22731-26357-41506

BRAINWARE UNIVERSITY

Term End Examination 2025-2026
Programme – B.Optometry-2021/B.Optometry-2022/B.Optometry-2023
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) 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

(ii) The cause of sensory esotropia is
a) Squint surgery.
b) high hypermetropia.
c) congenital cataract.
d) congenital fibrosis of the medial rectus muscle.

(iii) 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.
d) confrontation test.

(iv) Identify the condition in which eyes are Inable to obtain and/or maintain adequate binocular convergence for any length of time without undue effort
a) Convergence insufficiency
b) Convergence excess
c) fusional vergence dysfunction
d) Basic esophoria

(v) Identify the condition in which eyes are characterized by intermittent episodes of maximum convergence usually associated with spasm of accommodation
a) Divergence insufficiency
b) Divergence excess
c) Convergence excess
d) Convergence insufficiency

(vi) Apply the correct method in case if you want to decrease level of difficulty of task for accommodative demand you should
a) Decrease the power of lens
b) increase size of print
c) Change working distance
d) All of these

(vii) Exophoria more (>4PD) at near that distance is the sign of
a) Accommodative excess
b) Accommodative insufficiency

c) Convergence excess
d) Convergence insufficiency

(viii) If a Patient's park's three step test shows right hyper tropia which increases on right gaze and left head tilt then the paralyzed muscle is :

a) Left inferior oblique muscle
b) Right inferior rectus muscle
c) Right superior oblique
d) Left superior rectus

(ix) If a patient's park's three-step test shows right hypertropia, which increases on left gaze and left head tilt, then the paralyzed muscle is

a) Right superior oblique.
b) Right inferior rectus.
c) Left inferior oblique.
d) Left superior rectus.

(x) Brown syndrome stimulates paresis of which of the following muscles?

a) Superior oblique.
b) Inferior oblique.
c) Inferior rectus.
d) Superior rectus.

(xi) A 2-month-old boy with large-angle esotropia and apparent cross-fixation is present in your office. The least likely diagnosis on your differential is

a) Congenital esotropia.
b) Mobious syndrome.
c) Nystagmus blockage syndrome.
d) Abducens palsy is associated with birth trauma.

(xii) Which one of the following best illustrates an exception to Sherrington's law?

a) Dissociated Vertical Deviation.
b) Duane's Type-I.
c) Congenital Exotropia.
d) Congenital ESotropia.

(xiii) A child is present with both eyes in the adducted position. To best determine if this is the result of a bilateral lateral rectus palsy, you could try each of the following, EXCEPT:

a) Doll's head movement
b) Saccadic Eye movements generated by an OKN drum
c) Patching one eye and testing ductions
d) Placing the child in plus lenses to reduce accommodation

(xiv) Each of the following is false regarding accommodative esotropia, EXCEPT:

a) Always congenital
b) Usually intermittent at onset and become constant
c) Amblyopia is very common
d) Always develop diplopia

(xv) The main goal of amblyopia treatment is to:

a) Restore normal vision
b) Reduce eye strain
c) reduce asthenopic symptom
d) Restore normal vision and binocular function

Group-B

(Short Answer Type Questions) 3 x 5=15

2. Explain the management strategy of convergence insufficiency. (3)
3. Explain various components of reflex convergence. (3)
4. Write a short note on "Y" Pattern Strabismus. (3)
5. Write down the classification of accommodative esotropia. (3)
6. Write down the role of the patch test in the diagnosis of exotropia. (3)

OR

Write down the role of Far distance test in the diagnosis of exotropia. (3)

Group-C

(Long Answer Type Questions) 5 x 6=30

7. How will you differentiate various types of true divergence excess type exotropia mechanism? (5)
8. Describe etiology and characteristics of 4th nerve palsy. (5)

9. One 14 years old patient come to your clinic and having complaints of headache after 10 minutes of reading. His MAF OD and OS is 8 cpm, BAF is 1.5 cpm, difficulty with plus lens. 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. Discuss congenital motor nystagmus and sensory nystagmus. (5)
11. How will you differentiate Primary superior oblique overaction from Brown's syndrome ? (5)
12. What are the challenges of occlusion therapy? (5)

OR

What are the complications of occlusion? (5)

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