

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

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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 type of lens is specifically designed to enhance contrast in low-light conditions?**
 - A. Polarized lens
 - B. Photochromic lens
 - C. Amber lens
 - D. Standard tint lens
- 2. What happens to vision as a result of retinal ischemia?**
 - A. Improves gradually
 - B. Stays the same
 - C. Becomes distorted or altered
 - D. Enhances night vision
- 3. What type of vision problem is amblyopia?**
 - A. It's a misalignment of the eyes.
 - B. It is a result of untreated strabismus.
 - C. It's related to age-related changes.
 - D. It is linked to ocular pressure changes.
- 4. When looking below center of a minus lens, what type of prism results?**
 - A. Base up
 - B. Base down
 - C. Base in
 - D. Base out
- 5. Which of the following statements is true regarding lensometers?**
 - A. They can only be used for plus lenses.
 - B. They require proper calibration for accurate readings.
 - C. They measure only the thickness of lenses.
 - D. They are primarily used for spectacle fitting adjustments.
- 6. What condition might cause a "halo" effect around lights?**
 - A. Cataracts or glaucoma
 - B. Retinal detachment or AMD
 - C. Diabetic retinopathy or myopia
 - D. Night blindness or color blindness

7. Modern anti-reflective coated lenses transmit what percentage of light?

- A. 95%
- B. 99.5%
- C. 90%
- D. 98%

8. What effect does Vitamin A deficiency have on vision?

- A. Color blindness
- B. Night blindness
- C. Cataracts
- D. Glaucoma

9. What is the correct sequence of light passing through the eye?

- A. Cornea, lens, aqueous humor, retina
- B. Cornea, pupil, lens, vitreous humor
- C. Pupil, cornea, aqueous humor, retina
- D. Aqueous humor, lens, vitreous humor, cornea

10. What is the primary function of the retina?

- A. To provide the eye's shape
- B. To convert light into neural signals
- C. To control pupil size
- D. To protect the inner eye structures

Answers

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

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Explanations

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1. Which type of lens is specifically designed to enhance contrast in low-light conditions?

- A. Polarized lens
- B. Photochromic lens
- C. Amber lens**
- D. Standard tint lens

The type of lens specifically designed to enhance contrast in low-light conditions is the amber lens. Amber lenses are effective in filtering out blue light, which can create a glare and reduce visibility, especially in low-light or overcast conditions. By enhancing contrast, these lenses help the wearer perceive details more clearly, making them a popular choice for activities such as hunting or sports played in variable light conditions. Polarized lenses, while excellent for reducing glare from reflective surfaces, do not primarily focus on enhancing contrast in low-light scenarios. Photochromic lenses adjust their tint based on UV exposure, offering protection in bright conditions, but they do not specifically enhance contrast in low light. Standard tint lenses typically only provide a consistent color without the specialized filtering properties of amber lenses. Thus, amber lenses are uniquely suited for improving visibility and contrast when lighting is poor.

2. What happens to vision as a result of retinal ischemia?

- A. Improves gradually
- B. Stays the same
- C. Becomes distorted or altered**
- D. Enhances night vision

Retinal ischemia occurs when there is insufficient blood flow to the retina, leading to a lack of oxygen and nutrients required for its normal function. This disruption can result in visual disturbances that are often characterized by distortion or alterations in how visual information is perceived. Patients may experience a range of symptoms that include blurriness, areas of visual loss, or even changes in the color perception. The integrity of the retinal layers and the photoreceptors can be compromised, leading to these distortions in vision. The nature of retinal ischemia suggests that the structural and functional integrity of the retina is affected, which is why visual distortion is a common outcome. Changes in the retina can manifest as metamorphopsia, where straight lines appear wavy or curvilinear, particularly due to the involvement of the macula or retinal areas rich in photoreceptors. In contrast, the options indicating improvement, no change, or enhanced night vision do not align with the physiological impacts of retinal ischemia, which predominantly leads to damaging effects on vision. Thus, the resulting visual disturbances are primarily characterized by distortion or alterations rather than improvements or stability.

3. What type of vision problem is amblyopia?

- A. It's a misalignment of the eyes.
- B. It is a result of untreated strabismus.**
- C. It's related to age-related changes.
- D. It is linked to ocular pressure changes.

