

COMPREHENSIVE GUIDE TO SPECIAL SENSES EYES AND EARS PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 instrument is used to examine the external ear?**
 - A. Otoscope
 - B. Audiometer
 - C. Tympanometer
 - D. Acoustic reflectometer
- 2. A lesion in which artery's territory is typically associated with occipital lobe visual field defects?**
 - A. Posterior cerebral artery
 - B. Middle cerebral artery
 - C. Anterior cerebral artery
 - D. Basilar artery
- 3. Which orbital procedure is specifically indicated to access the orbital contents for biopsy or removal of a foreign object?**
 - A. Orbitotomy
 - B. Enucleation
 - C. Evisceration
 - D. Dacryocystorhinostomy
- 4. A lesion in the visual cortex causing a homonymous hemianopia with macular sparing is most likely located in which brain region?**
 - A. Occipital lobe (calcarine cortex)
 - B. Frontal lobe
 - C. Temporal lobe
 - D. Parietal lobe
- 5. What structures detect linear acceleration and head position relative to gravity?**
 - A. Ossicles.
 - B. Utricle and saccule (otolith organs).
 - C. Cochlea.
 - D. Eustachian tube.

- 6. Outside the eyeball is described by which term?**
- A. Intraocular
 - B. Extraocular
 - C. Retina
 - D. Sclera
- 7. Refractive lenses that float directly on the tear film in front of the eye are known as?**
- A. Contact Lenses
 - B. Intraocular Lenses
 - C. Scleral Lenses
 - D. Glasses
- 8. Which refractive surgery is commonly abbreviated as LASIK?**
- A. Laser-Assisted In Situ Keratomileusis
 - B. Photorefractive Keratotomy
 - C. Pneumatic Retinopexy
 - D. Laser Photocoagulation
- 9. Which tests are tuning fork tests?**
- A. Weber and Rinne tests
 - B. Monaural and binaural testing
 - C. Tympanometry
 - D. Acoustic reflectometry
- 10. Red-green color vision deficiency most commonly results from deficiency in which photopigments?**
- A. L- and M-cone pigments
 - B. S-cone pigments
 - C. Rod pigments
 - D. All cone pigments equally

Answers

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

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Explanations

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1. Which instrument is used to examine the external ear?

- A. Otoscope**
- B. Audiometer
- C. Tympanometer
- D. Acoustic reflectometer

Visual inspection of the external ear relies on an instrument that lets you look into the ear canal and at the eardrum. The otoscope provides light, magnification, and a cone-shaped speculum so you can see the canal walls and the tympanic membrane directly. This direct visualization is what it's designed for, distinguishing it from tools used for functional testing. An audiometer measures hearing thresholds with headphones or a bone oscillator, not for looking inside the ear. A tympanometer checks middle-ear function by changing air pressure and measuring membrane movement, not for external visualization. An acoustic reflectometer assesses reflex responses to sound, also not for visual inspection. So the instrument used to examine the external ear is the otoscope.

2. A lesion in which artery's territory is typically associated with occipital lobe visual field defects?

- A. Posterior cerebral artery**
- B. Middle cerebral artery
- C. Anterior cerebral artery
- D. Basilar artery

The occipital lobe's visual cortex is supplied mainly by the posterior cerebral artery, so damage in that territory disrupts cortical processing of the opposite visual field. This typically produces a contralateral homonymous visual field defect, often a homonymous hemianopia, and because the macula has extra blood supply from adjacent areas, macular vision is frequently spared in PCA strokes. In contrast, the middle cerebral artery supplies lateral cortical areas and the optic radiations that pass through them, which can cause different, more complex or pie-slice field losses if affected; the anterior cerebral artery focuses on medial frontal regions, and the basilar artery affects brainstem or cerebellar structures. Thus, occipital lobe visual field defects point to involvement of the posterior cerebral artery territory.

3. Which orbital procedure is specifically indicated to access the orbital contents for biopsy or removal of a foreign object?

- A. Orbitotomy**
- B. Enucleation
- C. Evisceration
- D. Dacryocystorhinostomy

Accessing the orbital contents for biopsy or removal of a foreign object requires a surgical approach that opens the orbit while preserving the globe. This is orbitotomy, a procedure designed to provide direct access to the orbital cavity to reach tissues or locate and remove a foreign body without removing the eye. It allows targeted visualization and handling of the orbital contents. Enucleation and evisceration involve removal of the eye itself (enucleation removes the entire globe; evisceration removes intraocular contents but keeps the scleral shell), which is not about accessing the orbit for biopsy or foreign-body removal. Dacryocystorhinostomy is a tear drainage procedure that creates a path between the lacrimal sac and the nasal cavity and does not provide access to the orbital contents.

4. A lesion in the visual cortex causing a homonymous hemianopia with macular sparing is most likely located in which brain region?

A. Occipital lobe (calcarine cortex)

B. Frontal lobe

C. Temporal lobe

D. Parietal lobe

The key idea is that the primary visual cortex sits in the occipital lobe along the calcarine fissure and maps the opposite visual field for each eye. A lesion there disrupts the contralateral half of the visual field in both eyes, producing a homonymous hemianopia. The macula is spared because its representation in the cortex is especially large and often has input that can be preserved or supported by collateral blood supply, so central vision stays intact even when surrounding occipital cortex is damaged. That pattern points to the occipital lobe, specifically the calcarine cortex, as the most likely location. Frontal, temporal, or parietal lesions produce different visual-field patterns (for example, quadrant defects due to involvement of Meyer's loop or dorsal/ventral stream pathways), which don't match this presentation as well.

