

臺北醫學大學 102 學年度碩士班暨碩士在職專班入學考試

齒顎矯正學試題

本試題第 2 頁；共 3 頁

(如有缺頁或毀損，應立即請監試人員補發)

12. 正顎手術下顎的前置及後退會改變頭部重心位置及姿勢，術後一年的變化下列何者正確？

- (1) maxillary intrusion + mandibular advancement : head extension
- (2) maxillary intrusion + mandibular advancement : head flexion
- (3) maxillary intrusion + mandibular setback: head extension
- (4) maxillary intrusion + mandibular setback: head flexion

(1), (3)

(2), (3)

(1), (4)

(2), (4)

13. 下列何者為腺狀臉(adenoidal facies)患者臉型的特徵？

- (1) 前臉部長度過長
- (2) 上顎齒列前突
- (3) 後牙錯咬
- (4) 下顎平面角過小

(1), (2), (3)

(2), (3), (4)

(1), (3), (4)

(1), (2), (4)

14. 一位十歲女生，咬合為安格氏二級異常咬合，下顎後縮、上顎正常，下列何者為此時期之最佳處理方式？

繼續觀察

接受功能性矯正裝置治療

拔牙治療

等待日後手術治療

15. 根據Tanaka 和Johnston 對於未萌出恆牙齒大小之預測，假設已知下顎四顆恆門牙之大小為22.0 mm。預測之單側上顎犬齒、第一小白齒與第二小白齒之總和為多少？

21.5 mm

22.0 mm

32.5 mm

33.0 mm

16. 下列有關矯正牙齒移動，下列何者主要來自 PDL？

initial strain

lag phase

progressive tooth movement

undermining resorption

17. 下列測顱分析值中何者為下顎前突的咬合？

正常平均值

facial angle	84.83	83	88	85	80
A-B plane angle	-4.81	-3.5	0	-2	-6
Y-axis angle	65.38	67	60	65	65
SNA	82.32	84	80	83	82
SNB	78.90	80	82	79	77

18. 成人的骨性前牙開咬(skeletal anterior open bite)的型態特徵為下列何者？

(1) mandibular plane angle較大

(2) lower anterior facial height較大

(3) 下顎枝(ramus)較大

(4) 上顎前牙萌發不足

(5) mandibular plane angle過於傾斜

(1), (2), (3)

(1), (2), (5)

(1), (4), (5)

(2), (3), (4)

19. Cephalometric Analysis中的Downs分析法下列何者有誤？

(1) facial angle 過大表示下顎位置較前方

(2) facial angle 過大表示下顎位置較後方

(3) Y axis angle 過小表示下顎位置較後方

(4) Y axis angle 過小表示下顎位置較前方

(1), (2)

(1), (4)

(2), (3)

(2), (4)

20. 有關Bolton Ratio的敘述下列敘述何者正確？

(1) 是上牙的寬度相對於下牙寬度的比值

(2) 比值較大的話，如果白齒咬合關係正常則overjet會比較大

(3) 比值較大的話，如果overjet正常則白齒咬合呈現Class III咬合關係

(4) 比值較大的話，下顎牙齒可以考慮使用reduction方式將牙齒寬度縮減

(5) 比值較大的話，如果白齒咬合關係正常則上下顎門牙關係可能呈現edge to edge甚至anterior crossbite咬合

(1), (2)

(1), (5)

(2), (3)

(4), (5)

21. 利用cervical vertebrae (CVM stage)作生長發育評估時，如果X-ray上病人的頸椎顯示的是CS4，此現象是表示mandible的growth peak是大約何時發生？

兩年之後

一年之後

一年之內

一年之前

臺北醫學大學 102 學年度碩士班暨碩士在職專班入學考試

齒顎矯正學試題

本試題第 3 頁；共 3 頁
(如有缺頁或毀損，應立即請監試人員補發)

22. 下列何者不是bimaxillarydentaoalveolar protrusion的特徵？

lip incompetence

lip strain

large SNA, SNB angle

large interincisal angl

23. periodontal tissue 對於orthodontic force 的response，下列敘述何者正確？

(1) force 過大的時候受壓迫的牙週膜可能會壞死

(2) orthodontic force 越大，牙齒移動量也越大

(3) 使用light force 的時候，牙齒不會有自發性疼痛也不會有mobility

(4) 如果力量適當的話，pressure side 的齒槽壁可以看到fibroblast的增生

(5) 如果力量適當的話，tension side 的齒槽壁可以看到骨沉積

(1), (2)

(1), (5)

(2), (3)

(3), (4)

24. 使用heavy force做牙齒的移動時牙週組織變化的順序何者正確？

(1) 牙周膜出現osteoclast, alveolar bone表面開始被吸收 (2) 牙周膜發生hyalinization現象

(3) 牙周膜中有細胞增生現象

(4) 牙齒停止移動

(5) alveolar bone開始有undermining resorption

(4)-(2)-(5)

(1)-(3)-(4)

(4)-(1)-(5)

(2)-(1)-(3)

25. 下列測顱分析項目中何者並非使用FH平面當參考平面？

(1) gonial angle

(2) angle of convexity

(3) facial angle

(4) Y-axis angle

(5) mandibular plane angle

(1), (2)

(1), (5)

(2), (3)

(3), (4)

二、問答題 (共 50%)

1. Please describe the muscles of mastication, including the name of muscle, origin and insertion of the muscle and the major function of muscle.(20%)
2. The following section of "MATERIALS AND METHODS" was quoted from the paper "Long-term stability of anterior open-bite closure with bilateral sagittal split osteotomy" published by Fontes et al. in American Journal of Orthodontics and Dentofacial Orthopedics, 142(6) 792-800, 2012. Could you write down your comments to improve the quality of research design?(30%)

MATERIALS AND METHODS

Institutional review board approval for the use of human subjects was obtained from the University of Washington in Seattle. The electronic health records and surgical calendars of 1 oral surgeon (D.S.B.) from 1988 to 2009 were searched for all patients with anterior open bite who were consecutively treated (independent of outcome) with orthodontics and bilateral sagittal split osteotomy with surgical closing rotation of the mandible using rigid internal fixation only. Patients who received any form of surgery involving the maxilla to correct the anterior open bite during this time frame were excluded from the study. Once patients were identified, an attempt was made to collect cephalometric films from the oral surgeon or the treating orthodontist. The inclusion criteria were (1) cephalometric films available from 5 time periods—initial (T1), presurgery (T2), postsurgery (T3), debond (T4), and long term (T5, 1 year after the braces were removed); (2) no overlap of the incisors, as measured by the distance between the maxillary and mandibular incisal edges parallel to the maxillary occlusal plane at T1; and (3) composite tracing of T2 onto T3 demonstrated the bilateral sagittal split osteotomy with closing rotation of the mandible by using rigid internal fixation (with or without accompanying midline osteotomy or genioplasty at the surgery). The exclusion criteria were (1) incomplete, illegible, or nondiagnostic radiographs; (2) any maxillary surgery; (3) jaw surgery before or after the bilateral sagittal split osteotomy of interest; and (4) pretreatment facial trauma, facial surgery, or any syndrome affecting the face.

Comment 1

Comment 2

Comment 3

Comment 4

Comment 5 or more