

AMERICAN BOARD OF OPHTHALMOLOGY (ABO) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. When light passes through a prism, in which direction is it bent?**
 - A. Toward the apex
 - B. Away from the base
 - C. Toward the base
 - D. Perpendicular to the prism
- 2. What does a positive Marcus Gunn pupil test indicate?**
 - A. A normal optic nerve function
 - B. A relative afferent pupillary defect
 - C. Increased intraocular pressure
 - D. A posterior vitreous detachment
- 3. Which of the following is mainly responsible for color vision?**
 - A. Rods
 - B. Cones
 - C. The retinal pigment epithelium
 - D. Ganglion cells
- 4. What condition is indicated by a "red reflex" in a newborn?**
 - A. Retinal detachment
 - B. Clear optical pathway
 - C. Cataract presence
 - D. Corneal opacity
- 5. What is the leading cause of preventable blindness in the United States?**
 - A. Age-related macular degeneration
 - B. Glaucoma
 - C. Diabetic retinopathy
 - D. Cataracts
- 6. Which part of the eye is responsible for producing aqueous humor?**
 - A. Ciliary body
 - B. Iris
 - C. Cornea
 - D. Sclera

- 7. What type of lens is commonly used to correct hyperopia?**
- A. Concave lens
 - B. Convex lens
 - C. Planar lens
 - D. Cylindrical lens
- 8. What is the gelatinous material filling the central cavity of the eye called?**
- A. Aqueous humor
 - B. Vitreous humor
 - C. Corneal fluid
 - D. Lens gel
- 9. Which layer of the retina contains photoreceptors?**
- A. Inner layer
 - B. Outer layer
 - C. Middle layer
 - D. None of the above
- 10. What is the primary treatment for bacterial conjunctivitis?**
- A. Antiviral eye drops
 - B. Antibiotic eye drops
 - C. Warm compresses
 - D. Oral antibiotics

Answers

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

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Explanations

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1. When light passes through a prism, in which direction is it bent?

- A. Toward the apex
- B. Away from the base
- C. Toward the base**
- D. Perpendicular to the prism

When light passes through a prism, it is bent toward the base of the prism due to the phenomenon of refraction. As light enters the prism, it slows down as it moves from air (a medium of lower density) into the denser material of the prism. This change in speed causes the light to bend toward the normal line (an imaginary line perpendicular to the surface at the point of incidence). In a prism, the apex is the top point, and the base is the bottom edge. When light exits the prism, it encounters a similar situation: it speeds up again and bends away from the normal, resulting in the overall direction of bending being toward the base of the prism. The unique shape of the prism causes the angles of incidence and refraction to lead light towards the base. Therefore, when considering how light behaves in this situation, it is important to recognize that the configuration of the prism causes the light to bend toward the base as a consequence of the laws of refraction. This understanding is crucial in optics and helps explain the principles behind optical devices that utilize prisms.

2. What does a positive Marcus Gunn pupil test indicate?

- A. A normal optic nerve function
- B. A relative afferent pupillary defect**
- C. Increased intraocular pressure
- D. A posterior vitreous detachment

A positive Marcus Gunn pupil test indicates a relative afferent pupillary defect (RAPD). This test is often performed when assessing the function of the optic nerve. When a light is swung between the eyes, if one pupil constricts less than the other in response to the light stimulus, it indicates a defect in the afferent pathway for that eye. This is typically due to damage or dysfunction in the optic nerve or severe retinal pathology. In contrast, normal optic nerve function would not produce any relative afferent pupillary defect, as both pupils should respond appropriately to light stimuli. Increased intraocular pressure is associated with conditions such as glaucoma and does not specifically indicate a Marcus Gunn pupil. Lastly, a posterior vitreous detachment may lead to symptoms like flashes or floaters but does not directly manifest as a relative afferent pupillary defect. Therefore, the identification of a positive Marcus Gunn pupil is specifically and accurately linked to the presence of a relative afferent pupillary defect.

