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TEE/BOPTO602/2019/2021 - 22



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BRAINWARE UNIVERSITY

Term End Examination 2021 - 22
Programme – Bachelor of Optometry
Course Name – Binocular Vision & Orthoptics -II
Course Code - BOPTO602
(Semester VI)

Time : 1 Hr.15 Min.

Full Marks : 60

[The figure in the margin indicates full marks.]

Group-A

(Multiple Choice Type Question)

1 x 60=60

Choose the correct alternative from the following :

- (1) Test for accommodation are-
 - a) NRA
 - b) PRA
 - c) NPA
 - d) All of these
- (2) _____ binocular grades has motor components
 - a) Stereopsis
 - b) Fusion
 - c) Simultaneous perception
 - d) All of these
- (3) You perform MEM retinoscopy on a patient and find -0.50 in OD and OS, so what does the value indicate
 - a) Lead
 - b) Lag
 - c) Normal
 - d) Both a and b
- (4) A patient is struggling to perform the base-in procedure with HTS. Which of the following would be helpful to make the task easier for the patient?
 - a) Have the patient view the target through 4 base out
 - b) Have the patient view the target through -1.0 0 OU
 - c) Have the patient cover one eye during the procedure
 - d) Have the patient try and get the feeling of crossing his eyes
- (5) With a 2-year-old child we would usually prescribe eyeglasses if the degree of myopia is greater than
 - a) -0.75
 - b) -0.5
 - c) -1.25
 - d) -1
- (6) Which of the following statements is true about the use of prism to treat binocular vision disorders?
 - a) When prism is prescribed to treat an esodeviation, we do not expect the eye to change alignment through the prism
 - b) Base out prism is used to treat exodeviations

- c) The goal of prism correction is to increase the compensatory fusional reserve
- d) Prism is more useful with horizontal than with vertical deviations
- (7) Your 5 year old patient presents with 10 prism diopters of esophoria at distance and 20 prism diopters of intermittent esotropia at near. The refractive error is +1.00 OD and OS and the child has 20/20 visual acuity in both eyes with the glasses. With the glasses the cover test is ortho at distance and 10 esophoria at near. The best diagnosis for this patient is:
- a) Accommodative exotropia secondary to hyperopia and high AC/A ratio
- b) Accommodative esotropia secondary to hyperopia and high AC/A ratio
- c) Accommodative esotropia secondary to hyperopia
- d) Accommodative esotropia secondary to high AC/A ratio
- (8) Which of the following tests does not assess negative fusional vergence?
- a) Vergence facility with base-in prism
- b) Binocular accommodative facility with +2.00 lenses
- c) Binocular accommodative facility with -2.00 lenses
- d) PRA
- (9) The best method for testing visual acuity in an infant (baby) is
- a) The Tumbling "E" chart
- b) The fixation preference test
- c) The Snellen Acuity Chart
- d) The Lea Symbol Chart
- (10) A 16 year-old patient presents a complaint of intermittent diplopia when looking at distance objects. The cover test examination at distance is 10 esophoria and at near ortho. The history clearly indicates that the patient has had this problem for many years. The best diagnosis is:
- a) Convergence excess
- b) Divergence excess
- c) Divergence insufficiency
- d) Convergence insufficiency
- (11) A patient is viewing a target at 33 cm while you perform the cover test. The distance phoria is 1 esophoria and the patient's IPD (interpupillary distance) is 66 mm. The AC/A ratio is 4/1. Predict the phoria at near.
- a) 12 exophoria
- b) 7 exophoria
- c) 5 exophoria
- d) 15 exophoria
- (12) Angle of squint is measured by –
- a) Gonioscope
- b) Prism
- c) Retinoscope
- d) Keratometer
- (13) Oculomotor nerve palsy affects all the following muscle except
- a) superior rectus
- b) Lateral Rectus
- c) inferior oblique
- d) Levator Palpebrae superioris
- (14) A feature of paralytic squint is –
- a) Detected by cover uncover test
- b) Always divergent
- c) Clinically called tropia
- d) Associated with decreased vision
- (15) Amblyopia is treated by-
- a) Optical correction
- b) Occlusion
- c) Orthoptic exercise
- d) Plenoptic exercise
- (16) Regarding amblyopia which of the following is true –
- a) Reversible loss of vision
- b) Associated with squint
- c) Defect in refractive error
- d) Exercise is done
- (17) Person is not able to look down. Which extraocular muscle is affected:

