

ADVANCED BINOCULAR VISION (ABV) EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Endpoint of BAF?

- A. Clear +/- 2.50 without suppression for 20 cpm
- B. Clear +/- 1.50 without suppression for 20 cpm
- C. Clear +/- 3.50 for 40 cpm
- D. Clear +/- 2.50 with suppression for 30 cpm

2. Which statement best describes tonic accommodation?

- A. Tonic neuronal innervation to the ciliary body supplied by the midbrain
- B. A reflex triggered by retinal feedback
- C. A response only present when the eyes are open
- D. A short-lived response lasting seconds

3. During MAF testing, what should you document?

- A. Which side is more challenging
- B. Whether the test becomes harder or easier as it goes on
- C. Size and postural changes
- D. Both A and B

4. What is diplopia mapping used for in ABV?

- A. To assess refractive error
- B. To measure accommodation
- C. To determine ocular motility speed
- D. To map the diplopia field to identify alignment and plan therapy

5. Which statement best describes the alternate cover test?

- A. It measures manifest deviations by breaking fusion and observing eye movement.
- B. It measures refractive error.
- C. It assesses stereoacuity.
- D. It tests color vision.

- 6. What additional insight does Chiorescope tracing provide beyond stability assessment?**
- A. Magnitude of accommodation
 - B. Ocular motility pattern in lateral gaze
 - C. Degree to which the patient is affected by proximal convergence
 - D. Color discrimination under dim lighting
- 7. The Stereo Fly test measures gross stereo at which disparity?**
- A. 3000 arc seconds
 - B. 1500 arc seconds
 - C. 6000 arc seconds
 - D. 1000 arc seconds
- 8. Which statement about suppression is true?**
- A. Constant suppression is more symptomatic
 - B. Suppression is always intermittent
 - C. Constant suppression is an adaptation and patients are less likely to be symptomatic
 - D. Intermittent suppression is not linked to ocular motility
- 9. Worth 4-Dot test is used to:**
- A. To measure accommodation amplitude.
 - B. To assess suppression and diplopia across distance and near with red-green glasses.
 - C. To assess color vision.
 - D. To evaluate ocular alignment in still images.
- 10. CA/C ratio measurement requires adding how many prism diopters of demand?**
- A. 3 prism diopters of demand must be added.
 - B. 12 prism diopters of demand must be added.
 - C. 1 prism diopter of demand must be added.
 - D. 6 prism diopters of demand must be added.

Answers

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

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Explanations

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1. Endpoint of BAF?

- A. Clear +/- 2.50 without suppression for 20 cpm**
- B. Clear +/- 1.50 without suppression for 20 cpm
- C. Clear +/- 3.50 for 40 cpm
- D. Clear +/- 2.50 with suppression for 30 cpm

In this test, the endpoint is reached when the patient can sustain a clear, single image with both eyes (no suppression) under a moderate stimulation condition. The criterion used is a binocularly clear perception with a tolerance of about ± 2.50 at a stimulation rate of 20 cycles per minute. This reflects completing the binocular fusion task under typical demands while ensuring the eyes are contributing together rather than one being suppressed. That's why the best choice is the option stating clear ± 2.50 without suppression for 20 cpm. The other options either require suppression, or use different stimulation rates, which don't meet the standard endpoint criteria for this measure.

2. Which statement best describes tonic accommodation?

- A. Tonic neuronal innervation to the ciliary body supplied by the midbrain
- B. A reflex triggered by retinal feedback
- C. A response only present when the eyes are open
- D. A short-lived response lasting seconds**

Tonic accommodation describes the baseline level of focusing the eye maintains when there isn't a continuous near task demanding sustained focus. It reflects the resting neural tone of the ciliary muscle rather than a stimulus-driven reflex. It isn't a reflex that's triggered by ongoing retinal feedback, and it isn't tied to whether the eyes are open or closed as a defining feature. The best description among the options is that tonic accommodation is a short-lived response lasting seconds, because it captures the idea that when near demand ends, the accommodative state relaxes back toward rest fairly quickly. The other statements either emphasize where the innervation comes from or imply conditions (like requiring the eyes to be open) that don't define tonic accommodation itself.

3. During MAF testing, what should you document?

- A. Which side is more challenging
- B. Whether the test becomes harder or easier as it goes on
- C. Size and postural changes
- D. Both A and B**

The key idea is to capture both how the two sides compare and how performance changes over time. Documenting which side is more challenging tells you if there's a side-specific weakness or bias in binocular control, which can affect how well tasks are fused or tracked. Noting whether the test is getting harder or easier as you go along reveals fatigue, endurance, or learning effects, all of which influence how reliable the performance is across trials. Together, these two pieces of information give a fuller, more actionable picture than focusing on a single aspect. Size or postural changes aren't the main focus of this test's documentation, so they don't define the result, though you can note them if they seem to impact performance.

4. What is diplopia mapping used for in ABV?

- A. To assess refractive error
- B. To measure accommodation
- C. To determine ocular motility speed
- D. To map the diplopia field to identify alignment and plan therapy**

Diplopia mapping in ABV is about charting where double vision appears across different gaze positions to understand how the eyes are misaligned. By mapping the diplopic field, you can see whether the misalignment is constant or changes with direction, which eyes the diplopia is seen in, and how severe it is in each area of the visual field. This information directly guides alignment-focused therapy, such as prism prescriptions and targeted binocular rehabilitation, and helps plan further interventions if needed. It's not used to measure refractive error, assess accommodation, or determine how quickly the eyes move; those functions are addressed by separate tests.

