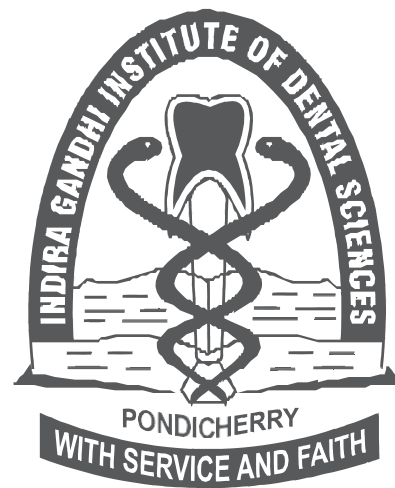


**M.D.S. DEGREE COURSE SYLLABUS  
RULES AND REGULATIONS  
2015-16**

**INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES**



**SRI BALAJI VIDYAPEETH UNIVERSITY**

*Deemed University*

*(Established Under Section 3 of the UGC Act 1956)*

PONDICHERRY

## ANNEXURE

Rules, regulation and curriculum of Balaji Vidyapeeth University have been placed before the Standing Academic Board, consisting of the following Internal & External Members.

Chairman : **Dr. Carounanidy Usha**  
Principal, IGIDS

### Department of Conservative Dentistry and Endodontics

External Members : **Dr. H.Murali**  
Prof. Conservative Dentistry & Endodontics,  
RV Dental College, Bangalore

Internal Members : **Dr. Sathyanarayanan.R**  
Prof. & Head, Dept. of Conservative Dentistry and Endodontics

**Dr. Karpagavinnayagam**  
Prof. Dept. of Conservative Dentistry and Endodontics

**Dr. Bindu Meera John**  
Reader, Dept of Conservative Dentistry and Endodontics

### Department of Oral and Maxillofacial Surgery

External Members : **Dr. Ramkumar.S**  
Prof. Sri Ramachandra University, Porur, Chennai.

Internal Members : **Dr. Sathyanarayanan. R**  
Prof. & Head, Dept. of Oral and Maxillofacial Surgery

**Dr. Suresh .V**, Prof. Dept. of Oral and Maxillofacial Surgery

**Dr. Yuvaraj.V**  
Prof. Dept. of Oral and Maxillofacial Surgery

### Department of Oral Medicine and Radiology

External Members : **Dr. Ravi David Austin**  
Prof. & Head, Dept. of Oral Medicine & Radiology,  
RMDCH, Annamalai University.

Internal Members : **Dr. Vishwanath Rangdhol**  
Prof. & Head, Dept. of Oral Medicine and Radiology

**Dr. Jeelani, Reader**  
Dept of Oral Medicine and Radiology

**Dr. Vandana**  
Reader, Dept of Oral Medicine and Radiology

### Department of Oral Pathology and Microbiology

External Members : **Dr. Sivapathasundharam .B**  
Prof. & Head, Dept. of Oral Pathology,  
Meenakshiammal Dental College, Maduravoyl.

Internal Members : **Dr. Santhadevy.A**  
Prof. & Head, Dept. of Oral Pathology and Microbiology

**Dr. Vezhavendhan.N**  
Prof. Dept. of Oral Pathology and Microbiology

### **Department of Orthodontics & Dentofacial Orthopedics**

External Members : **Dr. Kurunji Kumaran**  
Reader, Dept. of Orthodontics, RMDCH, Annamalai

Internal Members : **Dr. Harikrishnan. P**  
Prof. & Head, Dept. of Orthodontics & Dentofacial Orthopedics

**Dr. Senthil Kumar.M**  
Reader Dept. of Orthodontics & Dentofacial Orthopedics

### **Department of Paedodontics & Preventive Dentistry**

External Members : **Dr. Sharath Asokan,**  
Prof. Dept of Pedodontics,  
KSR Institute of Dental Sciences, Tiruchengode.

Internal Members : **Dr. Prathima.G.S**  
Prof. & Head, Dept. of Paedodontics & Preventive Dentistry

**Dr. Sanguida.A**  
Reader, Dept of Paedodontics & Preventive Dentistry

### **Department of Periodontology**

External Members : **Dr. Harinath Parthasarathy**  
Prof. Dept of Periodontology, SRM Ramapuram, Chennai

Internal Members : **Dr. Saravanakumar.R**  
Prof. & Head, Dept. of Periodontology

**Dr. Pratebha.B**  
Prof. Dept. of Periodontology

**Dr. Vineela Katam Reddy**  
Reader, Dept of Periodontology

### **Department of Prosthodontics and Crown and Bridge**

External Members : **Dr. Seyed Ashraf Ali**  
Prof. Dept. of Prosthodontics, RMDCH, Annamalai

Internal Members : **Dr. Manoharan.P.S**  
Prof. & Head, Dept. of Prosthodontics and Crown and Bridge

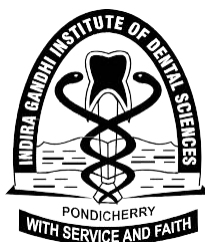
**Dr. Srinivasan.J**  
Prof. Dept. of Prosthodontics and Crown and Bridge



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# **INTRODUCTION**

## **RULES AND REGULATIONS OF SRI BALAJI VIDYAPEETH**

In exercise of the powers conferred by Ministry of Human Resources Development Notification No.F.9-53/2005-u-3 dated 20/7/09 and after the declaration of Indira Gandhi Institute of Dental Sciences as constituent teaching units under the ambit of the Deemed University Sri Balaji Vidyapeeth, the Standing Academic board hereby make the following Rules and Regulations:

### **SALIENT FEATURES OF POSTGRADUATE DENTAL EDUCATION SYLLABUS & REGULATIONS**

#### **SHORT TITLE AND COMMENCEMENT :**

These regulations shall be called:

#### **THE RULES AND REGULATIONS FOR THE MASTER OF DENTAL SURGERY DEGREE COURSE OF INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES OF SBV.**

They shall come into force from the academic year 2016-17 sessions. The regulations and the syllabus are subject to modification by the Standing Academic Board from time to time.

#### **ELIGIBILITY:**

1. A candidate for admission to the MDS course must have a BDS degree awarded by a recognized Dental College under section 10(2) of the Dentists Act,1948, from an Indian University or must have an equivalent qualification recognized by the Dental Council of India and also should have obtained permanent registration with the State Dental Council.
2. Candidates not possessing a recognized dental qualification for the above purpose should secure the prior approval of their qualifications by the Dental Council of India before they can be admitted to the MDS course of any University in India.
3. Candidates who have possessed PG diploma recognized by the Dental Council of India with the duration of 2 years in the particular speciality is eligible for admission in MDS in the same speciality and the duration will be 2 years. The syllabus of 2 years program will be as per the concerned University guidelines.
4. Provided that in the case of a foreign national, the Dental Council of India may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the post graduate training restricted to the Dental College/ Institution to which he/she is admitted for the time being exclusively for postgraduate studies.
5. Provided that further temporary registration to such foreign national shall be subject to the condition that such person is duly registered as dental practitioner in his own country for which he has obtained his basic Dental qualification and that his degree is recognized by the corresponding Dental Council or concerned authority.

#### **SELECTION OF POSTGRADUATE STUDENTS:**

1. Students for Postgraduate Dental courses shall be selected strictly on the basis for their academic merit.
2. For determining the academic merit, the University/ institution may adopt any one of the following procedures both for PG Diploma and MDS degree courses:
  - a. On the basis of merit as determined by a competitive test conducted by the state



government or by the competent authority appointed by the state government or by the University/ group of universities in the same state; or

- b. On the basis of merit as determined by the centralized competitive test held at the national level; or
  - c. On the basis of the individual cumulative performance at the first, second, third and final BDS examinations, if such examinations have been passed from the same University; or
  - d. Combination of a and b ;
3. Provided that wherever entrance test for PG admissions is held by a state government or a University or any other authorized examining body, the minimum percentage of marks for eligibility for admission to PG dental courses shall be 50% for general category candidates and 40% for the candidates belonging to SC and ST.

### **PERIOD OF TRAINING:**

The course shall be of three years duration.

All the candidates for the degree of MDS are required to pursue the prescribed course for at least 3 academic years course as full time candidates in a BDS recognized and MDS approved / recognized institution under the direction of the Head of the Department, who has to be a recognized postgraduate teacher in that speciality.

### **GENERAL:**

1. The institutions recognized by the Dental council of India for running Postgraduate courses prior to the commencement of the Dentists' (Amendment) Act, 1993 and those dental colleges recognized for running BDS course or institutions established by the Central government for the purpose of imparting postgraduate dental education shall be eligible for starting any postgraduate degree or diploma and higher speciality course after a periodic inspection to ascertain the BDS requirement by DCI in all aspects.
2. The maximum number of students for Postgraduate dental course, who can be registered in any recognized department, for training for the award of PG degree or diploma by the affiliating University, shall be determined by the facilities available in the department in terms of infrastructure, teaching staff and clinical teaching material. However, to start with a maximum of 3 PG students will be permitted
3. Every student, selected for admission to a PG dental course in any of the dental institutions in the country, shall possess recognized BDS degree or equivalent qualification and should have obtained registration with any of the State Dental Councils or should obtain the same within one month from the date of his admission, failing which the admission of the candidate shall be cancelled.
4. Provided that in the case of a foreign national, the Dental Council of India may, on payment of the prescribed fee for registration, allow temporary registration for the duration of the Postgraduate training restricted to the dental college / institution to which he is admitted for the time being exclusively for postgraduate studies.
5. Provided further that temporary registration to such foreign national shall be subject to the

condition that such person is duly registered as dental practitioner in his own country from which he has obtained his basic dental qualification and that his degree is recognized by the Dental Council of India and corresponding dental council or concerned authority and concerned University and M's of External/ Home Affairs have no objection for granting admission in India.

6. The students undergoing postgraduate courses shall be exposed to the following;
  - a. Basics of statistics to understand and critically evaluate published research papers
  - b. Few lectures on other type of exposure to human behavior studies
  - c. Basis understanding of pharmaco-economics
  - d. Introduction to the non-linear mathematics

**STIPEND:**

The MDS students shall be paid stipend only for duration of three years of the course, as may be fixed by the Central Government / respective State Government / Union Territory Administration or such authority as the respective government / administration may authorize. Where any dispute arises regarding any such stipend, including, quantum of the stipend, it shall be considered and decided by the Central Government / respective State Government / Union Territory Administration at its own level and its decision shall be final.

**ELIGIBILITY:**

The following requirements should be fulfilled by every candidate to become eligible to appear for the final examination

**ATTENDANCE:**

Every candidate should have fulfilled the minimum attendance prescribed by Dental Council of India and respective University (80% of the attendance during each academic year of postgraduate course).

**PROGRESS AND CONDUCT:** Every candidate should have participated in seminars, journal review meetings, symposia, conferences, case presentations, clinics and didactic lectures during each year as designed by the concerned department.

**WORK DIARY AND LOG BOOK:** Every candidate shall maintain a work diary and log book for recording his/ her participation in the training programs conducted by the department. The work diary and log book shall be verified and certified by the Head of the department and Head of the institution. The certification of satisfactory progress is based on the work diary and log book.

**DISSERTATION:**

The Dissertation work should have been accepted by the University which appoints the examiners.

**UNIVERSITY EXAMINATION:**

There shall be one examination at the end of 3 years

**DISSERTATION:**

Every candidate appearing for the MDS degree examination for the first time shall submit with his application for the admission to the Examination, four typewritten copies of a Dissertation of a research topic undertaken by the candidate and prepared under the direction and guidance and to the satisfaction of his University teacher. The Dissertation should be submitted 6 months prior to the MDS examination. The Dissertation shall be referred to the examiners for the MDS examination and acceptance of it by the examiners shall be a precondition to the admission of the candidate to the written part of the examination

A candidate whose Dissertation has been accepted by the examiners, but who is declared to have failed at the examination will be permitted to reappear at the subsequent MDS examination without having to prepare a new Dissertation, if, however, the Dissertation is rejected, the authorities shall give reasons thereof and suggestion for the improvement of the same and the Dissertation thus improved will have to be resubmitted to the examiners and accepted before appearing in MDS Examination.

**WRITTEN EXAMINATION:**

The written examination shall consist of four papers, out of which two shall be pertaining to the specialty; one in Applied Basic Sciences and one shall be an Essay. Each paper shall be of 3 hours duration

**CLINICAL /PRACTICAL EXAMINATION:**

It should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. The actual format of clinical examination in various specialties could be worked out by the University making sure that the candidate is given ample opportunity to perform various clinical procedures and the actual format is made known to the students prior to the examination well in advance by the University.

## **VIVA VOCE EXAMINATION:**

Viva voce examination shall aim at assessing depth of knowledge, logical reasoning, confidence and verbal communication skills.

Two set of examiners shall conduct the viva voce at a time as two teams, each team for 20 minutes. When one examiner is conducting the viva, the other examiner could make a note of the questions asked and the performance level to enable proper assessment and award of marks.

## **DISTRIBUTION OF MARKS AT THE UNIVERSITY EXAMINATION**

### **THEORY:**

Paper – I	75 marks
Paper – II	75 marks
Paper – III	75 marks
Paper – IV	75 marks
<b>Total</b>	<b>300 marks</b>

<b>PRACTICAL &amp; CLINICAL EXAMINATION</b>	:	200 marks
<b>VIVA VOCE</b>	:	100 marks

A candidate who wishes to study for MDS in a second speciality shall have to take the full course of 3 years in that speciality.

### **EXAMINERS:**

There shall be at least 4 Examiners in each subject, out of them two shall be External Examiners, the qualification and teaching experience for appointment of an examiner shall be as laid down by the Dental Council of India and the SBV University.

### **VALUATION OF ANSWER BOOKS:**

All the answer books shall be valued by 4 examiners, 2 internal and 2 external and the average marks will be computed.

### **CRITERIA FOR DECLARING AS PASS:**

To pass in the University examination, a candidate shall secure in both theory exams and in practical/clinical including viva voce independently an aggregate of 50% of total marks allotted (150 marks out of 300 allotted for theory and 150 out of 200 for clinical + 100 for viva voce together). A candidate securing less marks than as described above shall be declared to have failed in the examination.

A candidate who is declared successful in the MDS exams shall be granted a degree of Master of Dental Surgery in the respective speciality.

### **QUALIFICATION & EXPERIENCE FOR EXAMINERS**

1. He should possess qualification and experience not less than that recommended for teacher for Postgraduate degree program
2. No person who is not an active PG teacher in the subject can be appointed as examiner.
3. 50% of the external examiners shall be from outside the state.
4. Reciprocal arrangement of examiners should be discouraged, in that, the internal examiners

in a subject should not accepted External Examinership for a college from which External Examiner is appointed in his subject.

5. No person shall be an external examiner for the same institution for more than 2 consecutive years. However, if there is a break of one year the person can be reappointed.

## **MIGRATION**

- a. Under no circumstance, Migration/transfer of student undergoing any Postgraduate Degree/ Diploma course shall be permitted by any University / Authority.
- b. However, if any student requesting for issue of Migration certificate after the completion of their courses, as other Universities are insisting upon it, the same may be issued on payment of prescribed charges fixed by the University after obtaining written request from the student.

## **SYLLABUS DISTRIBUTION AMONG 4 PAPERS IN VARIOUS SEPCILAITIES**

### **Prosthodontics and Crown & Bridge**

- |            |   |  |
|------------|---|--|
| Paper – I  | - | Applied basic sciences: applied anatomy, embryology, growth and Development genetics, immunology, anthropology, physiology, nutrition and biochemistry, pathology & microbiology, virology, applied pharmacology, research methodology and biostatistics. Applied dental anatomy & histology, oral pathology and oral microbiology, adult and geriatric psychology. Applied dental materials |
| Paper – II | - | Removable prosthodontics and implant supported prosthosis, geriatric Dentistry and cranio facial prosthodontics  |
| Paper –III | - | Fixed prosthodontics, occlusion, TMJ and esthetics   |
| Paper – IV | - | Essay  |

## **PERIODONTOLOGY**

- |            |   |   |
|------------|---|---|
| Paper – I  | - | Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Epidemiology, Research methodology and Biostatistics. |
| Paper – II | - | Normal Periodontal structures, Etiology & Pathogenesis of Periodontal diseases, Epidemiology as related to Periodontics & Peri-implant disease                    |
| Paper –III | - | Periodontal diagnosis, therapy, oral implantology, Periodontal LASER therapy & Microsurgery   |
| Paper – IV | - | Essay (With emphasis on recent advances in Periodontics)  |

## **ORAL & MAXILLOFACIAL SURGERY**

- |            |   |   |
|------------|---|---|
| Paper – I  | - | Applied basic sciences: applied anatomy, physiology, biochemistry, general and oral Pathology and microbiology and pharmacology |
| Paper – II | - | Minor oral surgery and trauma   |
| Paper –III | - | Maxillofacial surgery   |
| Paper – IV | - | Essay   |

## **CONSERVATIVE DENTISTRY AND ENDODONTICS**

- Paper – I - Applied Basic Sciences: Applied Anatomy, Physiology, Pathology Including Oral Microbiology, Pharmacology, Bio statistics and Research Methodology and Applied Dental Materials.
- Paper – II - Conservative dentistry
- Paper –III - Endodontics
- Paper – IV - Essay

## **ORTHODONTICS & DENTOFACIAL ORTHOPEDICS**

- Paper – I - Applied Basic Sciences: Applied anatomy, Physiology, Dental Materials, Genetic Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.
- Paper – II - Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalies Diagnostic procedures and treatment planning in Orthodontics, Practical management in Orthodontics.
- Paper –III - Clinical Orthodontics
- Paper – IV - Essay

## **ORAL PATHOLOGY & MICROBIOLOGY**

- Paper – I - Applied Basic Sciences: Applied anatomy, Physiology (General and oral), Cell Biology, General Histology, Biochemistry, General Pathology, General and systemic Microbiology, Virology, Mycology, Basic Immunology, Oral Biology (oral and dental histology), Biostatistics and Research Methodology
- Paper – II - Oral pathology, Oral Microbiology & Immunology, Forensic Odontology & Oncology
- Paper –III - Laboratory Techniques and Diagnosis
- Paper – IV - Essay

## **PUBLIC HEALTH DENTISTRY**

- Paper – I - Applied Anatomy, Physiology, Pathology and Research Methodology
- Paper – II - Public Health
- Paper –III - Dental Public Health
- Paper – IV - Essay

## **PAEDODONTICS & PREVENTIVE DENTISTRY**

- Paper – I - Applied basic sciences: applied anatomy, physiology, pathology, microbiology, nutrition and dietics, growth and development and dental plaque, genetics.
- Paper – II - Clinical Paedodontics

Paper –III - Preventive and community dentistry as applied to pediatric dentistry

Paper – IV - Essay: Recent Advances

**ORAL MEDICINE AND RADIOLOGY**

Paper – I - Applied basic sciences: applied Anatomy, Physiology ,Biochemistry, Pathology, Microbiology, Pharmacology & Research Methodology

Paper – II - Oral and maxillofacial radiology

Paper –III - Oral Medicine, therapeutics and laboratory investigations

Paper – IV - Essay

## **GOALS:**

The goals of Postgraduate training in various specialties is to train BDS graduate who will -

- Practice respective speciality efficiently and effectively, backed by scientific knowledge and skill.
- Exercise empathy and a caring attitude and maintain high ethical standards.
- Continue to evince keen interest in continuing professional education in the speciality and allied specialities irrespective of whether in teaching or practice.
- Willing to share the knowledge and skills with any learner, junior or a colleague.
- To develop the faculty for critical analysis and evaluation of various concepts and views, to adopt the most rational approach.

## **OBJECTIVES:**

The objective is to train a candidate so as to ensure higher competence in both general and special area of interest and prepare him for a career in teaching, research and speciality practice. A candidate must achieve a high degree of clinical proficiency in the subject matter and develop competence in research and its methodology as related to the field concerned.

The above objectives are to be achieved by the time the candidate completes the course. The objectives may be considered as under:-

1. Knowledge (Cognitive domain)
2. Skills (Psycho motor domain)
3. Human values, ethical practice and communication abilities

## **KNOWLEDGE**

- Demonstrate understanding of basic sciences relevant to speciality.
- Describe etiology, pathophysiology, principles of diagnosis and management of common problems within the speciality in adults and children.
- Identify social, economic, environmental and emotional determinants in a given case and take them into account for planning treatment.
- Recognize conditions that may be outside the area of speciality/ competence and to refer them to an appropriate specialist.
- Update knowledge by self-study and by attending courses, conference and seminars relevant to speciality.
- Undertake audit, use information technology and carryout research, both basic and clinical, with the aim of publishing or presenting the work at various scientific gatherings.

## **SKILLS**

- Take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and interpret them to come to a reasonable diagnosis about the condition.
- Acquire adequate skills and competence in performing various procedures as required in the speciality.



## **HUMAN VALUES, ETHICAL PRACTICE AND COMMUNICATION ABILITIES**

- Adopt ethical principles in all aspects of practice.
- Professional honesty and integrity are to be fostered.
- Patient care is to be delivered irrespective of social status, caste, creed or religion of the patient.
- Develop communication skills and skill to explain various options available in management and to obtain a true informed consent from the patient.
- Provide leadership and get the best out of his team in a congenial working atmosphere.
- Apply high moral and ethical standards while carrying out human or animal research.
- Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed.
- Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

1. Prosthodontics and Crown & Bridge
2. Periodontology
3. Oral and Maxillofacial Surgery
4. Conservative Dentistry and Endodontics
5. Orthodontics & Dentofacial Orthopedics
6. Oral Pathology & Microbiology
7. Paedodontics & Preventive Dentistry
8. Oral Medicine & Radiology

## DEFINITIONS OF VARIOUS SPECIALITIES

### 1. Prosthodontics and Crown Bridge

Prosthodontics and Crown & Bridge and Oral Implantology is that branch of dental art and science pertaining to the restoration and maintenance of oral function, health, comfort and appearance by the replacement of missing or lost natural teeth and associated tissues either by fixed or removable artificial substitutes

### 2. Periodontology

Periodontology and Oral Implantology is the science dealing with the health and diseases of the investing and supporting structures of the teeth and oral mucous membrane

### 3. Oral and Maxillofacial surgery

Oral and maxillofacial surgery and Implantology deals with diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of the human jaws and associated oral and facial structures.

### 4. Conservative dentistry and Endodontics

Conservative dentistry deals with the prevention and treatment of the diseases and injuries the hard tissues and the pulp of the tooth and associated periapical lesions

### 5. Orthodontics and dentofacial orthopedics

Deals with prevention and correction of oral anomalies and malocclusion and the harmonizing of the structures involved, so that the dental mechanisms will function in a normal way.

### 6. Oral pathology and microbiology

Oral pathology deals with the nature of oral disease, their causes, processes and effects relates the clinical manifestation of oral diseases to the physiologic and anatomic change associated with these diseases.

### 7. Paedodontics and preventive dentistry

Deals with prevention and treatment of oral and dental ailments that may occur during childhood.

### 8. Oral Medicine and Radiology

Oral medicine is that specialty of dentistry concerned with the basic diagnostic procedure and techniques useful in recognizing the disease of the oral tissues of local and constitution origin and their medical management Radiology is a science dealing with x-rays and their uses in diagnosis and treatment diseases in relation of orofacial diseases.

**TEACHING AND  
LEARNING  
ACTIVITIES**

All the candidates registered to MDS course in various specialties shall pursue the course for a period of 3 years as full time students. During this period each student shall take part actively in learning and teaching activities designed by the institution/ University.

### **1. Lectures**

There shall be some didactic lectures in the specialty and in the allied fields. The postgraduate departments should encourage the guest lectures in the required areas to strengthen the training programs. It is also desirable to have certain integrated lectures by multidisciplinary teams on selected topics.

### **2. Journal club**

The journal review meetings shall be held at least once a week. All trainees are expected to participate actively and enter relevant details in log book. The trainee should make presentation from the allotted journals of selected articles at least 5 times in a year

### **3. Seminars**

The seminars shall be held at least twice a week in each postgraduate department. All trainees are expected to participate actively and enter relevant details in logbook. Each trainee shall make at least 5 seminar presentation in each year.

### **4. Symposium**

It is recommended to hold symposium on topics covering multiple disciplines

### **5. Clinical postings**

Each trainee shall work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases to be treated by a specialist.

### **6. Clinic pathological conference**

The clinico pathological conferences should be held once in a month involving the faculties or Oral medicine and Radiology, Oral Pathology and concerned clinical department. The trainees should be encouraged to present the clinical details, radiological and histopathological interpretations and participation in the discussions.

### **7. Interdepartmental meetings**

To bring in more integration among various specialties there shall be interdepartmental meetings chaired by the dean with all Heads of PG departments at least once a month.

### **8. Teaching skills**

All the trainees shall be encouraged to take part in UG teaching programs either in the form of lectures or group discussions

### **9. Continuing dental education programs**

Each PG department shall organize these programs on regular basis involving the other institutions. The trainees shall also be encouraged to attend such programs conducted elsewhere

### **10. Conferences/ workshops / advanced courses**

The trainees shall be encouraged not only to attend conference/workshop/advance courses but also to present at least 2 papers at state/national specialty meetings during their training period

## **11. Rotation & posting in other departments**

To bring in more integration between the specialty and allied fields each postgraduate department shall work out a program to rotate the trainees in related disciplines

## **12. Dissertation / thesis**

Trainees shall prepare a Dissertation based on the clinical or experimental work or any other study conducted by them under the supervision of the postgraduate guide.



# **CHECK LISTS AND LOG BOOK**

**Checklist – 1**  
**Model check list for evaluation of journal review presentations:**

Name of the trainee :

Date :

Name of the faculty/observer :

S. No	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Article chosen was					
2	Extent of understanding of scope & objectives of the paper by the candidate					
3	Whether cross references have consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to questions on the paper/ subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	<b>Total score</b>					

**Checklist – 2**  
**Model check list for evaluation of seminar presentations:**

Name of the trainee :

Date :

Name of the faculty/observer :

S. No	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Whether other relevant publications consulted					
2	Whether cross references have been consulted					
3	Completeness of preparation					
4	Clarity of presentation					
5	Understanding of subject					
6	Ability to answer the questions					
7	Time scheduling					
8	Appropriate use of audio visual aids					
9	Overall performance					
10	Any other observation					
	<b>Total score</b>					



**Checklist – 3**  
**Model check list for evaluation of clinical work in OPD:**

Name of the trainee :

Date :

Name of the faculty/observer :

<b>S. No</b>	<b>Items for observation during presentation</b>	<b>Poor 0</b>	<b>Below average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very good 4</b>
1	Regularity of attendance					
2	Punctuality					
3	Interaction with colleagues and supportive staff					
4	Maintenance of case records					
5	Presentation of cases					
6	Investigations work up					
7	Chair side manners					
8	Rapport with patients					
9	Overall quality of clinical work					
	<b>Total score</b>					

**Checklist – 4**  
**Evaluation of clinical case presentation:**

Name of the trainee :

Date :

Name of the faculty/observer :

<b>S. No</b>	<b>Items for observation during presentation</b>	<b>Poor 0</b>	<b>Below average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very good 4</b>
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examination					
7	Diagnosis: whether it follows logically from history and findings					
8	Investigations required					
	Complete list					
	Relevant order					
	Interpretation of investigations					

9	Ability to react to questioning whether it follows logically from history and findings					
10	Ability to defend diagnosis					
11	Ability to justify differential diagnosis					
12	Others					
	<b>Grand Total</b>					

Please use a separate sheet for each faculty member.

**Checklist – 5**  
**Model check list for evaluation of teaching skill:**

Name of the trainee :

Date :

Name of the faculty/observer :

Sl.no	Items for observation during presentation	Strong point	Weak point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples and /or illustrations		
6	Speaking style (enjoyable, monotonous etc-specify)		
7	Attempts audience participation		
8	Summary of the main points at the end		
9	Asks questions		
10	Answers questions by the audience		
11	Rapport of speaker with his audience		
12	Effectiveness of the talk		
13	Uses AV aids appropriately		

**Checklist – 6**  
**Model check list for Dissertation presentation:**

Name of the trainee :

Date :

Name of the faculty/observer :

S. No	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Interest shown in selecting topic					
2	Appropriate review					
3	Discussion with guide and other faculty					
4	Quality of protocol					
5	Preparation of proforma					
	<b>Total score</b>					

### Checklist – 7

#### Continuous evaluation of Dissertation work by guide/co-guide

Name of the trainee :

Date :

Name of the faculty/observer :

S. No	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Periodic consultation with guide/ co guide					
2	Regular collection of case material					
3	Depth of analysis/ Discussion					
4	Department presentation of findings					
5	Quality of final output					
6	others					
	<b>Total score</b>					

### Checklist – 8

#### Overall assessment sheet

Name of the trainee :

Date :

Name of the faculty/observer :

S. No	Faculty member	Name of the trainee and mean score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											
4											
5											
6											

Signature of the HOD

Signature of the Principal

The above overall assessment sheet used along with the logbook should form the basis for certifying satisfactory completion of course of study in addition to the attendance requirement.

**Key:**

**Faculty members:** Name of the faculty doing the assessment

**Mean score:** Is the sum of all scores of checklists 1 to 7

**A, B,.....:**Name of the trainees

**LOG BOOK**  
**TABLE 1 : ACADEMIC ACTIVITIES ATTENDED**

Name :

College :

Admission year :

Date	Type of activity – specify seminar, journal club, presentation, UG teaching	Particulars

**TABLE 2 : ACADEMIC PRESENTATIONS MADE BY THE TRAINEE**

Name :

College :

Admission year :

Date	Topic	Type of activity – specify seminar, journal club, presentation, UG teaching etc

**TABLE 3 : DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED**

Name :

College :

Admission year :

Date	Name	Op no	Procedure	Category O,A,PP,PI

**KEY:**

O – Washed up and observed - initial 6 months of admission

A – Assisted a more senior surgeon – I year MDS

PA – Performed procedure under the direct supervision of a senior surgeon II year MDS

PI – Performed independently – III year MDS

**PROSTHODONTICS AND  
CROWN & BRIDGE**

## PROSTHODONTICS AND CROWN & BRIDGE

Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and / or Maxillofacial tissues using biocompatible substitute.

### OBJECTIVES:

- Training programme in Prosthetic dentistry including Crown & Bridge & Implantology is structured to achieve knowledge and skill in theoretical and clinical laboratory, attitude, communicative skills and ability to research with understanding of social, cultural, educational and environmental background of the society.
- To have acquired adequate knowledge and understanding of applied basic and systemic medical science, knowledge in general and particularly of head and neck.
- 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 the treatment skills of the general BDS graduate and MDS graduate of other specialities, to demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment, after care and referral to deliver comprehensive care to patients.

### ATTITUDES:

- 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.
- Willing to share the knowledge and clinical experience with professional colleagues.
- Willing to adopt new methods and techniques in prosthodontics from time to time based on scientific research, which is in patient's best interest.
- Respect patient's rights and privileges including patients right to information and right to seek second opinion.

### COMMUNICATIVE ABILITIES:

- Develop communication skills, in particular, to explain treatment option available in management.
- Provide leadership and get the best out of his group in a congenial working atmosphere.
- 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.
- Develop the ability to communicate with professional colleagues through various media like Internet, e-mail, videoconference, and etc. to render the best possible treatment.

### SKILLS:

- The candidate should be able to examine the patients requiring Prosthodontics therapy, investigate the patient systemically, analyze the investigation results, radiography, diagnose the

ailment, plan a treatment, communicate it with the patient and execute it.

