Certified Ophthalmic Assistant Practice Exam (Sample)

Study Guide

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Questions

1. The Hruby lens is used for examination of the

A. Anterior chamber

B. Posterior chamber

C. Vitreous body

D. Retina and macula

2. Starting with plan in retinoscopy, a "with" reflex is most commonly observed in which refractive error?

A. myopia

B. hyperopia

C. astigmatism

D. presbyopia

3. Near vision charts should be held how many inches from the eye?

A. 8-10

B. 10-12

C. 12-14

D. 14-16

4. Which muscle is responsible for changing the shape of the lens to focus on near objects?

A. Ciliary muscle

B. Iris muscle

C. Rectus muscle

D. Scleral muscle

5. What is the minimal acceptable visual acuity for driving in most states?

A. 20/20

B. 20/30

C. 20/40

D. 20/50

6. Which history taking category would not typically be pertinent when interviewing a patient with a chief complaint of headaches?

A. Duration

B. Cause

C. Date

D. Ethnicity

7. Which of the following situations require urgent attention and should be addressed on the same day?

A. Optic neuritis

B. Retinal detachment

C. Sudden loss of vision in one eye

D. All the above

8. Which drug is used for applanation tonometry?

A. Latanoprost

B. Proparacaine

C. Atropine

D. Cyclopentolate

9. What is the second step in preparing absorbable sutures before loading on a needle holder?

A. Trimming the excess suture length

B. Tying a knot at the end of the suture

C. Applying antibiotic ointment on the suture

D. Rinsing the suture

10. Which category includes symptoms that necessitate semiurgent evaluation within a few days?

A. Acute narrow-angle glaucoma

B. Previously undiagnosed glaucoma

C. Ocular tumors

D. Optic neuritis

Answers

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

Explanations

1. The Hruby lens is used for examination of the

A. Anterior chamber

B. Posterior chamber

C. Vitreous body

D. Retina and macula

The Hruby lens is a contact lens used in ophthalmology to examine the retina and macula. It provides a wide-field, high-resolution view of the central retina and is particularly useful in assessing the macula for conditions such as age-related macular degeneration, diabetic retinopathy, and macular holes. This lens allows for a detailed examination of the back of the eye, making it the correct choice in this scenario. Option A, the anterior chamber, is often evaluated using a slit lamp and a gonioscopy lens. Option B, the posterior chamber, can be examined using various techniques such as ultrasound or OCT imaging. Option C, the vitreous body, is typically assessed with techniques like dilation and indirect ophthalmoscopy.

2. Starting with plan in retinoscopy, a "with" reflex is most commonly observed in which refractive error?

A. myopia

B. hyperopia

C. astigmatism

D. presbyopia

In retinoscopy, when we observe a "with" reflex, it indicates a hyperopic refractive error. With hyperopia, the light is focused behind the retina, causing the retinoscopic reflex to move in the same direction as the movement of the retinoscope streak. This results in a "with" motion as opposed to a "against" motion which is typically seen in myopia where the light is focused in front of the retina. Astigmatism and presbyopia are conditions that can coexist with myopia or hyperopia, but they are not specifically associated with a "with" reflex in retinoscopy.

3. Near vision charts should be held how many inches from the eye?

A. 8-10

B. 10-12

C. 12-14

D. 14-16

Near vision charts should be held approximately 14-16 inches from the eye. This distance is known as the reading distance and is important for accurate assessment of near vision acuity. Holding the chart too close or too far away can lead to inaccurate results. It is crucial to follow standardized protocols to ensure reliable near vision testing.

4. Which muscle is responsible for changing the shape of the lens to focus on near objects?

A. Ciliary muscle

B. Iris muscle

C. Rectus muscle

D. Scleral muscle

The ciliary muscle is responsible for changing the shape of the lens to focus on near objects. When the ciliary muscle contracts, it causes the lens to become more rounded, which is necessary for focusing on close objects through a process called accommodation. The other muscles listed are not directly involved in the process of changing the shape of the lens for near vision.

5. What is the minimal acceptable visual acuity for driving in most states?

A. 20/20

B. 20/30

C. 20/40

D. 20/50

The minimal acceptable visual acuity for driving in most states is 20/40. This level of visual acuity means that a person can see at 20 feet what a person with normal vision can see at 40 feet. Having a visual acuity of 20/40 ensures that the driver has sufficient vision to be able to see road signs, traffic signals, and other vehicles on the road clearly to drive safely.

