Q.1 What are general limitations of cephalometric analysis?

Q.2 Early consideration of corrective methods is necessary to remedy any malocclusion. Serial extractions are favorable in hereditary crowding. Enlist features of hereditary crowding.

Q.3 The worried parents of 12 year old boy come to your clinic with prominent lower jaw. Cephal findings show severely prognathic mandible with raised vertical. There is also positive family history for prominent lower jaw, however the maxilla is normal in all three planes of space.

a) What will be your management protocol for this patient at this point of time?
b) What points will you keep in mind while explaining the parents of the boy about comprehensive treatment plan?

Q.4 Which teeth are best suited to tolerate unfavorable horizontal forces during lateral excursive movements of mandible and why?

Q.5 The orthodontic treatment mechanics, in general, tends to increase mandibular angle and raise the lower face height, which is compensated in growing patients but not in an adult. What is the mechanism of this compensation?

Q.6 What are the various functions of trans-palatal bar?

Q.7 What are the side effects related to temporary anchorage device?
Q.8 Ceramic brackets are used for esthetic purpose in Orthodontics. Cost is one of the disadvantages of ceramic brackets. What are other disadvantages of ceramic brackets which cause problem during Orthodontic treatment?

Q.9 A 17 year old orthodontic patient was debonded at a clinic. The labial surface of maxillary lateral incisors showed areas of demineralization that gave the patient an esthetic concern.

a) What are the various methods of management of this lesion?
Q.11 A 14 years boy reported for orthodontic treatment. On clinical examination both lateral incisors were missing. You planned to close the space with orthodontic treatment.

a) What are advantages of space closure?
b) What special measures you will take in bracket placement?

Q.12 Adult patient came to orthodontic clinic with multiple missing teeth and periodontal defects.

a) How can we manage alveolar ridge defect in that orthodontic patient?
b) When can orthodontic tooth movement be initiated after managing defect?

Q.13 Patient came to an orthodontist with his single left maxillary incisor in cross bite. His age is around 8 years. What are different treatment plans while considering the age of the patient?

Q.14 What are different drugs which depress orthodontic tooth movement?

Q.15 A 12 year old patient presents with bilateral posterior open bite with progressive worsening from anterior to posterior segment. He is suspected to be affected by primary failure of eruption.

a) What are the diagnostic characteristics of primary failure of eruption?
b) What is the role of orthodontist in the management of given condition?
Q.16 A general dentist refers a 14 years old female for consultation. She presented with a mobile left upper deciduous canine. On clinical examination and radiographic investigation it was revealed that left upper permanent canine was almost horizontally impacted. Dental relations were class 1 on right side and half cusp class II on the left with midlines on. Cephalometric skeletal and dental relation was normal.

a) What are the possible orthodontic management plans in this case?

b) Enlist possible sequels if the canine is left unmanaged.

Q.17 What are the dental defects in lines of clefting?

Q.18 Enlist orthodontic conditions in which clear aligner therapy is,

a) Favorable

b) Unfavorable

Q.19 What are the indications for fixed retention?

Q.20 What are the diagnostic and treatment concepts of Tweed-Merrifield Edgewise appliance?