- Understand the prevalence and prevention of diseases of craniomandibular system related to Prosthetic dentistry.
- 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.
- 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 Prosthetics and problems of Psychogenic origin,
- 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 specialty area.
- Identify target diseases and awareness amongst the population for Prosthodontic therapy.
- 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, maxillofacial, TMJ and esthetics Prosthodontics.
- Laboratory technique management based on skills and knowledge of Dental Materials and dental equipment and instrument management.
- To understand demographic distribution and target diseases of Cranio mandibular region related to Prosthodontics.

#### **KNOWLEDGE:**

The candidate should possess knowledge of applied basic and systemic medical sciences.

- On human anatomy, embryology, histology, applied in general and particularly to 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 applications to Dental material science.
- Ability to diagnose and planned treatment for patients requiring a Prosthodontic therapy
- Ability to read and interpret a radiograph and other investigations for the purpose of diagnosis and treatment plan. Tooth and tooth surface restorations, Complete denture Prosthodontics, removable partial denture Prosthodontics, fixed prosthodontics and maxillofacial and Craniofacial Prosthodontics, implants and implant supported Prosthodontics, T.M.J. and occlusion, craniofacial esthetic, and biomaterials, craniofacial disorders, problems of psychogenic origin.
- Age changes and Prosthodontic Therapy for the aged.
- Ability to diagnose failed restoration and provide Prosthodontic therapy and after care.

- Should have essential knowledge on ethics, laws and Jurisprudence and forensic odontology in Prosthodontics.
- General health conditions and emergency as related to prosthodontics treatment.
- Identify social, cultural, economic, environmental, educational and emotional determinants of the patient and consider them in planning the treatment.
- Identify cases, which are outside the area of his speciality/ competence and refer them to appropriate specialists.
- Advice regarding case management involving surgical, interim treatment etc.
- Competent specialization in team management of craniofacial design.
- To have acquired adequate knowledge and understanding of applied basic and systematic medical science knowledge in general and particular to head and neck.
- Should attend continuing education programmes, seminars and conferences related to Prosthodontics, thus updating himself.
- Teach and guide his/her team, colleague and other students.
- 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 forums.
- 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 and HIV.
- Should have an ability to plan to establish Prosthodontics clinic/hospital teaching department and practice management.
- 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.
- 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 the treatment skills of the general BDS graduate and MDS graduate of other specialities to demonstrate, evaluative and judgment skills in making appropriate decisions regarding prevention, treatment after care and referral to deliver comprehensive care to patients.



# **COURSE CONTENTS**

The candidates shall undergo training for 3 academic years with satisfactory attendance of 80% for each year.

- The course includes epidemiology and demographic studies, research and teaching skills.
- Ability to prevent, diagnose and treat with after care for all patients for control of diseases and / or treatment related syndromes with patient satisfaction for restoring functions of Stomatognathic system by Prosthodontic therapy

The program outline addresses the knowledge, procedural and operative skills needed in Masters Degree in Prosthodontics. A minimum of 3 years of formal training through a graded system of education as specified will enable the trainee to achieve Masters Degree in Prosthodontics including Crown & Bridge and Implantology, competently and have the necessary skills/ knowledge to update themselves with advancements in the field. The course content has been identified and categorized as Essential knowledge as given below.

### **ESSENTIAL KNOWLEDGE:**

The topics to be considered are: Basic Sciences, Prosthodontics including Crown and Bridge Implantology and Material Science.

### **APPLIED BASIC SCIENCES:**

- 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, Bio-engineering and Bio-medical and Research Methodology as related to Masters degree prosthodontics including crown & bridge and implantology

It is desirable to have adequate knowledge in Bio-statistics, Research Methodology and use of computers. To develop necessary teaching skills in Prosthodontics including crown and bridge and Implantology.

### **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 with relation to the V cranial nerve. General consideration 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, Esophagus, Functional Anatomy of mastication, 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 tissue including detailed aspects of tooth and dental hard tissue formation

Growth & Development – Facial form and Facial growth and development overview of Dentofacial growth process and physiology from fetal period to maturity and old age, comprehensive study of craniofacial biology. General physical growth, functional and anatomical aspects of the head, changes in

craniofacial skeletal, 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 dental and Para oral tissues. Normal occlusion, development of occlusion in deciduous mixed and permanent dentitions, root length, root configuration, tooth-numbering system.

**Histology** – histology of enamel, dentin, Cementum, periodontal ligament and alveolar bone, pulpal anatomy, histology and biological consideration. Salivary glands and Histology of epithelial tissues including glands.

Histology of general and specific connective tissue including bone, hematopoietic system, lymphoid etc.

Muscle and neural tissues, Endocrinal system including thyroid, Salivary glands, Histology of skin, oral mucosa, respiratory mucosa, connective tissue, bone, cartilage, cellular elements of blood vessels, blood, lymphatic, nerves, muscles, tongue, tooth and its surrounding structures.

**Anthropology & Evolution** – Comparative study of tooth, joints, jaws, muscles of mastication and facial expression, tongue, palate, facial profile and facial skeletal system. Comparative anatomy of skull, bone, brain, musculo – skeletal system, neuromuscular coordination, posture and gait – plantigrade and orthograde posture.

**Applied Genetics and Heredity** – Principles of orofacial genetics, molecular basis of genetics, genetic risks, counseling, bioethics and relationship to Orthodontic management. Dentofacial anomalies, Anatomical, psychological and pathological characteristic of major groups of developmental defects of the orofacial structures

**Cell biology** – Detailed study of the structure and function of the mammalian cell with special emphasis on ultra structural features and molecular aspects. Detailed consideration of Inter cellular junctions. Cell cycle and division, cell-to-cell and cell- extra cellular matrix interactions.

### **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, etc. general composition of the body, intermediary metabolism, Carbohydrates, proteins, liquids and their metabolism, Enzymes, Vitamins, and minerals, Hormones, Blood and other body fluids, Metabolism of inorganic elements, Detoxication in the body, Anti metabolites

### **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 and Radiotherapy

### **APPLIED PATHOLOGY :**

Inflammation, repair and degeneration, Necrosis and gangrene, Circulatory disturbances, Ischemia, hyperemia, chronic venous congestion, edema, thrombosis, embolism and infarction. Infection and infective granulomas, Allergy and hypersensitive reaction, Neoplasm; 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, pneumo, gono and meningococci, Clostridia group of organisms, Spirochetes, organisms of tuberculosis, leprosy, diphtheria, actinomycosis and moniliasis etc. Virology, Cross infection control, sterilization and hospital waste management

- a) **Applied Oral Pathology :** Developmental disturbances of oral and Para oral structures, 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 the skin, nerves and muscles in relation to the Oral cavity.
- b) **Laboratory determinations :** Blood groups, blood matching, R.B.C. and W.B.C. count, Bleeding and clotting time, Smears and cultures – urine analysis and culture

### **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, 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 scientific judgements, the problem of contradictory evidence, citation analysis as a Means of literature evaluation, influencing judgement : Lower forms of Rhetorical life, Denigration, Terminal, Inexactitude.

**BIOSTATISTICS:**

Study of Biostatistics as applied to dentistry and research. Definition, aim characteristics and limitations of statistics, planning of statistical experiments, sampling, collection, classification and presentation of data (Tables, graphs, pictograms etc) Analysis of data

**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 co-efficient of variation, Correlation – Co-efficient and its significance, Binominal distributions normal distribution and Poisson distribution, Tests of significance

**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 sound, Normal anatomical landmarks of teeth and jaws in radiographs, Temporo mandibular joint radiograms, neck radiographs.

**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 management of ambulatory patients, resuscitation, applied psychiatry, child, adult and senior citizens. Assessment of case, premaliation, inhibition, monitoring, extubalin, complication assist in O.T. for anesthesia.

**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.

**PLASTIC SURGERY:**

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

**APPLIED DENTAL MATERIAL:**

- All materials used for treatment of craniofacial disorders – Clinical, treatment, and laboratory materials, Associated materials, Technical consideration, shelf life, storage, manipulations, sterilization, and waste management.

- Students shall be trained and practiced for all clinical procedures with an advanced knowledge of theory of principles, concepts and techniques of various honorably accepted methods and materials for Prosthodontics, treatment modalities includes honorable accepted methods of diagnosis, treatment plan, records maintenance, and treatment and laboratory procedures and after care and preventive.
- Understanding all applied aspects for achieving physical, psychological well being of the patients for control of diseases and / or treatment related syndromes with the patient satisfaction and restoring function of Cranio mandibular system for a quality life of a patient
- The theoretical knowledge and clinical practice shall include principles involved for support, retention, stability, esthetics, phonation, mastication, occlusion, behavioral, psychological, preventive and social aspects of science of Prosthodontics including Crown & Bridge and Implantology
- Theoretical knowledge and clinical practice shall include knowledge for laboratory practice and material science. Students shall acquire knowledge and practice of history taking, systemic and oro and Craniofacial region and diagnosis and treatment plan and prognosis record maintaining. A comprehensive rehabilitation concept with pre prosthetic treatment plan including surgical Reevaluation and prosthodontic treatment plan, impressions, jaw relations, utility of face bow and articulators, selection and positioning of teeth for retention, stability, esthetics, phonation and psychological comfort. Fit and insertion and instruction for patients after care and preventive Prosthodontics, management of failed restorations.
- TMJ syndromes, occlusion rehabilitation and craniofacial esthetics. State of the art clinical methods and materials for implants supported extra oral and intra oral prosthesis.
- Student shall acquire knowledge of testing biological, mechanical and other physical property of all material used for the clinical and laboratory procedures in prosthodontic therapy.
- Students shall acquire full knowledge and practice Equipments, instruments, materials, and laboratory procedures at a higher competence with accepted methods.
- All clinical practice shall involve personal and social obligation of cross infection control, sterilization and waster management.

## **I. REMOVABLE PROSTHODONTICS AND IMPLANTS**

- a. Prosthodontic treatment for completely edentulous patients – Complete denture, immediate complete denture, single complete denture, tooth supported complete denture, Implant supported Prosthesis for completely edentulous
- b. Prosthodontic treatment for partially edentulous patients: - Clasp-retained partial dentures, intra coronal and extra coronal precision attachments retained partial dentures, maxillofacial prosthesis.

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

Complete Denture Prosthesis – Definitions, terminology, G.P.T., Boucher’s clinical dental Terminology

Scope of Prosthodontics – the Cranio Mandibular system and its functions, the reasons for loss of teeth and methods of restorations,

Infection control, cross infection barrier – clinical and laboratory and hospital and lab waste management

- 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, 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 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 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 – mucosa membrane, alveolar ridges, palate and vestibular sulcus and dental health. 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

- g) 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 – epulis fissuratum 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 the mental foramen, enlargement of denture bearing areas, vestibuloplasty, ridge augmentation, replacement of tooth roots with Osseo

integrated denture implants.

- h) 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 loose 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, over denture tooth attachments, implants or implant attachments.

- i) 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.
- j) 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.
- k) Art of communication in the management of the edentulous predicament – Communication – scope, a model of communication, why communication important, what are the elements of effective communications, special significance of doctor / patient communication, doctor behavior, The iatrosedative (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 mobilize their resources to operate most efficient way, recognizing and acknowledging the problem, interpreting and explaining the problem, offering a solution to the problem.
- l) 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.
- m) Articulators – Classification, selection, limitations, precision, accuracy and sensitivity, and Functional activities of the lower member of the articulator and uses,
- n) 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 area- Mandible – 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 the tray\, final impressions.

- o) 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 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.
- p) 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 position of teeth – horizontal, vertical. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics – to concept of occlusion.
- q) 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.
- r) 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, labiodentals sounds, linguodental sounds, linguoalveolar sound, articulatoric characteristics, acoustic characteristics,auditory characteristics, linguopalatal and linguoalveolar sounds, speech analysis and prosthetic considerations.
- s) Waxing contouring and processing the dentures their fit and 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 valuation, 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 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.

- t) 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.
- u) 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
  - Radiological interpretation for selection of fixtures
  - Splints for guidance for surgical placement of fixtures
  - Intra oral plastic surgery
  - Guided 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
  - Peri – implant and management
  - 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 methods 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 – 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 and rest seat.

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 type of

retainers.

Indirect Retainer – 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 linguoplasts, modification areas, rugae support, direct – indirect retention.

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.

- 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 placement, factors that determine path of placement and removal, Recording relation of cast to surveyor, measuring retention, 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 restoration 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 for 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, types 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 Rebased 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 record
- q. Management of failed restorations and work authorization.

## 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 – 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 lagophthalmos of the eye. Osseo integrated supported facial and maxillofacial prosthesis. Resin bonding for maxillofacial prosthesis, Implant rehabilitation of the mandible compromise by radiotherapy, Craniofacial Osseo integration, 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, 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, Pankeymann-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.

## 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, 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.
- **Management of Carious teeth** – caries in aged, caries control, removal carious, protection of pulp, reconstruction measure for compromising teeth – retentive pins, horizontal slots, retention grooves, prevention of caries, diet, prevention of root caries and vaccine for caries.
- **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.
- **Biomechanical principle of 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, fronional half, radicular 7/8, telescopic, pin–ledge, laminates, inlays, onlays and 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 ready made

- **Isolation and fluid control** – 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.
- **Resins, Gold and gold alloys, glass Ionomer, restorations.**
- **Restorations 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

## 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, Osteoarthritis/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 – psycho logic, 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 uploading 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, 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. AESTHETIC

### 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.





**TEACHING  
AND  
LEARNING ACTIVITIES**

## TEACHING AND LEARNING ACTIVITIES:

All the candidates registered for MDS course shall pursue the course for a period of three years as full – time students. During this period each student shall take part actively in learning and teaching activities designed by the Institution/ University. The following teaching and learning activities in each speciality.

Prosthodontic treatment should be practiced by developing skills by teaching various and more number of patients to establish skill for diagnose and treatment and after care with bio-mechanical, biological, bio-esthetics, Bio-phonetics and all treatment should be carried out in more number for developing clinical skill

1. Lectures: There shall be didactic lectures both in the speciality and in the allied fields. The postgraduate departments should encourage the guest lectures in the required areas to strengthen the training programmes. It is also desirable to have certain integrated lectures by multidisciplinary teams on selected topics
2. Journal club: The journal review meetings shall be held at least once a week. All trainees are expected to participate actively and enter relevant details in logbook. Each trainee should make presentations from the allotted journal of selected articles at least 5 times in a year.
3. Seminars: The seminars shall be held at least twice a week in the department, all Trainees associated with postgraduate teaching are expected to participate actively and enter relevant details in logbook. Each trainee shall make at least 5-seminar presentation in each year.
4. Symposium: It is recommended to hold symposium on topics covering multiple disciplines one in each academic year.
5. Workshops: It is recommended to hold workshops on topics covering multiple disciplines one in each academic year.
6. Clinical Postings: Each trainee shall work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases to be treated by a specialist
7. Clinico Pathological Conference: The Clinico pathological conferences should be held once in a month involving the faculties of oral biology, oral medicine and radiology, oral pathology, oral surgery, period-ontology, endodontia and concerned clinical department. The trainees should be encouraged to present the clinical details, radiological and histo-pathological interpretations and participation in the discussions.
8. Interdepartmental Meetings: To bring in more integration among various specialities There shall be interdepartmental meeting chaired by the dean with all heads of Postgraduate departments atleast once a month.
9. Rural oriented prosthodontics health care – To carry out a prosthodontic therapy interacting with rural centers and the institution.
10. Teaching skills: All the trainees shall be encouraged to take part in undergraduate teaching programmes either in the form of lectures or group discussions
11. Evaluation skills: All the trainees shall be encouraged to enhance their skills and knowledge in clinical, laboratory practice including theory by formulating question banks and model answers.

12. Continuing dental Education programmes: Each Postgraduate department shall organize these programmes on regular basis involving the other institutions. The trainees shall also be encouraged to attend such programmes conducted elsewhere.
13. Conferences/Workshops/Advanced courses: The trainees shall be encouraged not only to attend conference/workshops/advance courses but also to present atleast two papers at state/national speciality meeting during their training period.
14. Rotational posting in other Departments: To bring in more integration between the speciality and allied fields each post graduate department shall workout a programme to rotate the trainees in related disciplines and craniofacial and maxillofacial ward.
15. Dissertation: Trainees shall prepare a dissertation based on the clinical or Laboratory experimental work or any other study conducted by them under the supervision of the post graduate guide.

### **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 can be done relevant to Prosthodontics.
- Geriatric psychology
- 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 IInd year
- 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

**PROSTHODONTIC TREATMENT MODALITIES**

1. Diagnosis and treatment plan in prosthodontics

2. Tooth and tooth surface restorations

- Fillings
- Veneers – composites and ceramics
- Inlays- composite, ceramic and alloys
- Onlay – composite, ceramic and alloys
- Partial crowns – ¾ th, 4/5th, 7/8th, ½ crowns
- Pin-ledge
- Radicular crowns
- Full crowns

**3. Tooth replacements**

	PARTIAL	COMPLETE
• Tooth supported	Fixed partial denture	Overdenture
• Tissue supported	Interim partial denture Intermediate partial denture	Complete denture Immediate denture Immediate complete denture
• Tooth and tissue Supported	Cast partial denture Precision attachment	Overdenture
• Implant supported	Cement retained Screw retained Clip attachment	Bar attachment Ball attachment
• Tooth and implant Supported	Screw retained Cement retained	
• Root supported	Dowel and core Pin retained	Overdenture

- Precision attachments
- Intra coronal attachments
- Extra coronal attachments
- Bar – slide attachments
- Joints and hinge joint attachments

4. Tooth and tissue defects (Maxillo- facial and Cranio-facial prosthesis)

**A. Congenital Defects**

- a. Cleft lip and palate
- b. Pierre Robin Syndrome
- c. Ectodermal dysplasia
- d. Hemifacial microsomia cast partial dentures
- e. Anodontia implant supported prosthesis
- f. Oligodontia complete dentures
- g. Malformed teeth fixed partial dentures

**B. Acquired defects**

- a. Head and neck cancer patients – prosthodontic splints and stents
- b. Restoration of facial defects
  - – Auricular prosthesis
  - – Nasal prosthesis
  - – Orbital prosthesis
  - – Craniofacial implants
- c. Midfacial defects
- d. Restoration of maxillofacial trauma
- e. Hemimandibulectomy cast partial denture
- f. Maxillectomy implant supported dentures
- g. Lip and cheek support prosthesis complete dentures
- 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 appliances

**5. T.M.J and Occlusal disturbances**

- a. Occlusal equilibration
- 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. Questionnaires
- 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
- g. Psychological and physiological considerations

**9. 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**

***I. Complete dentures***

1. Arrangements in adjustable articulator for
  - Class I
  - Class II
  - Class III
2. Various face bow transfer to adjustable articulators
3. Processing of characterized anatomical denture

## ***II. Removable partial denture***

### 1. Design for Kennedy's Classification

(Survey, block out and design)

- a. Class I
- b. Class II
- c. Class III
- d. Class IV

### 2. Designing of various components of RPD

### 3. Wax pattern on refractory cast

- a. Class I
- b. Class II
- c. Class III
- d. 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

- FVC for metal
- FVC for ceramic
- Porcelain jacket crown
- Acrylic jacket crown
- PFM crown
- 3/4th (canine, premolar and central)
- 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 tooth 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
- Spheroidal 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 characterisation
- Metal ceramic crowns with characterisation
- Full metal crown
- Precious metal crown
- Post and core

#### 7. Laminates

- Composites with characterisation
- Ceramic with characterisation
- 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. Hemimandibulectomy
9. Finger prosthesis

10. Guiding flange
11. Obturator

**V. Implant supported prosthesis**

1. Step by step 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

Topic	CATEGORY			
	O	A	PA	PI
Tooth and tooth surface restoration				
a. Composites – fillings, laminates, inlay, onlay	2	2	2	10
b. Ceramics – laminates, inlays, onlays	2	2	2	10
c. Glass ionomer	1	1	1	10
CROWNS				
FVC for metal	1	2	2	10
FVC for ceramic	1	2	2	10
Precious metal crown	1		1	5
Galvanoformed crown			1	1
¾th crowns (premolars, canines and centrals)	1			5
7/8th posterior crown	1			5

Proximal half crown	1			5
Pinledge and pinhole crowns	1			5
Telescopic crowns	1			5
Intradicular crowns (central, lateral, canine premolar and molar)	1			5
Crown as implant supported prosthesis	1		1	5
<b>FIXED PARTIAL DENTURES</b>				
Cast porcelain (3unit)	1			5
Cast metal – precious and non precious (3 unit posterior)	1			5
Porcelain fused metal (anterior and posterior)	1	1	1	10
Multiple abutment – maxillary and mandibular full arch	1	1	1	5
Incorporation of custom made and ready made precision joint or attachments	1	1	1	4
Adhesive bridge for anterior / posteriors	1		1	10
Metal fused to resin anterior FPD			1	5
Interim provisional restorations (crowns and FPDs)	1		1	10
Immediate fixed partial dentures(Interim)	1	1		5
Fixed prosthesis as a retention and rehabilitation for acquired and congenital defects – maxillofacial prosthetics	1		1	5
Implant supported prosthesis	1	1	1	1
Implant tooth prosthesis	1		1	1
<b>REMOVABLE PARTIAL DENTURE</b>				
Provisional partial denture prosthesis	1	1	1	10
Cast removable partial denture (for Kennedy's applegate classification with modification)	1	1	1	6
Removable bridge with precision attachments and telescopic crowns for anterior and posterior	1	1	2	4
Immediate RPD	1	1	1	5
Partial denture for medically compromised and handicapped patients	1	1	1	5
<b>COMPLETE DENTURES</b>				
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 and ridge size)			1	5
Complete denture for medically compromised and handicapped patients			1	5
<b>GERIATRIC PATIENTS</b>				
Tooth and tooth surface restorations, crowns fixed prosthesis, removable prosthesis			1	5
<b>IMPLANT SUPPORTED COMPLETE PROSTHESIS</b>				
Implant supported complete prosthesis (maxillary and mandibular)			1	1
<b>MAXILLOFACIAL PROSTHESIS</b>				
Guiding flange and obturators			1	4
Speech and palated lift prosthesis			1	2
Eye prosthesis			1	2
Ear prosthesis			1	2
Nose prosthesis			1	2
Face prosthesis				1
Macillectomy			1	2
Hemimandibulectomy			1	2
Cranioplasty			1	1
Finger/hand, foot			1	2
Body prosthesis			1	1
Management of burns, scars				1
<b>TMJ SYNDROME MANAGEMENT</b>				
Splints – periodontal, teeth, jaws			1	4
TMJ supportive and treatment prosthesis			1	1
Stabilization appliance for maxilla and mandible with freedom to move from IP and 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
<b>FULL MOUTH REHABILITATION</b>				
Full mouth rehabilitation – restoration of esthetics and function of stomatognathic system			1	4

<b>INTER-DISCIPLINARY TREATMETN MODALITIES</b>				
Inter disciplinary management – restoration of oro craniofacial defects for esthetics, phonation, mastication and psychological comforts			1	2
<b>MANAGEMENT OF FAILED RESTORATION</b>				
Tooth and tooth surface restorations				5
Removable prosthesis				10
Crowns and fixed prosthesis				5
Maxillofacial prosthesis				2
Implant supported prosthesis				1
Occlusal rehabilitation and TMJ syndrome				2
Restoration failure of psychogenic origin				5
Restoration failure to age changes				2

**LEARNING RESOURCE  
MATERIAL**

## Books recommended

S.No.	Author	Title
1	Zarb & Bolender	Boucher's Treatment of Completely edentulous patients
2	Sheldon Winkler	Essentials of complete denture prosthodontics
3	Charles M Stewart	Removable partial denture prosthodontics
4	Mc Givney and Carr	Mc cracken's Removable partial prosthodontics
5	Stephen Rosensteil	Contemporary fixed partial denture prosthodontics
6	Herbert T Schillingburg	Fundamentals of fixed partial denture prosthodontics
7	Peter E Dawson	Functional occlusion from TMJ to smile design
8	Carl E Mish	Contemporary implant dentistry
9	John Beumer and Thomas A Curtis	Maxillofacial Rehabilitation
10	Kenneth J Anusavice	Phillip's science of dental materials

## Books recommended

S.No.	Author	Title
1	Charles W Ellinger	Synopsis of complete denture
2	Bernard Levin	Impressions for complete dentures
3	Alexander M Halperin	Mastering the art of complete dentures
4	Ernest L Miller	Removable partial prosthodontics
5	Russel J Stratton	An Atlas of removable partial denture design
6	Bernard M Smith	Planning and making crown and bridges
7	John F Mc Lean	The science and art of dental ceramics – Bridge design and laboratory procedures in Dental ceramics
8	Varoujan A Chalian	Maxillofacial Prosthetics – A multidisciplinary practice
9	Herbert T Shillingburg	Fundamentals of tooth preparation
10	Major M Ash, Sigurd Peder Ramfjord	Occlusion

## Journals recommended

## Indian

1. Journal of Indian Prosthodontic society
2. Indian Journal of Dental Research

## International

1. Journal of Prosthetic Dentistry
2. Journal of Prosthodontics

3. Dental materials: official publication of academy of dental materials
4. Quintessence International
5. European Journal of Prosthodontics and restorative dentistry
6. International Journal of Prosthodontics
7. Geriatrics and gerodontology international
8. Implantologist
9. Practical procedures and aesthetic dentistry[PPAD]
10. Journal of esthetic dentistry
11. Journal of esthetic and restorative dentistry
12. Biomaterials



**SCHEME  
OF EXAMINATION**

**A. Theory : 300 marks**

Written examination shall consist of 4 question papers each of 3 hours duration. Total marks for each paper will be 100. Paper I,II and III shall consist of 2 long questions carrying 20 marks each and 5 short essay questions each carrying 7 marks. Papers IV will be on essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

Paper I : Applied basic sciences: applied anatomy, embryology, growth and

Development genetics, immunology, anthropology, physiology, nutrition and biochemistry, pathology & microbiology, virology, applied pharmacology, research methodology and biostatistics. Applied dental anatomy & histology, oral pathology and oral microbiology, adult and geriatric psychology. Applied dental materials

Paper II : Removable prosthodontics and implant supported prosthesis, geriatric Dentistry and cranio facial prosthodontics

Paper III : Fixed prosthodontics, occlusion, TMJ and esthetics

Paper IV : Essay

\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics

**B. Practical / Clinical examination : 200 marks**

Examination shall be for 3 days. If there are more than 6 candidates, it may be extended for one more day. Each candidate shall be examined for a minimum of 3 days, six hours per day including viva voce

**1. Presentation of treated patients and records during their 3 years training period – 25 marks**

- a. CD - 5 cases - 2 marks
- b. RPD-2 cases - 1 marks
- c. FPD incl. single tooth and surface restoration- 5 cases - 2 marks
- d. Implant supported prosthesis – 4 cases - 5 marks
- e. Occlusion- 3 cases - 5 marks
- f. TMJ- 3 cases - 5 marks
- g. Maxillofacial prosthesis- 3 cases - 5 marks

**2. Present actual treated patients CD prosthesis and insertion – 90 marks**

- 1. Discussion of treatment plan and patient review - 10 marks
- 2. Impression making - 10 marks
- 3. Tentative jaw relation records - 10 marks
- 4. Face bow transfer - 5 marks
- 5. Transferring it on articulators - 5 marks
- 6. Extra oral tracing and securing centric and protrusive Lateral record - 20 marks
- 7. Transfer in on articulator - 5 marks
- 8. Selection of teeth - 5 marks
- 9. Arrangement of teeth - 15 marks
- 10. Waxed denture trail - 5marks
- 11. Fit, insertion and instruction of previously processed Characterized, anatomic complete denture prosthesis All steps will include chairside, lab and viva voce

**3. Fixed partial denture – 50 marks**

- a. Case discussion and selection of patients for FPD - 5 marks
- b. Abutment preparation isolation and fluid control - 15 marks
- c. Gingival retraction and impression - 10 marks
- d. Wax-up - 10 marks
- e. Cementation of provisional restoration - 10 marks

**4. Removable partial denture – 35 marks**

- a. Surveying and designing of partial dentate cast - 10 marks
- b. Discussion on components and material selection  
Incl. occlusal scheme - 15 marks

**c. Viva voce examination : 100 marks****1. Viva voce exams: 80 marks**

All examiners will conduct viva voce conjointly on candidate's comprehension, analytical approach expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on discussion on dissertation also

**2. Pedagogy exercise: 20 marks**

A topic be given to each candidate in the beginning of clinical examination. he/she is asked to make a presentation on the topic for 8-10 minutes

## SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS

<b>Paper – I [Applied Basic Sciences]</b>		
1	Applied Anatomy	20%
2	Applied Dental Materials	40%
3	Research Methodology	15%
4	Applied Physiology and Biochemistry	5%
5	Applied Pharmacology	5%
6	Applied Pathology	5%
7	Applied Microbiology	5%
8	Applied General Medicine and Surgery	5%
<b>Part – II [Removable Prosthodontics, Implant, Geriatric and Cranio facial prosthodontics]</b>		
1	Complete dentures	40%
2	Removable Partial dentures	20%
3	Implants	30%
4	Geriatric Dentistry	5%
5	Craniofacial Prosthodontics	5%
<b>Part – III [Fixed Prosthodontics, Occlusion, TMJ and Esthetics]</b>		
1	Fixed Prosthodontics	40%
2	Occlusion	25%
3	TMJ	10%
4	Esthetics	25%
<b>Part – IV [Recent advancements] One of the below</b>		
1	Advancement in Materials, Advancements in instrumentation and equipments, Advancements in Procedures , Controversies and evolution of recent concepts, Digital Prosthodontics – imaging, designing and modeling – in all branches of Prosthodontics	

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL QUESTION  
PAPERS**

**MDS DEGREE EXAMINATION**  
**PROSTHODONTICS AND CROWN AND BRIDGE**  
**Paper -1 – Applied Basic Sciences**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay :**

**2X20 =40**

1. Describe the Muscles of Mastication in their structural anatomy and function as related to mandibular movements.
2. Classify Dental Ceramics. Describe the types of systems of machinable ceramics.

**Short notes:**

**5X7=35**

3. Describe the management of a medical emergency due to choking of a Dental Prosthesis
4. Mention the indications of parametric and non parametric tests commonly used in research with appropriate examples
5. Explain the method of performance of colour stability tests for ceramic restoration
6. A patient has underwent maxillectomy for a cancerous lesion in right maxilla and is on radiation therapy. What are the side effects of the radiation therapy that you need to anticipate in the stomatognathic system as you plan for an obturator
7. Explain the composition, indications and usage of denture adhesives used for complete dentures

**MDS DEGREE EXAMINATION**  
**PROSTHODONTICS AND CROWN AND BRIDGE**  
**Paper 2 : Removable prosthodontics and implant supported prosthesis,  
geriatric Dentistry and cranio facial prosthodontics**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay :**

**2X20 =40**

1. Explain the use of Phonetics in Complete Dentures fabrication
2. Explain the various loading protocols for dental implant for producing osseointegration

**Short notes :**

**5X7=35**

3. Mention the techniques of fabrication of Immediate Dentures and describe in detail any one technique with the advantages and limitations.
4. Describe the controversies involved in prosthesis fabricated with tooth implant connection
5. Explain the design and rationale for RPI and RPA clasps used in removable partial denture.

6. Classification of mandibular defects with indication for appropriate prosthesis design.
7. Mention any five neuromuscular conditions with an outline in treatment planning modifications in complete denture fabrication.

