Removable Partial Denture Competency Exam
Criteria For Clinical Acceptability
2010

1. Oral Exam Diagnosis – Diagnosis - Treatment Plan

1. The student has displayed appropriate self assessment.
2. All preprosthodontic oral surgical, periodontal, restorative consultation needs are detected and pursued.
3. Data recorded on the standardized exam form is accurate and complete.
4. Acceptable diagnostic aids: Panorex / full mouth x-rays and mounted diagnostic casts are complete.
5. Sufficient interarch space for frame, acrylic resin and teeth to be compatible with an occlusal plane that extends posteriorly to a point 1/2 to 2/3rds up retromolar pads & parallel to residual alveolar ridges is demonstrated.
6. At least 5mm of space between opposing tuberosity and retromolar pad is demonstrated.
7. The path of insertion on diagnostic casts has been evaluated on a dental surveyor.
8. Heights of contour and cast reorientation marks are present.
9. Acceptable prosthesis design is drawn on surveyed cast to meet criteria of 2nd year technique lecture/laboratory.
10. Acceptable Quality Assurance Worksheet is completed.
11. The student has displayed appropriate professional conduct.

2. Tooth Modification & Secondary Impressions

1. The student has displayed appropriate self assessment.
2. Student demonstrates to faculty, using worksheet and new diagnostic cast that exactly mirrors present oral situation after completion of all preprosthodontic procedures, intended tooth preparations.
3. Actual in mouth tooth preparations meet criteria of 2nd year technique lecture/laboratory.
4. Mouth is prepared for proper control of oral fluids.
5. All anatomy that has the potential to distort impression is permanently/temporarily corrected.
6. Custom or customized impression tray is used to obtain “functional tissue support impression” for all maxillary master impressions and at least the mandibular distal extensal master impression.
7. Appropriate material for secondary impression is properly mixed, impression tray correctly placed in mouth.
8. Impression contains all required anatomy, correctly registered, no voids or signs of distortion/inaccuracy.
9. The student has displayed appropriate professional conduct.

3. Master Casts & Work Authorization

1. The student has displayed appropriate self assessment.
2. Type IV gypsum stone casts - dense, sharp in detail, free of pitting, voids, porosity & nodules – appear to accurately represent the oral preparations - are produced and correctly trimmed for the next step.
3. Casts meet criteria of 2nd year technique lecture/laboratory – to include complete tuberosity with hamular notch &/or retromolar pads. Sidewalls of land (art) area of cast are at 90 degrees to the base.
4. Casts possess dental surveyor tripod reorientation marks, mandibular anterior floor of mouth line &/or maxillary posterior indication lines for correct major connector placement.
5. Indexing keys on cast are present and not undercut.
6. Laboratory Work Authorization is completed to meet the criteria of 2nd year course.
7. The student has displayed appropriate professional conduct.

4. Framework Try-In (Verification Of Accuracy)

1. The student has displayed appropriate self assessment.
2. All parts of the framework are completely seated in the mouth as verified by disclosing medium.
3. There is no binding on any tooth that patient feels or causes observable tooth or prosthesis movement.
4. Occlusal contact of all natural teeth is the same with & without prosthesis as verified by marking medium.
5. If rotation around primary fulcrum line was elicited a “corrected cast” procedure is accomplished.
6. Appropriate “positional and esthetic” records are accurately obtained.
7. The student has displayed appropriate professional conduct.
5. Final Waxing For Processing

1. The student has displayed appropriate self assessment.
2. Articulator mounting is demonstrated to coincide with the oral relationship.
3. For tooth-tissue supported prosthesis vertical dimension of occlusion coincides with centric relation.
4. Anterior esthetics coincide with patient’s lip midline, lip length, smile line, tooth color.
5. Framework is fully seated on master cast abutment teeth.
6. Mandibular posterior teeth have central groove over the crest of the residual alveolar ridge.
7. Maxillary posterior teeth have palatal cusp located in mandibular central groove.
8. Maxillary posterior buccal cusps have 2mm of horizontal overlap and no vertical overlap of mandibular teeth.
9. Posterior occlusal plane extends 1/2 - 2/3rds up the retromolar pads and is parallel to the residual alveolar ridge.
10. All posterior denture teeth are in contact with opposing denture & natural teeth.
11. Occlusal contact of all stone teeth is the same with & without prosthesis on the articulator mounted casts.
12. Finish of wax is smooth and conforms to criteria of 2nd year technique lecture/laboratory courses.
13. The student has displayed appropriate professional conduct.

6. Insertion

1. The student has displayed appropriate self assessment.
2. All parts of the framework are completely seated as verified by disclosing medium.
3. No binding on any tooth that the patient feels or causes observable tooth or prosthesis movement.
4. Intaglio surface of denture contacts primary bearing areas as verified by disclosing medium.
5. Undesirable pressure areas were relieved as verified by disclosing medium.
6. Occlusal contact of natural teeth is the same with & without prosthesis as verified by marking medium.
7. Denture teeth are in occlusion as “Final Waxing For Processing” of above section #5.
8. Tuberosity-retromolar pad area shows no contact of denture bases to each other or to opposing oral anatomy.
9. For tooth-tissue supported prosthesis vertical dimension of occlusion coincides with centric relation.
10. Tooth-tissue supported prosthesis demonstrates no rotation around the primary fulcrum line.
11. Patient demonstrates and verbalizes home care instructions presented by the student.
12. The student has displayed appropriate professional conduct.

7. Seventy-Two Hour Post-Insertion Appointment

1. The student has displayed appropriate self assessment.
2. Red irritation lines in cheeks or vestibules are addressed/eliminated.
3. Soreness or irritations on ridge slopes or crests are addressed/eliminated.
4. Any cheek biting complaints are addressed/eliminated.
5. Any complaints regarding speech are addressed/eliminated.
6. Retention and stability are adequate for the clinical situation.
7. Occlusal vertical dimension is adequate.
8. Function/chewing is commensurate with normal expectations.
9. Polish and finish:
   Intaglio surface is smooth.
   Cameo surface is polished with ragwheel, pumice, and Acriluster.
   Occlusal surface is smooth without interfering with established occlusal contact.
10. Student has addressed patient comfort & function concerns and has continued to treat the patient until the patient states s/he is comfortable, satisfied, and has no evidence of distress.
11. Student has initiated a patient recall schedule.
12. The student has displayed appropriate professional conduct.

8. Professionalism / Ethical Behavior

Professional conduct and demeanor of the student is assessed throughout treatment. This includes – but is not limited to – infection control, operatory cleanliness, professional behavior, dentist-patient rapport, regard for the patient welfare, and continuous, positive attitude by the student of the educational experience.