

ABO EXAM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which refractive error do most children tend to shift towards as they grow?**
 - A. Defined as grams per cubic centimeter
 - B. Applied to the back of the lens with the ridged side out
 - C. Most children are born hyperopic and may develop myopia as they grow
 - D. A minus lens moved further away from the eye has is compensated with
- 2. Which meridian do polarized lenses filter light in?**
 - A. A. Vertical
 - B. B. Horizontal
 - C. C. Diagonal
 - D. D. Curved
- 3. What is the standard unit of measurement for lens power?**
 - A. Millimeter (mm)
 - B. Diopter (D)
 - C. Degree (°)
 - D. Meter (m)
- 4. What effect do increasing plus powers have on the base curves selected for the lens?**
 - A. Decrease steepness
 - B. Increase steepness
 - C. No effect on steepness
 - D. Transform into prisms
- 5. What type of lens is used primarily to correct myopia?**
 - A. Convex lens
 - B. Concave lens
 - C. Aspheric lens
 - D. Cylindrical lens
- 6. Which type of lens is specifically designed to assist with reading up close?**
 - A. Progressive lens
 - B. Bifocal lens
 - C. Distance lens
 - D. Toric lens

- 7. What is the term for when a patient's eyes move inward to focus at near?**
- A. When a patient's eyes move inward to focus at near
 - B. Unit of measurement for ophthalmic prism
 - C. Convergence
 - D. Inflammation of the cornea
- 8. What does the closest distance between lenses indicate in opticianry?**
- A. Lens thickness
 - B. Lens curvature
 - C. Pupil distance
 - D. Frame fit
- 9. What should be the angle of the temple arm in relation to the frame front for optimal fit?**
- A. Approximately 90 degrees
 - B. About 45 degrees
 - C. Typically straight
 - D. Ranging from 80 to 100 degrees
- 10. What is the common name used for cellulose acetate in eyewear?**
- A. A. Plexiglass
 - B. B. Polycarbonate
 - C. C. Lucite
 - D. D. Zyl

Answers

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1. C
2. B
3. B
4. B
5. B
6. B
7. C
8. D
9. A
10. D

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Explanations

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1. Which refractive error do most children tend to shift towards as they grow?

- A. Defined as grams per cubic centimeter
- B. Applied to the back of the lens with the ridged side out
- C. Most children are born hyperopic and may develop myopia as they grow**
- D. A minus lens moved further away from the eye has is compensated with

The correct option highlights that most children are born hyperopic, which means they have a tendency to be farsighted at birth. As they grow, their eyes naturally elongate, causing a shift towards myopia (nearsightedness). This is a common trend observed in children as their visual system develops. The growth of the eye causes a gradual change in refractive status, and this is particularly important for eye care professionals to understand as they deal with prescriptions for children. Recognizing this shift can help in diagnosing and managing vision correction needs effectively. In essence, as a child's eye develops, they are likely to require more myopic correction over time, which is crucial information for parents and eye care professionals alike. By having a foundational understanding of refractive errors and how they progress through childhood, practitioners can make informed decisions about the best possible interventions for their young patients.

2. Which meridian do polarized lenses filter light in?

- A. A. Vertical
- B. B. Horizontal**
- C. C. Diagonal
- D. D. Curved

Polarized lenses are designed to filter out certain types of light, specifically light rays that are horizontally polarized. This is because horizontal light rays tend to create glare when reflected off of flat surfaces such as water or snow. Polarized lenses are able to block out these horizontal light rays, thus reducing glare and increasing visual clarity. Therefore, the answer of B. Horizontal is correct as it describes the direction of the light being filtered. The other options are incorrect as they do not accurately describe the direction of the light being filtered and may cause confusion. For example, C. Diagonal and D. Curved are not considered specific directions of light, and A. Vertical refers to the direction of the polarizing film within the lens, not the direction of the light being filtered.

3. What is the standard unit of measurement for lens power?

- A. Millimeter (mm)
- B. Diopter (D)**
- C. Degree (°)
- D. Meter (m)

The standard unit of measurement for lens power is the diopter (D). Lens power refers to the degree to which a lens converges or diverges light, and it is directly related to the focal length of the lens. Specifically, one diopter is equal to the inverse of the focal length measured in meters. Therefore, a lens with a focal length of 1 meter has a power of 1 diopter. This unit is essential in optics because it allows opticians and eye care professionals to prescribe corrective lenses that effectively address a patient's vision needs based on their refractive errors. The other units mentioned, such as millimeter, degree, and meter, are not appropriate for measuring lens power. Millimeters are used to measure physical distances or dimensions, degrees may measure angles or the curvature of a lens, and meters also reflect distance but not the optical power of a lens. Thus, the diopter is uniquely suited for describing how lenses affect light and is the universally accepted standard in the field of optics.

4. What effect do increasing plus powers have on the base curves selected for the lens?

- A. Decrease steepness
- B. Increase steepness**
- C. No effect on steepness
- D. Transform into prisms

Increasing plus powers in lenses typically lead to an increase in the steepness of the base curves selected for the lenses. This relationship stems from the optical principles governing the design and function of convex lenses. As plus power increases, the curvature of the lens also must increase to properly converge light rays and focus them on the retina. The steepness of the base curve directly corresponds to how much light the lens can bend; therefore, with higher plus powers, a steeper curve is necessary to achieve the desired optical effect for patients with hyperopia (farsightedness). A steeper base curve ensures that the lens can adequately facilitate the necessary convergence of light. Understanding this relationship is crucial for lens designers and opticians when prescribing lenses to ensure proper fit and vision correction. It is also important to note that base curve adjustments can affect the lens thickness, weight, and overall aesthetics of the eyewear, factors that are also essential in patient satisfaction.