**MDS DEGREE EXAMINATION**  
**PROSTHODONTICS AND CROWN AND BRIDGE**  
**Paper III Fixed prosthodontics, occlusion, TMJ and esthetics**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Classify various methods and materials used in Gingival retraction . Compare and contrast the commonly used method of gingival retraction in the protocol of application, advantages, disadvantages.
2. Explain considerations for occlusal rehabilitation in Fixed Prosthodontics

**Short notes :**

**5X7=35**

3. Explain the rationale of Hobo's Condition 1 and 2 in fixed full mouth rehabilitation
4. Explain the principles of tooth preparation which could enhance the durability of the restorative material and marginal integrity.
5. Classify splints with the rationale and design considerations
6. Digital Smile Designing in Fixed partial denture
7. Describe the Occlusal adjustments in tooth supported prosthesis and implant supported prosthesis.

**MDS DEGREE EXAMINATION**  
**PROSTHODONTICS AND CROWN AND BRIDGE**  
**Paper IV: ESSAY**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

**75x1=75**

1. No impression making – the future of prosthodontics – Discuss and Evaluate the advances in this area.

Or

2. Implant Abutments – Evolution and advances to cater to the diverse prosthetic needs

# **PERIODONTOLOGY**



## PERIODONTOLOGY

Periodontics is a specialty of dentistry that studies the supporting structures and investing layers of the teeth, diseases and conditions that affect them. This specialty also studies the biology, diagnosis, clinical evaluation and the surgical techniques of dental implants.

### GOALS AND OBJECTIVES:

The objective is to train a candidate so as to ensure higher competence in both general and special area of interest and prepare him for a career in teaching, research and specialty practice. A candidate must achieve a high degree of clinical proficiency in the subject matter and develop competence in research and its methodology as related to the field concerned.

The objective may be considered as under:

1. Knowledge (Cognitive domain)
2. Skills (Psycho motor domain)
3. Human values, ethical practice and communication abilities.

### ATTITUDES:

1. Competent to educate and motivate the patient towards maintenance of oral hygiene.
2. To motivate patients for regular periodontal maintenance

### SKILLS:

1. Take a proper clinical history, thorough intraoral examination, extra oral, medical history evaluation, advice essential diagnostic procedures and interpret them to come to a reasonable diagnosis.
2. Effective motivation and education regarding periodontal disease maintenance after the treatment.
3. Perform both non surgical & education regarding periodontal disease, maintenance after the treatment.
4. Perform both non surgical and surgical procedure independently
5. Human values, Ethical practice to communication abilities.
6. Provide Basic life support service (BLS) recognise the need for and advance life support and does the immediate need for that.

### KNOWLEDGE:

1. Discuss historical perspective to advancement in the subject proper and related topics.
2. Describe aetiology, pathogenesis, diagnosis and management of common periodontal disease with emphasis on Indian population.
3. Familiarise with the biochemical, microbiological, immunological and genetic aspects of periodontal pathology.
4. Describe the various preventive periodontal measures.

5. Describe the various treatment modalities of periodontal disease from historical aspects to currently available ones.
6. Describe the interrelationship between periodontal disease and systemic conditions.
7. Describe periodontal hazards due to estrogenic causes and deleterious habits and prevention of it.
8. Identify rarities in periodontal diseases and environmental/emotional determinates in a given case.
9. Recognise conditions that may be outside the area of his specialty/ competence and refer them to an appropriate
10. Decide regarding non surgical or surgical management of the case.
11. Update them by attending courses, conferences and seminars relevant to Periodontics or by self learning process.
12. Plan out/ carry out research activity both basic and clinical aspect with the aim of publishing his work in scientific journals
13. Reach out to the public to motivate and educate regarding periodontal disease, its prevention and consequences if not treated.
14. Plan out epidemiological survey to assess prevalence and incidence of early onset periodontitis and adult periodontitis in an Indian population.
15. Shall develop knowledge, skill in the science and practice of oral implants. Shall develop teaching skills in the field of Periodontology and oral implants.

# **COURSE CONTENT**

## PAPER-I

### APPLIED ANATOMY

1. Development of the periodontium
2. Micro and macro structural anatomy and biology of the periodontal tissue
3. Age changes in the periodontal tissue.
4. Anatomy of the periodontium.
  - Macroscopic and microscopic anatomy
  - Blood supply of the periodontium
  - Lymphatic system of the periodontium
  - Nerves of the periodontium
5. Temporomandibular joint, maxilla and mandible
6. Nerves of the Periodontics
7. Tongue, oropharynx.
8. Muscles of mastication

### PHYSIOLOGY:

1. Blood
2. Respiratory system (Periodontal medicine)
3. Cardiovascular system-
  - a) Blood pressure
  - b) Shock
  - c) Normal ECG
4. Endocrinology- Hormonal influence on Periodontium
5. Gastrointestinal system
  - a. Salivary secretion – Composition, function, & regulation.
  - b. Reproductive physiology
  - c. Hormones- action and regulations, role in periodontal disease
  - d. Family planning methods
6. Nervous system
  - a. Pain pathways
  - b. Taste- Taste buds, primary taste sensation & pathways for sensation.

### BIOCHEMISTRY:

1. Basics of carbohydrates, lipids, proteins, vitamins, enzymes and minerals.
2. Diet and nutrition and periodontium
3. Biochemical tests and their significance
4. Calcium and phosphorous

### PATHOLOGY:

1. Cell structure and metabolism
2. Inflammation and repair, necrosis and regeneration
3. Immunity and hypersensitivity
4. Circulatory disturbances- oedema, haemorrhage, shock, thrombosis, embolism, infarction, and

- hypertension
- 5. Disturbances of nutrition
- 6. Diabetes mellitus
- 7. Cellular growth and differentiation, regulation
- 8. Lab investigations
- 9. Vascular system

**MICROBIOLOGY:**

1. General bacteriology
  - a. Identification of bacteria
  - b. Culture media and methods
  - c. Sterilization and disinfection
2. Immunology and infection
3. Systemic bacteriology with special emphasis on oral microbiology
4. Virology
  - a. General properties of viruses
  - b. Herpes, hepatitis, HIV viruses
5. Mycology- Candidiasis
6. Applied microbiology
7. Diagnostic microbiology and immunology, hospital infection and management.
8. Current advances in Microbiology

**PHARMACOLOGY:**

1. General pharmacology
  - a. Definitions- pharmacokinetics with clinical applications, routes of administration including local drug delivery in Periodontics
  - b. Adverse drug reactions and drug interactions
2. Dental pharmacology of
  - a. Analgesics- Opioid and non Opioid
  - b. Local anaesthetics
  - c. Haematinics and coagulants, Anticoagulants
  - d. Anti diabetic drugs
  - e. Steroids
  - f. Antibiotics
  - g. Antihypertensive
  - h. Immunosuppressive drugs and their effects on oral tissues
  - i. Anti epileptic drugs
3. Brief pharmacology, dental use and adverse effects of

- a. General anaesthetics
- b. Antipsychotics
- c. Anti depressants
- d. Anxiolytic drugs
- e. Sedatives
- f. Anti epileptics
- g. Antihypertensive
- h. Antianginal drugs
- i. Diuretics
- j. Hormones
- k. Pre-anaesthetic medications

4. Drug used in Bronchial asthma and cough

5. Drug therapy of

- a. Emergencies
- b. Seizures
- c. Anaphylaxis
- d. Bleeding
- e. Shock
- f. Diabetic ketoacidosis
- g. Acute addison's crisis.

6. Dental pharmacology

- a. Antiseptics
- b. Astringents
- c. Sialogogues
- d. Disclosing agents
- e. Antiplaque agents

7. Fluoride pharmacology

**BIOSTATISTICS:**

- Introduction, definition and branches of biostatistics
- Collection of data, sampling, types, bias and errors
- Compiling data-graphs and charts
- Measures of central tendency (mean, median and mode), standard deviation and variability
- Tests of significance (Chi square tests, t –test and Z- test)
- Null hypothesis

## PAPER-II

### ETIOPATHOGENESIS:

1. Classifications of periodontal diseases and conditions
2. Epidemiology of gingival and periodontal diseases
3. Defense mechanism of gingiva
4. Periodontal microbiology
5. Basic concepts of inflammation and immunity
6. Microbial interactions with the host in periodontal diseases
7. Pathogenesis of plaque associated periodontal & peri-implant diseases
8. Dental calculus
9. Role of iatrogenic and other local factors
10. Basics of genetics
11. Genetic factors associated with periodontal diseases
12. Influence of systemic diseases disorders of the periodontium
13. Role of environmental factors in the etiology of the periodontal diseases
14. Stress and periodontal diseases
15. Occlusion and periodontal diseases
16. Smoking and tobacco in the etiology of periodontal diseases
17. AIDS & periodontium
18. Periodontal medicine
19. Dentinal hypersensitivity

## PAPER-III

### CLINICAL AND THERAPEUTIC PERIODONTOLOGY AND ORAL IMPLANTOLOGY

Note : Clinical Periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

#### I. GINGIVAL DISEASES

1. Gingival inflammation
2. Clinical features of gingivitis
3. Gingival enlargement
4. Acute gingival infections
5. Desquamative gingivitis and oral mucous membrane diseases
6. Gingival diseases in the childhood

## II. PERIODONTAL DISEASES

1. Periodontal pocket
2. Bone loss and patterns of bone destruction
3. Periodontal response to external forces
4. Masticatory system disorders
5. Chronic periodontitis
6. Aggressive periodontitis
7. Necrotising ulcerative periodontitis
8. Interdisciplinary approaches
  - Orthodontic
  - Endodontic
9. Prosthodontic consideration in periodontal therapy

## III. TREATMENT OF PERIODONTAL DISEASES

### A. History, examination, diagnosis, prognosis and treatment planning

1. Clinical Diagnosis
2. Radiographic and other aids in the diagnosis of periodontal diseases
3. Advanced diagnostic techniques
4. Risk assessment
5. Determination of prognosis
6. Treatment plan
7. Rational for periodontal treatment
8. General principal of anti infective therapy with special emphasis on infection control in periodontal practice
9. Halitosis and its treatment
10. Bruxism and its treatment

### B. Periodontal instrumentation

1. Instrumentation
2. Principal of periodontal instrumentation
3. Instrument used in different parts of the mouth

### C. Periodontal therapy

1. Preparation of tooth surface
2. Plaque control
3. Antimicrobial and other drug used in periodontal therapy and wasting diseases of teeth
4. Periodontal management of HIV infected patient
5. Occlusal evaluation and therapy in the management of periodontal diseases



6. Role of orthodontics as an adjunct to periodontal therapy
7. Special emphasis on precautions and treatment for medically compromised patients
8. Periodontal splints
9. Management of dentinal hypersensitivity
10. Basics of LASER physics, dynamics, healing & therapy

#### **D. Periodontal surgical phase-special emphasis on drug prescription**

1. General principal of periodontal surgery
2. Surgical anatomy of periodontium and related structures
3. Gingival curettage
4. Gingivectomy techniques
5. Treatment of gingival enlargements
6. Periodontal flaps
7. Osseous surgery (Resective and regenerative)
8. Furcation: problem and its management
9. The periodontic- endodontic continuum
10. Periodontic plastic and esthetic surgery
11. Recent advances in surgical techniques- principles & practice of Microsurgery

#### **E. Future direction and controversial questions in periodontal therapy**

1. Future directions for infection control
2. Research directions in regenerative therapy
3. Future directions in anti inflammatory therapy
4. Future directions in measurement in periodontal diseases

#### **F. Periodontal maintenance phase**

1. Supportive periodontal treatment
2. Results of periodontal treatment

### **IV. ORAL IMPLANTOLOGY**

1. Introduction and historical review
2. Biological , clinical and surgical aspects of dental implants
3. Diagnosis and treatment planning
4. Implant surgery
5. Prosthetic aspects of dental implant
6. Diagnosis and treatment of peri implant complications
7. Special emphasis on plaque control measures in implant patients
8. Maintenance phase

### **V. MANAGEMENT OF MEDICAL EMERGENCIES IN PERIODONTAL PRACTICE**

**TEACHING  
AND  
LEARNING ACTIVITIES**

- Seminars: - A minimum of 15 seminars to be presented by each student during the course (At least 5 seminars per year)
- Journal clubs: - a minimum of 25 journal articles to be reviewed by each student during the P. G course
- Interdepartmental seminars: - Each P.G. Student should present atleast 1 seminar in an interdepartmental meeting during the P. G course. Such meetings may be held at least once every month
- Library assignment: - one to be presented at the end of 18 months of the course
- 5 Undergraduate Classes in 3 years

**Academic activities :**

**I Year**

Submission of synopsis for Dissertation – within 6 months from the start of the course  
Library assignment - to be submitted at the end of the I year

**II Year**

Scientific paper presentation at the conferences

**III Year**

Scientific paper / Poster presentation at the conferences  
Submission of Dissertation – 6 months before completion of III year

**SKILLS :**

**First year :**

Pre Clinical work (To be completed in first 3 months)

**Dental**

1. Practice of incisions and suturing techniques on the typhodont models (any simulation lab)
2. Fabrication of bite guards and splints
3. Occlusal adjustments on the casts mounted on the articulator
4. X- Ray techniques and interpretation
5. Local anesthetic techniques

**Medical**

1. Basic diagnostic microbiology and immunology, collection and handling of sample, culture techniques, Current advances in Microbiology (hands on training)
2. Basic understanding of immunological diseases
3. Interpretation of various biochemical investigations
4. Practical training and handling medical emergencies and basic life support devices
5. Basic Biostatistics – Surveying and data analysis
6. ONE Epidemiological short study to be done

**Clinical work**

1. Applied periodontal indices (10 cases)
2. Scaling and root planning (SRP)

- a. Hand (15 cases)
- b. Ultrasonic (15 cases)
3. Curettage (10 cases)
4. Gingivectomy (20 cases) (LASER gingivectomy/ gingivoplasty - 5 cases)
5. Gingivoplasty (10 cases)

### **Second Year**

1. Clinical Work (10 cases)
2. Case history and treatment planning (5 cases)
3. Local Drug Delivery techniques
4. Periodontal surgical procedures
  - a. Pocket therapy
  - b. Mucogingival surgeries
  - c. Implants – 10 cases in 3 years
  - d. Management of perio endo problems
5. Occlusal adjustments (10 cases)
6. Perio splints (10 cases)

### **Third Year**

#### **Clinical work**

1. Regenerative techniques
  - a. Using various graft and barrier membranes
2. Record, maintenance and follow up of all treated cases including implants

**Assessment examinations:-** In addition to the regular evaluation, log book etc., Assessment examination should be conducted once every six months & progress of the student monitored

#### **Note:**

- Submission of Synopsis for Dissertation should be done within 6 months of the commencement of the course
- Submission of two copies of Library Assignments at the end of 1 and 2nd year
- Submission of pre-clinical work as scheduled
- Submission of Dissertation – 6 months before completion of III year
- Maintenance of Work Diary/Log book

#### **MONITORING LEARNING PROGRESS:**

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects.

**LEARNING RESOURCE  
MATERIAL**

Recommended Books

S.No.	Author	Title
1	Jan lindhe	Clinical Periodontology and implant dentistry (Vol 1 & 2)
2	Newman, Takei, Klokevold, Carranza	Clinical Periodontology
3	Rose, Genco, Mealy, Cohen	Periodontal medicine
4	Pawlah.E	Essentials of Periodontology
5	Glickman, Irving	Periodontal disease: clinical radiographic and histopathologic features.
6	Kinoshita, Shiro	Color atlas of Periodontology
7	B.R.R. Varma, R.P.Nayak	Current Concept In Periodontics
8	Antony G.Sclar	Soft Tissue And Esthetic Considerations In Implant Therapy
9	Philip Worthington	Osseointegration in dentistry
10	Carl.E.Misch	Contemporary implant dentistry

Reference Books

S.No.	Author	Title
1	Fermin Carranza, Gerald Shklar	History of periodontology
2	Newman, Takei, Klokevold, Carranza	Clinical Periodontology
3	Serge sibart, Thomas Dietrich	Practical Periodontal Diagnosis And Treatment Planning
4	P.Mark Bartold, A.Sampath Narayanan	Biology Of Periodontal Connective Tissues
5	Edward Cohen	Atlas of cosmetic and reconstructive periodontal surgery
6	Serge Dibart	Practical advanced periodontal surgery
7	Robert.A.Convissan	Principles And Practice Of Laser Dentistry
8	Michael Cohen	Inter Disciplinary Treatment Planning, Principles, Design, Implantation
9	Stuart J.Forum	Dental Implant- Complications: Etiology, Prevention & treatment
10	Serge Dibart & Jeane Pierre Dibart	Practical osseous surgery in Periodontics and implant dentistry

## **Recommended Journals**

### **Indian**

1. Journal Of Indian Society Of Periodontology
2. Indian Journal Of Dental Research

### **International**

1. Periodontology 2000
2. Journal Of Periodontology
3. Journal Of Clinical Periodontology
4. International Journal Of Periodontology And Restorative Dentistry
5. Journal Of Periodontal Research
6. Clinical Applications In Periodontology
7. Journal Of Oral Implantology
8. Clinical Oral Implant Research

# **SCHEME OF EXAMINATION**



**A. THEORY : 75 X 4 = 300 MARKS**

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consists of two long questions carrying 20 marks each and 5 short essay questions each carrying 7 marks. Paper IV will be on essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

**Paper I :** Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Epidemiology, Research methodology and Biostatistics.

**Paper II :** Normal Periodontal structures, Etiology & Pathogenesis of Periodontal diseases, Epidemiology as related to Periodontics & Peri-implant disease

**Paper III :** Periodontal diagnosis, therapy, oral implantology, Periodontal LASER therapy & Microsurgery

**Paper IV :** Essay (With emphasis on recent advances in Periodontics)

**B. PRACTICAL/ CLINICAL EXAMINATION : 200 marks**

The clinical examination shall be of two days duration

**1<sup>st</sup> Day****Case discussion**

- Long case - one
- Periodontal surgery - Periodontal flap surgery on a previously prepared case in one quadrant of the mouth after getting approval from the examiners
- Interesting short case presentations – 5
- Pedagogy – topic given by examiner

**2<sup>nd</sup> Day**

One Short case - discussion & Surgical demonstration (mucogingival surgery or implant placement)

Pedagogy presentation

Grand viva

Post surgical review and discussion of the case treated on the 1st day

Presentation of Dissertation & discussion

All the examiners shall participate in all the aspects of clinical examination /viva voce

**Distribution of Marks for clinical examination (recommended)**

1.	Long case discussion	50
2.	Periodontal surgery	75
3.	Short case presentation- 5	25
4.	Short case & surgery	50
	<b>Total</b>	<b>200</b>

**C. VIVA VOCE : 80 marks****i) Viva- Voce examination : 80 marks**

All examiners will conduct viva voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of Data and communication skills. It includes all components of course contents. It includes presentation and discussion on Dissertation also.

**ii) Pedagogy : 20 marks**

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

**SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS**

<b>Paper I: Applied Basic Sciences</b>		
1	Applied anatomy	15%
2	Physiology	15%
3	Biochemistry	10%
4	Pathology	15%
5	Microbiology	15%
6	Pharmacology	10%
7	Research methodology	10%
8	Biostatistics	10%
<b>Paper II : Normal Periodontal structures, Etiology &amp; Pathogenesis of Periodontal diseases, Epidemiology as related to Periodontics &amp; Peri-implant disease</b>		
1	Normal Periodontal structure	20%
2	Etiology	40%
3	Pathogenesis of periodontal diseases	30%
4	Epidemiology	10%
<b>Paper III : Periodontal diagnosis, therapy, oral implantology, Periodontal LASER therapy &amp; Microsurgery</b>		
1	Periodontal Diagnosis	40%
2	Periodontal therapy	40%
3	Oral Implantology	20%
<b>Paper IV:</b>		
1	Essay type on recent advances/current concepts	

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL  
QUESTION PAPERS**

**MDS DEGREE EXAMINATION  
PERIODONTOLOGY  
PAPER 1 – Applied Basic Sciences**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay**

**2x20=40**

1. Microbiological tests in periodontal diagnosis.
2. Discuss pain pathway & add a note on proprioception.

**Short notes**

**(5 X 7 = 35)**

3. Functions of insulin.
4. Discuss the pluri potent cell populations in teeth & periodontium.
5. Discuss the pathology of bone resorption.
6. T cell mediated immunity.
7. Odds ratio

**MDS DEGREE EXAMINATION  
PERIODONTOLOGY**

**PAPER 2- Normal Periodontal structures, Etiology & Pathogenesis of Periodontal diseases,  
Epidemiology as related to Periodontics & Peri-implant disease**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay**

**(2 X 20 = 40)**

1. Diagnosis & patient management of desquamative conditions of gingiva
2. Discuss the role of stress in periodontal diseases.

**Short notes**

**(5 X 7 = 35)**

3. Resolution of inflammation in periodontal disease.
4. Coaggregation
5. Pathogenesis of drug induced gingival enlargements
6. Genetic & heritable factors in periodontal disease
7. Mineralization of calculus

**MDS DEGREE EXAMINATION**

**PERIODONTOLOGY**

**PAPER 3 – Periodontal diagnosis, therapy, oral implantology,  
Periodontal LASER therapy & Microsurgery**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay**

**(2 X 20 = 40)**

1. Local drug delivery in treatment of periodontal diseases.
2. Complications and failures of dental implants.

**Short notes**

**(5 X 7 = 35)**

3. Bone morphogenetic proteins.
4. Periodontal microsurgery.
5. Ionic tooth brush.
6. Photodynamic therapy.
7. Types of papilla preservation flaps.

**MDS DEGREE EXAMINATION**

**PERIODONTOLOGY**

**PAPER 4 – RECENT ADVANCES**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

1. Current concepts in aggressive periodontitis

**(or)**

2. Imaging in implant therapy

**ORAL AND MAXILLOFACIAL  
SURGERY**

## **ORAL AND MAXILLOFACIAL SURGERY**

Oral and maxillofacial surgery and Implantology deals with diagnosis and surgical and adjunctive treatment of disease, injuries and defects of the human jaws and associated with facial structures.

### **OBJECTIVES**

The training program in oral and maxillofacial surgery is structured to achieve the following 4 objectives

- Knowledge
- Skills
- Attitude (Communication skills and ability)
- Research

### **ATTITUDE**

- Develop attitude to adopt ethical principles in all aspect of surgical practice, professional honesty and integrity are to fostered. Surgical care is to be delivered irrespective of the social status, caste, creed or religion of the patient
- Willing to share the knowledge and clinical experience with professional colleagues
- Willing to adopt new techniques of surgical management developed from time to time based on scientific research which are in the best interest of the patient
- Respect patient right and privilege, including patient right to information and right to seek a 2nd opinion
- Develop attitude to seek opinion from an allied medical and dental specialists as and when required

### **COMMUNICATION SKILLS**

- Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular surgical problem and obtain a true time
- Develop the ability to communicate with professional colleagues
- Develop ability to teach undergraduate

### **SKILLS**

- To obtain proper clinical history, methodical examination for the patient, perform essential diagnostic procedures and order relevant lab tests and interpret them and to arrive at a reasonable diagnosis about the surgical condition
- To perform with competence minor oral surgical procedures and common maxillofacial surgery. To treat both surgically and medically
- Capable of providing care for maxillofacial surgery patients

## KNOWLEDGE

- To have acquired adequate knowledge and understanding of the etiology, pathophysiology and diagnosis, treatment planning of various common oral and maxillofacial surgery problems both minor and major in nature
- To have understood the general surgical principles like pre and post surgical management particularly evaluation, post surgical care, fluid and electrolyte management, blood transfusion and post surgical pain management
- Understanding of basic sciences relevant to practice of oral and maxillofacial surgery
- Able to identify social, cultural, economic, genetic and environmental factors and their relevance to disease process management in the oral and maxillofacial region
- Essential knowledge of personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waster keeping in view the high prevalence of hepatitis and HIV



# **COURSE CONTENT**

The program outline addresses both the knowledge needed in Oral and Maxillofacial Surgery and allied medical specialties in its scope. A minimum of three years of formal training through a graded system of education as specified will equip the trainee with skill and knowledge at its completion to be able to practice basic oral and Maxillofacial surgery competently and have the ability to intelligently pursue further apprenticeship towards advanced Maxillofacial surgery.

The topics are considered as under:-

- Basic sciences
- Oral and Maxillofacial surgery
- Allied specialties

### **APPLIED BASIC SCIENCES:**

A thorough knowledge both on theory and principles in general and particularly the basic medical subjects as relevant to the practice of maxillofacial surgery. It is desirable to have adequate knowledge in bio-statistics, Epidemiology, research methodology, nutrition and computers.

### **ANATOMY:**

Development of face, paranasal sinuses and associated structures and their anomalies. Surgical anatomy of scalp temple and face, anatomy and its applied aspects of triangles of neck, deep structures of neck, cranial and facial bones and its surrounding soft tissues, cranial nerves, tongue, temporal and infratemporal region, orbits and its contents, muscles of face and neck, paranasal sinuses, eyelids and nasal septum, teeth, gums and palate, salivary glands, pharynx, thyroid and parathyroid glands, larynx, trachea and esophagus, congenital abnormality of orofacial regions, General consideration of the structure and function of brain and applied anatomy of intracranial venous sinuses; cavernous sinus and superior sagittal sinus, Brief consideration of autonomous nervous system of head and neck. Functional anatomy of mastication, deglutition, speech, respiration and circulation. Histology of skin, oral mucosa, connective tissue bone, cartilage cellular elements of blood vessels, lymphatic, nerves, muscles, tongue, tooth and its surrounding structures.

General gross anatomy regarding limb & graft anatomy

### **PHYSIOLOGY:**

Nervous system-physiology of nerve conduction, pain pathway, sympathetic and parasympathetic nervous system, hypothalamus and mechanism of controlling body temperature. Blood-its composition hemostasis, blood dyscrasias and its management, hemorrhage and its control, blood grouping, cross matching, blood component therapy, complications of blood transfusion, blood substitutes, auto transfusion, cell savers; Digestive system composition and functions of saliva mastication deglutition, digestion, assimilation, urine formation, normal and abnormal constituents. Respiration control of ventilation anoxia, asphyxia, artificial respiration, hypoxia – types and management; CVS – cardiac cycle, shock, heart sounds, blood pressure, hypertension.; Endocrinology-metabolism of calcium; endocrinal activity and disorder relating to thyroid gland, parathyroid gland, adrenal gland, pituitary gland, pancreas and gonads; Nutrition-general principles balanced diet. Effect of dietary deficiency, protein energy malnutrition, Kwashiorkor, Marasmus, Nutritional assessment, metabolic responses to stress, need for nutritional support, enterals nutrition, routes of access to GI tract, Parenteral nutrition, Access to central veins, Nutritional support; Fluid and Electrolytic balance/Acid Base metabolism-body fluid compartment, metabolism of water and electrolytes, factors maintaining hemostasis, causes & treatment of acidosis and alkalosis.

**BIOCHEMISTRY:**

General principles governing the various biological principles of the body, such as osmotic pressure, electrolytes, dissociation, oxidation, reduction etc; general composition of body, intermediary metabolism, carbohydrate, proteins, lipids, enzymes, vitamins, minerals and antimetabolites.

**GENERAL PATHOLOGY:**

Inflammation – Acute and chronic inflammation, repair and regeneration, necrosis and gangrene, role of component system in acute inflammation, role of arachidonic acid and its metabolites in acute inflammation, growth factors in acute inflammation role of NSAIDS in inflammation, cellular changes in radiation injury and its manifestation; Wound management – Wound healing factors influencing healing; properties of suture materials, appropriate uses of sutures; hemostasis – role of endothelium in thrombogenesis; arterial and venous thrombi, disseminated intravascular coagulation;. Hypersensitivity; Shock and pulmonary failure: types of shock, diagnosis, resuscitation, pharmacological support, ARDS and its causes and prevention, ventilation and support.; Neoplasm – classification of tumors, Carcinogens and Carcinogenesis, grading and staging of tumors, various laboratory investigation.

**GENERAL MICROBIOLOGY:**

Immunity, Hepatitis B and its prophylaxis, Knowledge of organisms, commonly associated with diseases of oral cavity, culture and sensitivity tests, various staining techniques-Smears and cultures, urine analysis and culture.

**ORAL PATHOLOGY AND MICROBIOLOGY:**

Developmental disturbances of oral and para oral structures, regressive changes of teeth, bacterial, viral, mycotic infection of oral cavity, Dental caries, diseases of pulp and Periapical tissues, physical and chemical injuries of oral cavity, wide range of pathological lesions of hard and soft tissues of the orofacial regions like cysts, odontogenic infection, benign & malignant neoplasms, salivary gland diseases, maxillary sinus diseases, mucosal diseases, oral aspects of various systemic diseases & role of laboratory investigation in oral surgery.

**PHARMACOLOGY AND THERAPEUTICS:**

Definition of terminology used, pharmacokinetics and pharmacodynamic dosage and mode of administration of drugs, action and fate in the body, drug addiction, tolerance and hypersensitivity reactions, drugs acting on CNS, general and local anesthetics, antibiotics and analgesics, antiseptics, antitubercular, sialogogues, hematinics, anti diabetic, Vitamins A, B-complex, C,D,E,K.

**COMPUTER SCIENCE**

Use of computers in surgery, components of computer and its use in practice, principles of word processing, spreadsheet function database and presentations; the internet and its use. The value of computer based systems in biomedical equipment.

**ORAL AND MAXILLOFACIAL SURGERY:**

- Evolution of Maxillofacial surgery.
- Diagnosis, history taking, clinical examination, investigations.
- Informed consent/medico-legal issues.
- Concept of essential drugs and rational use of drugs.

- Communication skills with patients- understanding, clarity in communication, compassionate explanations and giving emotional support at the time of suffering and bereavement.
- Principles of surgical audit – understanding the audit of process and outcome. Methods adopted for the same - Basic statistics.
- Principles of evidence based surgery- understanding journal based literature study; the value of textbook, reference book articles, value of review articles; original articles and their critical assessment, understanding the value of retrospective, prospective, randomized control and blinded studies, understanding the principles and the meaning of various Bio-statistical tests applied in these studies.
- Principles of surgery- developing a surgical diagnosis, basic necessities for surgery, aseptic technique, incisions, flap designs, tissue handling, hemostasis, dead space management, decontamination and debridement, suturing, edema control, patient general health and nutrition.
- Medical emergencies – Prevention and management of altered consciousness, hyper sensitivity reaction, chest discomfort, respiratory difficulty.
- Pre operative workup – Concept of fitness for surgery; basic medical work up; work up in special situation like diabetes, renal failure, cardiac and respiratory illness; risk stratification
- Surgical sutures, drains
- Post operative care- concept of recovery room care, Airway management, Assessment of Wakefulness, management of cardio vascular instability in this period, Criteria for shifting to the ward, pain management
- Wound management- Wound healing, factors influencing healing, basic surgical techniques, Properties of suture materials, appropriate use of sutures.
- Surgical Infections – Asepsis and antisepsis, Microbiological principles, Rational use of antibiotics, special infections like Synergistic Gangrene and Diabetic foot infection, Hepatitis and HIV infection and cross infection.
- Airway obstruction/management – Anatomy of the airway, principles of keeping the airway patent, mouth to mouth resuscitation, Oropharyngeal airway, endotracheal intubation, Cricothyroidectomy, Tracheostomy.
- Anesthesia – stages of Anesthesia, pharmacology of inhalation, intravenous and regional anesthetics, muscle relaxants.
- Facial pain; Facial palsy and nerve injuries.
- Pain control – acute and chronic pain, cancer and non-cancer pain, patient controlled analgesia
- General patient management – competence in physical assessment of patients of surgery, competence in evaluation of patients presenting with acute injury, particularly to maxillofacial region. Competence in the evaluation of management of patients for Anesthesia
- Clinical oral surgery – all aspects of dento alveolar surgery
- Pre-prosthetic surgery – A wide range of surgical reconstructive procedures involving their hard and soft tissues of the edentulous jaws.