- a) Superior oblique
c) Superior rectus
- b) Inferior oblique
d) Lateral rectus
- (18) Primary action of superior oblique is-
- a) Intorsion
c) Adduction
- b) Depression
d) Abduction
- (19) A 26 yrs old male with restriction of eye movements in all directions & moderate ptosis but with no diplopia or squint. Diagnosis is-
- a) Thyroid ophthalmopathy
c) Myasthenia gravis
- b) Chronic progressive external ophthalmoplegia
d) Multiple cranial nerve palsies
- (20) Weakness of both Adduction and Abduction is seen in-
- a) Duane's Retraction Syndrome Type 1
c) Duane's Retraction Syndrome Type 3
- b) Duane's Retraction Syndrome Type 2
d) All of these
- (21) After trauma, a patient is not able to move his eye outward beyond the midpoint. The cranial nerve-injured is
- a) 2nd
c) 4th
- b) 3rd
d) 6th
- (22) Which of the following is the most appropriate term to describe an esotropia which occurs within the first 6 months of life?
- a) congenital
c) acquired
- b) infantile
d) accommodative
- (23) In dextroversion yoke muscle of right lateral rectus is
- a) left medial rectus
c) left lateral rectus
- b) right superior oblique
d) right medial rectus
- (24) A person has diplopia and difficulty is looking downwards which is much pronounced in an adducted position. Other movements are not affected. Which nerve is affected
- a) oculomotor
c) abducent
- b) trochlear
d) trigeminal
- (25) Sixth cranial nerve palsy in the left eye causes
- a) accommodation paresis in left gaze
c) adduction weakness of left eye
- b) ptosis of the left eye
d) diplopia in left gaze
- (26) During ocular motility increased innervation to the contracting muscle is accompanied by decreased innervation to the relaxing antagonistic muscle. This phenomenon is explained by
- a) Herring's law
c) donder's law
- b) Sherrington law
d) none of these
- (27) Patient is not able to look downwards. Which ocular muscle is affected
- a) superior oblique
c) superior rectus
- b) inferior oblique
d) inferior rectus
- (28) The cardinal position of gaze are _____ in number
- a) 4
c) 9
- b) 6
d) 12
- (29) Which of the following is supplied by the third cranial nerve?
- a) lateral rectus
c) inferior oblique
- b) superior oblique
d) dilator pupillae

- (30) Which of the following processes help in placing the image on fovea?
 a) Convergence
 b) Magazine
 c) Focal length
 d) Aperture
- (31) The difference between the images on retina is given as
 a) Retinal disparity
 b) Stereoscopic disparity
 c) Difference in retinal
 d) Stereoscopic retina
- (32) What causes loss of binocular vision?
 a) Reduced vision in one eye
 b) Loss of coordination of movement between the two eyes (strabismus)
 c) Problems with the brain comparing images from both eyes.
 d) All of the above
- (33) Each of the following is true regarding accommodative esotropia EXCEPT:
 a) always high AC/A ratio
 b) usually intermittent at onset and becoming constant
 c) amblyopia is very common
 d) rarely develop diplopia
- (34) Which one of the following statements is true of DVD?
 a) It is rare in patients with congenital esotropia.
 b) It is usually a unilateral condition.
 c) The deviated eye extorts as it elevates.
 d) It violates Hering's law.
- (35) Which of the following could NOT be the symptom of decompensating heterophoria?
 a) closing one eye when reading
 b) monocular diplopia
 c) intermittent diplopia
 d) intermittent blurring at distance
- (36) A patient who demonstrates an increase in angle of greater than 10° base-in for near fixation with +3.00 D lenses is best described as:
 a) malingering
 b) a fully accommodative esotrope
 c) a simulated divergence-excess exotrope
 d) exhibiting divergence-insufficiency
- (37) Comitant eye deviations can be classified according to which of the following criteria?
 a) eye position and movement during cover test
 b) fixation distance
 c) primary or secondary
 d) all of these
- (38) If exercises for convergence insufficiency are not advisable, which option would be the least beneficial?
 a) minus lenses
 b) prisms base in for near
 c) . increased addition for near
 d) Occlude one eye for reading
- (39) Ocular side effect of Miotic agent
 a) Limbus margin cyst
 b) Iris margin cyst
 c) pupil margin cyst
 d) None of these
- (40) All are the advantages are correct for miotic agent except
 a) Spectacle free
 b) No cooperation
 c) retinal image more clear
 d) none of these
- (41) When will instill miotic agent which muscle is takes the effect
 a) All rectus muscle
 b) Sphincter muscle
 c) Ciliary muscle
 d) both b and c
- (42) Dose of echothiopate iodide in percentage is
 a) 0.1
 b) 0.2
 c) 0.3
 d) 0.4