5. Which statement best describes the alternate cover test?

- A. It measures manifest deviations by breaking fusion and observing eye movement.**
- B. It measures refractive error.
- C. It assesses stereoacuity.
- D. It tests color vision.

Alternate cover testing is used to reveal a manifest eye deviation by breaking binocular fusion and watching how the eyes move to re-fixate. By alternately covering each eye, fusion is disrupted so the eyes can no longer align to maintain single vision. If a tropia is present, you'll see an obvious movement of the eye that would normally fixate as the cover switches, indicating a true, observable misalignment. This test is specifically about detecting and characterizing a deviation that is always present when fusion is disrupted, not about refractive errors, stereoacuity, or color vision, which are assessed with other, separate tests.

6. What additional insight does Chiroscope tracing provide beyond stability assessment?

- A. Magnitude of accommodation
- B. Ocular motility pattern in lateral gaze
- C. Degree to which the patient is affected by proximal convergence**
- D. Color discrimination under dim lighting

The key idea is measuring how much near convergence is driven by proximal cues, not just by the need to focus (accommodation) or by general eye movement patterns. Chiroscope tracing tracks how the eyes converge as the target's apparent distance changes, giving a readout of the proximal convergence component of the near response. This tells you how strongly a patient responds to the perception of being close, independent of how much they have to accommodate to see the target. Why this matters: some patients may converge well because they are tapping into proximal cues, while others may rely more on accommodative or reflex pathways. Knowing the degree of proximal convergence helps assess fusional reserve and guides therapy for near tasks, such as whether vergence exercises should focus on enhancing proximity-driven convergence. The other options don't fit because they concern different aspects: magnitude of accommodation is about focusing power, ocular motility in lateral gaze is about horizontal movement patterns, and color discrimination under dim lighting is unrelated to vergence control.

7. The Stereo Fly test measures gross stereo at which disparity?

- A. 3000 arc seconds**
- B. 1500 arc seconds
- C. 6000 arc seconds
- D. 1000 arc seconds

Gross stereopsis looks at depth perception from large binocular disparities. The Stereo Fly test is designed to probe this coarse level of depth by presenting a target with a substantial disparity so that, if stereopsis is functioning, the fly appears to pop out from the background. The disparity used in this test is 3000 arc seconds, which is about 0.83 degrees of visual angle. That large disparity makes the depth cue easy to detect for people with normal gross stereopsis, making it a good screening for the presence of binocular depth perception. Other disparities (smaller ones around 1000–1500 arc seconds or larger ones like 6000) relate to different tests or to finer versus coarser depth tasks, but 3000 arc seconds is the standard value associated with the Stereo Fly's gross stereo measurement.

8. Which statement about suppression is true?

- A. Constant suppression is more symptomatic
- B. Suppression is always intermittent
- C. Constant suppression is an adaptation and patients are less likely to be symptomatic**
- D. Intermittent suppression is not linked to ocular motility

Suppression is the brain's strategy to keep vision single when the eyes don't align, by down-weighting or ignoring input from the eye that would cause confusion. When suppression is constant, it becomes a fixed adaptation: the suppressed eye contributes little to conscious vision, so the person typically doesn't experience double vision or related visual confusion. That's why constant suppression is described as an adaptive response and why these patients are less likely to report acute symptoms, even though binocular function is compromised and stereoacuity may be poor. Intermittent suppression can come and go with gaze or alignment, which means it's tied to how the eyes move and how the misalignment fluctuates. The statement that constant suppression is an adaptation and patients are less likely to be symptomatic captures this relationship. The other ideas—that constant suppression is more symptomatic, that suppression is always intermittent, or that intermittent suppression isn't linked to ocular motility—don't fit because suppression can be constant, it can fluctuate with position, and its presence often reflects the underlying eye-movement pattern causing the misalignment.

9. Worth 4-Dot test is used to:

- A. To measure accommodation amplitude.
- B. To assess suppression and diplopia across distance and near with red-green glasses.**
- C. To assess color vision.
- D. To evaluate ocular alignment in still images.

The Worth 4-Dot test targets binocular function by checking whether one eye is being suppressed and whether there is double vision, and it does this at both distance and near using red-green glasses. When fusion is working, you should see all four dots. If one eye is suppressed, you'll mainly see the dots from the open eye (red or green) at one or both distances. If diplopia is present, the patient may report or demonstrate seeing two sets of dots or an abnormal combination, indicating misalignment that creates double vision. This distance- and near-dependent check helps distinguish suppression and diplopia, which is exactly what this test is designed to reveal. It's not about measuring how well the eye can accommodate, not a test of color vision, and not a static assessment of ocular alignment from a single image—the Worth 4-Dot specifically probes how the two eyes function together with red-green separation across distances.

10. CA/C ratio measurement requires adding how many prism diopters of demand?

- A. 3 prism diopters of demand must be added.
- B. 12 prism diopters of demand must be added.
- C. 1 prism diopter of demand must be added.
- D. 6 prism diopters of demand must be added.**

CA/C ratio measures how much eyes converge for a given change in accommodation. To measure it reliably, you establish a fixed vergence demand with prisms so the eyes must converge by a known amount, then you change the accommodative demand with lenses and observe how much additional convergence occurs. Six prism diopters is the standard amount used for this fixed demand because it provides a clear, moderate stimulus: it's large enough to yield a measurable vergence response but not so large that it complicates the measurement with excessive fusional adjustments. Using this fixed 6 pd demand lets you compute the CA/C ratio as the change in convergence (in prism diopters) per diopter of accommodation change.

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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://advbinocularvision2.examzify.com>

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

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