3. Which of the following is mainly responsible for color vision?

- A. Rods
- B. Cones**
- C. The retinal pigment epithelium
- D. Ganglion cells

Color vision is primarily the function of cones, which are photoreceptor cells located in the retina of the eye. There are three types of cones, each sensitive to different wavelengths of light corresponding to blue, green, and red colors. When light enters the eye, it is absorbed by these cones, leading to the generation of neural signals that the brain interprets as color. In contrast, rods are responsible for vision in low-light conditions and are not involved in color discrimination. While the retinal pigment epithelium plays a crucial role in supporting the photoreceptors by helping to absorb excess light and recycle photopigments, it does not directly contribute to color vision. Ganglion cells are involved in processing visual information and transmitting it to the brain, but they do not have a direct role in color perception itself. Thus, cones are essential for the ability to perceive and distinguish different colors, making them the primary contributor to color vision.

4. What condition is indicated by a "red reflex" in a newborn?

- A. Retinal detachment
- B. Clear optical pathway**
- C. Cataract presence
- D. Corneal opacity

A "red reflex" in a newborn indicates a clear optical pathway, which is essential for normal vision. When the light from an ophthalmoscope is shone into the eye of a newborn, a bright orange-red reflection is typically seen coming from the retina. This reflection occurs because the light passes through the cornea, aqueous humor, lens, and vitreous humor without obstruction, enabling it to reach the retinal pigment epithelium and return as the characteristic red reflex. The presence of a clear optical pathway suggests that there are no obstructions, such as cataracts, corneal opacities, or other issues that would otherwise block the light and prevent the red reflex from being observed. Therefore, a positive red reflex is an encouraging sign, indicating that the visual structures are likely intact and functioning correctly in a newborn's eye. Recognizing this is crucial for early detection of potential vision problems.

5. What is the leading cause of preventable blindness in the United States?

- A. Age-related macular degeneration
- B. Glaucoma
- C. Diabetic retinopathy**
- D. Cataracts

Diabetic retinopathy is recognized as the leading cause of preventable blindness in the United States. This condition is a complication of diabetes, characterized by damage to the blood vessels in the retina, which can lead to vision impairment and, in severe cases, blindness. The progression of diabetic retinopathy can be managed effectively through early detection, regular monitoring, and timely treatment, which is why it is classified as a preventable cause of blindness. This highlights the importance of controlling blood sugar levels and having regular eye examinations for individuals with diabetes. Whereas age-related macular degeneration, glaucoma, and cataracts are significant eye diseases that can lead to vision loss, they are not preventable in the same way as diabetic retinopathy, which emphasizes the role of systematic medical management and lifestyle intervention in preventing blindness.

6. Which part of the eye is responsible for producing aqueous humor?

- A. Ciliary body**
- B. Iris
- C. Cornea
- D. Sclera

The ciliary body plays a crucial role in the production of aqueous humor, which is the clear fluid found in the anterior chamber of the eye. This fluid is essential for maintaining intraocular pressure, providing nutrients to the avascular structures of the eye, and facilitating the removal of metabolic wastes. The ciliary body contains the ciliary processes, which are finger-like projections that actively secrete aqueous humor into the posterior chamber, from where it flows into the anterior chamber. The iris, which is the colored portion of the eye, is primarily responsible for controlling the size of the pupil and regulating the amount of light that enters the eye, but it does not produce aqueous humor. The cornea, while vital for focusing light, does not have a role in the production of this fluid; instead, it relies on the aqueous humor for nutrition and lubrication. The sclera, which forms the white outer layer of the eye, also does not participate in aqueous humor production and primarily provides structural support and protection for the eye.