- Temporomandibular joint disorders – TMJ disorders and their sequelae need expert evaluation, assessment and management. It is preferable to be familiar with diagnostic and therapeutic arthroscopic surgery procedures.
- Tissue grafting – Understanding of the biological mechanisms involved in autogenous and heterogeneous tissue grafting.
- Reconstructive oral and maxillofacial surgery – hard tissue and soft tissue reconstruction.
- Cyst and tumors of head and neck region and their management – including principles of tumor surgery, giant cell lesion of jaw bones, fibro osseous lesions of jaw.
- Neurological disorders of maxillofacial region-diagnosis and management of Trigeminal Neuralgia, MPDS, Bells palsy, Frey’s Syndrome, Nerve injuries
- Maxillofacial trauma – basic principles of treatment, primary care, diagnosis and management of hard and soft tissue injuries, Comprehensive management including polytrauma patients
- Assessment of trauma-multiple injuries patient, closed abdominal and chest injuries, penetrating injuries, pelvic fractures, urological injuries, vascular injuries.
- Orthognathic surgery – The trainee must be familiar with the assessment and correcting of jaw deformities
- Laser surgery – The application of laser technology in the surgical treatment of lesions amenable to such therapy
- Distraction osteogenesis in maxillofacial region.
- Cryosurgeries – Principles, the application of cryosurgery in the surgical management of lesions amenable to such surgeries.
- Cleft lip and palate surgery- detailed knowledge of the development of the face, head and neck, diagnosis and treatment planning, Current concepts in the management of cleft lip and palate deformity, knowledge of nasal endoscopy and other diagnostic techniques in the evaluation of speech and hearing, concept of multi disciplinary team management.
- Aesthetic facial surgery – detailed knowledge of structures of face & neck including skin and underlying soft tissues, diagnosis and treatment planning of deformities and conditions affecting facial kin, underlying facial muscles, bone, eyelids, external ear etc., surgical management of post acne scaring, face lift, blepharoplasty, otoplasty, facial bone recountouring etc.
- Craniofacial surgery – basic knowledge of developmental anomalies of face, head and neck, basics concept in the diagnosis and planning of various head and neck anomalies including facial cleft, craniosynostosis, syndromes, etc., Current concepts in the management of craniofacial anomalies.
- Head and neck oncology – understanding of the principles of management of head and neck oncology including various pre cancerous lesions, Experience in the surgical techniques of reconstruction following ablative surgery.
- Micro vascular surgery.
- Implantology – principles, surgical procedures for insertion of various types of implants.

- Maxillofacial radiology/ radio diagnosis
- Other diagnostic methods and imaging techniques
- Endoscopic surgeries, Navigation system, computer assisted virtual surgeries & genetics in oncology
- Interpretation of CT & MRI, interventional radiology pertaining to head & neck
- Sleep medicine

**ALLIED SPECIALTIES:**

- General medicine: General assessment of the patient including children with special emphasis on cardiovascular diseases, endocrinal, metabolic respiratory and renal diseases, Blood dyscrasias
- General surgery: Principles of general surgery, exposure to common general surgical procedures.
- Neurosurgery: Evaluation of a patient with head injury, knowledge & exposure of various neurosurgical procedures
- ENT/Ophthalmology: Examination of ear, nose, throat, exposure to ENT surgical procedures, ophthalmic examination and evaluation, exposure to ophthalmic surgical procedures.
- Orthopedic: basic principles of orthopedic surgery, bone diseases and trauma as relevant to Maxillofacial surgery, interpretation of radiographs, CT, MRI and ultrasound
- Anesthesia: Evaluation of patients for GA technique and management of emergencies, various IV sedation techniques

**TEACHING AND  
LEARNING ACTIVITIES**

**Academic Clinical program** (*applicable for all three years*):

- **Seminars** to be presented & attended once in a week.
- **Journal clubs** (departmental and interdepartmental) to be conducted once in fifteen days.
- **Departmental and interdepartmental** discussions to be held once in a month.
- Minimum 2 **scientific papers** should be presented.
- Pedagogy - UG classes -5
- Every candidate shall maintain a logbook to record his/her work or participation in all activities such as journal clubs, seminars, CDE programs etc. This work shall be scrutinized and certified by the head of the department and head of the institution and presented to the university every year

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear for final MDS exam.

**YEAR BY YEAR PROGRAMME:**

**I Year**

**First term:**

Dissection, basic sciences, basic computer sciences, exodontia, seminars on basic topics, selection of dissertation topic, library assignment topic, attending O.T and ward rounds, preparation of synopsis and its submission within the six months after admission to the university as per calendar of events.

Pre-clinical – to be completed in first 3 months

To undergo training in ATLS & ACLS

**Second term:**

**Rotation postings in other departments:**

- Oncology - 2 months (oncology, radiation & chemotherapy, reconstructive surgery (plastic surgery))
- EMS – 1 month (Including interpretation of CT, MRI)
- General medicine - 15 days
- General surgery/anesthesia - 15 days
- Ophthalmology - 15 days
- Neurology - 15 days
- ENT - 15 days
- Orthopedic - 15 days

**II Year**

- Minor oral surgery and higher surgical training
- Submission of library assignment by the end of first term



### III Year

Maxillofacial surgery, submission of dissertation in the first term, i.e. six months before the final examination to the university. Examination of three hours duration, three months before the final examination to be conducted by the college. It is desirable to enter general surgical skills and operative procedure that are observed, assisted or performed in the log book in the format in the revised ordinance governing MDS degree course.

**Final examination** at the end of the third year.

S.No	Procedures	Category	Year	Number
1	Injection IM and IV	PI	I, II	50,20
2	Minor suturing and removal of structures	PI	I	NA
3	Incision and draining of an abscess	PI	I	10
4	Surgical extraction	PI	I	15
5	Impacted teeth	PI, PA	I, II	20,10
6	Pre prosthetic surgery	PI		
	a. Corrective procedures	PI	I	15
	b. Ridge extension	PA	I,II	3
	c. Ridge reconstruction	A	II,III	3
7	OAF closure	PI,PA	I,II	3,2
8	Cyst enucleation	PI, PA	I, II	5,5
9	Mandibular fractures	PI, PA	I,II	10,10
10	Peri – apical surgery	PI, PA	I	5
11	Infection management	PI, PA	I,II	NA
12	Biopsy procedures	PI	I, II	NA
13	Removal of salivary calculi	PA	I, II	3,5
14	Benign tumors	PA, A	II,III	3,3
15	Mid face fractures	PA, A	II,III	3,5
16	Implants	PA, A	II,III	5,5
17	Tracheotomy	PA,A	II,III	2,2
18	Skin grafts	PA	III	3,5
19	Orthognathic surgery	PA,A	II,III	3
20	Harvesting bone & cartilage grafts			3,5
	a. Iliac crest	PA	III	
	b. Rib	A	III	3
	c. Calvarial	A	III	2
	d. Fibula	A,O	III	2
21	TM joint surgery	PA,A	II,I	1
22	Jaw resections	PA,A	III,II	3,3

23	Onco surgery	A,O	III,III	3,3
24	Micro vascular anastomosis	A,O	III	5,10
25	Cleft lip & palate	PA,A	II,III	10,15
26	Distraction osteogenesis	A,O	II,III	2,3
27	Rhinoplasty	A,O	III	3,5
28	Access osteotomies and base of skull surgeries	A,O	III	1,3

O – Washed up and observed – initial 6 months of admission

A – Assisted with a senior surgeon – I year MDS

PA – Procedure performed under the direct supervision of a senior surgeon – II year MDS

PI – Performed independently – III year MDS

### **PAPER - 1**

**APPLIED BASIC SCIENCES :** Applied Anatomy, Physiology, Biochemistry, General and Oral Pathology and Microbiology and Pharmacology

#### **APPLIED ANATOMY:**

1. Surgical anatomy of the scalp, temple and face
2. Anatomy of the triangles of neck and deep structures of the neck
3. Cranial and facial bones and its surrounding soft tissues with its applied aspects in maxillofacial injuries.
4. Muscles of head and neck
5. Arterial supply, venous drainage and lymphatics of head and neck
6. Congenital abnormalities of the head and neck
7. Surgical anatomy of the cranial nerves
8. Anatomy of the tongue and its applied aspects
9. Surgical anatomy of the temporal and infratemporal regions
10. Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea esophagus
11. Tooth eruption, morphology, and occlusion.
12. Surgical anatomy of the nose.
13. The structure and function of the brain including surgical anatomy of intra cranial venous sinuses.
14. Autonomous nervous system of head and neck

15. Functional anatomy of mastication, deglutition, speech, respiration and circulation
16. Development of face, paranasal sinuses and associated structures and their anomalies
17. TMJ: surgical anatomy and function

**PHYSIOLOGY:**

***1. Nervous system***

- Physiology of nerve conduction, pain pathway, sympathetic and parasympathetic nervous system, hypothalamus and mechanism of controlling body temperature

***2. Blood***

- Composition
- Haemostasis, various blood dyscrasias and management of patients with the same
- Hemorrhage and its control
- Capillary and lymphatic circulation.
- Blood grouping, transfusing procedures.

***3. Digestive system***

- Saliva - composition and functions of saliva
- Mastication deglutition, digestion, assimilation
- Urine formation, normal and abnormal constituents

***4. Respiration***

- Control of ventilation, anoxia, asphyxia, artificial respiration
- Hypoxia – types and management

***5. CardioVascular System***

- Cardiac cycle,
- Shock
- Heart sounds,
- Blood pressure,
- Hypertension:

***6. Endocrinology***

- General endocrinal activity and disorder relating to thyroid gland,
- Parathyroid gland, adrenal gland, pituitary gland, pancreas and gonads:
- Metabolism of calcium

***7. Nutrition***

- General principles of a balanced diet, effect of dietary deficiency, protein energy malnutrition, Kwashiorkor, Marasmus.
- Fluid and Electrolytic balance in maintaining haemostasis and significance in minor and major surgical procedures.

## **BIOCHEMISTRY:**

General principles governing the various biological activities of the body, such as osmotic pressure, electrolytes, dissociation, oxidation, reduction etc.

General composition of the body

Intermediary metabolism

Carbohydrates, proteins, lipids, and their metabolism

Nucleoproteins, nucleic acid and nucleotides and their metabolism

Enzymes, vitamins and minerals

Hormones

Body and other fluids.

Metabolism of inorganic elements.

Detoxification in the body.

Antimetabolites.

## **PATHOLOGY:**

### **1. Inflammation –**

- Repair and regeneration, necrosis and gangrene
- Role of component system in acute inflammation,
- Role of arachidonic acid and its metabolites in acute inflammation,
- Growth factors in acute inflammation
- Role of molecular events in cell growth and intercellular signaling cell surface receptors
- Role of NSAIDs in inflammation,
- Cellular changes in radiation injury and its manifestation:

### **2. Haemostasis**

- Role of endothelium in thrombogenesis,
- Arterial and venous thrombi,
- Disseminated Intravascular coagulation

### **3. Shock:**

- Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock
- Circulatory disturbances, ischemia, hyperemia, venous congestion, edema, infarction

### **4. Chromosomal abnormalities:**

- Marfans Syndrome, Ehler's Danlos Syndrome, Fragile X- Syndrome

### **5. Hypersensitivity:**

- Anaphylaxis, type 2 hypersensitivity, type 3 hyper sensitivity and cell mediated reaction and its clinical importance, systemic lupus erythematosus.
- Infection and infective granulomas.

**6. Neoplasia:**

- Classification of tumors.
- Carcinogenesis and carcinogen- chemical, viral and microbial
- Grading and staging of cancers, tumor Angiogenesis, Paraneoplastic syndrome, spread of tumors
- Characteristics of benign and malignant tumors

**7. Others:**

- Sex linked agammaglobulinemia.
- AIDS
- Management of immun deficiency patients requiring surgical procedures
- De George Syndrome
- Ghons complex, post primary pulmonary tuberculosis – pathology and pathogenesis.

**8. Oral Pathology:**

- Developmental disturbances of oral and Para oral structures
- 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 endocrinal disturbances
- Diseases of jawbones and TMJ
- Diseases of blood and blood forming organs in relation to oral cavity
- Cysts of the oral cavity
- Salivary gland diseases
- Role of laboratory investigations in oral surgery

**9. Microbiology:**

- Immunity
- Knowledge of organisms commonly associated with disease of oral cavity.
- Morphology cultural characteristics of strepto, staphylo, pneumo, gono, meningo, clostridium Group of organism, spirochetes, organisms of TB, leprosy, diphtheria, actinomycosis and moniliasis
- Hepatitis B and its prophylaxis
- Culture and sensitivity test
- Laboratory determinations
- Blood groups, blood matching, RBC and WBC count
- Bleeding and clotting time etc, smears and cultures,
- Urine analysis and cultures.

**APPLIED PHARMACOLOGY AND THERAPEUTICS:**

1. Definition of terminologies used
2. Dosage and mode of administration of drugs.

3. Action and fate of drugs in the body
4. Drug addiction, tolerance and hypersensitivity reactions.
5. Drugs acting on the CNS
6. General and local anesthetics, hypnotics, analeptics, and tranquilizers.
7. Chemo therapeutics and antibiotics
8. Analgesics and antipyretics
9. Antitubercular and antisyphilitic drugs.
10. Antiseptics, sialogogues and antisialogogues
11. Haematinics
12. Antidiabetics
13. Vitamins A, B-complex, C, D, E, K

## **Paper – II Minor Oral Surgery and Trauma**

### **MINOR ORAL SURGERY:**

- **PRINCIPLES OF SURGERY:** Developing a surgical diagnosis, basic necessities for surgery, aseptic technique, incisions, flap design tissue handling, haemostasis, dead space management, decontamination and debridement, suturing, oedema control, patient general health and nutrition.
- **MEDICAL EMERGENCIES:** prevention and management of altered consciousness (syncope, orthostatic hypotension, seizures, diabetes mellitus, adrenal insufficiency), hypersensitivity reactions, chest discomfort, and respiratory difficulty.
- **EXAMINATION AND DIAGNOSIS:** clinical history, physical and radiographic, clinical and laboratory diagnosis, oral manifestations of systemic diseases, implications of systemic diseases in surgical patients.
- **HAEMORRHAGE AND SHOCK:** applied physiology, clinical abnormalities of coagulation, extra vascular hemorrhage, and hemorrhagic lesions, management of secondary hemorrhage, shock.
- **EXODONTIA:** principles of extraction, indications and contraindications, types of extraction, complications and their management, principles of elevators and elevators used in oral surgery.
- **IMPACTION:** surgical anatomy, classification, indications and contraindications, diagnosis, procedures, complications and their management.
- **SURGICAL AIDS TO ERUPTION OF TEETH:** surgical exposure of unerupted teeth, surgical repositioning of partially erupted teeth.
- **TRANSPLANTATION OF TEETH**
- **SURGICAL ENDODONTICS:** indications and contraindications, diagnosis, procedures of periradicular surgery
- **PREPROSTHETIC SURGERY:** requirements, types (alveoloplasty, tuberosity reduction, mylohyoid ridge reduction, genial reduction, removal of exostosis, vestibuloplasty)
- **PROCEDURES TO IMPROVE ALVEOLAR SOFT TISSUES:** hypermobile tissues-operative / sclerosing method, epulis fissuratum, frenectomy and frenotomy

- **INFECTION OF HEAD AND NECK:** Odontogenic and non Odontogenic infections, factors affecting spread of infection, diagnosis and differential diagnosis, management of facial space infections, Ludwig angina, cavernous sinus thrombosis.
- **CHRONIC INFECTIONS OF THE JAWS:** Osteomyelitis (types, etiology, pathogenesis, management) osteoradionecrosis
- **MAXILLARY SINUS:** maxillary sinusitis – types, pathology, treatment, closure of Oro – antral fistula, Caldwell- luc operation
- **CYSTS OF THE OROFACIAL REGION:** classification, diagnosis, management of OKC, dentigerous, radicular, non Odontogenic, ranula
- **NEUROLOGICAL DISORDERS OF THE MAXILLOFACIAL REGION:** diagnosis and management of trigeminal neuralgia, MPDS, bell’s palsy, Frey’s syndrome, nerve injuries.
- **IMPLANTOLOGY:** definition, classification, indications and contraindications, advantages and disadvantages, surgical procedure.
- **ANESTHESIA**

**LOCAL ANESTHESIA:**

Classification of local anesthetic drugs, mode of action, indications and contra indications, advantages and disadvantages, techniques, complications and their management.

**GENERAL ANESTHESIA:**

Classification, stages of GA, mechanism of action, indications, and contra indications, advantages and disadvantages, post anesthetic complications and emergencies, anesthetic for dental procedures in children, pre medication, conscious sedation, legal aspects for GA

**TRAUMA:**

- **SURGICAL ANATOMY OF HEAD AND NECK.**
- **ETIOLOGY OF INJURY.**
- **BASIC PRINCIPLES OF TREATMENT**
- **PRIMARY CARE :** resuscitation, establishment of airway, management of hemorrhage, management of head injuries and admission to hospital.
- **DIAGNOSIS:** clinical, radiological
- **SOFT TISSUE INJURY OF FACE AND SCALP:** classification and management of soft tissue wounds, injuries to structure requiring special treatment.
- **DENTO ALVEOLAR FRACTURES:** examination and diagnosis, classification, treatment, prevention.
- **MANDIBULAR FRACTURES:** classification, examination and diagnosis, general principles of treatment, complications and their management
- **FRACTURE OF ZYGOMATIC COMPLEX:** classification, examination and diagnosis, general principles of treatment, complications and their management.

- **ORBITAL FRACTURES:** blow out fractures
- **NASAL FRACTURES**
- **FRACTURES OF MIDDLE THIRD OF THE FACIAL SKELETON:** emergency care, fracture of maxilla, and treatment of le fort I, II, III, fractures of Naso orbito ethmoidal region.
- **OPHTHALMIC INJURIES:** minor injuries, non-perforating injuries, perforating injuries, retro bulbar hemorrhage, and traumatic optic neuropathy.
- **TRAUMATIC INJURIES TO FRONTAL SINUS:** diagnosis, classification, treatment
- **MAXILLOFACIAL INJURIES IN GERIATRIC AND PEDIATRIC PATIENTS.**
- **GUN SHOT WOUNDS AND WAR INJURIES**
- **OSSEOINTEGRATION IN MAXILLOFACIAL RECONSTRUCTION**
- **METABOLIC RESPONSE TO TRAUMA:** neuro endocrine responses, inflammatory mediators, clinical implications
- **HEALING OF TRAUMATIC INJURIES:** soft tissues, bone, cartilage, response of peripheral nerve to injury
- **NUTRITIONAL CONSIDERATION FOLLOWING TRAUMA.**
- **TRACHEOSTOMY:** indications and contraindications, procedure, complications and their management.

## **PAPER – III MAXILLOFACIAL SURGERY**

### **Salivary gland**

- Sialography
- Salivary fistula and management
- Diseases of salivary gland – developmental disturbances, cysts, inflammation and sialolithiasis
- Mucocele and Ranula
- Tumors of salivary gland and their management
- Staging of salivary gland tumors
- Parotidectomy

### **Temporomandibular Joint**

- Etiology, history signs, symptoms, examination and diagnosis of temporomandibular joint disorders
- Ankylosis and management of the same with different treatment modalities
- MPDS and management
- Condylectomy – different procedures
- Various approaches to TMJ
- Recurrent dislocations – Etiology and Management

### **Oncology**



- Biopsy
- Management of pre-malignant tumors of head and neck region
- Benign and Malignant tumors of Head and Neck region
- Staging of oral cancer and tumor markers
- Management of oral cancer
- Radical Neck dissection
- Modes of spread of tumors
- Diagnosis and management of tumors of nasal, paranasal, neck, tongue, cheek, maxilla and mandible
- Radiation therapy in maxillofacial regions
- Lateral neck swellings

### **Orthognathic surgery**

- Diagnosis and treatment planning
- Cephalometric analysis
- Model surgery
- Maxillary and mandibular repositioning procedures
- Segmental osteotomies
- Management of apertognathia
- Genioplasty
- Distraction osteogenesis

### **Cysts and tumor of oro facial region**

- Odontogenic and non-Odontogenic tumors and their management
- Giant Cell lesions of jawbone
- Fibro osseous lesions of jawbone
- Cysts of jaw

### **Laser surgery**

- The application of laser technology in surgical treatment of lesions

### **Cryosurgery**

- Principles, applications of cryosurgery in surgical management
- Cleft lip and palate surgery
- Detailed knowledge of the development of the face, head and neck
- Diagnosis and treatment planning
- Current concepts in the management of cleft lip and palate deformity
- Knowledge of Naso endoscopy and other diagnostic techniques in the evaluation of speech and hearing
- Concept of multidisciplinary team management

### **Aesthetic facial surgery**

- Detailed knowledge of the structures of the face and neck including skin and underlying soft tissue

- Diagnosis and treatment planning of deformities and conditions affecting facial skin
- Underlying facial muscles, bone, Eyelids, external ear
- Surgical management of post acne scarring, facelift, blepharoplasty, otoplasty, facial bone recontouring, etc

### **Craniofacial surgery**

- Basic knowledge of developmental anomalies of the face, head and neck
- Basic concepts in the diagnosis and planning of various head and neck anomalies including facial clefts, craniosynostosis, syndromes, etc.
- Current concept in the management of Craniofacial anomalies

**LEARNING RESOURCE  
MATERIAL**

**Books Recommended**

<b>S.No</b>	<b>Author</b>	<b>Title</b>
1	Cawson and Scully	Medical problems in dentistry
2	Rowe and Williams	Maxillofacial Trauma
3	Fonseca R. J	Oral and Maxillofacial Trauma
4	Ellis E, Zide M. F	Surgical approaches to facial skeleton
5	Topazian	Oral and Maxillofacial Infections
6	McArthy	Plastic and Reconstructive Surgery
7	Killey and Key	Outline of Oral and maxillofacial Surgery
8	Jatin P Shah	Head and Neck surgery
9	Peterson	Principles of Oral and Maxillofacial Surgery
10	Langdon and Patel	Operative Oral and Maxillofacial Surgery

**Books As Reference**

<b>S.No</b>	<b>Author</b>	<b>Title</b>
1	Laskin D. M	Oral and Maxillofacial Surgery
2	Fonseca	Textbook of Oral and Maxillofacial Surgery
3	Peterson	Contemporary Oral and Maxillofacial Surgery
4	Booth P. W	Maxillofacial Trauma and Esthetic Reconstruction
5	Shear	Cysts of the jaws
6	Dimitroulis G	Impacted teeth
7	Misch C. E	Contemporary Implant Dentistry
8	McGregor	Cancer of Head and Neck
9	Howe G. L	Minor oral surgery
10	Bell and Proffit	Textbook of Orthognathic surgery

**RECOMMENDED JOURNALS**

1. Journal of Cranio-maxillofacial surgery
2. International journal of Oral and Maxillofacial Surgery
3. British journal of Oral and Maxillofacial Surgery

4. Journal of Oral and Maxillofacial Surgery
5. Journal of Plastic and Reconstructive Surgery
6. Journal of Maxillofacial and Oral Surgery
7. National journal of Oral and Maxillofacial Surgery
8. Clinical Implant Dentistry and related research
9. Cancer
10. Annals of Maxillofacial Surgery

**SCHEME  
OF EXAMINATION**

**A. THEORY : 300 MARKS**

Written examination shall consist of 4 question papers each of 3 hours duration. Total marks for each paper will be 75. Paper I,II and III shall consist of 2 long questions carrying 20 marks each and 5 short essay questions each carrying 7 marks. Papers IV will be on essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

- Paper I : Applied basic sciences: applied anatomy, physiology, biochemistry, general and oral Pathology and microbiology and pharmacology
- Paper II : Minor oral surgery and trauma
- Paper III : Maxillofacial surgery
- Paper IV : Essay

**B. Practical / clinical examination : 200 marks**

**1.Minor oral surgery**

Each candidate is required to perform the minor oral surgical procedures under local anaesthesia. The minor surgical cases may include removal of impacted lower third molar, cyst enucleation, any similar procedure where students can exhibit their professional skills in raising the flap, removing the bone and suturing the wound

- 2. (a) One long case - 60 marks
- (b) Two short cases - 20 marks each

**C. Viva voce**

**1. Viva voce examination : 80 marks**

All examiners will conduct viva voce conjointly on candidate comprehension, analytical approach expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also

**2. Pedagogy exercise: 20 marks**

A topic will be given to each candidate in the beginning of clinical examination. He\she is asked to make a presentation on the topic for 8-10 minutes.

**SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS**

**PAPER I – APPLIED BASIC SCIENCES**

TOPIC	WEIGHTAGE
Applied Anatomy	25%
Physiology	25%
Biochemistry	10%
Pathology	20%
Applied Pharmacology And Therapeutics	20%

**APPLIED ANATOMY (25%)**

Topic	Weightage
Surgical anatomy & congenital anomalies of the head & neck	15%
Anatomy of the triangles of neck and deep structures of the neck	10%
Arterial supply, venous drainage and lymphatics of head and neck	10%
Surgical anatomy of the cranial nerves	10%
Development & Functional anatomy of face, paranasal sinuses and associated structures and their anomalies and Autonomous nervous system of head and neck	10%
Cranial and facial bones and its surrounding soft tissues with its applied aspects in maxillofacial injuries	8%
Muscles of head and neck	8%
Anatomy of the tongue and its applied aspects	8%
Surgical anatomy of the temporal and infratemporal regions	8%
TMJ: surgical anatomy and function	8%
Anatomy and its applied aspects of nose, salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea esophagus	5%

**PHYSIOLOGY(25%)**

Topic	Weightage
Nervous system	15%
Blood	20%
Digestive system	10%
Respiration	10%
CardioVascular System	20%
Endocrinology	15%
Nutrition	10%

**PATHOLOGY (20%)**

Topic	Weightage
Oral Pathology	30%
Neoplasia	20%
Inflammation	15%
Wound healing & Haemostasis	15%
Microbiology	10%
Chromosomal abnormalities, Hypersensitivity	5%
Shock	5%



**BIOCHEMISTRY (10%)**

Topic	Weightage
Fluid & Electrolytes	20%
Metabolic Acidosis	20%
Metabolic Alkalosis	20%
Respiratory Acidosis	20%
Respiratory Alkalosis	20%

**APPLIED PHARMACOLOGY AND THERAPEUTICS (20%)**

Topic	Weightage
Chemo therapeutics and antibiotics	30%
Analgesics and antipyretics	30%
Local anesthesia	25%
Local hemostatic agents	10%
Dosage & mode of administration	5%

**PAPER II – Minor oral surgery & trauma**

Topic	Weightage
Minor oral surgery	40%
Trauma	60%

**MINOR ORAL SURGERY (40%)**

Topic	Weightage
Medical emergencies	10%
Haemorrhage and shock:	10%
Exodontia	10%
Impaction	10%
Infection of head and neck	10%
Local Anesthesia	10%
Chronic infections of the jaws	10%
Cysts of the orofacial region	10%
Implantology	10%
Principles of surgery:	10%
Preprosthetic surgery	
Maxillary sinus	
Neurological disorders of the maxillofacial region	
General anesthesia	

**TRAUMA (60%)**

Topic	Weightage
Mandibular fractures, principles of ORIF	30%
Fracture of zygomatic complex, Middle third fractures	25%
Orbital , Naso orbital ethmoidal, frontal & nasal fractures	25%
Primary care	15%
Metabolic response to trauma	
Tracheostomy	
Nutritional consideration following trauma	
Gun shot wounds and war injuries	5%
Healing of traumatic injuries	
Surgical anatomy of head and neck	
Maxillofacial injuries in geriatric and pediatric patients	

**PAPER III – MAXILLOFACIAL SURGERY**

Topic	Weightage
Salivary gland	10%
Temporomandibular Joint	20%
Oncology	20%
Orthognathic surgery	15%
Cysts and tumor of oro facial region	20%
Laser surgery, Cryosurgery	15%
Cleft lip and palate surgery	
Aesthetic facial surgery	
Craniofacial surgery	

**PAPER IV – RECENT ADVANCES**

Topic	Weightage
Head & neck oncology	20%
Orthognathic surgery	20%
Trauma	20%
Reconstruction (Free flap)	20%
Infection	10%
Implant , distraction osteogenesis	10%

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL  
QUESTION PAPERS**

**M.D.S. Degree Examination**  
**ORAL AND MAXILLOFACIAL SURGERY**

**PAPER I : APPLIED BASIC SCIENCES**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Discuss the clotting mechanism of blood and the importance of fluid - electrolyte balance maintenance in a hemophiliac.
2. Describe the Anatomy of Temporomandibular Joint and the changes take place with age.

**Short notes:**

**5 X7 = 35**

3. Leukoplakia.
4. Lingual Artery.
5. Hepatitis - B.
6. Aneurysmal bone cyst.
7. Sjogren's syndrome.

**M.D.S. Degree Examination**  
**ORAL AND MAXILLOFACIAL SURGERY**

**PAPER II: MINOR ORAL SURGERY AND TRAUMA**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Classify Zygomatic complex fractures and write in detail the principles in treatment of zygomatic maxillary complex fracture.
2. Discuss the spread of infection from mandibular third molar. Discuss the anatomy of spaces involved.

**SHORT NOTES :**

**5 X 7 = 35**

3. Dental implants.
4. Tori.
5. Oro antral fistula.
6. Blowout fracture.
7. Lag screws.

**M.D.S. Degree Examination**  
**ORAL AND MAXILLOFACIAL SURGERY**

**PAPER III: MAXILLOFACIAL SURGERY**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Discuss the clotting mechanism of blood and the importance of fluid - electrolyte balance maintenance in a hemophiliac.
2. Describe the Anatomy of Temporomandibular Joint and the changes take place with age.

**Short notes:**

**5 X7 = 35**

3. Leukoplakia.
4. Lingual Artery.
5. Hepatitis - B.
6. Aneurysmal bone cyst.
7. Sjogren's syndrome.

**M.D.S. Degree Examination**  
**ORAL AND MAXILLOFACIAL SURGERY**

**PAPER IV:ESSAY**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

1. Fluid and electrolytes management of patient undergoing maxillofacial surgery.

OR

2. Distraction osteogenesis - its application in maxillofacial surgery. Note on transport distraction.

**CONSERVATIVE DENTISTRY  
AND ENDODONTICS**

## **CONSERVATIVE DENTISTRY AND ENDODONTICS**

Conservative dentistry deals with prevention and treatment of the disease and injuries of the hard tissues and the pulp of the tooth and associated periapical lesions.

### **OBJECTIVES:**

The following objectives are laid out to achieve the goals of the course. These are to be achieved by the time the candidates complete the course. These objectives may be considered under the following subtitles.

### **ATTITUDES :**

- To adopt ethical principles in conservative dentistry and endodontics
- To foster the professional honesty and integrity
- Willing to share the knowledge and clinical experience with professional colleagues
- Respect the patient rights and privileges , including patient rights to information and right to seek second opinion
- To adopt patient communication skills. The student should be able to guide the patient to various treatment options in a simple language.