5. What structures detect linear acceleration and head position relative to gravity?

A. Ossicles.

B. Utricle and saccule (otolith organs).

C. Cochlea.

D. Eustachian tube.

The otolith organs—the utricle and saccule—are the structures that detect linear acceleration and head position relative to gravity. They contain hair cells embedded in a gel-like layer topped with otoliths (tiny calcium carbonate crystals). When your head tilts or you move straight ahead or up and down, the inertia of the otoliths causes the gel layer to shift, bending the hair cells. This bending changes the rate of neurotransmitter release and sends signals via the vestibular nerve to the brain, informing you about linear motion and orientation. The utricle mainly responds to horizontal movements and head tilts in the horizontal plane, while the saccule responds to vertical movements. This information integrates with other sensory data to maintain balance and coordinate eye and head movements. By contrast, the cochlea handles hearing, the ossicles transmit sound, and the Eustachian tube equalizes middle-ear pressure, while the semicircular canals detect rotational (angular) acceleration, not linear movement.

6. Outside the eyeball is described by which term?

A. Intraocular

B. Extraocular

C. Retina

D. Sclera

Understanding terms for location relative to the eyeball helps here. Outside the eyeball is described as extraocular. This term is used for structures located outside the globe, such as the extraocular muscles that move the eye or the eyelids. Intraocular refers to something inside the eyeball, like the retina. The sclera is the outer coat that forms the eye's outer surface, so it remains part of the eyeball rather than outside.

7. Refractive lenses that float directly on the tear film in front of the eye are known as?

- A. Contact Lenses**
- B. Intraocular Lenses
- C. Scleral Lenses
- D. Glasses

Lenses that float directly on the tear film in front of the eye are contact lenses. They sit on the thin layer of tears that coats the cornea, so they move with blinking and create a smooth refractive surface very close to the eye. This proximity is what lets them effectively correct vision. Glasses stay away from the eye and bend light before it reaches the cornea, while intraocular lenses are implanted inside the eye itself. Scleral lenses are a type of contact lens that rests on the sclera (the white part of the eye) and vaults over the cornea, with a tear-filled space between the lens and cornea; standard corneal contact lenses sit directly on the tear film over the cornea.

8. Which refractive surgery is commonly abbreviated as LASIK?

- A. Laser-Assisted In Situ Keratomileusis**
- B. Photorefractive Keratotomy
- C. Pneumatic Retinopexy
- D. Laser Photocoagulation

LASIK stands for Laser-Assisted In Situ Keratomileusis, a common refractive surgery that reshapes the cornea with a laser after creating a small corneal flap. This procedure corrects common vision errors such as myopia, hyperopia, and astigmatism by changing how light is focused on the retina. The other terms refer to different procedures: Photorefractive Keratotomy is an older method known as PRK, Pneumatic Retinopexy is used to treat retinal detachment, and Laser Photocoagulation is a treatment for retinal diseases. Those do not carry the LASIK abbreviation, making Laser-Assisted In Situ Keratomileusis the correct match.

9. Which tests are tuning fork tests?

- A. Weber and Rinne tests**
- B. Monaural and binaural testing
- C. Tympanometry
- D. Acoustic reflectometry

These tests use a tuning fork to quickly assess how sound is conducted through the ear and to distinguish conductive from sensorineural hearing loss. In the Weber test, the tuning fork is placed on the midline of the skull. In a person with normal hearing or equally impaired hearing in both ears, the sound is heard in both ears equally. If one ear has conductive loss, sound tends to be heard louder in that ear because the external or middle ear problem dulls perception in the other ear relative to the affected side. If there is sensorineural loss, the sound is heard louder in the normal or better-hearing ear, because the damaged ear's inner ear or nerve pathways reduce perception. The Rinne test compares air conduction to bone conduction. You place the tuning fork first on the bone behind the ear (bone conduction) and then next to the ear canal (air conduction). If air conduction is heard longer than or equal to bone conduction, it's a positive Rinne, which is typical for normal hearing or sensorineural loss. If bone conduction is louder than air conduction, that indicates conductive loss in that ear. Because these assessments specifically rely on the presence and perception of sound produced by a tuning fork to evaluate the pathways of hearing, they are classic tuning fork tests.

10. Red-green color vision deficiency most commonly results from deficiency in which photopigments?

A. L- and M-cone pigments

B. S-cone pigments

C. Rod pigments

D. All cone pigments equally

Red-green color vision depends on the two cone pigments that are most sensitive to long (red) and medium (green) wavelengths. Problems with these two photopigments—either their presence or their exact spectral tuning—disrupt the precise balance the brain uses to separate red from green. Since the signals from the long- and medium-wavelength cones are compared to perceive red versus green, deficiencies in these pigments blur that distinction, producing the common red-green color vision deficiency. The blue (short-wavelength) cone pigment plays a smaller role in this specific defect, and rod pigment affects night vision rather than color discrimination. So the most frequent cause of red-green color vision deficiency is an issue with the L- and M-cone pigments.

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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://compguideeyesears.examzify.com>

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

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