management
- Management of failed restorations, Osseo integrated supported fixed Prosthodontics –Osseo integrated supported and tooth supported fixed Prosthodontics
- CAD – CAM Prosthodontics

V. TMJ – Temporomandibular joint dysfunction - Scope, definitions, and terminology:

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, Osteochondrosis disease, Osteonecrosis, 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 – psychologic, physiologic – endogenous control, acupuncture analgesia, Placebo effects on analgesia, Trigeminal neuralgia, Temporal arteritis
- Occlusal splint therapy – construction and fitting of occlusal splints, management of occlusal splints, therapeutic effects of occlusal splints, occlusal splints and general muscles performance, TMJ joint unloading and anterior repositioning appliances, use and care of occlusal splints.
- Occlusal adjustment procedures – 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. Indication for occlusal adjustment, special nature of orofacial pain, Psychopathological considerations, occlusal adjustment philosophies, mandibular position, excursive guidance, occlusal contact scheme, goals of occlusal adjustment, significance of a slide in centric, Preclinical procedures, clinical procedures for occlusal adjustment.

VI. ESTHETICS

SCOPE, DEFINITIONS:

Morpho psychology and esthetics, structural esthetic rules: 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. Prosthodontic treatment should be practiced by developing skills, by treating various and more number of patients to establish skill to diagnose and treatment and after care with bio-mechanical, biological, bio-esthetics, bio-phonetics. All treatments should be carried out in more numbers for developing clinical skills.

- Infection control, cross infection barrier – clinical & lab ; hospital & lab waste management