### **SKILLS:**

- Take proper chair side history, exam the patient and perform medical and dental diagnostic procedures and order as well as perform relevant tests and interpret them to come to a reasonable diagnosis about the dental condition in general and Conservative Dentistry – Endodontics in particular. And undertake complete patient monitoring including preoperative as well as post-operative care of the patient.
- Perform all levels of restorative work and surgical and non-surgical Endodontics including endodontic endosseous implants, as well as endodontic-periodontal surgical procedures as part of multidisciplinary approach to clinical condition.
- Provide basic lifesaving support in emergency situations.
- Manage acute pulpal and pulpo-periodontal situations.
- Have a thorough knowledge of infection control measures in the dental clinical environment and laboratories.

### **Human Values, Ethical Practice and Communication Abilities**

- Adopt ethical principles in all aspects of restorative and contemporary Endodontics including non-surgical and surgical Endodontics.
- Professional honesty and integrity should be the top priority.
- Dental care has to be provided regardless of social status, caste, creed or religion of the patient.
- Develop communication skills in particular to explain various options available in management and to obtain a true informed consent from the patient.

- Apply high moral and ethical standards while carrying on human or animal research
- He/ She shall not carry out any heroic procedures and must know his limitations in performing all aspects of restorative dentistry including Endodontics. Ask for help from colleagues or seniors when required without hesitation
- Respect patient's rights and privileges including patient's right to information.

**KNOWLEDGE:**

At the end of 36 months of training, the candidates should be able to:

- Describe etiology, pathophysiology, periapical diagnosis and management of common restorative situations, endodontic situations that will include contemporary management of dental caries, management of trauma and pulpal pathosis including periodontal situations.
- Demonstrate understanding of basic sciences as relevant to conservative/restorative dentistry and Endodontics.
- Identify social, economic, environmental and emotional determinants in a given case or community and take them into account for planning and execution at individual and community level.
- Ability to master differential diagnosis and recognize conditions that may require multidisciplinary approach or a clinical situation outside the realm of the speciality, which he or she should be able to recognize and refer to appropriate specialist.
- Update himself by self-study and by attending basic and advanced courses, conferences, seminars and workshops in the specialty of Conservative Dentistry-Endodontics-Dental Materials and Restorative Dentistry.
- Ability to teach/guide, colleagues and other students.

Use information technology tools and carry out research both basic and clinical with the aim of his publishing his work and presenting the same at scientific platform.



# **COURSE CONTENT**

## **APPLIED ANATOMY OF HEAD AND NECK**

Development of face, paranasal sinuses and the associated structures and their anomalies, Cranial and facial bones, TMJ anatomy and function, Arterial and venous drainage of head and neck, Muscles of face and neck including muscles of mastication and deglutition. Brief consideration of structures and function of brain. Brief consideration of all cranial nerves and autonomic nervous system of head and neck. Salivary glands. Functional anatomy of mastication, deglutition and speech. Detailed anatomy of deciduous and permanent teeth, general consideration in physiology of permanent dentition, form, function, alignment, contact, occlusion.

- Internal anatomy of permanent teeth and its significance
- Applied histology – histology of skin, oral mucosa, connective tissue, bone cartilage, blood vessels, lymphatics, nerves, muscles, tongue.

## **DEVELOPMENT OF TEETH:**

- Enamel – development and composition, physical characteristics, chemical properties, structure, Age changes – clinical structure
- Dentin – development, physical and chemical properties, structure type of dentin, innervations, age and functional changes.
- Pulp – development, histological structures, innervations, functions, regressive changes, clinical considerations.
- Cementum – composition, cementogenesis, structure, function, clinical consideration.
- Periodontal ligament – development, structure, function and clinical consideration.
- Salivary glands – structure, function, clinical considerations.
- Eruption of teeth.

## **APPLIED PHYSIOLOGY:**

- Mastication, deglutition, digestion and assimilation, fluid and electrolyte balance.
- Blood composition, volume, function, blood groups, haemostasis, coagulation, blood transfusion, circulation, heart, pulse, blood pressure, shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration and Endocrinology – general principles of endocrine activity and disorders relating to pituitary, thyroid, parathyroid, adrenals including pregnancy and lactation.
- Physiology of saliva – composition, function, clinical significance.
- Clinical significance of vitamins, diet and nutrition – balanced diet.
- Physiology of pain, sympathetic and Para sympathetic nervous system, pain pathways, physiology of pulpal pain, Odontogenic and non Odontogenic pain, pain disorders – typical and atypical, biochemistry such as osmotic pressure, electrolytic dissociation, oxidation, reduction etc. Carbohydrates, proteins, lipids and their metabolism, nucleoproteins, nucleic acid and their metabolism. Enzymes, vitamins and minerals, metabolism of inorganic elements, detoxification in the body, anti- metabolites, chemistry of blood lymph and urine.

## **PATHOLOGY:**

- Inflammation, repair, degeneration, necrosis and gangrene.
- Circulatory disturbances – ischemia, hyperemia, edema, thrombosis, embolism, Infarction, allergy and hypersensitivity reaction.
- Neoplasms – classifications of tumors, characteristics of benign and malignant tumors, spread of tumors.
- Blood dyscrasias
- Developmental disturbances of oral and Para oral structures, dental caries,
- Regressive changes of teeth, pulp, periapical pathology, pulp reaction to dental caries and dental procedures.
- Bacterial, viral, mycotic infections of the oral cavity.

## **MICROBIOLOGY:**

- Pathways of pulpal infection, oral flora and micro-organisms associated with endodontic diseases, pathogenesis, host defense, bacterial virulence factors, healing. Theory of focal infections, Microbes or relevance to dentistry – streptococcus, staphylococci, lactobacilli, cornyebacterium, actinomycetes, clostridium, neisseria, vibrio, bacterioids, fusobacteria, spirochetes, mycobacterium, virus and fungi.
- Cross infection, infection control, infection control procedure, sterilization and disinfection.
- Immunology – antigen antibody reaction, allergy, hypersensitivity and anaphylaxis, autoimmunity, grafts, viral hepatitis, HIV infections and aids. Identification and isolation of microorganisms from infected root canals. Culture medium and culturing technique (Aerobic and anaerobic interpretation and antibiotic sensitivity test).

## **PHARMACOLOGY:**

- Dosage and route of administration of drugs, actions and fate of drug in body, drug addiction, tolerance of hypersensitivity reactions.
- Local anesthesia – agents and chemistry, pharmacological actions, fate and metabolism of anesthetic, ideal properties, techniques and complications.
- General anesthesia – pre medications, neuro-muscular blocking agents, induction agents, inhalation anesthesia, and agents used, assessment of anesthetic problems in medically compromised patient
- Anesthetic emergencies
- Antihistamines, corticosteroids, chemotherapeutic and antibiotics, drug resistance, haemostasis, and haemostatic agents, anticoagulants, sympathomimetic drugs, vitamins and minerals (A, B, C, D, E, K IRON), anti sialogogue, immunosuppressants, drug interactions, antiseptics, disinfectants, anti viral agents, drugs acting on CNS.

### **BIOSTATISTICS:**

- Introduction, Basic concepts, Sampling, Health information systems – collection, compilation, presentation of data. Elementary statistical methods – presentation of statistical data, Statistical averages – measures of central tendency, measures of dispersion, Normal distribution, Tests of significance – parametric and non – parametric tests (Fisher exact test, Sign test, Median test, Mann Whitney test, Kruskal Wallis one- way analysis, Friedmann two way analysis, Regression analysis), Correlation and Regression, Use of computers.

### **RESEARCH METHODOLOGY:**

- Essential features of a protocol for research in humans
- Experimental and non-experimental study designs
- Ethical considerations of research

### **APPLIED DENTAL MATERIALS:**

- Physical and mechanical properties of dental materials and biocompatibility.
- Impression materials, detailed study of various restorative materials, restorative resin and recent advances in composite resins, bonding- recent developments, Glass Ionomer cements, Tarnish and corrosion, dental amalgam, direct filling gold, casting alloys, inlay wax, Die materials, Investments, casting procedures, defects, dental cements for restoration and pulp protection (luting, liners, bases) cavity varnishes.
- Dental ceramics-recent advances, finishing and polishing materials.
- Dental burs – design and mechanics of cutting – other modalities of tooth preparation.
- Methods of testing biocompatibility of materials used.

### **PAPER – II: CONSERVATIVE DENTISTRY**

- Examination, diagnosis and treatment plan
- Occlusion as related to conservative dentistry, contact, contour, its significance. Separation of teeth, matrices, used in conservative dentistry.
- Dental caries- epidemiology, recent concept of etiological factors, pathophysiology, Histopathology, diagnosis, caries activity tests, prevention of dental caries and management –recent methods.
- Hand and rotary cutting instruments, development of rotary equipment, speed ranges, hazards.
- Dental burs and other modalities of tooth reparation- recent developments (air abrasions, lasers etc)
- Infection control procedures in conservative dentistry, isolation equipments etc.
- Direct concepts in tooth preparation for amalgam, composite, GIC and restorative techniques, failures and management.
- Direct and indirect composite restorations.
- Indirect tooth colored restorations- ceramic, inlays and onlays, veneers, crowns. Recent advances in fabrication and materials.

- Tissue management
- Impression procedures used for indirect restorations.
- Cast metal restorations, indications, contraindications, tooth preparation for class 2 inlay, Onlay full crown restorations. Restorative techniques, direct and indirect methods of fabrication including materials used for fabrication like inlay wax, investment materials and
- Direct gold restorations.
- Recent advances in restorative materials and procedures.
- Management of non-carious lesion.
- Advance knowledge of minimal intervention dentistry.
- Recent advances in restoration of endodontically treated teeth and grossly mutilated teeth
- Hypersensitivity, theories, causes and management.
- Lasers in Conservative Dentistry
- CAD-CAM & CAD-CIM in restorative dentistry
- Dental imaging and its applications in restorative dentistry (clinical photography)

### **PRINCIPLES OF ESTHETICS**

- Color
- Facial analysis
- Smile design
- Principles of esthetic integration
- Treatment planning in esthetic dentistry

### **PAPER – III: ENDODONTICS**

- Rationale of Endodontics.
- Knowledge of internal anatomy of permanent teeth, anatomy of root apex and its implications in endodontic treatment.
- Dentin and pulp complex.
- Pulp and periapical pathology
- Pathobiology of periapex.
- Diagnostic procedure – recent advances and various aids used for diagnosis
- Oro-facial dental pain emergencies: endodontic diagnosis and management
- Case selection and treatment planning
- Infection control procedures used in Endodontics (aseptic techniques such as rubber dam, sterilization of instruments etc.)

- Access cavity preparation – objectives and principles
- Endodontic instruments and instrumentation – recent developments, detailed description of hand, rotary, sonic, ultra sonic etc...
- Working length determination / cleaning and shaping of root canal system and recent development in techniques of canal preparation.
- Root canal irrigants and intra canal medicaments used including non – surgical Endodontics by calcium hydroxide.
- Endodontic microbiology.
- Obturating materials, various obturation techniques and recent advances in obturation of root canal.
- Traumatic injuries and management – endodontic treatment for young permanent teeth. Pediatric Endodontics – treatment of immature apex.
- Endodontic surgeries, recent developments in technique and devices, endosseous endodontic implants – biology of bone and wound healing.
- Endoperio interrelationship, endo + Perio lesion and management
- Drugs and chemicals used in Endodontics
- Endo emergencies and management.
- Restoration of endodontically treated teeth, recent advances.
- Geriatric Endodontics
- Endo emergencies and management.
- Biologic response of pulp to various restorative materials and operative procedures.
- Lasers in Endodontics.
- Multidisciplinary approach to endodontics situations.
- Endodontics radiology- digital technology in endodontics practice.
- Local anesthesia in endodontics.
- Procedural errors in endodontics and their management.
- Endodontics failures and retreatment.
- Resorptions and its management.
- Microscopes in endodontics.
- Single visit endodontics, current concepts and controversies.

**TEACHING AND  
LEARNING ACTIVITIES**

**TEACHING / LEARNING ACTIVITIES:**

The following is the minimum required to be completed before the candidate can be considered eligible to appear for final MDS exam.

**First Year :****Pre Clinical Work – Operative and Endodontics**

<b>Preclinical exercise</b>	<b>Quota</b>
<b>Metallic restorations</b>	
a) Silver amalgam restorations	<b>11</b>
b) Indirect restorations Inlay	<b>06</b>
onlay	<b>02</b>
Full crown(Anterior)	<b>03</b>
Full crown )Posterior)	<b>02</b>
Pin retained amalgam	<b>03</b>
<b>Esthetic restorations</b>	
a) Glass Ionomer	<b>10</b>
b) composite restorations	<b>10</b>
Composite Inlay	<b>03</b>
Composite Onlay	<b>01</b>
Veeners	<b>02</b>
<b>Rubber dam exercises</b>	<b>06</b>
<b>Cariology exercises</b>	<b>04</b>
<b>Transparent tooth</b>	<b>14</b>
<b>Radiographic interpretation</b>	<b>14</b>
<b>Root Canal Therapy</b>	
Conventional Anterior	<b>01</b>
Crown down Anterior	<b>01</b>
Step back Anterior	<b>00</b>
Rotary Anterior	<b>02</b>
<b>Posterior RCT</b>	
Conventional Premolar RCT	<b>02</b>
Conventional Molar RCT	<b>00</b>
Rotary Posterior	<b>06</b>
<b>Post endodontic restorations</b>	
Cast post & Core Anterior	<b>01</b>
Cast post & Core Posterior	<b>01</b>
Prefabricated Post Anterior	<b>02</b>
Prefabricated Post Posterior	<b>02</b>
<b>Total</b>	<b>109</b>

**Note : Technique work to be completed in the first four months**



### CLINICAL WORK:

- Composite restorations- 30
- GIC Restorations- 30
- Complex amalgam restorations- 05
- Composite inlay + veneers (direct and indirect) - 05
- Ceramic jacket crowns - 05
- Post and core for anterior teeth - 05
- Bleaching vital - 05
- Non vital- 05
- RCT Anterior- 20
- Endo surgery – observation and assisting- 05

### Presentation of:

- Seminars – 5 seminars by each student – should include topics in dental materials, conservative dentistry and endodontics
- Journal clubs - by each student
- Submission of synopsis at the end of 6 months
- Library assignment work
- Internal assessment – theory and clinicals.

### Second Year

#### Case discussion - 5

- Ceramic jacket crowns- 10
- Post and core for anterior teeth- 10
- Post and core for posterior teeth- 05
- Composite restoration- 05
- Full crown for posterior teeth- 15
- Cast gold inlay- 05
- Other special types of work such as splinting and
- Reattachment of fractured teeth etc - 05
- Anterior RCT- 20
- Posterior RCT- 30
- Endo surgery performed independently- 05
- Management of endo – Perio problems- 05
- Under graduate teaching program as allotted by the HOD
- Seminars – 5 by each student
- Journal club – 5 by each student
- Dissertation work
- Prepare scientific paper and present in conference and clinical meeting
- Library assignment to be submitted 18 months after starting of the course
- Internal assessment – theory and clinical

### **Third Year**

Dissertation work to be submitted 6 months before final examination.

#### **Clinical work**

- Cast gold inlay- Onlay, cuspal restoration- 10
- Post and core- 20
- Molar endodontics - 50
- Endo surgery - 05
- All other types of surgeries including crown lengthening, perioesthetics, hemi sectioning, splinting, replantation, endodontic implants.

#### **Presentation of:**

- Seminars
- Journal club
- Teaching – lecture (under graduates)
- Internal assessment – theory and clinic

**LEARNING RESOURCE  
MATERIAL**

Books Recommended

S.No	Author	Title
1	Stephen Cohen	Pathways of Pulp
2	Grossman	Endodontics practice
3	Ingles	Endodontics
4	FS Weine	Endodontic Therapy
5	Castellucci	Endodontics Vol 1 and 2
6	Sturdevant	Art and Science of Operative Dentistry
7	Marzouck	Operative Dentistry
8	Kidd EAM	Pickard's manual
9	GJ Mount	Conservative dentistry
10	Anusavice	Philips Science of Dental Materials

Books as references

S.No	Author	Title
1	Shanaon Patel, Henry F Duncan	Pittford's problem based learning in endodontology
2	James L Gutman	Problem solving in endodontics
3	Pitt ford TB	Harty's Endodontics in clinical practice
4	Walton and Torabinajad	Endodontic Therapy
5	James B. Summit	Fundamentals of Operative Dentistry
6	Robert G Craig	Dental materials – Properties and manipulation
7	Gilmore	Operative Dentistry
8	James B Summit	Fundamentals of Operative Dentistry
9	Seltzer, Samuel	Dental pulp; Biologic consideration in dental procedure
10	Stock, C.J	Endodontics

**Recommended Journals**

**Indian**

1. Indian Journal of Dental Research
2. Journal of Conservative Dentistry
3. Endodontology

**International**

1. Operative Dentistry
2. Dental Materials
3. European Journal of Esthetic Dentistry
4. Caries Research
5. Journal of Endodontics
6. OOO and Endodontics
7. International Endodontic Journal
8. Journal of Dental Research
9. Advanced Dental Research
10. Dental Traumatology
11. Australian Endodontic Journal
12. Endodontic Topics

**SCHEME  
OF EXAMINATION**

**A. Theory : 300 Marks**

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 75. Paper I, II and III shall consist of two long questions carrying 20 marks each and 5 short essay questions each carrying 7 marks. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

**PAPER- I :** Applied Basic Sciences: Applied Anatomy, Physiology, Pathology including Oral Microbiology, Pharmacology, Bio statistics and Research Methodology and Applied Dental Materials.

**PAPER- II :** Conservative Dentistry

**PAPER- III :** Endodontics

**PAPER- IV :** Essay

**B. Clinicals : 200 Marks**

The duration of Clinical and Viva Voce examination will be 2 days for a batch of four students. If the number of candidates exceeds 4, the program can be extended to 3<sup>rd</sup> day.

**Day 1 : Clinical Exercise I – Prefabricated post and core, tooth preparation, impression & temporization – 50 Marks**

Step 1	Case selection and tooth preparation	10 marks
Step 2	Post selection and fit with radiograph	10 marks
Step 3	Core build up and crown preparation	10 marks
Step 4	Impression	10 marks
Step 5	Temporary Crown fabrication and luting	10 marks

**Clinical Exercise II : Class II gold inlay cavity preparation fabrication & cementation - 50 marks**

Step 1	Case presentation and tooth preparation	20 Marks
Step 2	Fabrication of Direct wax pattern Matricing and direct wax pattern	10 marks
Step 3	Casting and try in	20 marks

**Day 2 : Clinical Exercise III- RCT till master cone selection (100 marks)**

Step 1	Diagnosis & treatment planning	10 Marks
Step 2	LA and Rubber Dam application Local anesthesia, pre-endo management, rubber dam	20 marks
Step 3	Access cavity preparation	20 marks
Step 4	Working length determination	20 marks
Step 5	Canal preparation, Cleaning & shaping	20 marks
Step 6	Master cone selection	10 marks

**C. Viva voce : 100 marks****i. Viva –voce examination: 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on Dissertation also.

**ii. Pedagogy Exercise:20 marks**

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

**Day 3 :**

Viva – voce (Continued if more than 4 students are taking examination or shortage of time on 2<sup>nd</sup> day)

**SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS****PAPER I: APPLIED BASIC SCIENCES**

S. No.	Topics	System Weightage In %
1.	Applied Anatomy of Head And Neck	5
2.	Development of Teeth	15
3.	Applied Physiology	5
4.	Pathology	5
5.	Microbiology	5
6.	Pharmacology	5
7.	Biostatistics	10
8.	Research Methodology	10
9.	Applied Dental Materials	40

**PAPER II: CONSERVATIVE DENTISTRY**

S. No.	Topics	Sub-Topics	System Weightage In %
1.	Dental Caries	<ul style="list-style-type: none"> <li>• Examination, diagnosis and treatment plan</li> <li>• Dental caries</li> <li>• Minimal intervention dentistry</li> </ul>	20
2.	Direct Restorations	<ul style="list-style-type: none"> <li>• Tooth preparation</li> <li>• Direct gold restorations</li> <li>• Recent advances in restorative materials and procedures</li> </ul>	20
3.	Indirect Restorations	<ul style="list-style-type: none"> <li>• Principles of operative dentistry</li> <li>• Indirect tooth colored restoration ceramic, inlays, onlays, crowns, veneers</li> <li>• Impression procedures for indirect restorations</li> <li>• Tissue management</li> </ul>	20

		<ul style="list-style-type: none"> <li>• Cast metal restorations, indications, contraindications, tooth preparation for class 2 inlay, Onlay, full crown restorations.</li> <li>• Recent advances in restorative materials and procedures</li> <li>• Restoration of endodontically treated teeth &amp; grossly mutilated teeth</li> </ul>	
4.	Instruments, Equipments, Instrumentation	<ul style="list-style-type: none"> <li>• Hand and rotary cutting instruments</li> <li>• Dental burs and other modalities of tooth reparation- recent developments (air abrasions, lasers etc)</li> <li>• Lasers in Conservative Dentistry</li> <li>• CAD-CAM &amp; CAD-CIM in restorative dentistry</li> <li>• Dental imaging and its applications in restorative dentistry (clinical photography)</li> </ul>	10
5.	Infection Control	<ul style="list-style-type: none"> <li>• Infection control and isolation</li> </ul>	5
6.	Non Caries Management Hypersensitivity	<ul style="list-style-type: none"> <li>• Non-cariou lesion and its management</li> <li>• Dentin hypersensitivity - theories, causes and management</li> </ul>	10
7.	Esthetic Management	<ul style="list-style-type: none"> <li>• Principles of esthetics and treatment planning</li> </ul>	10
8.	Occlusion	<ul style="list-style-type: none"> <li>• Occlusion, contact, contour, teeth separation</li> </ul>	5

**PAPER III: ENDODONTICS**

S. No.	Topics	Sub-Topics	System Weightage In %
1.	Diagnosis And Treatment Plan	<ul style="list-style-type: none"> <li>• Diagnostic procedure – recent advances and various aids</li> <li>• Orofacial dental pain emergencies: endodontic diagnosis and management</li> <li>• Case selection and treatment planning</li> <li>• Drugs and chemicals used in Endodontics</li> <li>• Single visit endodontics, current concepts and controversies</li> </ul>	10
2.	Equipments, Instruments And Instrumentation	<ul style="list-style-type: none"> <li>• Infection control procedures used in Endodontics (aseptic techniques such as rubber dam, sterilization of instruments etc.)</li> </ul>	20



		<ul style="list-style-type: none"> <li>• Endodontic instruments and instrumentation – recent developments, detailed description of hand, rotary, sonic, ultra sonic etc.</li> <li>• Lasers in Endodontics</li> <li>• Microscopes in endodontics</li> </ul>	
3.	Biology of Pulp	<ul style="list-style-type: none"> <li>• Rationale of endodontics</li> <li>• Internal anatomy of teeth, anatomy of root apex</li> <li>• Dentin pulp complex</li> </ul>	5
4.	Pathology Of Pulp Dentin Complex	<ul style="list-style-type: none"> <li>• Pulp and periapical pathology</li> <li>• Pathobiology of periapex</li> <li>• Endodontic microbiology</li> <li>• Biologic response of pulp to various restorative materials and operative procedures.</li> </ul>	5
5.	Access Cavity Cleaning And Shaping Obturation	<ul style="list-style-type: none"> <li>• Access cavity preparation – objectives and principles</li> <li>• Working length determination / cleaning and shaping of root canal system and recent development in techniques of canal preparation.</li> <li>• Root canal irrigants and intra canal medicaments used including non – surgical Endodontics by calcium hydroxide.</li> <li>• Obturating materials, various obturation techniques and recent advances in obturation of root canal.</li> </ul>	20
6.	Interdisciplinary Endodontics	<ul style="list-style-type: none"> <li>• Pediatric Endodontics – treatment of immature apex.</li> <li>• Endoperio interrelationship, endo + Perio lesion and management</li> <li>• Restoration of endodontically treated teeth, recent advances</li> <li>• Geriatric Endodontics</li> <li>• Multidisciplinary approach to endodontics situations</li> </ul>	10
7.	Endodontic Emergency	<ul style="list-style-type: none"> <li>• Traumatic injuries and management – endodontic treatment for young permanent teeth</li> <li>• Endo emergencies and management</li> <li>• Local anesthesia in endodontics</li> </ul>	10

8.	Retreatment In Endodontics	<ul style="list-style-type: none"><li>• Endodontic surgeries, recent developments in technique and devices, endosseous endodontic implants – biology of bone and wound healing</li><li>• Procedural errors in endodontics and their management</li><li>• Endodontics failures and retreatment</li></ul>	10
9.	Endodontic Radiology	<ul style="list-style-type: none"><li>• Endodontics radiology - digital technology in endodontics practice</li></ul>	5
10.	Resorption	<ul style="list-style-type: none"><li>• Resorption and its management</li></ul>	5

**PAPER IV : Essay**

S. No.	Topics
1.	CONSERVATIVE DENTISTRY OR ENDODONTICS*

\*One question from conservative dentistry and other from endodontics with option of attending one question

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL  
QUESTION PAPERS**

**MDS DEGREE EXAMINATION  
CONSERVATIVE DENTISTRY AND ENDODONTICS**

**Paper I: APPLIED BASIC SCIENCES**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Describe the course and distribution of mandibular nerve. Mention its importance in dentistry.
2. Classify local anaesthetics and its mechanism of action. Describe the various techniques employed to achieve pulpal anaesthesia.

**Short Notes:**

**5 X 7 = 35**

3. Describe the anatomy of root apex and its significance in working length determination.
4. How is calcium regulated in the body? Explain with appropriate flow chart.
5. What are the different tests of significance and their indications?
6. Enlist the signs and symptoms of Mercury toxicity. What precautions can be taken to ensure operator safety while handling mercury containing restorations?
7. Explain the mechanism of action of anti-inflammatory drugs.

**MDS DEGREE EXAMINATION  
CONSERVATIVE DENTISTRY AND ENDODONTICS**

**Paper I: CONSERVATIVE DENTISTRY**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Discuss the management of gingival tissues during restorative procedures.
2. Discuss various tooth bleaching techniques and their indications.

**Short Notes:**

**5 X 7 = 35**

3. Fabrication of indirect composite restorations
4. Briefly explain the preventive protocol used for low and high caries risk patients according to CAMBRA.
5. Describe various techniques to improve proximal contact tightness in class II composite restorations.
6. Explain the cutting head design of a tungsten carbide bur.
7. Describe the etiology and management of teeth wasting diseases.

**MDS DEGREE EXAMINATION  
CONSERVATIVE DENTISTRY AND ENDODONTICS**

**Paper I : ENDODONTICS**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay :**

**2X20 =40**

1. Discuss the rationale of obturation. Classify various obturation techniques. Write in detail about vertical compaction technique.
2. Discuss various techniques of working length determination.

**Short Notes :**

**5 X 7 = 35**

3. Write briefly about diagnostic aids in endodontics.
4. Write the etiology, pathogenesis and management of Invasive cervical resorption.
5. Describe the pathophysiology of irreversible pulpitis.
6. Design features of the endodontic rotary file.
7. A 16 year old patient visits your operatory with the chief complaint of fractured anterior teeth with a history of trauma eight years back. Clinical examination reveals a patent sinus tract near the labial vestibule between 12 and 11. While 21 has an ellis class 2 fracture. Radiographic findings show 11 with incompletely formed apex and a periapical radiolucency, while 12 and 21 seems to have no periapical changes. What diagnostic tests will you perform further and state your provisional diagnosis for the above mentioned teeth. State the available treatment options for the above mentioned teeth.

**MDS DEGREE EXAMINATION  
CONSERVATIVE DENTISTRY AND ENDODONTICS**

**Paper IV: ESSAY**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

**75x1=75**

1. Write an essay on minimal intervention dentistry.

OR

2. Discuss the recent advances in restoration of endodontically treated teeth.



**ORTHODONTICS & DENTOFACIAL  
ORTHOPEDICS**

## ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

Orthodontics deals with prevention and correction of oral anomalies and malocclusion and the harmonizing of the structures involved, so that the dental mechanisms will function in a normal way.

### OBJECTIVES:

The training programme in Orthodontics is to structure and achieve the following four objectives

### ATTITUDES:

1. Develop an attitude to adopt ethical principles in all aspects of Orthodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social Status, cast, creed or colleagues
4. Willingness to share the knowledge and clinical experience with professional colleagues
5. Willingness to adopt, after a critical assessment, new methods and techniques of orthodontic management developed from time to time based on scientific research, which are in the best interest of the patient
6. Respect patients rights and privileges, including patients right to information and right to seek a second opinion
7. Develop attitude to seek opinion from allied medical and dental specialists as and when Required

### SKILLS :

1. To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures, and interpret them and arrive at a reasonable diagnosis about the Dentofacial deformities.
2. To be competent to fabricate and manage the most appropriate appliance - intra or extra oral, removable or fixed, mechanical or functional, and active or passive - for the treatment of any orthodontic problem to be treated singly or as a part of multidisciplinary treatment of orofacial deformities.

### COMMUNICATION SKILLS:

1. Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular Dentofacial problem and to obtain a true informed consent from them for the most appropriate treatment available at that point of time.
2. Develop the ability to communicate with professional colleagues, in Orthodontics or other specialities through various media like correspondence, Internet, e-video, conference, etc. to render the best possible treatment.

### KNOWLEDGE:

1. The dynamic interaction of biologic processes and mechanical forces acting on the stomatognathic system during orthodontic treatment
2. The etiology, pathophysiology, diagnosis and treatment planning of various common Orthodontic problems



3. Various treatment modalities in Orthodontics preventive interceptive and corrective.
4. Basic sciences relevant to the practice of Orthodontics
5. Interaction of social, cultural, economic, genetic and environmental factors and their relevance to management of oro - facial deformities
6. Factors affecting the long-range stability of orthodontic correction and their management
7. Personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste, keeping in view the high prevalence of Hepatitis and HIV and other highly contagious diseases.



# **COURSE CONTENT**

The program outlined, addresses both the knowledge needed in Orthodontics and allied Medical specialities in its scope. A minimum of three years of formal training through a graded system of education as specifies, will equip the trainee with skill and knowledge at its completion to be able to practice basic Orthodontics and have the ability to intelligently pursue further apprenticeship towards advanced Orthodontics.

**SPREAD OF THE CURRICULUM:**

Six months teaching o basic subjects including completion of pre – clinical exercises 2 ½ years of coverage of all the relevant topics in Orthodontics, clinical training involving treatment of patients and submission of dissertation. These may be divided into blocks of 6 to 8 months duration each, depending on the training policies of each institution.

