

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

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://advbinocularvision2.examzify.com>



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. On the binocular accommodative facility test (BAF), a result of less than 6 cycles per minute indicates what?**
 - A. Increased accommodative facility
 - B. Normal accommodative facility
 - C. Variable accommodative facility
 - D. Reduced accommodative facility
- 2. What describes the NRA endpoint criterion?**
 - A. The endpoint is when the patient first notices depth perception.
 - B. The endpoint is when either accommodation fails resulting in blur or vergence fails resulting in diplopia.
 - C. The endpoint is when the patient is perfectly fused.
 - D. The endpoint is after 1 diopter of demand.
- 3. Which statement best describes the TV trainer in anti-suppression therapy?**
 - A. It is an active, physically demanding therapy.
 - B. It relies on rapid eye movements to train fusion.
 - C. It is typically contraindicated in all near tasks.
 - D. It is a passive form of anti-suppression therapy.
- 4. To facilitate accommodative therapy, which working-distance adjustment is recommended when using plus lenses?**
 - A. Increase the working distance when working with plus lenses
 - B. Decrease the working distance when using minus lenses
 - C. Decrease the working distance when working with plus lenses
 - D. Increase the working distance when using plus lenses
- 5. What are typical normative NPC break ranges in healthy adults?**
 - A. Approximately 2–4 cm
 - B. Approximately 6–10 cm, with shorter distances indicating stronger convergence
 - C. Approximately 15–25 cm
 - D. Approximately 20–30 cm

- 6. In ABV rehabilitation, what is the role of vision therapy?**
- A. It is a fixed protocol for all patients
 - B. It is used as indicated based on clinician assessment
 - C. It replaces prisms
 - D. It is outdated
- 7. During NRV/PRV testing, which sequence accurately describes changes before and after blur and the overall vergence measurement?**
- A. Before blur: NFRV; After blur: NAV; Total: TNV
 - B. Before blur: NAV; After blur: NFRV; Total: TNV
 - C. Before blur: PFRV; After blur: PAV; Total: TPV
 - D. Before blur: NFRV; After blur: PAV; Total: TPV
- 8. For NRA/PRA, which statement correctly describes the behavior of the planes of accommodation and vergence?**
- A. The plane of accommodation moves and the plane of vergence moves together at the true target location
 - B. The plane of accommodation moves while the plane of vergence is fixed at the true target location
 - C. The plane of vergence moves while the plane of accommodation remains fixed at the true target location
 - D. Neither plane moves
- 9. Which statement about minus lenses on perceived size is correct?**
- A. Minus lenses make objects look bigger and closer
 - B. Minus lenses have no effect on size
 - C. Minus lenses make objects look smaller and farther
 - D. Minus lenses invert colors
- 10. Maddox rod ridges orientation when measuring vertical deviations?**
- A. Diagonally
 - B. Horizontally
 - C. Vertically
 - D. No orientation matters

Answers

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

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Explanations

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1. On the binocular accommodative facility test (BAF), a result of less than 6 cycles per minute indicates what?

- A. Increased accommodative facility
- B. Normal accommodative facility
- C. Variable accommodative facility
- D. Reduced accommodative facility**

Binocular accommodative facility measures how quickly the eyes can switch focus between distances while maintaining clear, single binocular vision. In this test, rapid lens flips create demands on the accommodation–convergence system, and the number of complete cycles per minute reflects how flexibly a person can adjust focus. A result of less than 6 cycles per minute shows reduced accommodative facility—the system is slow to respond to changing focusing demands, indicating accommodative infacility. This can underlie near-work symptoms like eyestrain and fatigue. Increased facility would be unusually fast and not the case here, normal facility would fall within typical ranges, and a variable result would reflect inconsistency rather than a consistently low rate.

2. What describes the NRA endpoint criterion?

- A. The endpoint is when the patient first notices depth perception.
- B. The endpoint is when either accommodation fails resulting in blur or vergence fails resulting in diplopia.**
- C. The endpoint is when the patient is perfectly fused.
- D. The endpoint is after 1 diopter of demand.

The main idea is that the NRA endpoint marks the limit of the binocular system's ability to maintain single, clear vision as relative accommodative/vergence demand increases. You're testing how far the eyes can relax accommodation (and the corresponding vergence) before fusion or clarity breaks down. The best description is that the endpoint is reached when accommodation can no longer stay clear (blur) or vergence can no longer stay aligned (diplopia). In other words, you stop the test at the first sign that the system can't maintain fusion or sharpness, which defines the NRA limit. Depth perception isn't the metric used here, and you don't stop at perfect fusion or at a fixed amount like 1 diopter of demand.

3. Which statement best describes the TV trainer in anti-suppression therapy?

- A. It is an active, physically demanding therapy.
- B. It relies on rapid eye movements to train fusion.
- C. It is typically contraindicated in all near tasks.
- D. It is a passive form of anti-suppression therapy.**

The TV trainer is a passive form of anti-suppression therapy. It works by presenting binocular stimuli on a screen through filters so that both eyes participate in the viewing, encouraging the brain to fuse the images while the patient simply fixates and attends. There's no requirement for active, physically demanding tasks or rapid, purposeful eye movements; the therapy relies on sensory input and binocular fusion, not on motor training. The idea is to reduce suppression by making fusion the natural outcome of viewing, rather than teaching the eyes to perform specific rapid or strenuous actions.