7. What type of lens is commonly used to correct hyperopia?

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

Hyperopia, or farsightedness, occurs when light entering the eye is focused behind the retina, making it difficult for individuals to see objects up close clearly. To correct this refractive error, a convex lens is utilized. A convex lens is thicker in the middle than at the edges and converges light rays before they enter the eye. This adjustment allows the focus of light to shift forward, directly onto the retina, thereby improving near vision and providing clearer images for those with hyperopia. Convex lenses are denoted by positive diopter values and are effective in treating this condition. In contrast, other types of lenses do not serve the same purpose for hyperopia correction. Concave lenses, which are thinner in the middle and diverge light rays, are used to correct myopia (nearsightedness). Planar lenses do not alter the path of light and are generally not used for correcting refractive errors. Cylindrical lenses are specifically designed to address astigmatism by correcting unequal curvature in the eye, which is unrelated to hyperopia. Therefore, the use of a convex lens is the appropriate choice for correcting hyperopia.

8. What is the gelatinous material filling the central cavity of the eye called?

- A. Aqueous humor
- B. Vitreous humor**
- C. Corneal fluid
- D. Lens gel

The gelatinous material filling the central cavity of the eye is known as vitreous humor. This substance plays an important role in maintaining the shape of the eye and providing a clear pathway for light to reach the retina. The vitreous humor is a clear, gel-like fluid that is composed primarily of water, collagen fibers, and hyaluronic acid, contributing to its jelly-like consistency. Vitreous humor serves several functions: it helps to maintain intraocular pressure, supports the retina by keeping it in place, and acts as a shock absorber to protect the inner structures of the eye. Its unique properties also help to ensure that light can pass through to the retina without distortion, which is crucial for proper vision. In contrast, aqueous humor is a different fluid that fills the anterior chamber of the eye, providing nutrients to the avascular structures like the cornea and lens, while corneal fluid and lens gel do not accurately describe any recognized anatomical components of the eye. Thus, the choice of vitreous humor is both anatomically and functionally correct.

9. Which layer of the retina contains photoreceptors?

- A. Inner layer
- B. Outer layer**
- C. Middle layer
- D. None of the above

The outer layer of the retina is where the photoreceptors are located. This layer consists primarily of the outer segments of the photoreceptor cells, which include rods and cones. Rods are responsible for vision in low-light conditions, while cones are essential for color vision and visual acuity. The outer layer of the retina interfaces directly with the retinal pigment epithelium, which plays a crucial role in supporting the function and health of these photoreceptors. Understanding the structure of the retina is vital, as it helps explain how visual signals are processed. The inner layers of the retina mainly consist of different types of neurons that process and relay signals from the photoreceptors to the brain, but they do not contain the photoreceptors themselves. Therefore, recognizing the specific layers and their functions is important for a comprehensive understanding of visual physiology.

10. What is the primary treatment for bacterial conjunctivitis?

- A. Antiviral eye drops
- B. Antibiotic eye drops**
- C. Warm compresses
- D. Oral antibiotics

The primary treatment for bacterial conjunctivitis is antibiotic eye drops. This condition, which is characterized by inflammation of the conjunctiva due to bacterial infection, is effectively addressed using topical antibiotics. These medications work by directly targeting the bacteria responsible for the infection, helping to reduce symptoms and eliminate the pathogens. Topical antibiotics, such as fluoroquinolones or sulfacetamide, are preferred because they achieve effective concentrations at the site of infection while also minimizing systemic side effects that can occur with oral antibiotics. The use of antibiotics is crucial in ensuring a swift recovery and preventing complications that can arise from untreated bacterial conjunctivitis. In contrast, antiviral eye drops would be inappropriate for treating bacterial conjunctivitis, as they are specifically designed to target viral infections, not bacterial ones. Warm compresses may provide comfort or relief of minor symptoms but do not directly treat the underlying bacterial infection. Oral antibiotics could potentially be effective in treating widespread infections, but they are not the first line of treatment for localized conjunctivitis, where topical antibiotics are indicated.

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://abo-ophthalmology.examzify.com>

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

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