**I. APPLIED ANATOMY:**

- Prenatal growth of head:  
Stages of embryonic development, origin of head, origin of face, origin of teeth.
- Postnatal growth of head:  
Bones of skull, the oral cavity, development of chin, the hyoid bone, general growth of head, face growth.
- Bone growth:  
Origin of bone, composition of bone, units of bone structure, schedule of Ossification, mechanical properties of bone, roentgen graphic appearance of bone
- Assessment of growth and development:  
Growth prediction, growth spurts, the concept of normality and growth increments of growth, differential growth, gradient of growth, methods of gathering growth data. Theories of growth and recent advances, factors affecting physical growth.
- Muscles of mastication:  
Development of muscles, muscle change during growth, muscle function and facial development, muscle function and malocclusion
- Development of dentition and occlusion:  
Dental development periods, order of tooth eruption, chronology of permanent tooth formation, periods of occlusal development, pattern of occlusion.
- Assessment of skeletal age  
The carpal bones, carpal x – rays, cervical vertebrae

**II PHYSIOLOGY:**

- **Endocrinology and its disorders**  
(Growth hormone, thyroid hormone, parathyroid hormone, ACTH) pituitary gland hormones, thyroid gland hormones, parathyroid gland hormones
- **Calcium and its metabolism**
- **Nutrition-metabolism and their disorders:** proteins, carbohydrates, fats, vitamins and minerals.
- **Muscle physiology**

- **Craniofacial Biology:** Cell adhesion molecules and mechanism of adhesion
- **Bleeding disorders in orthodontics:** Hemophilia

### III DENTAL MATERIALS:

- **Gypsum products :** dental plaster, dental stone and their properties, setting reaction etc.
- **Impression materials:** impression materials in general and particularly of alginate impression material.
- **Acrylics:** chemistry, composition physical properties
- **Composites:** composition types, properties setting reaction
- **Banding and bonding cements:** Zn (PO<sub>4</sub>)<sub>2</sub>, zinc silicophosphate, Zinc polycarboxylate, resin cements and glass Ionomer cements
- **Wrought metal alloys:** deformation, strain hardening, annealing, recovery, recrystallization, grain growth, properties of metal alloys
- **Orthodontic arch wires:** stainless steel gold, wrought cobalt chromium nickel alloys, alpha & beta titanium alloys
- **Elastics:** Latex and non-latex elastics.
- **Applied physics,** Bioengineering and metallurgy.
- **Specification and tests methods** used for materials used in Orthodontics
- **Survey of all contemporary literature and Recent advances** in above – mentioned materials.

### IV. GENETICS:

- Cell structure, DNA, RNA, protein synthesis, cell division
- Chromosomal abnormalities
- Principles of orofacial genetics
- Genetics in malocclusion
- 5 Molecular basis of genetics
- Studies related to malocclusion
- Recent advances in genetics related to malocclusion
- Genetic counseling
- Bioethics and relationship to Orthodontic management of patients.

### V. PHYSICAL ANTHROPOLOGY:

- Evolutionary development of dentition
- Evolutionary development of jaws.

### VI. PATHOLOGY:

- Inflammation
- Necrosis

## **VII. BIOSTATISTICS:**

- Statistical principles
- Data Collection
- Method of presentation
- Method of Summarizing
- Methods of analysis – different tests/errors
- Sampling and Sampling technique
- Experimental models, design and interpretation
- Development of skills for preparing clear concise and cogent scientific abstracts and publication

## **VIII. APPLIED RESEARCH METHODOLOGY IN ORTHODONTICS:**

- Experimental design
- Animal experimental protocol
- Principles in the development, execution and interpretation of methodologies in Orthodontics
- Critical Scientific appraisal of literature.

## **IX. APPLIED PHARMACOLOGY**

## **X. ORTHODONTIC HISTORY:**

- Historical perspective,
- Evolution of orthodontic appliances,
- Pencil sketch history of Orthodontic peers
- History of Orthodontics in India

## **XI. CONCEPTS OF OCCLUSION AND ESTHETICS:**

- Structure and function of all anatomic components of occlusion,
- Mechanics of articulation,
- Recording of masticatory function,
- Diagnosis of Occlusal dysfunction,
- Relationship of TMJ anatomy and pathology and related neuromuscular physiology.

## **XII. ETIOLOGY AND CLASSIFICATION OF MALOCCLUSION:**

- A comprehensive review of the local and systemic factors in the causation of malocclusion
- Various classifications of malocclusion

## **XIII. DENTOFACIAL ANOMALIES:**

- Anatomical, physiological and pathological characteristics of major groups of developmental defects of the orofacial structures.

## **XIV. CHILD AND ADULT PSYCHOLOGY:**

- Stages of child development.
- Theories of psychological development.
- Management of child in orthodontic treatment.

- Management of handicapped child.
- Motivation and Psychological problems related to malocclusion / orthodontics
- Adolescent psychology
- Behavioral psychology and communication

#### **XV. DIAGNOSTIC PROCEDURES AND TREATMENT PLANNING IN ORTHODONTICS**

- Emphasis on the process of data gathering, synthesis and translating it into a treatment plan
- Problem cases – analysis of cases and its management
- Adult cases, handicapped and mentally retarded cases and their special problems
- Critique of treated cases.

#### **Cephalometrics**

- Instrumentation
- Image processing
- Tracing and analysis of errors and applications
- Radiation hygiene
- Advanced Cephalometrics techniques
- Comprehensive review of literature
- Video imaging principles and application.

#### **XVII. PRACTICE MANAGEMENT IN ORTHODONTICS:**

- Economics and dynamics of solo and group practices
- Personal management
- Materials management
- Public relations
- Professional relationship
- Dental ethics and jurisprudence
- Office sterilization procedures
- Community based Orthodontics.

#### **XVIII. CLINICAL ORTHODONTICS :**

##### **Myofunctional Orthodontics :**

- Basic principles
- Contemporary appliances – their design and manipulation
- Case selection and evaluation of the treatment results
- Review of the current literature.

##### **Dentofacial Orthopedics**

- Principles
- Biomechanics
- Appliance design and manipulation
- Review of contemporary literature

**Cleft lip and palate rehabilitation:**

- Diagnosis and treatment planning
- Mechanotherapy
- Special growth problems of cleft cases
- Speech physiology, pathology and elements of therapy as applied to orthodontics
- Team rehabilitative procedures.

**Management of medically compromised patients in orthodontics**

**Biology of tooth movement:**

- Principles of tooth movement-review
- Review of contemporary literature
- Applied histophysiology of bone, periodontal ligament
- Molecular and ultra cellular consideration in tooth movement

**Orthodontic / Orthognathic surgery:**

- Orthodontist' role in conjoint diagnosis and treatment planning
- Pre and post-surgical Orthodontics
- Participation in actual clinical cases, progress evaluation and post retention study
- Review of current literature

**Ortho / Perio / Prostho inter relationship**

- Principles of interdisciplinary patient treatment
- Common problems and their management

**Basic principles of Mechanotherapy Includes Removable appliances and fixed appliances**

- Design
- Construction
- Fabrication
- Management
- Review of current literature on treatment methods and results

**Applied preventive aspects in Orthodontics**

- Caries and periodontal disease prevention
- Oral hygiene measures
- Clinical procedures

**Interceptive Orthodontics**

- Principles
- Growth guidance
- Diagnosis and treatment planning
- Therapy emphasis on:
  - a. Dento-facial problems
  - b. Tooth material discrepancies
  - c. Minor surgery for Orthodontics



**Retention and relapse**

- Mechanotherapy – special reference to stability of results with various procedures
- Post retention analysis
- Review of contemporary literature
- Long term effect of orthodontics, iatrogenic effects of orthodontics

**XIX.RECENT ADVANCES LIKE:**

- Use of implants
- Lasers
- Application of F.E.M.
- Distraction Osteogenesis
- Recent advances in imaging sciences

**SKILLS:****II. Pre – Clinical Exercises**

A general outline of the type of exercises is given here. Every institution can decide the details of exercises under each category.

1. General Wire bending exercises to develop the manual dexterity.
2. Clasps, Bows and springs used in the removable appliances.
3. Soldering and welding exercises.
4. Fabrication of removable habit breaking, mechanical and functional appliances, also all types of space maintainers and space regainers.
5. Bonwill Hawley Ideal arch preparation.
6. Construction of orthodontic models trimmed and polished preferably as per specifications of Tweed or A.B.O.
7. Cephalometric tracing and various Analyses, also superimposition methods –
8. Fixed appliance typhodont exercises.
  - a) Training shall be imparted in one basic technique i.e. Standard Edgewise / Begg technique or its derivative / Straight wire etc., with adequate exposure to other techniques.
  - b) Typhodont exercise
    - i. Band making
    - ii. Bracket positioning and placement
    - iii. Different stages in treatment appropriate to technique taught
9. Clinical photography
10. Computerized imaging
11. Preparation of surgical splints, and splints for TMJ problems.
12. Handling of equipments like vacuum forming appliances and hydro solder etc.



# **TEACHING AND LEARNING ACTIVITIES**

**First Year**

- I. Basic Pre-Clinical Exercise Work for the MDS Students:  
First 6 Months

**1. NON-APPLIANCE EXERCISES**

All the following exercises should be done with 0.7 or 0.8mm wire

Sl.No	Exercise	No.
1	Straightening of 6" & 8" long wire	1 each
2	Square	1
3	Rectangle	1
4	Triangle of 2" side	1
5	Circle of 2" side	1
6	Bending of 5U's	1
7	Bending of 5V's	1

**2. CLASPS**

Sl.No	Exercise	No.
1	¾ Clasps	2
2	Full clasps	2
3	Triangular Clasps	2
4	Adam's clasp – upper molar	2
5	Adam's Clasp – lower molar	2
6	Adam's Clasp – Pre-molar	2
7	Adam's Clasp - Incisor	2
8	Modification of Adam's – With Helix	2
9	Modification of Adam's – With distal extension	2
10	Modification of Adam's – With soldered tube	2
11	Duyzing Clasps on Molars	2
12	Southend Clasp	1

**3. LABIAL BOWS**

Sl.No	Exercise	No.
1	Short labial bow (upper & lower)	1
2	Long labial bow (upper & lower)	1
3	Robert's retractor	1
4	High labial bow-with apron spring's	1
5	Mill's labial bow	1
6	Reverse loop labial bow	1
7	Retention labial bow soldered to Adam's clasp	1
8	Retention labial bow extending distal to second molar 1	1
9	Fitted labial bow	1
10	Split high labial bow	1

**4. SPRINGS**

Sl.No	Exercise	No.
1	Finger spring-mesial movement	2
2	Finger spring-distal movement	2
3	Double cantilever spring	2
4	Flapper spring	2
5	Coffin spring	2
6	T spring	2

**5. CANINE RETRACTORS**

Sl.No	Exercise	No.
1	U loop canine retractor	2PAIRS
2	Helical canine retractor	2PAIRS
3	Palatal canine retractor	2PAIRS
4	Self –supporting canine retractor	2PAIRS
5	Self –supporting canine retractor	2PAIRS

**6. APPLIANCES**

Sl.No	Exercise
1	Hawley's retention appliance with anterior bite plane
2	Upper Hawley's appliance with posterior bite plane
3	Upper expansion appliance with coffin spring
4	Upper expansion appliance with coffin spring
5	Upper expansion appliance with expansion screw
6	Habit breaking appliance with tongue crib
7	Oral screen and double oral screen
8	Lip bumper
9	Splint for Bruxism
10	Catalans appliance
11	Activator
12	Bionator
13	Frankel-FR 2 appliance
14	Twin block
15	Lingual arch
16	TPA
17	Quad helix
18	Bihelix
19	Utility arches
20	Pendulum appliance

**7. Soldering exercises**

Sl.No	Exercise	No.
1	Star	1
2	Comb	1
3	Christmas tree	1
4	Soldering buccal tube on molar bands	1

**8. Welding exercises**

Sl.No	Exercise
1	Pinching and welding of molar, premolar, canine and Incisor bands
2	Welding of buccal tubes and brackets on molar bands and incisor bands

**9. Impression of upper and lower arches in alginate****10. Study model preparation****11. Model analysis**

Sl.No	Exercise
1	Impression of upper and lower dental arches
2	PREPARATION OF STUDY MODEL – 1 And all the permanent dentition analyses to be done.
3	PREPARATION OF STUDY MODEL – 2 And all the permanent dentition analyses to be done.
4	PREPARATION OF STUDY MODEL – 3 And all the mixed dentition analyses to be done.

**12. Cephalometrics:**

Sl.No	Exercise
1	Lateral cephalogram to be traced in five different colors and super imposed to see the accuracy of tracing
2	Steiner's analysis
3	Down's analysis
4	Tweed analysis
5	Rickett's analysis
6	Burrstone analysis
7	Rakosi's analysis
8	Mc Namara analysis
9	Bjork analysis
10	Coben's analysis
11	Harvold's analysis
12	Soft tissue analysis – Holdaway and Burrstone

**13. Basics of Clinical Photography including Digital Photography****14. Light wire bending exercises for the Begg technique**

Sl.No	Exercise
1	Wire bending technique on 0.016' wire circle "Z" Omega
2	Bonwill-Hawley diagram
3	Making a standard arch wire
4	Inter maxillary hooks- Boot leg and Inter Maxillary type
5	Upper and Lower arch wire
6	Bending a double back arch wire
7	Bayonet bends (vertical and horizontal offsets)
8	Stage-III arch wire
9	Torquing auxiliary (upper)
10	Reverse Torquing (lower)
11	up righting spring

**15. Typhodont exercises: (Begg and P.E.A. method)**

Sl.No	Exercise
1	Teeth setting in Class-II division I malocclusion with maxillary anterior Proclination and mandibular anterior crowding
2	Band pinching, welding brackets and buccal tubes to the bands
3	Stage-I
4	Stage-II
5	Pre Stage-III
6	Stage-III

## CLINICAL WORK:

Once the basic pre-clinical work is completed the students can take up clinical cases and the clinical training is for the two and half years.

**Each postgraduate student should start with a minimum of 50 cases of his/her own. Additionally he/she should handle a minimum of 20 transferred cases.**

The type of cases can be as follows:

- i. Removable active appliances-5cases
- ii. Class-I malocclusion with Crowding
- iii. Class-I malocclusion with bi-maxillary protrusion
- iv. Class-II division-1
- v. Class-II division-2
- vi. Class-III (Orthopedic, Surgical, Orthodontic cases)
- vii. Inter disciplinary cases
- viii. Removable functional appliance cases like activator, Bionator, functional regulator, twin block and new developments
- ix. Fixed functional appliances – Herbst appliance, jasper jumper etc – 5 cases
- x. Dento-facial orthopedic appliances like head gears, rapid maxillary expansion niti expander etc., - 5 cases
- xi. Appliance for arch development such as molar distalization –m 5 cases
- xii. Fixed mechano therapy cases (Begg, PEA, Tip edge, Edgewise)  
Retention procedures of above treated cases.

## Other work to be done during FIRST YEAR

1. **Seminars:** One Seminar per week to be conducted in the department. A minimum of five seminars should be presented by each student each year
2. **Journal club:** One Journal club per week to be conducted in the department. A minimum of five seminars should be presented by each student each year
3. **Protocol for dissertation to be submitted on or before the end of six months from the date of admission.**
4. **Under graduate classes:** Around 4 – 5 classes should be handled by each post-graduate student
5. **Inter-departmental meetings:** should be held once in a month.
6. **Case discussions**
7. **Field visits: To attend dental camps and to educate the masses**
8. **Basic subjects classes**
9. **Internal assessment or Term paper**

## Second Year:

The clinical cases taken up should be followed under the guidance. More case discussions and cases to be taken up. Other routine work as follows.



1. **Seminars:** One Seminar per week to be conducted in the department. Each student should present a minimum of five seminars each year.
2. **Journal club:** One Journal club per week to be conducted in the department. Each student should present a minimum of five seminars each year.
3. **Library assignment to be submitted on or before the end of six months.**
4. **Undergraduate classes:** each post-graduate student should handle Around 4-5 classes.
5. **Inter-departmental meetings:** Should be held once in a month
6. **Case discussions**
7. **Field visits:** To attend dental camps and to educate the masses.
8. **Internal assessment or term paper.**
9. **Dissertation work:** On getting the approval from the university work for the dissertation to be started

### **Third Year:**

The clinical cases taken up should be followed under the guidance. More cases discussions and cases to be taken up. Other routine work as follows:

1. **Seminars:** One Seminar per week to be conducted in the department. Each student should present a minimum of five seminars each year.
2. **Journal Club:** One Journal club per week to be conducted in the department. A minimum of five seminars should be presented by each student each year
3. **Under graduate classes:** each post – graduate student, should handle Around 4-5 classes.
4. **Inter-departmental meetings:** Should be held once in a month.
5. **The completed dissertation should be submitted six months before the final examination**
6. **Case discussions**
7. **Field visits:** To attend dental camps and to educate the masses.
8. **Finishing and presenting the cases taken up.**
9. **Preparation of finished cases and presenting the cases** (to be presented for the examination)
10. Mock examination

### **DISSERTATION:**

- a. The protocol for dissertation should be submitted on or before the end of six months from date of admission through proper channel.
- b. The completed dissertation should be submitted 6 months before the final examination through proper channel.
- c. The dissertation should not be just a repetition of a previously undertaken study but it should try to explore some new aspects.
- d. Approval of dissertation is essential before a candidate appears for the University examination

**MONITORING LEARNING PROGRESS:**

It is essential to monitor the learning progress of each candidate through continuous appraisal a regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects.

**LEARNING  
RESOURCE MATERIAL**

**LIST OF RECOMMENDED BOOKS**

S.NO	TITLE	AUTHOR
1	Contemporary Orthodontics	Proffit
2	Begg Philosophy	Raymond Begg
3	Current Therapy In Orthodontics	Ravindra Nanda
4	Functional Appliance	Petrovik
5	Orthodontics Current Principles And Technique	Graber And Venesdrall
6	Systemized Orthodontic Treatment Mechanics	Mbt
7	Orthodontic Cephalometrics	Jacobson
8	Orthodontic Diagnosis	Rakosi
9	Orthognathic Surgery	Profitt And Sarver
10	Orthodontics Current Principle And Technique	Gaber And Swain

**BOOKS FOR REFERENCES**

S.NO	TITLE	AUTHOR
1	Orthodontic Management Of Uncrowded Class II Div I Mo In Children	Bennett
2	Cleft Lip And Palate Lesions Pathophysiology And Primary Treatment	Malek
3	Principles And Practice Of Laser Dentistry	A.Convissar
4	Biological Mechanism Of Tooth Movement	Davidovitch
5	Selh Ligation In Orthodontics	Eliades, Pandes
6	Orthodontic Treatment Of Impacted Teeth	Becker
7	Temporery Anchorage Deices In Orthodontics	Ravindra Nanda
8	Facial And Ental Planing For Orthodontist And Oral Surgeons	Arnett, Mclaughlin
9	Systemised Orthodontic Treatment Mechanics	Mclaughlin, Bennett
10	Orthodontic Miniscrew Implants	Cheol Ho Paik, Park

**LIST OF RECOMMENDED JOURNALS**

**NATIONAL**

1. Journal of Indian Orthodontic Society
2. Indian Journal of Dental Research
3. Journal of Forensic Dental Sciences
4. Contemporary Clinical Dentistry
5. Indian Journal of Multidisciplinary Dentistry
6. Indian Journal of Dentistry

**INTERNATIONAL**

1. American Journal of Orthodontics and Dentofacial Orthopaedics
2. Seminars in Orthodontics
3. Orthodontics and Craniofacial Research
4. European Journal of Orthodontics
5. Journal of Orthodontics
6. Journal of Orthodontics and Orthopaedics
7. Angle Orthodontics
8. Journal of Clinical Orthodontics

**SCHEME  
OF EXAMINATION**

## SCHEME OF EXAMINATION:

### A. Theory : 300 Marks

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 75. Paper I, II and III shall consist of two long questions carrying 20 marks each and 5 short essay questions each carrying 7 marks. Paper IV will be on Essay Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:\*

**Paper-I :** Applied Basic Sciences: Applied anatomy, Physiology, Dental Materials, Genetic Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.

**Paper-II :** Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalie Diagnostic procedures and treatment planning in Orthodontics, Practical management in Orthodontics.

**Paper-III :** Clinical Orthodontics

**Paper-IV :** Essay

*\* The topics assigned to the different papers are generally evaluated under those sections. However strict division of the subject may not be possible and some overlapping of topics is inevitable Students should be prepared to answer overlapping topics*

### B. Practical/Clinical Examination : 200 Marks

#### DAY 1:

**Display of all pre-clinical work & ALL clinical case's records**

**Exercise No: 1 Functional Case : 50 Marks (1 HOUR)**

Selection of case for functional appliance and recording of construction bite. Fabrication and delivery of the appliance the next day.

**Exercise No: 2 Multiband exercise : 50 Marks (1.5 HOURS)**

1. III stage with auxiliary springs

OR

2. Bonding of SWA brackets and construction of suitable arch wire.

**Exercise No.3 Display of records of the treated cases (minimum of self started 5 cases & 2 transferred cases)- – 2 HOURS**

**5 cases X 12 marks & 2 cases X 7.5 = 75 Marks**

**Long case – records distribution**

#### DAY 2

**Functional case – 1 HOUR**

**Exercise No. 4 : Long case discussion (2 HOURS): 25 Marks**

No.	Exercise	Marks allotted	Approximate Time
1	Functional appliance	50	1 hour
2	III stage mechanics/Bonding and arch wire fabrication	50	1 hr 30 min
3	Display of case records of the treated cases (minimum of self started 5 cases & 2 transferred cases)	75	2 hour
4	Long case	25	2 hours

### C. Viva Voce : 100 Marks

#### 1. Viva-Voce examination : 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

#### i. Pedagogy Exercise: 20 marks

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

### SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS

#### PAPER I

S.No	Topic	Weightage
1	Applied Anatomy	20%
2	Applied Physiology	20%
3	Dental Materials	15%
4	Pathology	5%
5	Physical Anthropology	10%
6	Applied Research Methodology	10%
7	Biostatistics	10%
8	Applied Pharmacology	5%
9	Genetics	5%

#### PAPER II

S.No	Topic	Weightage
1	Orthodontic history	10%
2	Concepts of Occlusion And Esthetics	15%
3	Child and adult psychology	10%
4	Etiology and classification of malocclusion	15%
5	Dentofacial anomalies	15%
6	Diagnostic procedures and treatment planning in orthodontics	25%
7	Practice management in orthodontics	10%

**PAPER III**

<b>S.No</b>	<b>Topic</b>	<b>Weightage</b>
1	Myofunctional orthodontics	15%
2	Denofacial orthopedics	10%
3	Cleft lip and palate rehabilitation	10%
4	Biology of tooth movement	10%
5	Orthodontic/orthognathic surgery	10%
6	Ortho/perio/prostho inter relationship	10%
7	Basic principles of mechanotherapy	15%
8	Applied preventive aspects in orthodontics	5%
9	Interceptive orthodontics	10%
10	Retention and relapse	10%

**PAPER IV**

**ESSAY COVERING RECENT ADVANCES**

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*



**MODEL  
QUESTION PAPERS**

**M.D.S. DEGREE EXAMINATION  
ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**

**Paper I: APPLIED BASIC SCIENCES**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay: 2X20 =40**

1. Describe in detail post natal growth of mandible. Explain the concepts of growth rotation in relation to mandible.
2. Enumerate the generations of bonding agent and write in detail on the adhesives used in orthodontics.

**Short Notes: 5 X 7 = 35**

3. Evolution of dentition
4. Genetic basis for etiology of cleft lip and palate
5. Chi square test
6. Bisphosphonates
7. Nickel hypersensitivity

**M.D.S. DEGREE EXAMINATION  
ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**

**Paper II – Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalie Diagnostic procedures and treatment planning in Orthodontics, Practical management in Orthodontics.**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay: 2X20 =40**

1. Discuss the errors in cephalometry, clinical significance and methods to remedy the same Mention its limitations as a tool in treatment planning.
2. Discuss the psychological basis of dentofacial attractiveness and factors affecting its perception among the lay public, dental professionals and orthodontists.

**Short Notes: 5 X 7 = 35**

3. Contributions of Ricketts to Orthodontics
4. Ackermann and Proffit classification of malocclusion
5. Recent advances in imaging TMJ
6. Cleidocranial dysostosis
7. Grummon's analysis

**M.D.S. DEGREE EXAMINATION**  
**ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**  
**Paper III – BIO-MECHANICS, TISSUE CHANGES**  
**ORTHODONTIC TECHNIQUES AND TREATMENT PLANNING**

**Paper I: CLINICAL ORTHODONTICS**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Classify myofunctional appliances. Write in detail on principles and mode of action of myofunctional appliances. Add a note on current concepts on bite registration for functional appliances.
2. Write in detail on MBT philosophy. Add a note on HYCON device

**Short Notes:**

**5 X 7 = 35**

3. Role of circum maxillary sutures in facemask therapy
4. Naso alveolar moulding
5. Moment to force ratio
6. Envelope of discrepancy
7. Orthodontic treatment for periodontally compromised patients

**M.D.S. DEGREE EXAMINATION**  
**ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**  
**Paper IV: ESSAY**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

**75x1=75**

1. Orthodontic therapy in the next decade

(or)

2. Discuss the current controversies in orthodontics

**ORAL PATHOLOGY  
AND  
MICROBIOLOGY**

## ORAL PATHOLOGY AND MICROBIOLOGY

Oral and maxillofacial pathology is the specialty of dentistry and the discipline of pathology that addresses the nature, identification, and management of diseases affecting the oral and maxillofacial regions.

### AIMS:

Oral pathology and microbiology deals with nature of oral diseases, their causes processes and effects. It relates the clinical manifestation of oral diseases to the physiologic and anatomic changes associated with the disease.

The goals of the education program are to provide the student and produce a graduate.

- With the skills and knowledge for a productive, competent and compassionate practice or oral and maxillofacial pathology
- With the foundational knowledge necessary for scientific inquiry, critical thinking and problem solving
- With an understanding of the scientific method and the technological advances which are available for scientific inquiry
- Who has the confidence, independence and motivation for life long learning and the skills to communicate that knowledge

### Objectives:

- To train a post graduate Dental surgeon so as to ensure higher competence in both general and special pathology dealing with the nature of oral diseases, their causes, processes and effects.
- An Oral Pathologist is expected to perform routine histopathological evaluation of specimens relating to oral and perioral tissues, to carry out routine diagnostic procedures including hematological, cytological, microbiological, Immunological and ultra structural investigations.
- He/she is expected to have an understanding of current Research Methodology, collection and interpretation of data, ability to carry out research projects on clinical and or epidemiological aspects, a working knowledge on current databases, automated data retrieval systems, referencing and skill in writing scientific papers.
- He/she is expected to present scientific data pertaining to the field, in conferences both as poster and verbal presentations and to take part in group discussions.

### ATTITUDES:

- Willingness to share the knowledge and clinical experience with professional colleagues.
- Develop attitude to seek opinion from allied medical and dental specialities when required.

### SKILLS:

A high level of competency and judgement in the practical microscopical diagnosis of common and significant oral pathological lesions and conditions and initiative in determining the steps necessary to resolve a diagnosis for specimens beyond their immediate capabilities

Knowledge and understanding of the roles of other members of the health care team in the execution of procedures involved in achieving successful outcome in the diagnostic process.

A high level of competency and self direction in obtaining relevant information speedily to assist in the establishment or confirmation of a diagnosis

Knowledge and understanding of the common laboratory methods used to prepare oral diagnostic material for histopathological examination and the main research tools and methods used to advance the practice of diagnostic oral pathology

Critical awareness of current problems in oral pathology and knowledge of the sources of up to date information on oral pathological conditions and related scientific disciplines.

Broad knowledge and understanding of the principles underpinning scientific presentations

Competencies at carrying out a short original research project involving the ability to identify problems, gather information, think analytically, resolve difficulties, critically analyse source material, choose appropriate methodologies, construct a hypothesis, sustain a logical argument and present the results of these processes clearly in both oral and written form.

**Broad outline of theoretical, clinical and practical courses.**

1. Study of principles of routine and special techniques used for histopathology including principles of Histochemistry, Immunochemistry, applied and theoretical biochemical basis of Histochemistry as related to Oral Pathology.
2. Advanced histological and histopathological study of dental and oral tissues including embryonic considerations, clinical considerations, Biology, Histology, Pathology, prognosis and management of oral oncology, concepts of Oral premalignancy.
3. Study of special and applied pathology of oral tissues as well as relation of local pathologic and clinical findings to systemic conditions.
4. Oral microbiology and their relationship to various branches of dentistry.
5. Oral microbiology affecting hard and soft tissues. Study of clinical changes and their significance to dental and oral diseases as related to oral pathology.
6. Forensic Odontology.
7. Inter institutional postings such as cancer hospital, dermatology clinics, regional HIV detection centers, sophisticated instrumentation centers for electron microscopy and other techniques.
8. Maintenance of records of all postgraduate's activities.
9. Library assignment.
10. University Dissertation

**KNOWLEDGE :**

1. The candidate should possess knowledge of understanding the applied and theoretical knowledge in basic and systemic medical sciences and to relate to various pathologies pertaining to oral cavity. The candidate should update knowledge by self study and by attending courses, conference, seminars relevant to speciality.
2. To acquire the knowledge to undertake audit, use information technology and carry out research with the aim of publishing or presenting the work at various scientific forums and to Teach and guide his / her team, colleague and other students.

# **COURSE CONTENT**

## **A. COURSE CONTENTS:**

### **First Year**

#### **1) Biostatistics and Research Methodology**

- Basic principles of biostatistics and study as applied to dentistry and research
- Collection/organization of data/measurement scales presentation of data analysis.
- Measures of central tendency.
- Measures of variability.
- Sampling and planning of health survey.
- Probability, normal distribution and indicative statistics.
- Estimating population values.
- Tests of significance (parametric/non-parametric qualitative methods.)
- Analysis of variance
- Association, correlation and regression.

#### **Approach:**

- Didactic lectures on biostatistics and discussion on research methodology by eminent researchers.
- Two - day P.G. orientation course including general approach PG course, library and main dissertation, journal club topic selection and presentation, seminars, clinico-pathological meets, teaching methodology and use of audiovisual aids.

#### **2) Applied Gross Anatomy of Head and Neck including Histology:**

- Temporomandibular joint
- Trigeminal nerve and facial nerve
- Muscles of mastication
- Tongue
- Salivary glands
- Nerve supply; blood supply, lymphatic drainage and venous drainage of Oro dental tissues.
- Embryology
  - Development of face, palate, mandible, maxilla, tongue and applied aspects of the same
  - Development of teeth and dental tissues and developmental defects of oral and maxillofacial region and abnormalities of teeth
- Maxillary sinus
- Jaw muscles and facial muscles.

#### **Genetics:**

Introduction modes of inheritance, chromosomal anomalies of oral tissues and single genetic disorders.

#### **Approach:**

To be covered as didactic lectures.

- Posting in department of anatomy for dissection of head, face and neck



### 3) Physiology (General and oral):

- Saliva
- Pain
- Mastication
- Taste
- Deglutition
- Wound healing
- Vitamins (Influence on growth, development and structure of oral soft and hard tissues and paraoral tissues.)
- Calcium metabolism.
- Theories of mineralization.
- Tooth eruption and shedding.
- Hormones. (Influence on growth, development and structure of oral soft and hard tissues and para oral tissues.)
- Blood and its constituents.

#### Approach:

To be covered as didactic lectures.

### 4) CELL BIOLOGY:

- Cell-structure and function (ultrastructural and molecular aspects), intercellular junctions, cell cycle and division, cell cycle regulators, cell - cell and cell - extra cellular matrix interactions.
- Detailed molecular aspects of DNA, RNA, and intracellular organelles, transcription and translation and molecular biology techniques.

#### Approach:

To be covered as seminars and didactic lecture.

### 5) GENERAL HISTOLOGY:

Light and electron microscopy considerations of Epithelial tissues and glands, bone, hematopoietic system, lymphatic system, muscle, neural tissue, endocrine system

#### Approach:

- Topics to be covered as didactic lectures.
- Postings in the department of anatomy and histology for slide discussion
- Record book to be maintained.

### 6) BIOCHEMISTRY:

- Chemistry of carbohydrates, lipids and proteins.
- Methods of identification and purification.
- Metabolism of carbohydrates, lipids and proteins.
- Biological oxidation.
- Various techniques - cell fractionation and ultra filtration, centrifugation, Electrophoresis, Spectrophotometry, and Radioactive techniques.

**Approach:**

- Topics to be covered as didactic lectures.
- Postings to the department of biochemistry to familiarize with various techniques
- Record book to be maintained.

