

# NBEO Binocular Vision Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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. EP stands for which deviation?**
  - A. Esophoria**
  - B. Exophoria**
  - C. Esotropia**
  - D. Exotropia**
  
- 2. Which Morgan's norms triple corresponds to Distance BI smooth vergences?**
  - A. -----/7/4**
  - B. 9/19/10**
  - C. 13/21/13**
  - D. 17/21/11**
  
- 3. Under Sheard's criterion, an exophoric deviation uses which fusional vergence measure at blur/break point?**
  - A. BI blur/break point**
  - B. BO blur/break point**
  - C. BI and BO blur/break points**
  - D. None of the above**
  
- 4. Which of the following is a binocular test that assesses accommodation?**
  - A. Minus-lens test**
  - B. Push-up test**
  - C. Monocular accommodative facility**
  - D. MEM**
  
- 5. A microstrabismus is defined as a deviation smaller than which value that is not visible on cover test?**
  - A. < 5 pd**
  - B. < 10 pd**
  - C. < 15 pd**
  - D. < 20 pd**

- 6. Compared to BAF, MAF is expected to yield a higher cpm value.**
- A. BAF**
  - B. MAF**
  - C. They are the same**
  - D. Cannot tell**
- 7. What is the most common type of ARC?**
- A. HAC**
  - B. UHAC**
  - C. PAC 1**
  - D. PAC 2**
- 8. Which management approach is used to reduce symptoms in Post Trauma Vision Syndrome?**
- A. Base In Prism**
  - B. Scleral contact lens**
  - C. LASIK**
  - D. Vision therapy**
- 9. During Binocular Accommodation Facility testing, convergence insufficiency patients may be unable to clear which type of lenses?**
- A. Plus lenses**
  - B. Minus lenses**
  - C. Lenses with varying power**
  - D. No effect**
- 10. What is the most common binocular dysfunction associated with a TBI?**
- A. Convergence excess**
  - B. Convergence insufficiency**
  - C. Hyper deviation**
  - D. Accommodative infacility**

## Answers

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

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## **Explanations**

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### 1. EP stands for which deviation?

- A. Esophoria
- B. Exophoria
- C. Esotropia**
- D. Exotropia

The question tests your ability to identify the type of ocular deviation described by the abbreviation EP. EP denotes a manifest inward deviation, meaning the eye turns inward and remains misaligned even with both eyes open. This is esotropia, a tropia, not a latent deviation. In contrast, a phoria (like esophoria) is a latent inward drift that only appears when fusion is disrupted, and exophoria or exotropia are outward deviations (latent or manifest). So EP points to esotropia, the inward, visible misalignment.

### 2. Which Morgan's norms triple corresponds to Distance BI smooth vergences?

- A. -----/7/4**
- B. 9/19/10
- C. 13/21/13
- D. 17/21/11

Morgan's norms describe typical smooth vergence responses as a three-part numeric pattern for different viewing conditions. For distance base-in (BI) smooth vergences, the important idea is that the first component is not applicable at that distance (hence a placeholder or dash), while the relevant break and recovery values are the numbers that define the patient's ability to diverge to maintain single vision when BI prisms are used at distance. In this case, the distance BI smooth vergence norms are represented as a placeholder in the first slot, followed by a break value of about 7 prism diopters and a recovery value of about 4 prism diopters. That's why the correct triple is blank/7/4. The other options would correspond to different vergence demands (such as other distances or other fusional vergence types) and don't match the distance BI smooth vergence pattern.

### 3. Under Sheard's criterion, an exophoric deviation uses which fusional vergence measure at blur/break point?

- A. BI blur/break point
- B. BO blur/break point**
- C. BI and BO blur/break points
- D. None of the above

Sheard's criterion relates how much fusional vergence a person can muster to their phoria, and for an exophoric deviation the necessary compensating vergence is convergence. Convergence is positive fusional vergence, which is tested with base-out prisms. The relevant measure under this criterion is the positive fusional vergence available at the point of blur or break, i.e., the base-out blur/break point. This is why base-out blur/break point is the best indicator for evaluating an exophoric deviation.