Amblyopia, often referred to as "lazy eye," is primarily characterized as a developmental vision disorder where one eye fails to achieve normal visual acuity, typically due to a lack of use during formative years. The condition commonly arises as a result of untreated strabismus, which is the misalignment of the eyes. When one eye is misaligned, the brain may start to ignore the input from that eye to avoid double vision, leading to the underdevelopment of visual pathways and reduced vision in that eye. While amblyopia can also be linked to other factors such as refractive errors or deprivation (like cataracts), the connection to untreated strabismus is one of the most prevalent causes. This highlights that if the condition of misalignment is not addressed early on, it can lead to amblyopia, making the link between these two conditions crucial in understanding the developmental aspects of vision problems in children. Thus, identifying amblyopia through its relationship with untreated strabismus is key to developing effective treatment plans and preventing long-term vision issues.

4. When looking below center of a minus lens, what type of prism results?

- A. Base up
- B. Base down**
- C. Base in
- D. Base out

When looking below the center of a minus lens, the optical effect created is similar to the action of a prism that has its base pointed downward. This is because the minus lens diverges light rays, which alters the apparent position of objects in relation to the visual axis. Specifically, when a person looks below the optical center of a minus lens, the visual axis is shifted downward relative to the lens center. The resulting perception is that objects viewed through the lens appear lower than they actually are, mimicking the effect of a prism that has its base directed downwards. This effect can lead an observer to perceive a movement of the visual field in a downward direction, which is characteristic of base down prism. In contrast, looking above the optical center of a minus lens would shift the visual perception upward and relate more to a base up prism. Similarly, lateral movements (base in or base out) traverse horizontal changes in perception, but these are not applicable when the focus is strictly on vertical deviations that arise when looking below the center of the lens.

5. Which of the following statements is true regarding lensometers?

- A. They can only be used for plus lenses.
- B. They require proper calibration for accurate readings.**
- C. They measure only the thickness of lenses.
- D. They are primarily used for spectacle fitting adjustments.

Lensometers are essential instruments used in the field of optometry and ophthalmology for measuring the power of lenses, including both plus and minus lenses. The correct statement highlights the importance of proper calibration in ensuring that the readings obtained from the lensometer are accurate. Calibration is vital because it accounts for any potential discrepancies in the device and the specific measurements it provides. Without accurate calibration, the readings may lead to incorrect prescriptions or fitting of glasses, negatively impacting patient vision. In contrast, while lensometers certainly can measure both plus and minus lenses, they are not limited to only one type of lens. They also do not measure only the thickness of lenses; rather, they determine the optical power of the lenses. Furthermore, while lensometers can be helpful in fitting adjustments, their primary function is to ascertain the prescription of the lenses rather than serving solely for spectacle fitting. Thus, proper calibration is crucial to ensure the lensometer functions correctly, making that statement the most accurate regarding its use.

6. What condition might cause a "halo" effect around lights?

- A. Cataracts or glaucoma**
- B. Retinal detachment or AMD
- C. Diabetic retinopathy or myopia
- D. Night blindness or color blindness

The presence of a "halo" effect around lights is primarily associated with conditions that affect the clarity of the lens of the eye, leading to optical aberrations. Cataracts, a clouding of the lens, often result in the scattering of light as it passes through the affected lens, producing halos around lights, especially in low-light conditions or at night. This scattering effect is due to the irregularities or opacities within the cataractous lens. Glaucoma, particularly angle-closure glaucoma, can also cause a halo effect around lights. In this condition, increased intraocular pressure can lead to corneal edema, which similarly scatters light entering the eye. The other conditions listed do not primarily produce a halo effect. For example, retinal detachment or age-related macular degeneration (AMD) may lead to more significant vision loss or distortion of central vision but are not typically characterized by halos. Likewise, diabetic retinopathy and myopia can cause vision impairments but do not create halos around lights. Night blindness and color blindness primarily alter the ability to perceive light and color rather than causing optical distortions in the presence of light sources. Thus, cataracts and glaucoma are the conditions most commonly associated with a halo effect, making the

