Задание 1. Read the text and translate it in written form / Прочитайте текст и переведите его письменно (со словарем).

1. Recommendations for denture hygiene

With regular and correct oral hygiene a large number of diseases related to inflammation of the mucous membrane under dentures can be avoided.

Denture should be cleaned of sticky residues of food particles after each meal the mouth should be rinsed. You must clean the dentures and mouth thoroughly at least once a day, possibly at night. Rinse the oral cavity without the denture, clean the remaining teeth thoroughly and clean the denture with a soft brush gently to substitutes the self-cleaning of the mucous membranes.

After that brush denture under the warm water. One must avoid too rigid bristles of a toothbrush, either too abrasive toothpaste, because they will damage your denture in the case of the regular use. Be careful during the dentures’ cleaning, persuade yourself that you don’t bend the plastic of the denture. Don’t use the boiling water because it changes the plastic part of the denture. Then put the denture in a bath of a denture cleaner. Action time of the denture cleaner is 15-20 minutes at a water temperature of 35 to 40 degrees. However, don’t expect instant effects by prolonged use, and very dirty dentures. In this case, success will only occur gradually.

Even after the application of the cleaning bath it is recommended to rinse dentures under running water again.

Dentists recommend wearing a new denture during the first two weeks after its production, without taking out it or taking out on a short term. However, two weeks later, the tissue needs regular rest. Therefore the denture should not be worn at night to allow mucous to relax and to clean itself, if possible.
The maintenance of the above-mentioned measures of hygiene and periodic consultation with a dentist are an effective protection against diseases that occur by wearing dentures and related with the oral lesions.

Задание 2. Answer the questions to the text in written form / Ответьте на вопросы к тексту письменно на иностранном языке.

2. Treatment of deep overbite

A case of deep overbite presents many problems, and it is the concern of the orthodontist, the prosthodontist, and the periodontist. The deep overbite is defined as one in which there has been arrested vertical development in the molar and premolar regions with vertical overbite of the anterior maxillary teeth. The mode of therapy depends largely on the approach to the problem and the age of the patient. Deep overbite destructive lesions of periodontium is difficult to treat. Habits of clenching or bruxism are usual findings. Elimination of the habit is of utmost impotence. Since occlusal equilibration as a sole means of therapy usually is not sufficient to correct the condition, either orthodontic means or occlusal reconstruction to increase the posterior maxillo-mandibular dimension is necessary. If the condition originated during formative years, any increase in vertical dimension by means of bite raising usually will not be tolerated because of increased tension on the musculature. However, if the overbite is due to missing posterior teeth, restoration to the maxillo-mandibular relationship can be safely accomplished. It seems wise in this type of case to seek the advice of an orthodontist and a prostodontist.

A simple orthodontic procedure to check and, in many cases, to control a deep overbite is bite plate. This is a removable appliance which is made of acrylic and covers the palatal surface of the maxilla. An arch wire embedded in the acrylic extends over the distal embrasure of the Cuspid, running on the labial surfaces of the teeth to the distal embrasure of the opposite cuspid embedding itself again into the material. The wire should be placed at the incisal third of the tooth The palatal area adjacent to the anterior teeth
is thickened so that the bite is opened, diminishing the overjet of the anterior teeth. Thus the appliance holds the posterior teeth apart. It is worn as much as possible by the patient, and, if correction of the condition is desired, it should be worn continually.

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3. Application of gypsum in dentistry

Gypsum is one of the most functional and irreplaceable natural materials used in medicine. In addition to the use in fractures and fractures of bones, gypsum is also widely used in orthopedic dentistry due to its ability to quickly harden and take the anatomical shape of the jaw. Before gypsum becomes suitable for use in dentistry, it undergoes special treatment.

There are five types of dental gypsum:

Dental gypsum type I has low strength, soft, hardens quickly and is used only for technical purposes to obtain jaw impressions, plaster models.

Dental plaster type II of medium hardness is an auxiliary material, diagnostic models of the jaw are made of it for planning the installation of orthopedic structures. The degree of its strength is insufficient, so it is not suitable for the manufacture of working models.

Dental gypsum type III has a high degree of strength. Diagnostic and working models of the jaw are made of it.

Type IV gypsum is a high-strength gypsum of increased hardness. Models and elements of fixed prostheses, combined works requiring a high degree of accuracy, master models are made of it. This material is also called autoclaved.

Dental plaster type V - a rare and expensive synthetic material, has increased strength and hardness characteristics. Used for the manufacture of models of high complexity and accuracy.

For mixing enough capacity and spatula. Gypsum is added to the water of 20 °C at the rate of 100 g of powder per 22-24 ml of water. Once it is all submerged in
water, begin the kneading process. It can be kneaded both manually and by machine using vacuum mixers. The average setting time is about 10 minutes. After receiving a solution of creamy consistency, you can pour gypsum into the mold.

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