4. To facilitate accommodative therapy, which working-distance adjustment is recommended when using plus lenses?

- A. Increase the working distance when working with plus lenses
- B. Decrease the working distance when using minus lenses
- C. Decrease the working distance when working with plus lenses**
- D. Increase the working distance when using plus lenses

When using plus lenses, they reduce the amount of accommodation the eyes need for a near target by providing part of the focusing power. To keep accommodative therapy effective, you want to challenge the system without overloading it. Moving the target closer increases the demand on accommodation and vergence, but the plus lenses cushion that demand, allowing a controlled, tolerable challenge. This pairing helps improve accommodation and convergence responses over time while keeping the exercise comfortable. Increasing the working distance would lessen the demand too much and make therapy less effective, and using minus lenses would raise demand in a way that plus lenses aren't meant to balance.

5. What are typical normative NPC break ranges in healthy adults?

- A. Approximately 2–4 cm
- B. Approximately 6–10 cm, with shorter distances indicating stronger convergence**
- C. Approximately 15–25 cm
- D. Approximately 20–30 cm

Near point of convergence shows how close a binocular target can come before the eyes can no longer fuse it into a single image. It tests the vergence system's ability to converge the eyes together as a target moves toward the face, which also depends on accommodation. In healthy adults, the break point—where single vision is lost—typically falls around 6 to 10 centimeters from the eyes. Shorter break distances mean the eyes can converge more strongly and maintain fusion at closer distances, which is generally a sign of robust vergence control. Longer break distances suggest weaker convergence and can be a clue toward convergence insufficiency or related near-vision symptoms. The exact numbers can vary somewhat with how the test is performed, the target used, and individual factors, but 6–10 cm is the commonly cited normative range.

6. In ABV rehabilitation, what is the role of vision therapy?

- A. It is a fixed protocol for all patients
- B. It is used as indicated based on clinician assessment**
- C. It replaces prisms
- D. It is outdated

Vision therapy in ABV rehabilitation is a tailored, clinician-guided set of activities chosen after a thorough assessment of how the eyes work together and how the patient uses vision in daily tasks. Because each person has a unique pattern of binocular, accommodative, or eye-movement weaknesses, the plan is customized to target those specific deficits, with goals and progress tracked over time. The therapy is used as indicated by the clinician, complementing other treatments like prisms or refractive correction when appropriate, and adjusted as the patient improves or new challenges arise. It is not a fixed protocol applied to everyone, and it remains a current option when it meets the patient's needs.

7. During NRV/PRV testing, which sequence accurately describes changes before and after blur and the overall vergence measurement?

- A. Before blur: NFRV; After blur: NAV; Total: TNV
- B. Before blur: NAV; After blur: NFRV; Total: TNV
- C. Before blur: PFRV; After blur: PAV; Total: TPV
- D. Before blur: NFRV; After blur: PAV; Total: TPV

This question tests how vergence is parsed when accommodation is altered during NRV/PRV testing. In this approach you first measure a baseline vergence that reflects non-accommodative (or non-relaxed) driving forces—the state before blur. Then you blur the target to relax accommodation, which reveals the accommodative vergence component that kicks in with blurred vision. The overall vergence you report is the combination (sum) of these two contributions. The sequence that starts with the non-accommodative vergence before blur and then shows the accommodative vergence after blur, yielding the total vergence, matches how NRV/PRV testing is interpreted.

8. For NRA/PRA, which statement correctly describes the behavior of the planes of accommodation and vergence?

- A. The plane of accommodation moves and the plane of vergence moves together at the true target location
- B. The plane of accommodation moves while the plane of vergence is fixed at the true target location
- C. The plane of vergence moves while the plane of accommodation remains fixed at the true target location
- D. Neither plane moves

In NRA/PRA, you're testing how the eye's focusing system (accommodation) responds when the demand changes, while keeping the viewing distance fixed. When plus lenses are added, the eyes can relax their focus, so the plane of accommodation shifts toward less accommodation. The target stays at the same true distance, so the vergence demand needed to fuse that target doesn't change—meaning the plane of vergence remains fixed at the true target location. The result is that the accommodative response moves while vergence stays put. This is why the correct description is: the plane of accommodation moves while the plane of vergence is fixed at the true target location.

9. Which statement about minus lenses on perceived size is correct?

- A. Minus lenses make objects look bigger and closer
- B. Minus lenses have no effect on size
- C. Minus lenses make objects look smaller and farther
- D. Minus lenses invert colors

Minus lenses diverge light, so with them the eye ends up viewing a virtual image that sits farther away than it would without the lens. Because perceived size depends on how far away an object is (size-distance invariance) and on the angular size it subtends on the retina, seeing something as farther away tends to make it look smaller. So objects look smaller and farther through minus lenses. They don't invert colors, and they do affect size perception—contrary to the idea that there's no effect or that they make things bigger and closer.

10. Maddox rod ridges orientation when measuring vertical deviations?

- A. Diagonally
- B. Horizontally
- C. Vertically**
- D. No orientation matters

The Maddox rod turns a point light into a line image, and the line's orientation is perpendicular to the ridges of the rod. To measure vertical deviations clearly, you want the line to lie horizontally so you can judge its vertical offset against the fixation point. That happens when the ridges are oriented vertically. So, for measuring vertical deviations, the ridges should be oriented vertically. If the ridges were oriented differently, the line would take a different direction and the vertical misalignment would be harder to read.

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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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