7. Modern anti-reflective coated lenses transmit what percentage of light?

- A. 95%
- B. 99.5%**
- C. 90%
- D. 98%

Modern anti-reflective coated lenses are designed to enhance light transmission and reduce glare, which improves visual clarity and comfort for the wearer. These coatings work by minimizing reflections from the surface of the lens, allowing more light to pass through. Typically, high-quality anti-reflective coatings can transmit approximately 99.5% of light. This high transmission rate is critical for optimizing visual performance, especially in low-light conditions or situations involving bright light sources. By allowing more light to reach the wearer's eyes, these lenses facilitate better vision and reduce eye strain. Other options do not reflect the current advancements in coating technology. For instance, while a transmission rate of 95% or 98% is respectable, it does not match the superior performance offered by modern coatings, which have been optimized to reach around 99.5%. Therefore, the choice reflecting the highest percentage that aligns with contemporary anti-reflective technology is indeed 99.5%.

8. What effect does Vitamin A deficiency have on vision?

- A. Color blindness
- B. Night blindness**
- C. Cataracts
- D. Glaucoma

Vitamin A plays a crucial role in maintaining proper vision, particularly in low-light conditions. A deficiency in Vitamin A can lead to night blindness, also known as nyctalopia. This occurs because Vitamin A is a vital component of rhodopsin, a light-sensitive pigment found in the rod cells of the retina. Rod cells are primarily responsible for vision in dim light. When there is an insufficient amount of Vitamin A, the synthesis of rhodopsin is impaired, leading to difficulties seeing in the dark or poor vision at night. In contrast, while color blindness, cataracts, and glaucoma are significant visual impairments, they are not directly associated with Vitamin A deficiency. Color blindness is related to genetic factors affecting the cones responsible for color discrimination. Cataracts involve the clouding of the lens of the eye due to aging, diabetes, or other risk factors, but not Vitamin A deficiency. Glaucoma is a group of eye conditions that damage the optic nerve, often related to increased intraocular pressure, rather than a deficiency in vitamins. Thus, Vitamin A deficiency specifically leads to night blindness, highlighting its essential role in the visual cycle and the health of the retina.

9. What is the correct sequence of light passing through the eye?

- A. Cornea, lens, aqueous humor, retina
- B. Cornea, pupil, lens, vitreous humor**
- C. Pupil, cornea, aqueous humor, retina
- D. Aqueous humor, lens, vitreous humor, cornea

The correct sequence of light passing through the eye begins with the cornea, which is the outermost transparent layer that first refracts light as it enters the eye. Next, light travels through the pupil, the opening that allows light to enter the eye, which adjusts in size depending on the amount of light present. The lens then focuses the light further, adjusting its shape to ensure that images are properly focused onto the retina, which is the layer at the back of the eye that captures visual information. Following the lens, the light travels through the vitreous humor, the gel-like substance that fills the eye and helps maintain its shape, before finally reaching the retina. Understanding this pathway is crucial because each component plays a specific role in the process of vision. The cornea and lens both refract and focus light, while the pupil regulates the amount of light that enters, thus influencing how well we see. The vitreous humor, while not actively refracting light, is essential for keeping the retina properly positioned and for maintaining the overall structure of the eye. This sequence reflects the direct pathway that light follows to ultimately generate visual images on the retina, which are then processed by the brain.

10. What is the primary function of the retina?

- A. To provide the eye's shape
- B. To convert light into neural signals**
- C. To control pupil size
- D. To protect the inner eye structures

The primary function of the retina is to convert light into neural signals, which is essential for vision. The retina contains photoreceptor cells called rods and cones that detect light and color. When light enters the eye, it is focused onto the retina, where these photoreceptors respond by changing the light energy into electrical impulses. These signals are then transmitted through the optic nerve to the brain, allowing us to perceive images. Understanding this function is crucial because it highlights the retina's role as the initial processing center for visual information. Without this conversion process, the brain would not receive any visual signals, making it impossible to see. This function is foundational to the entire visual system and is what primarily distinguishes the retina from other structures within the eye, such as those involved in maintaining the eye's shape, controlling pupil size, or providing protection to inner eye structures.

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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