**7) GENERAL PATHOLOGY:**

- Inflammation and chemical mediators, thrombosis, embolism, necrosis, repair, degeneration, shock, hemorrhage pathogenic mechanisms at molecular level and blood dyscrasias, Carcinogenesis and Neoplasia.

**Approach:**

To be covered as seminars and didactic lectures.

**8) GENERAL MICROBIOLOGY:**

- Definitions of various types of infections.
- Routes of infection and spread
- Sterilization, disinfection and antiseptics.
- Bacterial genetics.
- Physiology and growth of microorganisms.

**Approach:**

- To be covered as seminars and didactic lectures.
- Record book to be maintained.

**9) BASIC IMMUNOLOGY:**

- Basic principles of immunity, antigen and antibody reactions.
- Cell mediated immunity and Humoral immunity.
- Immunology of hypersensitivity.
- Immunological basis of the autoimmune phenomena.
- Immunodeficiency with relevance to opportunistic infections.
- Basic principles of transplantation and tumor immunity.

**Approach:**

To be covered as didactic lectures.

**10) Systemic microbiology/applied microbiology:**

Morphology, classification, pathogenicity, mode of transmission, methods of prevention, collection and transport of specimen, for laboratory diagnosis, staining methods, common culture media, interpretation of laboratory reports and antibiotic sensitivity tests.

- Staphylococci
- Streptococci
- Corynebacterium diphtheria
- Mycobacteria

- Clostridia, bacteroides and fusobacteria
- Actinomycetales
- Spirochetes

### **Virology:**

**General properties:** Structure, broad classification of viruses, pathogenesis, pathology of viral infections.

**Herpes virus :** List of viruses included, lesions produced, pathogenesis, latency principles and laboratory diagnosis.

**Hepatitis virus :** List of viruses, pathogenesis, and mode of infection, list of diagnostic tests, and their interpretations, methods of prevention and control.

**Human Immunodeficiency virus :** Structure with relevance to laboratory diagnosis, type of infection, laboratory tests and their interpretation, universal precautions, specific precautions and recent trends in diagnosis and prophylaxis.

### **Mycology:**

- General properties of fungi, classification bases on disease, superficial, subcutaneous, deep opportunistic infections.
- General principles of fungal infections, diagnosis rapid diagnosis method of collection of sample and examination for fungi.

### **Approach:**

- To be covered as seminars and didactic lectures
- Postings to the dept. of microbiology to familiarize with relevant diagnostic methods
- Record book to be maintained

## **11) ORAL BIOLOGY (ORAL & DENTAL HISTOLOGY)**

- Structure and function of oral, dental and paraoral tissues including their ultra structure, molecular and biochemical aspects.
- Study of morphology of permanent and deciduous teeth  
(Lectures and practical demonstrations to be given by PG students)

### **Approach:**

- To be covered as seminars and didactic lectures
- Slide discussion on histological appearance of normal oral tissues.
- Record book to be maintained.

## **12) BASIC MOLECULAR BIOLOGY & TECHNIQUES:**

Experimental aspects - DNA extraction, PCR, western blotting.

### **Approach:**

- To be covered as didactic lectures
- Postings in centers where facilities are available for demonstration of routine molecular biology techniques.
- Record book to be maintained.

**13) BASIC HISTO TECHNIQUES & MICROSCOPY:**

- Routine hematological tests and clinical significance of the same.
- Biopsy procedures for oral lesions.
- Processing of tissues for Paraffin lesions.
- Microtome and principles of microtomy.
- Routine stains, principles and theories of staining techniques
- Microscope, principles and theories of microscopy.
- Light microscopy and various other types including electron microscopy.
- Methods of tissue preparation for ground sections, decalcified sections.

**Approach:**

- Topics to be covered as seminars.
- Preparation of ground and decalcified sections, tissue processing, sectioning and staining.
- Record book to be maintained

**TEACHING AND  
LEARNING ACTIVITIES**

**ACADEMIC ACTIVITIES:**

- Submission of synopsis of dissertation at the end of six months.
- Journal clubs and seminars to be presented by every post graduate student twice a month
- To attend interdepartmental meetings.
- To attend dental camps based on the survey to be done.
- Part -1 year ending examination to be conducted by the college.

**SECOND YEAR**

**ORAL PATHOLOGY:**

- Developmental defects of oral and maxillofacial region and abnormalities of teeth
- Dental caries (Introduction, Epidemiology, microbiology, cariogenic bacterial including properties, acid production in plaque, development of lesion, response of dentine - pulp unit, histopathology, root caries, sequelae and immunology).
- Pulpal and Periapical diseases
- Infections of oral and Para oral regions (bacterial, viral and fungal infection)
- Non - neoplastic disorders of salivary glands
- Bone pathology
- Hematological disorders
- Physical and chemical injuries, allergic and Immunological diseases.
- Cysts of odontogenic origin
- Dermatologic diseases.
- Periodontal diseases
- Oral manifestations of systemic diseases
- Facial pain and neuromuscular disorders including TMJ disorders
- Regressive alterations of teeth

**CLINICAL PATHOLOGY:**

- Laboratory investigations - Hematology, Microbiology and Urine analysis
- Postings to Clinical Pathology for relevant training
- Record book to be maintained.

**SPECIALIZED HISTOTECHNIQUES &SPECIAL STAINS:**

Special staining techniques for different tissues.

Immunohistochemistry

Preparation of frozen sections and cytological smears

**Approach:**

Training to be imparted in the department or in other institutions having the facility

Record book to be maintained

**RECORDING OF CASE HISTORY AND CLINICO-PATHOLOGICAL DISCUSSIONS:**

**Approach**

- Postings in the Department of Oral Medicine, Diagnosis and Radiology and Oral and

Maxillofacial Surgery

- Record of case History to be maintained.

### **DERMATOLOGY:**

Study of selected Mucocutaneous Lesion- Etiopathogenesis, Pathology, Clinical presentation and Diagnosis.

#### **Approach:**

Posting to the dept of Dermatology in a Medical college

Topics to be covered as Seminars

Record of cases seen to be maintained.

### **ORAL ONCOLOGY**

- Detailed study including Pathogenesis, molecular and biochemical changes of tumor like lesions and Premalignant lesions affecting the hard and soft tissues of oral and paraoral tissues
- Tumour markers

#### **Approach**

To be covered as seminars

Posting to a Cancer center to familiarise with the pathological appearances, diagnosis, radio diagnosis and treatment modalities.

### **ORAL MICROBIOLOGY & IMMUNOLOGY:**

- Normal Oral microbial flora
- Defense mechanism of the oral cavity
- Microbiology and immunology of Dental caries and Periodontal diseases
- Dental caries (Introduction, epidemiology, microbiology, cariogenic bacteria including properties, acid production in plaque, development of lesion, response of dentin-pulp unit, histopathology, root caries, sequelae and immunology)
- Tumor immunology
- Infections of Pulp and Periapical and periodontal tissues
- Oral sepsis and Bacteremia
- Microbial genetics
- Infections of oral and Para oral regions (bacterial, viral and fungal infections)

#### **Approach**

To be covered as seminars

### **FORENSIC ODONTOLOGY:**

- Legal procedures like inquest, medico-legal evidences post mortem examination of violence around mouth and neck, identification of deceased individual-dental importance.

- Bite marks, rugae patterns and lip prints.

**Approach**

To be covered as seminars

Posting to a Cancer center to familiarize with the pathological appearances, diagnosis, and radio-diagnosis and treatment modalities

**HISTOPATHOLOGY –SLIDE DISCUSSION:**

Record book to be maintained

**LABORATORY TECHNIQUES AND DIAGNOSIS:**

Routine hematological tests and clinical significance of the

- Biopsy procedure for oral lesions
- Processing of tissue for paraffin sections
- Microtome and principles of microtomy
- Biopsy procedure for oral lesions
- Routine stains, principles and theories of staining techniques
- Microscope, principles and theories of microscopy
- Light microscopy and various other types including electron microscopy
- Methods of tissue preparation for ground sections, decalcified sections.
- Special stains and staining techniques for different tissues
- Immunohistochemistry
- Preparation of frozen sections and cytological smears

**OTHER TOPICS IN ORAL PATHOLOGY:**

- Detailed description of diseases affecting oral mucosa, teeth, supporting tissues & jaws
- Cysts of the oral & Para-oral regions
- Systemic diseases affecting oral cavity.

**Approach:**

Seminars & Slide discussions. Record notebook to be maintained. Training in histo-pathology slide reporting.

**EXPERIMENTAL ASPECTS OF ORAL DISEASES:**

**Approach:**

Posting is desirable in Centers where animal experimentation is carried out to familiarize with laboratory techniques, upkeep & care of experimental animals.

**RECENT ADVANCES IN ORAL PATHOLOGY:**

**Approach:**

- Update of knowledge in Oral Pathology through study of recent journals & Internet browsing.
- Journal Clubs & Group discussions



### ACADEMIC ACTIVITIES:

- Library assignment to be submitted at the end of 6 months
- Commencement of dissertation work
- Journal clubs and seminars to be presented by every PG student
- Clinico - pathological discussions once in a month by every PG student
- To attend interdepartmental meetings.
- Lecture and practical classes and slide discussions to be taken for II BDS students in oral and dental anatomy, dental histology and oral physiology.
- Year ending examination (theory and practical) to be conducted by the college.
- Non-neoplastic disorders of salivary glands.
- Bone pathology
- Physical and chemical injuries, allergic and Immunological diseases.
- Cysts of odontogenic origin
- Oral manifestations of systemic diseases

### Approach

To be covered as seminars Slide discussions of the same Record book to be maintained

### ACADEMIC ACTIVITIES:

- Visit to center out Animal experimentation to familiarize with Laboratory techniques, upkeep and care of animals
- Completion of Dissertation work and submission of the same, six months before the Final Examination
- Study of Journals, Internet Browsing, and group discussions, to update knowledge in the recent advances in Oral Pathology
- Lecture and Practical demonstrations for third B.D.S students in Oral pathology and Microbiology
- Reporting of histopathology slides
- Journal clubs and Seminars to be presented by every post graduate student twice a month
- Clinico-pathological discussions by every student once in a month
- To attend Interdepartmental meetings.

### Monitoring learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment is done using checklists that assess various aspects.

### III YEAR:

All topics to be revised with recent advances

**LEARNING  
RESOURCE MATERIAL**

**Books recommended**

S.No.	Author	Title
1.	Roderick A Cawson	Lucas Pathology of Tumor of the Oral tissue
2.	Pindborg	Atlas of diseases of Oral Pathology
3.	Gary L Ellis	Surgical Pathology of Salivary Gland
4.	Mervyn Shear	Cysts of Oral region
5.	Franz M Enzinger	Enzinger Weiss Soft Tissue Tumors
6.	Irving Dardick	Colour atlas / Text of salivary gland tumor pathology
7.	Howard D Dorffman	Bone Tumor
8.	Peter A Reichert, Hans P Philipsen	Odontogenic Tumors and allied lesions
9.	John D Bancroft, Marilyn Gamble	Theory & Practice of Histology Techniques
10.	Gabriejela Kocjan	Clinical Cytopathology of Head and Neck – A text and atlas

**Books as references**

S.No.	Author	Title
1.	Ivan Maurice Roitt	Immunology
2.	Vincent T Devitta	Cancer: Principles and Practice of Oncology
3.	Stedman	Medical Dictionary
4.	Frank Frikin	De Gruchy’s Clinical Hematology in Medical Practice
5.	B K B Berkovitz, G R Holland, B J Moxham	Colour Atlas Textbook of Oral anatomy, Histology and Embryology
6.	J. Philip Sapp	Contemporary Oral and Facial Pathology
7.	Awatif Ial Nafusi	Tumor Diagnosis – Practical Approach & Pattern analysis
8.	Svante R Orell	Fine Needle Aspiration Cytology
9.	Sook – Bin Woo	Oral Pathology Comprehensive Atlas and Text
10.	Robert A Robinson	Head and Neck Pathology - -Atlas for Histologic and Cytologic Diagnosis

**Recommended Journals**

**National**

1. Journal of Oral and Maxillofacial Pathology
2. Indian Journal of Dental Research
3. Journal of Forensic Dentistry

**International**

1. Journal of Clinical Pathology

2. Acta Cytologica
3. Oral Diseases
4. Cellular Oncology
5. Arch Dermatology
6. International Journal of Dermatology
7. Journal of Cytology
8. Oral Oncology
9. Oral Surg Oral Med Oral Pathol Oral Radiol Endod
10. Journal of Oral Pathology and Medicine

**SCHEME  
OF EXAMINATION**

## **A. Theory - 300 Marks**

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 75. Paper I, II and III shall consist of two long questions carrying 20 marks each and 5 short essay questions carrying 7 marks each. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows :

**PAPER-I** : Applied Basic Sciences: Applied anatomy, Physiology (General and oral), Cell Biology, General Histology, Biochemistry, General Pathology, General and systemic Microbiology, Virology, Mycology, Basic Immunology, Oral Biology (oral and dental histology), Biostatistics and Research Methodology

**PAPER-II** : Oral pathology, Oral Microbiology & Immunology, Forensic Odontology & Oncology

**PAPER-III** : Laboratory techniques and Diagnosis

**PAPER-IV** : Essay

The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.

## **B. Practical/Clinical - 200 Marks**

### **1. Case Presentation**

Long case - 20 marks

Short case - 10 marks

### **2. Clinical Hematology (any two investigations) - 20 Marks**

Hb%, bleeding time, clotting time, Total WBC count, Differential WBC count and ESR

### **3. Smear Presentation - 20 marks**

Cytology or microbial smear and staining

### **4. Paraffin sectioning and H&E Staining - 30 Marks**

### **5. Histopathology slide discussion - 100 Marks**

## **C. Viva Voce - 100 Marks**

### **Viva-Voce examination : 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes rill components of course contents. It includes presentation and discussion on dissertation also.

### **Pedagogy Exercise : 20 marks**

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes

<b>PAPER I : Applied Basic Sciences, Biostatistics And Research Methodology</b>		
1.	Anatomy	20%
2.	Physiology	10%
3.	General Pathology	40%
4.	Microbiology	20%
5.	Research Methodology /Biochemistry	10%
<b>Paper II : Oral pathology, Oral Microbiology &amp; Immunology, Forensic Odontology &amp; Oncology</b>		
1	Oral Pathology	25%
2	Oral Microbiology & Immunology	25%
3	Forensic Odontology	10%
4	Oncology	40%
<b>Paper III : Laboratory techniques and Diagnosis</b>		
1	Laboratory techniques and Diagnosis	100%
<b>Paper IV : Essay</b>		
Essay shall be from Oral Pathology & Oral microbiology, Oncology, Recent advancements and laboratory diagnosis.		

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL  
QUESTION PAPERS**



**MDS Degree Examination**  
**ORAL PATHOLOGY AND MICROBIOLOGY**

**PAPER I- APPLIED BASICS SCIENCE**

**Time : 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Discuss on the metastatic cascade of oral carcinogenesis.
2. Discuss on the Histogenesis , anatomy and histology of major salivary glands.

**Short Notes:**

**5 X 7 = 35**

3. Write a note on Oncogene and Onco suppressor genes.
4. Write a note on Chi -square test .
5. Write a note on Hemopoiesis.
6. Write a note on normal oral microbial flora.
7. Types of Culture media and its application in Oral diseases.

**MDS Degree Examination**  
**ORAL PATHOLOGY AND MICROBIOLOGY**

**PAPER II - ORAL PATHOLOGY, ORAL MICROBIOLOGY & IMMUNOLOGY,  
FORENSIC ODONTOLOGY & ONCOLOGY**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Classify odontogenic cyst . Justify and substantiate the modification in the WHO classification of odontogenic cyst in 2005.
2. Classify salivary gland tumors and discuss on pathogenesis, clinical features & histopathology of malignant salivary gland tumors.

**Short Notes:**

**5 X 7 = 35**

3. Discuss the immunological aspects of Periapical diseases..
4. Significance of Bite marks as forensic tool.
5. Discuss on the pathogenesis of viral infections of oral cavity
6. write a note on the histopathology of dentinal caries and add a note on the microorganism .
7. Write a note on Recurrent Aphthous ulcer

**MDS Degree Examination**  
**ORAL PATHOLOGY AND MICROBIOLOGY**

**PAPER III- LABORATORY TECHNIQUES, DIAGNOSIS**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Discuss in detail on Light optics and describe the mechanics of binocular light microscope.
2. Discuss in detail on various fixatives.

**Short Notes:**

**5X7 = 35**

3. Write a note on Stropping & Honing.
4. Regressive and Progressive staining
5. Photomicrography
6. Write a note on DNA extraction
7. Write a note on the application of PAS stain in diagnosis.

**MDS Degree Examination**  
**ORAL PATHOLOGY AND MICROBIOLOGY**

**Paper IV: ESSAY**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

**75x1=75**

1. Discuss oral immunology

OR

2. Discuss on the various biochemical markers in oral cancer

**PAEDODONTICS AND  
PREVENTIVE DENTISTRY**

## PAEDODONTICS AND PREVENTIVE DENTISTRY

Pediatric Dentistry is an age defined specialty that provides primary and comprehensive, preventive and therapeutic oral care for infants and children through adolescents including those with special healthcare needs.

### OBJECTIVES:

At the end of 3 years of training the candidate should be able to

1. Create not only a good oral health in the child but also a good citizen tomorrow.
2. Instill a positive attitude and behavior in children
3. Understand the principles of prevention and preventive dentistry right from birth to adolescence
4. Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry
5. Prevent and intercept developing malocclusion

### ATTITUDES:

1. Develop an attitude to adopt ethical principles in all aspects of Pedodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social status, cast, creed, and religion of the patients.
4. Willingness to share the knowledge and clinical experience with professional colleagues.
5. Willingness to adopt, after a critical assessment, new methods and techniques of Pedodontic management developed from time to time, based on scientific research, which is in the best interest of the child patient.
6. Respect child patient's rights and privileges, including child patients right to information and right to seek a second opinion.
7. Develop an attitude to seek opinion from allied medical and dental specialities, as and when required.

### SKILLS:

1. Obtain proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them and arrive at a reasonable diagnosis and treat appropriately
2. Be competent to treat dental diseases which are occurring in child patient.
3. Manage to repair and restore the lost / tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
4. Manage the disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.
5. To acquire skills in managing efficiency life threatening condition with emphasis on basic life support measure.

**KNOWLEDGE:**

1. Understand the motto of Paedodontics and Preventive Dentistry ,that prevention of oral diseases through early intervention and initiation of comprehensive preventive practices is better than cure.
2. Understanding of basic sciences as relevant to Paedodontics. Recognise the consequences of hormonal and nutritional deficiencies. Speech problems associated with oral or dental problems should be discriminated from other causes.
3. Understand child psychology & Behavior Guidance. The student should have superior abilities to guide the behavior of children and parents. Detail knowledge about various non pharmacological and pharmacological techniques of behaviour management.
4. Understand growth & development & be able to identify malocclusions & manage them.
5. Understand concepts of prevention of dental diseases and their management including restoration & replacement of teeth, management of soft and hard tissue pathology, vital and non-vital pulpal tissues, traumatized primary and permanent teeth & knowledge about various dental materials.
6. Management of minor oral surgical procedures pertaining to Paedodontics
7. Knowledge of various disease states, congenital defects, and hereditary conditions. Familiarity with specific orofacial defects, disease states, or their manifestations and traumatic consequences.
8. Understand the etiology, clinical features and management of children with special healthcare needs
9. Able to evaluate original dental research articles for methodology, results, statistical interpretation, conclusions, and implications. Ability to conduct research may be developed from the required research project, however, the major research goal is an understanding and appreciation of published research.
10. Ability to establish an approach to learning which utilizes aspects of continual inquiry and critical thinking. The development of a lifelong attitude of study and advancement.
11. Develop considerable skill in establishing rapport and cooperation with dental and medical colleagues. Referrals to appropriate professionals or from other professionals occur frequently and the resident should be familiar with the courtesy and importance of these activities. The resident should be able to make, or respond to, all appropriate consultation requests.

# **COURSE CONTENT**

1. Applied Anatomy & genetics
2. Applied Physiology
3. Applied Pathology
4. Nutrition and Dietics
5. Growth & Development: Prenatal and Postnatal development of cranium, face, jaws, teeth and supporting structures. Chronology of dental development and development of occlusion. Dimensional changes in dental arches. Cephalometric evaluation of growth.
6. Child Psychology: Development & Classification of behavior, personality, intelligence in children, theories of child psychology, stages of psychological child development, fear anxiety, apprehension & its management
7. Behavior Management: Non- pharmacological & Pharmacological methods.
8. Child Abuse & Dental Neglect
9. Conscious Sedation, Deep Sedation & General Anesthesia in Pediatric Dentistry: (Including Other Drugs, Synergic & Antagonistic Actions of Various Drugs Used in Children
10. Preventive Pedodontics: Concepts, Anticipatory guidance, dental home & first dental visit, chair side preventive measures for dental diseases, highrisk caries including rampant & extensive caries – Recognition, Features & Preventive Management, Pit and Fissures Sealants, Oral Hygiene measures, Correlation of brushing with dental caries and periodontal diseases. Diet & Nutrition as related to dental caries. Diet Counseling
11. Dental Plaque: Definition, Initiation, Pathogenesis, Biochemistry, and Morphology & Metabolism.
12. Microbiology & Immunology as related to Oral Diseases in Children: Basic concepts, immune system in human body, Auto Immune diseases, Histopathology, Pathogenesis, Immunology of dental caries, Periodontal diseases, Tumors, Oral Mucosal lesions etc.
13. Gingival & Periodontal diseases in Children:
  - Normal Gingiva & Periodontium in children.
  - Gingival & Periodontal diseases – Etiology, Pathogenesis, Prevention & Management
14. Pediatric Operative Dentistry
  - Principle of Operative Dentistry along with modifications of materials/past, current & latest including tooth colored materials.
  - Modifications required for cavity preparation in primary and young permanent teeth.
  - Various Isolation Techniques
  - Restorations of decayed primary, young permanent and permanent teeth in children using various restorative material like Glass Ionomer, Composites, Silver, Amalgam & latest material (gallium)
  - Stainless steel, Polycarbonate & Resin Crowns / Veneers & fibre pvit systems.
15. Pediatric Endodontics:

- a. Primary Dentition: - Diagnosis of pulpal diseases and their management – Pulp capping, Pulpotomy, Pulpectomy (Materials & Methods), Controversies & recent concepts.
- b. Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis, Apexification, Concepts, Techniques and Materials used for different procedures.
- c. Recent advances in Pediatric diagnosis and Endodontics.
16. Prosthetic consideration in Paediatric Dentistry.
17. Traumatic Injuries in Children:
  - Classifications & Importance.
  - Sequelae & reaction of teeth to trauma.
  - Management of Traumatized teeth with latest concepts.
  - Management of jaw fracture in children.
18. Interceptive Orthodontics:
  - a. Concepts of occlusion and esthetics: Structure and function of all anatomic components of occlusion, mechanics of articulations, recording of masticatory function, diagnosis of Occlusal dysfunction, relationship of TMJ anatomy and pathology and related neuromuscular physiology.
  - b. A comprehensive review of the local and systemic factors in the causation of malocclusion.
  - c. Recognition and management of normal and abnormal developmental occlusions in primary, mixed and permanent dentitions in children (Occlusal Guidance).
  - d. Biology of tooth movement: A comprehensive review of the principles of teeth movement. Review of contemporary literature. Histopathology of bone and Periodontal ligament, Molecular and ultra cellular consideration in tooth movement.
  - e. Myofunctional appliances: Basic principles, contemporary appliances: Design & Fabrication
  - f. Removable appliances: Basic principles, contemporary appliances: Design & Fabrication
  - g. Case selection & diagnosis in interceptive Orthodontics (Cephalometrics, Image processing, Tracing, Radiation hygiene, Video imaging & advance Cephalometric techniques).
  - h. Space Management: Etiology, Diagnosis of space problems, analysis, Biomechanics, Planned extraction in interception orthodontics.
19. Oral Habits in Children:
  - Definition, Etiology & Classification
  - Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
  - Management of oral habits in children
20. Dental care of Children with special needs:
  - Definition Etiology, Classification, IQ tests, Behavioral, Clinical features & Management of children with:
    - Physically handicapping conditions



- Mentally compromising conditions
  - Medically compromising conditions
  - Genetic disorders
21. Oral manifestations of Systemic Conditions in Children & their Management
  22. Management of Minor Oral Surgical Procedures in Children
  23. Dental Radiology as related to Pediatric Dentistry
  24. Cariology
    - Historical background
    - Definition, Aetiology & Pathogenesis
    - Caries pattern in primary, young permanent and permanent teeth in children.
    - Rampant caries, early childhood caries and extensive caries. Definition, aetiology, Pathogenesis, Clinical features, Complications & Management.
    - Role of diet and nutrition in Dental Caries
    - Dietary modifications & Diet counseling.
    - Subjective & objective methods of Caries detection with emphasis on Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications
  25. Pediatric Oral Medicine & Clinical Pathology: Recognition & Management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.
  26. Congenital Abnormalities in Children: Definition, Classification, Clinical features & Management.
  27. Dental Emergencies in Children and their Management.
  28. Dental Materials used in Pediatric Dentistry.
  29. Preventive Dentistry:
    - Definition
    - Principles & Scope
    - Types of prevention
    - Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.
  30. Dental Health Education & School Dental Health Programmes
  31. Dental health concepts, Effects of civilization and environment, Dental Health delivery system, Public Health measures related to children along with principles of Pediatric Preventive Dentistry
  32. Fluorides:
    - Historical background
    - Systemic & Topical fluorides
    - Mechanism of action

- Toxicity & Management.
  - Defluoridation techniques.
33. Medicological aspects in Paediatric Dentistry with emphasis on informed concept.
  34. Counseling in Padeiatric Dentistry
  35. Case History Recording, Outline of principles of examination, diagnosis & treatment planning.
  36. Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases. Various national & global trends of epidemiology of oral diseases.
  37. Comprehensive Infant Oral Health Care.
  38. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography
  39. Comprehensive cleft care management with emphasis on counseling, feeding, nasoalveolar bone remodeling, speech rehabilitation.
  40. Setting up of Pedodontics & Preventive Dentistry Clinic.
  41. LASER/minimum invasive procedures

**TEACHING AND  
LEARNING ACTIVITIES**

## First Year

### Preclinical Work

(Duration – first 6 Months of First Year MDS)

(One On Each Exercise)

1. Carving of all deciduous teeth
2. Basic wire bending exercises
3. Fabrication of
  - a. Maxillary bite plate / Hawley's'
  - b. Maxillary expansion screw appliance
  - c. Canine retractor appliance
  - d. All habit breaking appliances
    - i. Removable type
    - ii. Fixed type
    - iii. Partially fixed and removable
  - e. Two Myofunctional appliance
  - f. Making of inclined plane appliance
  - g. Feeding appliances
4. Basic soldering exercise I – making of a lamppost of stainless steel wire pieces of different gauges soldered on either side of heavy gauge main post.
5. Fabrication of space maintainers
  - a. Removable type-
    - Unilateral Non – Functional space maintainer
    - Bilateral Non-Functional space maintainer
    - Unilateral functional space maintainer
    - Bilateral functional space maintainer
  - b. Space Regainers –
    - Hawley's appliances with Helical space regainer
    - Removable appliance with Slingshot space regainer
    - Removable appliance with Dumbell space regainer
  - c. Fixed Space maintainers
    - Band & long loop space maintainer
    - Band & short loop space maintainer
    - Mayne's space maintainer

- Transpalatal arch space maintainer
  - Nance Palatal holding arch
  - Nance Palatal holding arch with canine stoppers
  - Gerber space regainer
  - Distal shoe appliance
- a. Active space maintainers
  - b. For guiding the eruption of first permanent molar
  - c. Arch holding device
  - d. Functional space maintainer
6. Basics for spot welding exercise
7. Collection of extracted deciduous and permanent teeth
- a. Drawing of section and shapes of pulp
  - b. Phantom Head Exercises : Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth
  - c. Performing pulpotomy, root canal treatment and Apexification procedure
    - i) Tooth preparation and fabrication of various temporary and permanent restorations on fractured anterior teeth.
    - ii) Preparation of teeth for various types of crowns
    - iii) Laminates/veneers
    - iv) Bonding & banding exercise
8. Performing of behavioral rating and IQ tests for children.
9. Computation of: -
- a. Caries index and performing various caries activity test.
  - b. Oral Hygiene Index
  - c. Periodontal Index
  - d. Fluorosis Index
10. Caries risk assessment, use of chairside tests
11. Surgical Exercises: a. Fabrication of splints b. Type of Wiring c. Suturing, various suture system, pricing & perm. tuli
- a. Taking of periapical, occlusal, bitewing radiographs of children
  - b. Developing and processing of films, thus obtained
  - c. Tracing of soft tissue dental and skeletal landmarks as observed on Cephalometric radiographs and drawing of various planes and angles, further interpretation of Cephalometric radiographs is analysis. Interpretation of panoramic radiographs

d. Mixed dentition cast analysis

12. Library assignment

13. Synopsis

**Clinical work Requirements from 7 to 36 months**

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear in the final M.D.S Examinations:

No	Clinical Work	Total	7 to 12 months	13 to 24 months	25 to 36 months
1	Behavior Management of different age groups children with complete records.	17	2	10	5
2	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion	17	2	10	5
3	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries	11	1	5	5
4	Practical application of Preventive dentistry concepts in a class of 35-50 children& Dental Health Education & Motivation.	7	1	4	2
5	Pediatric Operative Dentistry with application of recent concepts. (a). Management of Dental Caries				
	(I) Class I	50	30	10	10
	(II) Class II	100	40	50	10
	(III) Other Restorations	100	20	50	30
	(b) Management of traumatized anterior teeth	15	4	6	5
	(c) Aesthetic Restorations	25	5	10	10
	(d). Pediatric Endodontic Procedures				
	• Deciduous teeth Pulpotomy/Pulpectomy	120	30	45	45
	• Permanent Molars	20	3	7	10
	• Permanent Incisor	15	2	3	10
	• Apexification & Apexogenesis	20	2	8	10
6	Stainless Steel Crowns	75	15	30	30
7	Other Crowns	5	1	2	2
8	Fixed : Space Maintainers Habit breaking appliance	30	8	12	10
9	Removable : Space Maintainers Habit brceking appliances	20	5	7	8
10	Functional Appliances	10	4	4	2

11	Preventive measures like fluoride applications & Pit & Fissure Sealants applications with complete followup and diet counseling	20	8	8	4
12	Special Assignments (i) School Dental Health Programmes	3	1	1	1
	(ii) Camps etc.,	2	1	1	-

13. Library usage

14. Laboratory usage

15. Continuing Dental Health Programme

(The figures given against Sl. No. 4 to 12 are the minimum number of recommended procedures to be performed)

### **MONITORING LEARNING PROGRESS**

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching/learning activities. It may be structured and assessment be done using check list that assess various aspects.