6. Which history taking category would not typically be pertinent when interviewing a patient with a chief complaint of headaches?

A. Duration

B. Cause

C. Date

D. Ethnicity

In the context of interviewing a patient with a chief complaint of headaches, the category of ethnicity is generally considered less pertinent compared to the other options. When assessing headaches, more relevant information often includes elements that directly relate to the nature and potential causes of the headache, such as its duration, any known triggers (cause), and the specific date of onset or recurrence. Duration provides critical insights into the frequency and severity of the headaches, which can help in diagnosing potential underlying issues. Understanding the cause is essential to rule out specific conditions or risk factors associated with headaches. The date helps establish a timeline for the headaches, which can be crucial for identifying patterns or changes in the patient's condition. While ethnicity may offer some contextual background, it does not usually provide direct information that leads to an understanding or treatment of headache disorders in the same way that duration, cause, and date would. Thus, in the scope of headache evaluation, ethnicity is less relevant than the other categories listed.

7. Which of the following situations require urgent attention and should be addressed on the same day?

A. Optic neuritis

B. Retinal detachment

C. Sudden loss of vision in one eye

D. All the above

Retinal detachment is a critical ocular condition that requires urgent attention. When the retina becomes detached, it can lead to permanent vision loss if not treated promptly. Symptoms may include the sudden appearance of flashes of light, floaters, or a shadow over the visual field. Since there is a limited window of time to restore the retina to its proper position and prevent irreversible damage, any signs of retinal detachment should prompt immediate evaluation and treatment, typically on the same day. While other conditions like corneal foreign bodies, sudden loss of vision in one eye, and optic neuritis also warrant timely attention, they do not always require the same level of urgent care or typically result in immediate vision loss as seen with retinal detachment. For example, while a corneal foreign body can cause discomfort and potential complications, it can often be managed within a few days unless there are other complicating factors. Sudden loss of vision in one eye is indeed an emergency and should be evaluated quickly, but the underlying cause needs to be assessed, and treatment may vary depending on the diagnosis. Optic neuritis, associated with inflammation of the optic nerve, also requires medical attention but is typically not an immediate threat to vision compared to the urgency posed by a retinal detachment

8. Which drug is used for applanation tonometry?

A. Latanoprost

B. Proparacaine

C. Atropine

D. Cyclopentolate

Proparacaine is the correct drug used for applanation tonometry. Applanation tonometry is a procedure to measure intraocular pressure by flattening a small area of the cornea. Before performing this procedure, a topical anesthetic such as proparacaine is applied to the eye to ensure the patient's comfort during the test. Among the other options: - Latanoprost is a medication used to treat high pressure inside the eye due to glaucoma or other eye diseases. - Atropine is a medication used to dilate the pupil for various purposes such as eye examinations or certain eye conditions. - Cyclopentolate is another medication used to dilate the pupil and temporarily paralyze accommodation of the eye for exams or conditions like uveitis.

9. What is the second step in preparing absorbable sutures before loading on a needle holder?

A. Trimming the excess suture length

B. Tying a knot at the end of the suture

C. Applying antibiotic ointment on the suture

D. Rinsing the suture

Before loading absorbable sutures on a needle holder, the second step involves rinsing the suture. This step is crucial to remove any coating or impurities that may be present on the suture material. Rinsing the suture helps ensure its cleanliness and reduces the risk of introducing contaminants into the wound during suturing. Therefore, it is essential to rinse the absorbable suture before proceeding with the suturing procedure. The other options are not the correct second step in preparing absorbable sutures for loading on a needle holder.

10. Which category includes symptoms that necessitate semiurgent evaluation within a few days?

A. Acute narrow-angle glaucoma

B. Previously undiagnosed glaucoma

C. Ocular tumors

D. Optic neuritis

Ocular tumors are categorized as symptoms that necessitate semiurgent evaluation within a few days. This is because ocular tumors can have serious implications and require prompt assessment and management to prevent potential vision loss or other complications. Acute narrow-angle glaucoma and optic neuritis are considered emergencies that require immediate attention, while previously undiagnosed glaucoma can typically be managed on a less urgent basis as it may not present an immediate threat to vision or eye health.