

Algorithm of student action on practical skills

Complete removable prosthetics. The first stage.

"Obtaining anatomical impressions from the lower jaw".

1. Say hello to the patient, inform him about the future manipulation.
2. Put on gloves.
3. Choose a standard impression spoon:
 - Depending on which jaw the impression will be taken from (upper or lower jaw)
 - By size

When choosing, it should be borne in mind that the distance between the surface of the spoon and the mucous membrane of the prosthetic bed should be at least 3-5 mm.

The edges of the spoon when applied to the surface of the mucous membrane during the test reach the transition fold. When removing the impression, a layer of impression material 2-3 mm thick should lie between the bottom of the spoon and the alveolar ridge, the side of the spoon should not reach the transition fold, and the resulting lumen should not subsequently be filled with the impression mass. This will allow you to form the edges of the impression with both passive and active movements of soft tissues. With a high edge of the spoon, this possibility of formation is excluded, since its edge will interfere with the movement of the tongue, bridles and other folds of the mucous membrane.

4. Carry out mixing of the alginate mass:
 - Take a rubber bowl and a spatula for kneading
 - Measure the alginate material in the flask in the ratio of an even measuring spoon of powder (10 g) to 1 measure of water (20 ml).
 - Mix for 30-45 seconds.
5. Put the alginate mass in the impression spoon.
6. Align and moisten the surface of the alginate mass in the impression spoon with water.
7. Ask the patient to open his mouth.
8. Use a mirror or finger to push the cheek away.
9. Insert the spoon with the impression mass into the oral cavity at an angle;

- then, unfolding it, set in the center of the alveolar process (alveolar part). The reference point is the location of the spoon handle strictly along the middle line.
- On the lower jaw, after centering, the spoon is pressed first in the anterior part, and then in the posterior part.
- The vestibular edges are formed by pulling the lips and cheeks to the side, up and back.
- To form a mass in the area of the lingual edge of the impression, the patient is asked to raise the tongue up and forward.

It should be noted that when the doctor forms the edges of the impression, moving the patient's lips and cheeks with his fingers, the movements of the soft tissues are called passive. If the soft tissues move due to the tension of the facial or chewing muscles, the muscles of the bottom of the oral cavity, these movements are called active.

10. Fix the spoon with your hand for 1-3 minutes (until the material solidifies)

11. Remove the spoon with the impression from the mouth.

12. After removing the print, rinse it under running water.

13. Evaluate the quality of the impression:

- Voice the tightness of the impression to the spoon
- Voice out the presence or absence of pores
- Voice the uniformity of the thickness of the impression
- Voice the clarity of the prosthetic field display
- Voice the clarity of the contouring of the neutral zone

(A properly taken impression on the inner surface should not have sagging places, the edges on the vestibular and lingual sides should be of uniform thickness, the places of the prosthetic bed that are important for retention should be accurately captured, the neutral zone should be clearly contoured. The impression should be clean, free of saliva).