5. What type of lens is used primarily to correct myopia?

- A. Convex lens
- B. Concave lens**
- C. Aspheric lens
- D. Cylindrical lens

Myopia, commonly known as nearsightedness, occurs when the eye's shape causes light rays to focus in front of the retina rather than directly on it. This results in distant objects appearing blurry while close objects can be seen clearly. To correct this condition, a concave lens is used. Concave lenses are thinner at the center and thicker at the edges, which helps diverge light rays before they enter the eye. This divergence of light allows the rays to focus further back, directly on the retina, thereby improving the clarity of distant vision for someone with myopia. In contrast, convex lenses, which are thicker in the center, are used to correct hyperopia (farsightedness) as they converge light rays to bring the focus closer to the eye. Aspheric lenses are designed to enhance optical performance and reduce aberrations, but they are not specifically aimed at correcting myopia. Cylindrical lenses are used for astigmatism, a condition where the light is not focused evenly on the retina due to an irregularity in the cornea or lens shape. Thus, the use of a concave lens specifically addresses the focal point issue associated with myopia, making it the appropriate choice for correction in this case.

6. Which type of lens is specifically designed to assist with reading up close?

- A. Progressive lens
- B. Bifocal lens**
- C. Distance lens
- D. Toric lens

Bifocal lenses are specifically designed to assist with reading up close. These lenses have two distinct optical powers: one for distance vision and one for near vision. The section of the lens designated for reading is typically located in the lower part of the lens, allowing the wearer to focus on nearby objects, such as text, while maintaining the ability to see further away through the upper portion. In contrast, progressive lenses provide a smooth transition between various vision zones for distance, intermediate, and near vision, without the visible lines present in bifocals. While they do help with near vision, their primary feature is the ability to correct vision at multiple distances in a single lens. Distance lenses are specifically crafted to correct vision for faraway objects and do not address close-up reading needs. Toric lenses are designed to correct astigmatism, which affects overall vision, but they are not specifically aimed at facilitating close-up tasks like reading.

7. What is the term for when a patient's eyes move inward to focus at near?

- A. When a patient's eyes move inward to focus at near
- B. Unit of measurement for ophthalmic prism
- C. Convergence**
- D. Inflammation of the cornea

The term for when a patient's eyes move inward to focus at near is known as convergence. Convergence is a natural process that occurs when the brain and eyes work together to allow both eyes to focus on close objects. This inward movement enables adequate alignment of the visual axes in order to obtain a single, clear image from both eyes, which is essential for depth perception and seeing smaller details clearly. This physiological response is critical for proper near vision as it helps maintain binocular vision, where both eyes work together effectively. Understanding convergence is vital for opticians and eye care professionals as it relates directly to the assessment of a patient's ability to see clearly at varied distances, and can lead to diagnosis and management of various vision disorders.

8. What does the closest distance between lenses indicate in opticianry?

- A. Lens thickness
- B. Lens curvature
- C. Pupil distance
- D. Frame fit**

The closest distance between lenses is a significant consideration in the context of frame fit. This distance, often referred to as the "inter-lens distance," conveys important information regarding how well the lenses interact with the wearer's face, particularly in ensuring that the optical centers of the lenses align with the wearer's pupils. If the lenses are too far apart or too close together, it can lead to discomfort or visual disturbances, such as double vision, because the alignment impacts how effectively light is focused through the prescribed lenses. A proper frame fit ensures that the wearer will experience optimal visual performance, as well as comfort, throughout their daily activities. If the lenses are not positioned correctly relative to the eyes, corrective benefits may not be fully realized, and the user could potentially have adverse experiences while wearing their eyewear. The other options, such as lens thickness, lens curvature, and pupil distance, while related to lens design and prescription parameters, do not directly reference the positioning of the lenses in the frame in relation to each other and the wearer's eyes. Therefore, understanding the connection between the closest distance between lenses and frame fit is crucial for ensuring an effective and comfortable eyewear experience.

9. What should be the angle of the temple arm in relation to the frame front for optimal fit?

- A. Approximately 90 degrees**
- B. About 45 degrees
- C. Typically straight
- D. Ranging from 80 to 100 degrees

The optimal angle of the temple arm in relation to the frame front is approximately 90 degrees. This angle is crucial for achieving a secure and comfortable fit of eyewear on the face. When the temple arms are set at this angle, they can effectively hold the glasses in place, ensuring that the lenses are properly positioned in front of the eyes for clear vision. A 90-degree angle also allows the temple arms to sit comfortably against the sides of the head, preventing slippage while the wearer is active. Additionally, this angle helps in distributing the weight of the glasses evenly across the nose and the ears, enhancing overall comfort during prolonged wear. This positioning is essential for avoiding pressure points that can lead to discomfort or headaches. In contrast, other angles such as 45 degrees would potentially cause the eyewear to sit unsteadily, leading to misalignment of the lenses and possibly affecting vision clarity. A typically straight temple arm could indicate a poor fit for curvilinear head shapes, which might also lead to discomfort and improper lens alignment. An angle ranging from 80 to 100 degrees may not provide the necessary stability or comfort that a precise 90-degree angle offers, risking movement and the need for frequent adjustments.

10. What is the common name used for cellulose acetate in eyewear?

- A. A. Plexiglass
- B. B. Polycarbonate
- C. C. Lucite
- D. D. Zyl**

Cellulose acetate is commonly known as Zyl in the eyewear industry. It is a popular material used for making eyeglass frames because of its durability, flexibility, and wide range of color options. Plexiglass is a brand name for acrylic plastic, not cellulose acetate. Polycarbonate is another type of plastic often used for lenses, not frames. Lucite is a brand name for acrylic resin and not associated with cellulose acetate frames.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://abopractice.examzify.com>

We wish you the very best on your exam journey. You've got this!

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