**LEARNING  
RESOURCE MATERIAL**



**BOOKS RECOMMENDED :**

<b>S.No.</b>	<b>Author</b>	<b>Title</b>
1.	Mc. Donald R. E. & David R. Avery.	Dentistry for the Child Adolescent: 7th Edition
2.	Sydney B. Finn.	Clinical Paedodontics
3	Mathewson R. J. and Primosch R. E.	Fundamentals of Paediatric Dentistry
4	Kennedy and Curzon.	Kennedy's Paediatric Operative Dentistry
5	Stephen H. Y. Wei.	Clinical Use of Fluorides
6	Wright	Child Management in Dentistry
7	Forrester D. J.	Paediatric Dental Medicine
8	Stewart, Barber, Trautman and Wei.	Paediatric Dentistry
9	Pinkham JR	Paediatric Dentistry: Infancy through Adolescence
10	Andreasen.	Traumatic Injuries of Anterior Teeth

**BOOKS AS REFERENCE:**

<b>S.No.</b>	<b>Author</b>	<b>Title</b>
1	Proffit.	Contemporary Orthodontics
2	Fejerskov, Ekstrand and Burt	Fluoride in Dentistry
3	Andlaw and Rock	Manual of Paedodontics
4	Cripien and Scully.	A Colour Atlas of Oral Diseases in Children and Adolescents
5	Minoru Nakata & Stephan H. Y. Wei.	Occlusal Guidance in Paediatric Dentistry
6	Gordon Nikiforuk.	Understanding Dental Caries
7	Braham and Morris.	Text Book of Paediatric Dentistry
8	Goran Kuch.	Pedodontics: A Clinical Approach
9	Kaban.	Paediatric Oral and Maxillofacial Surgery
10	Nizel.	Nutrition in Preventive Dentistry: Science and Practice

**RECOMMENDED JOURNALS:**

**Indian**

1. Journal of Indian Society of Pedodontist and Preventive Dentistry.
2. International Journal of Clinical Pediatric Dentistry

**International**

1. ASDC Journal of Dentistry for Children.
2. International Journal of Paediatric Dentistry.
3. Paediatric Dentistry.
4. Journal of Clinical Pediatric Dentistry.
5. Dental Clinics of North America.
6. Journal of Dental Research.
7. Journal of the American Dental Association.
8. Quintessence International.

**SCHEME  
OF EXAMINATION**

## A. THEORY : 300 MARKS

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 75. Paper I, II and III shall consist of two long questions carrying 20 marks each and 5 short essay questions carrying 7 marks. Paper IV will be on essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

**Paper I :** Applied basic sciences: applied anatomy, physiology, pathology, microbiology, nutrition and dietetics, growth and development and dental plaque, genetics.

**Paper II :** Clinical Pedodontics

1. Conscious sedation, Deep Sedation & General Anesthesia in Pediatric Dentistry
2. Gingival & Periodontal Diseases in Children
3. Pediatric Operative Dentistry
4. Pediatric Endodontics
5. Traumatic Injuries in Children
6. Interceptive Orthodontics
7. Oral Habits in children
8. Dental Care of Children with special needs
9. Oral Manifestations of Systemic Conditions in Children & their Management
10. Management of Minor Oral Surgical Procedures in Children
11. Dental Radiology as Related to Pediatric Dentistry
12. Pediatric Oral Medicine & Clinical Pathology
13. Congenital Abnormalities in Children
14. Dental Emergencies in Children & Their Management
15. Dental Materials Used in Pediatric Dentistry
16. Case History Recording
17. Setting up of Pedodontic & Preventive Dentistry Clinic

**Paper III :** Preventive and community dentistry as applied to pediatric dentistry.

1. Child Psychology
2. Behavior Management
3. Child Abuse & Dental Neglect
4. Preventive Pedodontics
5. Cariology
6. Preventive Dentistry
7. Dental Health Education & School Dental Health Programmes:
8. Fluorides
9. Epidemiology
10. Comprehensive Infant Oral Health Care/Comprehensive cleft care
11. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography

**Paper IV:** Essay: Recent Advances

*\*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

## **B. PRACTICAL EXAMINATION: 200 MARKS**

The clinical / practical and viva-voce examinations are conducted for a minimum of two days.

### **First day :**

#### **1. Long Case discussion, pulp therapy i.e. pulpectomy on a primary molar**

Long Case discussion	: 20 marks
Rubber dam application	: 10marks
Working length X-ray	: 20 marks
Obturation	: 20 marks
<b>Total</b>	<b>: 70 marks</b>

#### **2. Case discussion, crown preparation on a primary molar for stainless steel crown and cementation of the same.**

Case discussion	: 10marks
Tooth preparation	: 20marks
Crown selection and cementation	: 20marks
<b>Total</b>	<b>: 50marks</b>

#### **3. Case discussion, band adaptation for fixed type of space maintainer & impression making**

Case discussion	: 20marks
Band adaptation	: 20marks
Impression	: 20marks
<b>Total</b>	<b>: 60marks</b>

### **Second day:**

Evaluation of fixed space  
maintainer and cementation : 20 marks

## **C. Viva Voce : 100 MARKS**

### **i. Viva-Voce examination: 80 marks**

All examiners will conduct viva voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also

### **ii. Pedagogy exercise : 20 marks**

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

## SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS

<b>PAPER I ( Applied Basic Sciences)</b>		
1	Applied Anatomy	10%
2	Applied Physiology	15%
3	Applied Pathology	15%
4	Microbiology/Immunology	10%
5	Genetics	10%
6	Nutrition & Dietics	20%
7	Growth & development & dental plaque	20%
<b>PAPER II ( Clinical Paedodontics)</b>		
1.	Pediatric operative dentistry Dental materials used in Paediatric Dentistry Dental radiology as related to Pediatric Dentistry	20%
2.	Pediatric endodontics Traumatic injuries in children	20%
3.	Interceptive orthodontics Oral habits in children Prosthetic considerations in Pediatric Dentistry	10%
4.	Pediatric Oral Medicine and Clinical Pathology Oral manifestation of systemic conditions in children and their management Gingival & Periodontal diseases in children	10%
5.	Case history recording Setting up of Pedodontic and Preventive Dentistry clinic Dental care of children with special needs Conscious sedation, deep sedation and General Anesthesia in Pedodontics Congenital abnormalities in children	30%
6.	Management of minor Oral Surgical procedures in children Dental emergencies in children and their management	10%
<b>PAPER III ( Preventive and Community Dentistry as applied to Pediatric Dentistry)</b>		
1	Child psychology Behaviour Management Child Abuse and Neglect	30%
2.	Preventive Dentistry Dental Health Education and School Dental Health Programme Fluorides	30%
3.	Preventive Pedodontics Cariology	20%

4.	Epidemiology Principles of Biostatistics and Research Methodology and understanding of computers and photography	10%
5.	Comprehensive infant oral health care /comprehensive cleft care	10%
<b>PAPER IV ( ESSAY-any topic 100%)</b>		

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL  
QUESTION PAPERS**



**MDS DEGREE EXAMINATION  
PAEDODONTICS AND PREVENTIVE DENTISTRY**

**PAPER I – APPLIED BASIC SCIENCES**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay: 2X20 =40**

1. Describe the course, relations and distributions of Mandibular Nerve with the applied anatomy of the same
2. Write on growth and development of maxilla and its clinical implications

**Short Notes: 5 X 7 = 35**

3. Chemical mediators of inflammation
4. Wound healing following extraction
5. Infection control in Pedodontics
6. Relation between Diet , nutrition and dental caries
7. Development of tongue

**MDS DEGREE EXAMINATION  
PAEDODONTICS AND PREVENTIVE DENTISTRY**

**PAPER II –CLINICAL PEDODONTICS**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay: 2X20 =40**

1. Discuss in detail various pulpal pathologies and its management in primary dentition
2. Discuss in detail the various storage media available for avulsed tooth and discuss in detail the clinical management of AVULSION .

**Short Notes: 5 X7=35**

3. Radiographic surveys in Pediatric dentistry , add a note on radiation hazards and safety
4. Drugs in Pediatric Dentistry
5. Gingival diseases in children
6. Management of anterior tooth cross bite
7. Treatment protocol for children with cleft lip and palate

**MDS DEGREE EXAMINATION**  
**PAEDODONTICS AND PREVENTIVE DENTISTRY**  
**PAPER –III - PREVENTIVE AND COMMUNITY DENTISTRY AS**  
**APPLIED TO PEDIATRIC DENTISTRY**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Define Fluoride Toxicity . explain the etiology , clinical features and management of Fluoride Toxicity
2. Discuss the importance of school dental health programme and their application in the Indian scenario.

**Short Notes:**

**5 X 7 = 35**

3. Anticipatory guidance
4. Defluoridation in India
5. Minimal intervention Dentistry
6. Case control study and cohort study
7. Role of Pedodontist in developing malocclusion

**MDS DEGREE EXAMINATION**  
**PAEDODONTICS AND PREVENTIVE DENTISTRY**

**PAPER IV – ESSAY**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

**75x1=75**

1. Use of lasers in Pediatric Dentistry
2. Conscious Sedation in Pediatric Dentistry

OR

**ORAL MEDICINE AND  
RADIOLOGY**

## ORAL MEDICINE AND RADIOLOGY

Oral Medicine is a speciality within Dentistry that focuses on the Diagnosis and Management of complex Diagnostic and Medical Disorders affecting the Mouth and Jaws.

MaxilloFacial Imaging is a branch of Dental science that deals with use of X Rays , Radioactive substances and other forms of Radiant energy in the Diagnosis and Treatment of Disease.

### **OBJECTIVES:**

At the end of 3 years of training the candidate should be able to acquire adequate knowledge of the discipline.

### **ATTITUDES:**

The positive mental attitude and the persistence of continued learning need to be inculcated.

### **SKILLS :**

Three important skills need to be impart and maxillo-facial diseases

1. Diagnostic skill in recognition of oral with radiographic diagnosis and their management
2. Research skills in handling scientific problems pertaining to oral treatment
3. Clinical and Didactic skills in encouraging younger doctors to attain learning objectives

### **KNOWLEDGE:**

Theoretical, Clinical and practical knowledge of all oral mucosal lesions, skeletal involvement in maxillo-facial region, diagnostic procedures pertaining to them and latest information of imaging modules.

# **COURSE CONTENT**

**Paper I: -Applied Basic Sciences**

**Applied Anatomy**

1. Gross anatomy of the face:

- a. Muscles of Facial Expression And Muscles of Mastication
- b. Facial nerve
- c. Facial artery
- d. Facial vein
- e. Parotid gland and its relations

2. Neck region:

- a. Triangles of the neck with special reference to Carotid, Digastric triangles and midline structures
- b. Facial spaces
- c. Carotid system of arteries, Vertebral Artery, and Subclavian arteries
- d. Jugular system

Internal jugular

External jugular

- e. Lymphatic drainage
- f. Cervical plane
- g. Muscles derived from Pharyngeal arches
- h. Infratemporal fossa in detail and temporomandibular joint
- i. Endocrine glands

Pituitary

- j. Sympathetic chain
- k. Cranial nerves- V, VII, IX, XI, & XII
  - Thyroid
  - Parathyroid

l. Exocrine glands

- Parotid
- Thyroid
- Parathyroid

3. Oral Cavity:

- a. Vestibule and oral cavity proper
- b. Tongue and teeth
- c. Palate – soft and hard

4. Nasal Cavity

- a. Nasal septum

- b. Lateral wall of nasal cavity
- c. Paranasal air sinuses

5. Pharynx:

Gross salient features of brain and spinal cord with references to attachment of cranial nerves to the brainstem

Detailed study of the cranial nerve nuclei of V, VII, IX, X, XI, XII

Osteology : Comparative study of fetal and adult skull

Mandible : Development, ossification, age changes and evaluation of mandible in detail

**EMBRYOLOGY:**

1. Development of face, palate, nasal septum and nasal cavity, paranasal air sinuses
2. Pharyngeal apparatus in detail including the floor of the primitive pharynx
3. Development of tooth in detail and the age changes
4. Development of salivary glands
5. Congenital anomalies of face must be dealt in detail.

**HISTOLOGY:**

1. Study of epithelium of oral cavity and the respiratory tract
2. Connective tissue
3. Muscular tissue
4. Nervous tissue
5. Blood vessels
6. Cartilage
7. Bone and tooth
8. Tongue
9. Salivary glands
10. Tonsil, thymus, lymph nodes

**PHYSIOLOGY:**

1. General Physiology:
  - Cell
  - Body Fluid Compartments
  - Classification
  - Composition
  - Cellular transport
  - RMP and action potential

**MUSCLE NERVE PHYSIOLOGY:**

1. Structure of a neuron and properties of nerve fibers
2. Structure of muscle fibers and properties of muscle fibers

3. Neuromuscular transmission
4. Mechanism of muscle contraction

**BLOOD:**

1. RBC and Hb
2. WBC – Structure and functions
3. Platelets – functions and applied aspects
4. Plasma proteins
5. Blood Coagulation with applied aspects
6. Blood groups
7. Lymph and applied aspects

**RESPIRATORY SYSTEM:**

- Air passages, composition of air, dead space, mechanics of respiration with pressure and volume changes
- Lung volumes and capacities and applied aspects
- Oxygen and carbon dioxide transport
- Neural regulation of respiration
- Chemical regulation of respiration
- Hypoxia, effects of increased barometric pressure and decreased barometric pressure

**CARDIO-VASCULAR SYSTEM:**

- Cardiac Cycle
- Regulation of heart rate/ Stroke volume / cardiac output / blood flow
- Regulation of blood pressure
- Shock, hypertension, cardiac failure

**EXCRETORY SYSTEM:**

- Renal function tests

**Gastro – intestinal tract:**

Composition, functions and regulation of:

- Saliva
- Gastric juice
- Pancreatic juice
- Bile and intestinal juice
- Mastication and deglutition

**ENDOCRINE SYSTEM:**

- Hormones – classification and mechanism of action
- Hypothalamic and pituitary hormones
- Thyroid hormones
- Parathyroid hormones and calcium homeostasis



- Pancreatic hormones
- Adrenal hormones

**CENTRAL NERVOUS SYSTEM:**

- Ascending tract with special references to pain pathway

**SPECIAL SENSES:**

- Gustation and Olfaction

**BIOCHEMISTRY:**

**1. Carbohydrates – Disaccharides specifically maltose, lactose, sucrose**

- Digestion of starch/absorption of glucose
- Metabolism of glucose, specifically glycolysis, TCA cycle, gluconeogenesis
- Blood sugar regulation
- Glycogen storage regulation
- Glycogen storage diseases
- Galactosemia and fructosemia

**2. Lipids**

- Fatty acids- Essential/non essential
- Metabolism of fatty acids- oxidation, ketone body formation, utilization ketosis
- Outline of cholesterol metabolism- synthesis and products formed from cholesterol

**3. Protein**

- Amino acids- essential/non essential, complete/ incomplete proteins
- Transamination/ Deamination (Definition with examples)
- Urea cycle
- Tyrosine-Hormones synthesized from tyrosine
- Inborn errors of amino acid metabolism
- Methionine and transmethylation

**4. Nucleic Acids**

- Purines/Pyrimidines
- Purine analogs in medicine
- DNA/RNA – Outline of structure
- Transcription/translation
- Steps of protein synthesis
- Inhibitors of protein synthesis
- Regulation of gene function

**5. Minerals**

- Calcium/Phosphorus metabolism specifically regulation of serum calcium levels
- Iron metabolism

- Iodine metabolism
- Trace elements in nutrition

## 6. Energy Metabolism

- Basal metabolic rate
- Specific dynamic action (SDA) of foods

## 7. Vitamins

- Mainly these vitamins and their metabolic role- specifically vitamin A, Vitamin C, Vitamin D, Thiamin, Riboflavin, Niacin, Pyridoxine

## **PATHOLOGY:**

### 1. Inflammation:

- Repair and regeneration, necrosis and gangrene
- Role of complement system in acute inflammation
- Role of arachidonic acid and its metabolites in acute inflammation
- Growth factors in acute inflammation
- Role of molecular events in cell growth and intercellular signaling cell surface receptors
- Role of NSAIDS in inflammation
- Cellular changes in radiation injury and its manifestations

### **Homeostasis:**

- Role of Endothelium in thrombo – genesis
- Arterial and venous thrombi
- Disseminated Intravascular Coagulation

### **Shock:**

- Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock, circulatory disturbances, ischemic hyperemia, venous congestion, edema, infarction
- Chromosomal Abnormalities:
  - Marfan's syndrome
  - Ehler's Danlos Syndrome
  - Fragile X Syndrome

### **Hypersensitivity:**

- Anaphylaxis
- Type II Hypersensitivity
- Type III Hypersensitivity
- Cell mediated Reaction and its clinical importance
- Systemic Lupus Erythmatosus
- Infection and infective granulomas

### **Neoplasia:**

- Classification of Tumors

- Carcinogenesis & Carcinogens – Chemical, Viral and Microbial
- Grading and Staging of Cancer, tumor Angiogenesis, Paraneoplastic Syndrome
- Spread of tumors
- Characteristics of benign and malignant tumors

**Others:**

- Sex linked agamaglobulinemia
- AIDS
- Management of Immune deficiency patients requiring surgical procedures
- De George's Syndrome
- Ghons complex, post primary pulmonary tuberculosis – pathology and pathogenesis

**PHAMACOLOGY:**

1. Definition of terminologies used
2. Dosage and mode of administration of drugs
3. Action and fate of drugs in the body
4. Drugs acting on the CNS
5. Drug addiction, tolerance and hypersensitive reactions
6. General and local anesthetics, hypnotics, antiepileptics, and & tranquilizers
7. Chemotherapeutics and antibiotics
8. Analgesics and anti – pyretics
9. Anti – tubercular and anti – syphilitic drugs
10. Antiseptics, sialogogues, and anti – sialogogues
11. Haematinics
12. Anti – diabetics
13. Vitamins – A B Complex, C, D, E, K
14. Steroids

**Paper – II : Oral And Maxillofacial Radiology**

Study includes Seminars / lectures / Demonstrations

1. History of radiology, structure of x – ray tube, production of x – ray, property of x – rays
2. Biological effects of radiation
3. Filtration of collimation, grids and units of radiation
4. Films and recording media
5. Processing of image in radiology
6. Design of x –ray department, dark room and use of automatic processing units
7. Localization by radiographic techniques
8. Faults of dental radiographs and concept of ideal radiograph
9. Quality assurance and audit in dental radiology
10. Extra – oral-imaging techniques
11. OPG and other radiologic techniques

12. Advanced imaging technique like CT Scan, MRI, Ultrasound & thermo graphic
13. Radio nucleotide techniques
14. Contrast radiography in salivary gland, TMJ, and other radiolucent pathologies
15. Radiation protection and ICRP guidelines
16. Art of radiographic report, writing and descriptors preferred in reports
17. Radiograph differential diagnosis of radiolucent, radio opaque and mixed lesions
18. Digital radiology and its various types of advantages

**Oral Medicine, therapeutics and laboratory investigations**

1. Study includes seminars / lectures / discussion
2. Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissue including modern diagnostic techniques
3. Laboratory investigations including special investigations of oral and oro – facial diseases
4. Teeth in local and systemic diseases, congenital, and hereditary disorders
5. Oral manifestations of systemic diseases
6. Oro – facial pain
7. Psychosomatic aspects of oral diseases
8. Management of medically compromised patients including medical emergencies in the dental chair
9. Congenital and Hereditary disorders involving tissues of oro facial region
10. Systemic diseases due to oral foci of infection
11. Hematological, Dermatological, Metabolic, Nutritional, & Endocrinal conditions with oral manifestations
12. Neuromuscular diseases affecting oro –facial region
13. Salivary gland disorders
14. Tongue in oral and systemic diseases
15. TMJ dysfunction and diseases
16. Concept of immunity as related to oro – facial lesions, including AIDS
17. Cysts, Neoplasms, Odontomes, and fibro – osseous lesions
18. Oral changes in Osteo – dystrophies and chondro – dystrophies
19. Pre malignant and malignant lesions of oro facial region
20. Allergy and other miscellaneous conditions
21. Therapeutics in oral medicine – clinical pharmacology
22. Forensic odontology
23. Computers in oral diagnosis and imaging
24. Evidence based oral care in treatment planning
25. Molecular Biology

**TEACHING AND  
LEARNING ACTIVITIES**

## ESSENTIAL KNOWLEDGE

Basic medical subjects, Oral medicine, clinical dentistry, Management of Medical emergencies, Oral radiology Techniques and interpretation, Diagnosis of oro- facial Disorders.

## PROCEDURAL AND OPERATIVE SKILLS

### I<sup>st</sup> year

1. Examination of Patient - Case history recordings - 100

- FNAC - 50

- Biopsy - 50

Observe, Assist, & Perform under supervision

2. Intra – Oral radiographs:

- Perform an interpretation -500

### 2<sup>nd</sup> year

1. Dental treatment to medically compromised patients - 25  
Observe, Assist and perform under supervision

2. Extra –oral radiographs, digital radiography - 25  
Observe, Assist and perform under supervision

## Operative Skills

1. Giving intra muscular and intravenous injections
2. Administration of oxygen and life saving drugs to the patient
3. Performing basic CPR and certification by red cross

### 3rd Year

All the above

- Performed independently - Case history: Routine cases - 100

- Interesting Cases – 25

- Intra-oral Radiographs - 100

- Periapical view - 100

- Bitewing view - 50

- Occlusal view - 50

- Extra - oral radiographs of different views – 100

## MONITORING LEARNING PROGRESS

It is essential to monitor the learning process through continuous appraisal and regular assessment. It not only helps teacher evaluate students but students to evaluate themselves. The monitoring done by the staff of the department is based on the participation of students in various teaching/ learning activities. It may be structured and assessment be done using various checklists that assess various aspects.

**LEARNING  
RESOURCE MATERIAL**

**BOOKS RECOMMENDED :**

S.No.	Author	Title
1	Richard G. Topazian, Morton H. Goldberg	Management of Infections of the Oral And Maxillofacial region; W. B. Saunders
2	Greenberg	Burkets Oral Medicine – 11th edition, BC Decker Inc
3.	Crispian Scully, Lakshman P. Samaranayake	Clinical Virology in Oral Medicine and Dentistry; Cambridge University Press, Cambridge, UK
4.	Sol Silverman, L. Roy Eversole, Edmond L. Truelove	Essentials of Oral Medicine, BC Decker
5.	Norman K. Wood, Paul W. Goaz	Differential Diagnosis of Oral and Maxillofacial lesions – 5th edition, Mosby
6.	Som PM	Head and Neck Imaging, Vol 2, 5th Edition, Publisher: Mosby Elsevier 2011
7.	Stuart C. White, DDS, PhD and Michael J. Pharoah, DDS	Oral Radiology: Principles and Interpretation; 6th edition, Publisher : Mosby
8	Eric Whaites	Essentials of Dental Radiography and Radiology; 4th ed, Publisher: Churchill Livingston
9.	Olaf Langland	Essentials of Oral Medicine, BC Decker
10.	Joen I. Haring, Laura Jansen	Dental Radiography: Principles and Techniques, 2nd edition, Publisher : WB Saunders

**LIST OF BOOKS FOR REFERENCE**

S.No.	Author	Title
1	Newell W. Johnson	Risk Markers For Oral Disease –Oral Cancer; Cambridge University Press
2	Sol Silverman	Colour atlas of Oral Manifestations of AIDS; 2nd ed; BC Decker
3	Isaac van der Waal, Jens J. Pindborg	Diseases of the Tongue; 1st ed; Quintessence Pub. Co.
4	Waal IVD	Diseases of Salivary glands including dry mouth and Sjogrens syndrome
5	WHO	Application of International Classification Of Diseases to dentistry and stomatology -ICA – DA; 3rd ed, WHO Geneva
6	Raymond F. Zambito, Dennis J. Cleri	Immunology and infectious diseases of the mouth head and neck; Mosby Year Book



7	K Kian Ang; Adam S. Garden	Radiotherapy for head and neck cancers- indications and techniques; 3rd ed; Lippincott Williams & Wilkins
8	Charles McNeill	Temporomandibular disorders –guidelines for Classification , Management and Assessment, 2nd ed; Elsevier Science
9	Robert.G.Gorlin	Syndromes of head and neck-4th ed, Print 2001. Oxford University Press
10	Jeffrey P. Okeson	Bell’s Orofacial Pain ; 6th edition; Quintessence Publishing

**RECOMMENDED JOURNALS.**

**Indian**

1	Journal of Indian Academy of Oral Medicine & Radiology
2	Indian Journal of Dental Research
3	Indian Journal Of Forensic Odontology

**International**

1	Oral diseases
2	Oral microbiology and immunology
3	Oral surgery,oral medicine, oral pathology, oral radiology and endodontology
4	Oral pathology and medicine
5	Dentomaxillofacialradiology
6	Journal of dental research
7	Cancer
8	Oral Oncology
9	Journal of Orofacial pain
10	International journal of forensic dentistry

**SCHEME  
OF EXAMINATION**

## A.THEORY

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100 . Paper I ,II,III shall consist of two long questions each carrying 20 marks each 5 short answer questions carrying 7 marks each. Paper IV will be one essay. Questions from recent advances will be asked in any /all the papers.

Distribution of topics for each paper will be as follows:

PAPER I: Applied basic sciences: applied Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology & Research Methodology

PAPER II: Oral and maxillofacial radiology

PAPER III: Oral Medicine, therapeutics and laboratory investigations

PAPER IV: Essay

The topics assigned to the papers are generally under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable.

Students should be prepared to answer overlapping topics

## B. Practical/ Clinical Examination -200 Marks

### Day 1

#### Clinical Case Presentation

2 Spotters	-	2x10 = 20 Marks
2 Short Cases	-	2 x 15 = 30 Marks
1 Long Case	-	1 x 50 = 50 Marks
<b>Total</b>	-	<b>100 Marks</b>

#### Radiology Exercise

I.	A) One Intra Oral Radiograph	10 Marks
	B) One Occlusal Radiograph	30 Marks
II.	A) Two Extra Oral Radiograph	2x30 = 60 Marks

Including technique and interpretation

### Day 2

## C. Viva Voce : 100 Marks

### i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data (CT, CBCT, MRI, USG interpretation) and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

### ii. Pedagogy Exercise : 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

**SYSTEMS WEIGHTAGE FOR MDS THEORY EXAMINATIONS**

<b>Paper I: Applied Basic Sciences</b>		
<b>S.No.</b>	<b>Subject</b>	<b>Weightage (%)</b>
1	Anatomy	20
2	Dental Anatomy Oral Biology & Oral Histology	10
2	Physiology %	20
3	Biochemistry	5
4	Pathology	15
6	Pharmacology	20
7	Genetics	10

<b>Paper II: Oral and Maxillofacial Radiology</b>		
<b>S.No.</b>	<b>Course Contents</b>	<b>Weightage (%)</b>
1.	History of radiology, structure of x - ray tube, production of x - ray, property of x rays, Filtration of collimation, grids and units of radiation	10%
2.	Biological effects of radiation, Radiation protection and ICRP guidelines	10%
3.	Processing of image in radiology, Films and Image receptors Design of x -ray department, dark room and use of automatic processing units	10%
4.	Intra Oral Radiographic Techniques and Localization by radiographic techniques	5%
5.	Faults of dental radiographs and concept of ideal radiograph Quality assurance and audit in dental radiology	10%
6.	Extra - oral-imaging techniques, OPG and other radiologic techniques	10%
7.	Advanced imaging technique like CT, CBCT, MRI, Ultras Sound & thermo graphic, Radio nucleotide techniques Digital radiology and its various types of advantages	20%
8.	Contrast radiography in salivary gland, TMJ, and other Pathologies, Radiographic Manifestations of the Jaws in Systemic Diseases	10%
9.	Imaging of Dental Caries , Periodontal pathologies and Radiograph differential diagnosis of radiolucent, radio opaque and mixed lesions	10%
10.	Implant Imaging Art of radiographic report, writing and descriptors preferred in reports	5%

<b>Paper III: Oral Medicine, therapeutics and laboratory investigations</b>		
<b>S.No.</b>	<b>Course Contents</b>	<b>Weightage (%)</b>
1.	Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissue including modern diagnostic techniques Laboratory investigations including special investigations of oro facial diseases	10%
2.	Teeth in local and systemic diseases, Congenital and Hereditary disorders involving tissues of oro facial region	5%
3.	Systemic diseases due to oral foci of infection Hematological, Dermatological, Metabolic, Nutritional, & Endocrinal conditions with oral manifestations	20%
4.	Oro - facial pain and Psychosomatic aspects of oral diseases	10%
5.	Management of medically compromised patients including medical emergencies in the dental chair	5%
6.	Salivary gland disorders, Tongue in oral and systemic diseases, TMD & Neuromuscular diseases affecting oro -facial region	15%
7.	Cysts, Neoplasms, Odontomes, and fibro - osseous lesions , Oral changes in Osteo - dystrophies and chondro - dystrophies	10%
8.	Pre malignant and malignant lesions of oro facial region	10%
9.	Concept of immunity as related to oro - facial lesions, including AIDS, Hypersensitivity, Allergy and other miscellaneous conditions	5%
10.	Therapeutics in oral medicine -clinical pharmacology	6%
11.	Forensic odontology	2%
12.	Computers in oral diagnosis and imaging, Evidence based oral care in treatment planning	2%

*\*the topics assigned to the different papers are generally evaluated under those sections. However, a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics*

**MODEL  
QUESTION PAPERS**

**M.D.S. Degree Examination**  
**ORAL MEDICINE AND RADIOLOGY**

**PAPER I: APPLIED BASIC SCIENCES**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Describe the development of Major Salivary glands and discuss anatomical relations Blood and nerve supply and Applied aspects of parotid gland.
2. Discuss Theories of Calcification that influence Development of Tooth, add a note on Eruption and Exfoliation of Teeth

**Short Notes:**

**5 X 7 = 35**

3. Define Tumor. Differentiate between Benign & Malignant tumors.
4. Classify hormones, discuss their influence on oral mucosa
5. Discuss Danger Zone in the facial region with Diagram, Emissary veins and the Applied aspects
6. Culture and Sensitivity Tests
7. Discuss in Short the Pharmacokinetics of COX1 and COX 2

**M.D.S. Degree Examination**  
**ORAL MEDICINE AND RADIOLOGY**

**PAPER II: ORAL AND MAXILLOFACIAL RADIOLOGY**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Head and Neck Imaging in Maxillofacial Trauma.
2. Discuss Osteodystrophies affecting the Skull and Jaws with their Characteristic Radiographic appearance

**Short Notes:**

**5X7=35**

3. Dosimetry
4. Implant Imaging add a note on DICOM
5. MRI is preferred in soft tissue imaging- Justify
6. Bitewing Radiography
7. Discuss various methods of Radiographic film processing.

**M.D.S. Degree Examination**  
**ORAL MEDICINE AND RADIOLOGY**  
**PAPER III : ORAL MEDICINE, THERAPEUTICS AND LABORATORY**  
**INVESTIGATIONS**

**Time: 3 hours**

**Max. Mark: 75**

Answer all the questions. Draw neat and labeled diagrams wherever necessary.

**Essay:**

**2X20 =40**

1. Classify Bleeding tendencies in a Dental Clinic set up. Elaborate on the Systemic disorders predisposing to bleeding tendencies, their diagnosis and management.
2. Discuss Differential Diagnosis of Swellings of the Palate.

**Short Notes:**

**5X7=35**

1. Liver Function Tests – Justify necessity in Oral Medicine
2. Age Estimation using Regressive changes of Teeth.
3. Immunohistochemical Diagnosis of Pemphigus Group of Disorders
4. Transcutaneous Electrical Nerve stimulation
5. Management of Recurrent Aphthous Stomatitis

**M.D.S. Degree Examination**  
**ORAL MEDICINE AND RADIOLOGY**

**ESSAY-PAPER IV**

**Time: 3 hours**

**Max. Mark: 75**

Answer any one. Draw neat and labeled diagrams wherever necessary.

**75x1=75**

1. Classify Sexually Transmitted Disorders and Discuss the Oral Manifestations, Diagnosis and Management of STD'

OR

2. Designing of a Diagnostic Radiography Department for Maxillofacial Imaging. Provide details of the Norms to be followed by Regulatory bodies in India.