第一大題 1-16 (單選)　每一小題2分　※ **本大題請於試卷內之「選擇題作答區」依序作答。**

1. During the plaque development, which subgingival bacteria is classified as in the orange complex?

A. *P. gingivalis*

B. *P. intermedia*

C. *T. denticola*

D. *T. forsythia*

2. Evaluating the influence of smoking to the prevalence and severity of periodontal disease, the conclusion will be:

The smokers have:

A. lower plaque index scores.

B. increased alveolar bone density.

C. lower mean alveolar bone height.

D. no change in prevalence and severity after smoking cessation.

3. Which tooth has the highest prevalence of cervical enamel projections?

A. Maxillary first molar

B. Maxillary second premolar

C. Mandibular first molar

D. Mandibular second molar

4. A 10-year follow-up study among Chinese individuals (age 20 to 80 years) found that the average annual rate of attachment loss was:

A. 0.15 to 0.19 mm.

B. 0.25to 0.39 mm.

C. 0.65 to 0.89 mm.

D. 1.20 to 1.30 mm.

5. Which epidemiologic study design will be able to follow subjects longitudinally to determine whether an exposure or characteristic is associated with the development of a disease or not?

A. Case-control studies

B. Cohort studies

C. Cross-sectional studies

D. Randomized control studies

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6. In the clinical practice , if a tooth with a 2.5mm pocket was scaled and root planed, the anticipated outcome would be _____ clinical attachment.
A. a gain in
B. no change in
C. a loss of
D. case by case in

7. As described above in title No. 6, which situation would exhibit the greatest change in clinical attachment after 3 months?
A. Thin gingiva, non-bleeding
B. Thick gingiva, non-bleeding
C. Thin gingiva, bleeding
D. Thick gingiva, bleeding

8. All of the following are commonly seen in patients with chronic periodontitis EXCEPT:
A. Severe pain.
B. Papillary enlargement
C. Bone destruction.
D. Gingival bleeding.

9. When you examine the human with periodontitis, the probe tip usually penetrates to
A. Alveolar crest.
B. Connective tissue.
C. Apical portion of the junctional epithelium.
D. Coronal portion of the junctional epithelium.

10. To examine the periodontium, probing force had been explored to be significantly greater in _____ teeth at _____ sites.
A. anterior, midfacial
B. anterior, distal
C. posterior, midfacial
D. posterior, distal

11. Gingival bleeding as a clinical parameter for predicting periodontal disease activity is in:
A. low specificity and low sensitivity.

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B. low specificity and high sensitivity.
C. high specificity and low sensitivity.
D. high specificity and high sensitivity.

12. The ideal way and timing in occlusal therapy for patients with chronic periodontitis should be:
A. limited occlusal adjustment before initial periodontal therapy (phase I therapy).
B. complete occlusal adjustment before initial periodontal therapy (phase I therapy).
C. fabrication of an inter-occlusal appliance before initial periodontal therapy (phase I therapy).
D. limited occlusal adjustment after initial periodontal therapy (phase I therapy).

13. According to the epidemiological evidence, all factors were found to link periodontal disease susceptibility when compared to healthy patients EXCEPT:
A. smoking.
B. uncontrolled diabetes.
C. hypertension.
D. family aggregation of periodontitis.

14. In general, the greatest changes in probing depth reduction and gains in clinical attachment occur within ____ weeks following scaling and root planing.
A. 2
B. 4
C. 6
D. 8

15. In the clinical periodontal phase I therapy, to compare the effectiveness of hand scaler and ultrasonic machine in calculus removal of class II and III furcation cases;
A. hand scaling is more effective.
B. ultrasonic is more effective.
C. both methods are equally effective.

16. Which of the following is the most often usage in therapeutic management of Glickman grade I furcation invasion cases?
A. Odontoplasty, osteoplasty.
B. Root resection, root separation
C. GTR procedure with enamel matrix derivative.
D. GTR procedure with bone replacement graft.

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第二大題 17-19 問答題:

17. "Older subjects have greater risk of disease progression than younger ones."

Do you agree this phenomenon?　Please describe the reasons why or why not. (25 %)
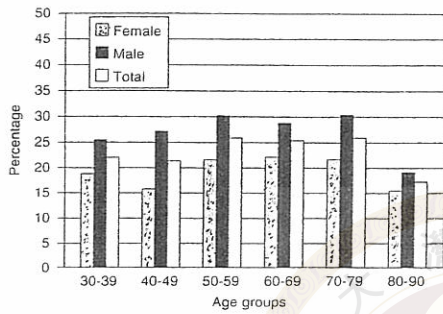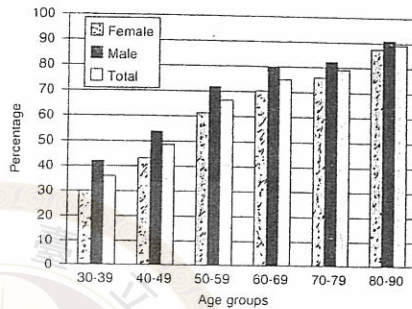
18.

Figure A　　　　　　　　　Figure B

Which picture on above can present the tendency of the percentage of people with
(1) probing depth greater than 4 mm　(4 %)
(2) attachment loss greater than 3mm　(4%)

According to above two epidemiologic pictures, please describe your rationale/opinion in management of periodontal disease? (12%)

19.

	#13	#12	#11	#21	#22	#23
Before:						
Probing	675	626	422	733	327	723
depth	736	651	424	533	336	723
Mobility	I	I	I	II	I	I
After:						
Probing	315	323	222	522	223	312
depth	324	333	223	422	322	212
Mobility	-	-	-	I	-	-

The clinical periodontal parameters before and after the initial periodontal therapy in upper anterior teeth were recorded as above. Please describe the reasons about the change during treatment,
(1) in mobility (8%)
(2) in probing depth (15%)

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