- (43) The amount of deviation in ESSENTIAL INFANTILE ESOTROPIA may be present
- | | |
|------------|-----------|
| a) 30-40PD | b) 2-10PD |
| c) 10-25PD | d) 5-10PD |
- (44) Exo with "A" pattern then up to down gaze the amount of deviation will
- | | |
|-------------|--------------|
| a) Increase | b) Decreases |
| c) same | d) Ortho |
- (45) Eso with "V" pattern then up to down gaze the amount of deviation will
- | | |
|-------------|-------------|
| a) Increase | b) Decrease |
| c) same | d) Ortho |
- (46) Exo with "V" pattern then up to down gaze the amount of deviation will
- | | |
|-------------|-------------|
| a) Increase | b) Decrease |
| c) same | d) Ortho |
- (47) Eso with "A" pattern then up to down gaze the amount of deviation will
- | | |
|-------------|-------------|
| a) Increase | b) Decrease |
| c) same | d) Ortho |
- (48) In "A" pattern the amount of deviation may differ among up, primary and down gaze is
- | | |
|---------|---------|
| a) 10PD | b) 15PD |
| c) 20PD | d) 25PD |
- (49) In "V" pattern the amount of deviation may differ among up, primary and down gaze is
- | | |
|---------|---------|
| a) 10PD | b) 15PD |
| c) 20PD | d) 25PD |
- (50) In case of arrow pattern , the amount of deviation will be present in up gaze is
- | | |
|----------|---------|
| a) 5PD | b) 10PD |
| c) Ortho | d) 20PD |
- (51) All are types of "A" pattern except
- | | |
|------------------|------------------|
| a) LAMBA | b) "X" |
| c) Arrow pattern | d) none of these |
- (52) All are types of "V" pattern except
- | | |
|------------------|------------------|
| a) "X" | b) "Y" |
| c) Arrow pattern | d) none of these |
- (53) " X" pattern is seen in
- | | |
|-------------------|------------------|
| a) Duane type I | b) Duane type II |
| c) Duane type III | d) Duane type IV |
- (54) All are correct in case of Duane's Syndrome except
- | | |
|--------------------------|-----------------------------------|
| a) Globe retraction | b) Produce relative Endophthalmos |
| c) Lid fissure narrowing | d) Proptosis |
- (55) Name the test where they record the separation of the diplopic or double images in the nine positions of gaze.
- | | |
|--------------------|----------------------|
| a) Red filter test | b) Double maddox Rod |
| c) Hess chart test | d) Diplopia charting |
- (56) Diplopia charting is Test
- | | |
|-------------------|--------------------|
| a) Objective test | b) subjective test |
| c) none of these | d) botha and b |
- (57) If the patient complaining of Double vision which test will give more accuracy

- a) Red filter test
 - b) Diplopia charting
 - c) Prism Cover test
 - d) all of these
- (58) If the patient is having outward deviation then what will be the orientation of prism while performing PCT
- a) Base Out
 - b) Base In
 - c) Base up
 - d) Base down
- (59) If the patient is having upward deviation then what will be the orientation of prism while performing PCT
- a) Base Out
 - b) Base In
 - c) Base up
 - d) Base down
- (60) The purpose of performing Hess Chart is to detect
- a) Colour vision
 - b) EOM defect
 - c) Corneal sensation
 - d) None of these