



BRAINWARE UNIVERSITY

Term End Examination 2023-2024
Programme – B.Optomtry-2021
Course Name – Binocular Vision-II
Course Code - BOPTOC602
(Semester VI)

Full Marks : 60

Time : 2:30 Hours

[The figure in the margin indicates full marks. Candidates are required to give their answers in their own words as far as practicable.]

Group-A

(Multiple Choice Type Question)

1 x 15=15

1. Choose the correct alternative from the following :

- (i) The following are signs of accommodation excess, EXCEPT:
- | | |
|--|---|
| a) Low MEM finding | b) Normal AC/A ratio |
| c) Low Negative Relative Accommodation | d) Monocular accommodative facility fails minus(-) lens |
- (ii) Heterophoria can be classified based on the following categories, EXCEPT:
- | | |
|---------------------------|-----------------------------------|
| a) Rate of recovery | b) Amount of deviation |
| c) Direction of deviation | d) The amount of refractive error |
- (iii) Which one of the following is not recommended for bifocal spectacle prescription in accommodative esotropia for young children?
- | | |
|---|---|
| a) Using frame made of durable plastic materials | b) Prescription of Executive Style segment bifocals |
| c) Prescription of flat top or D-style segment bifocals | d) segment height of the ADD passes through the centre of pupil |
- (iv) A 30-year-old patient has an intermittent exotropia of 40Δ for distance and 10Δ for near. After an occlusion of 45 minutes, the near deviation increased to 20Δ . The probable diagnosis is _____.
- | | |
|---|--|
| a) basic exotropia. | b) true-divergence excess type exotropia. |
| c) pseudo-divergence excess type exotropia. | d) convergence insufficiency type exotropia. |
- (v) The cause of sensory esotropia is _____.
- | | |
|-------------------------|---|
| a) Squint surgery. | b) high hypermetropia. |
| c) congenital cataract. | d) congenital fibrosis of the medial rectus muscle. |
- (vi) The assessment of the parallel alignment of the eye axes is done by shining a light towards the person's eyes, and noting the symmetry or asymmetry of the reflection on the corneas. This test is known as _____.
- | | |
|---------------------|------------------------|
| a) hirschberg test. | b) corneal assessment. |
|---------------------|------------------------|

- c) cover test.
- (vii) Prism Bar is used to measure the
- a) vergence facility.
c) smooth vergence.
- (viii) Head nodding is the key features of
- a) Infantile Nystagmus Syndrome (INS)
c) Manifest Latent Nystagmus (MLN)
- (ix) Identify two vergence disorder
- a) AI and AE
c) CI and FVD
- (x) If a patient's park's three-step test shows right hypertropia, which increases on right gaze and right head tilt, then the paralyzed muscle is
- a) Right superior oblique.
c) Left inferior oblique.
- (xi) Following are the features of the acquired paralytic squint, EXCEPT:
- a) Restricted eye movements
c) Change in head posture
- (xii) A 3-year-old boy measures 35 PD XT for distance and 15 PD of intermittent exotropia for near. How would this deviation be characterized?
- a) True divergence excess.
c) Basic exotropia.
- (xiii) All of the following are the characteristics of congenital third nerve palsy, EXCEPT:
- a) Esodeviation
c) Hypotropia
- (xiv) Limitations of adduction and abduction are both visible in type _____ Duane's syndrome.
- a) I
c) III
- (xv) Amblyopia most likely can lead to:
- a) Increased visual acuity
c) loss of color vision
- d) confrontation test.
b) jump vergence.
d) step vergence.
b) Spasmus nutans
d) All of these
b) AIF and Spasm of accommodation
d) Presbyopia and paralysis of accommodation
b) Right Inferior rectus.
d) Left Superior Rectus.
b) Diplopia
d) Amblyopia
b) Pseudo-divergence excess.
d) Cannot determine this from the above information.
b) Abnormal pupillary reaction
d) Ptosis
b) II
d) IV
b) Loss of depth perception
d) Loss of pupillary reflex

Group-B

(Short Answer Type Questions)

3 x 5=15

2. Summarize various signs of accommodative excess. (3)
3. Illustrate various etiology of accommodative insufficiency. (3)
4. Illustrate various etiology of ill sustained accommodation. (3)
5. Write a short note on acute esotropia. (3)
6. One 12 years old patient come to your clinic and having complaints of headache with eyestrain after 10 minutes of reading. His MAF OD and OS is 9 cpm, BAF is 1.5 cpm, difficulty with plus lens. Explain what you will suspect for that patient and what possible criteria should match to support your diagnosis? (3)

OR

One 14 years old patient come for binocular vision evaluation. MAF OD and OS is 6.5 cpm, BAF is 0.5 cpm, and difficulty with minus lens. what you will suspect for that patient and explain what possible criteria should match to support your diagnosis. (3)

Group-C

(Long Answer Type Questions)

5 x 6=30

7. Explain Duane's Retraction syndrome including its etiology, types, characteristics, ocular associations. (5)
8. Explain the clinical tests that is necessary to differentiate types of intermittent exotropia. (5)
9. A 20 years old woman patient come to your clinic for binocular vision evaluation. You have seen his amplitude of accommodation decrease with repeated NPA assessment. Explain what you will suspect for that patient and explain what further assessment procedure you have to perform to confirm your diagnosis and explain suggested reading from those procedure to support your diagnosis. (5)
10. Describe how you will examine the patient with nystagmus. (5)
11. Describe the differential diagnosis and management of sixth nerve palsy. (5)
12. What are the complications of occlusion? (5)

OR

How will you differentiate Primary Inferior Oblique Overaction from Superior Oblique Paresis? (5)