**4. Which of the following is a binocular test that assesses accommodation?**

- A. Minus-lens test**
- B. Push-up test**
- C. Monocular accommodative facility**
- D. MEM**

Accommodation testing can be done with one eye at a time or with both eyes open to see how the whole visual system handles near work. MEM, or Monocular Estimation Method, is performed during retinoscopy with one eye at a time to estimate accommodative response, so it's a monocular technique and not a binocular measure. The push-up near-point test, however, is typically done with both eyes open, assessing how well the binocular system can sustain clear, single vision as a near target is moved closer. This makes it the binocular accommodation test among the options, because it reflects the coordinated action of accommodation and vergence in both eyes. Other options are primarily monocular in practice: the minus-lens test is used to stimulate accommodation during monocular viewing, and monocular accommodative facility uses a single eye (often with the other occluded) to flip lenses and test the speed of accommodation.

**5. A microstrabismus is defined as a deviation smaller than which value that is not visible on cover test?**

- A. < 5 pd**
- B. < 10 pd**
- C. < 15 pd**
- D. < 20 pd**

Microstrabismus describes a very small misalignment that isn't evident on a standard cover test. The practical boundary used is a deviation under 10 prism diopters. Because it's so small, a routine cover test often looks normal, even though a tiny misalignment exists. To reveal it, clinicians rely on more sensitive dissociating tests, such as an alternate cover test with prisms or other prism-based measurements. Deviations around or above 15-20 PD are typically detectable with the regular cover test, so they wouldn't be labeled microstrabismus. While some sources might note even smaller thresholds (like under 5 PD) in other contexts, the convention reflected in this question is that microstrabismus is a deviation smaller than 10 PD.

**6. Compared to BAF, MAF is expected to yield a higher cpm value.**

**A. BAF**

**B. MAF**

**C. They are the same**

**D. Cannot tell**

When testing accommodative facility, cycles per minute reflect how quickly a patient can flip focus between plus and minus lenses. In monocular viewing, one eye is used at a time, so you remove the need to maintain binocular fusion. This eliminates vergence demands and the associated adaptation that can slow down the response of the accommodation system. With no need to align or fuse images for both eyes, the eye can switch focus more rapidly, yielding more complete cycles within a minute. In binocular viewing, the brain must coordinate both eyes to stay single, which adds vergence and fusion processing that can delay rapid changes in accommodation, typically reducing the number of complete cycles the patient can perform in the same amount of time. So, the monocular condition generally produces a higher cpm value than the binocular condition.

**7. What is the most common type of ARC?**

**A. HAC**

**B. UHAC**

**C. PAC 1**

**D. PAC 2**

Anomalous retinal correspondence (ARC) is a neural adaptation in strabismus where the brain uses a non-foveal retinal point to fuse images and suppress diplopia. The pattern of ARC is largely determined by how much convergence is triggered by accommodation, i.e., the AC/A relationship. The most common form you'll see is the high AC/A type, where accommodation elicits more convergence than usual. This means near alignment tends to be worse (more esotropia or more inner deviation) than distance alignment, and ARC develops to help fuse images despite that bias. The other patterns—ultra-high AC/A or partial ARC types—occur less frequently, so the high AC/A pattern is the typical presentation for ARC.

**8. Which management approach is used to reduce symptoms in Post Trauma Vision Syndrome?**

- A. Base In Prism**
- B. Scleral contact lens**
- C. LASIK**
- D. Vision therapy**

Post trauma vision syndrome often involves inefficient or mismatched vergence and accommodation after brain injury, so reducing the visual system's strain can provide quick symptom relief. Base-in prisms shift the perceived image in a way that lowers the required amount of convergence during near tasks, which directly eases diplopia, eye strain, and headaches that commonly accompany PTVS. This optical adjustment addresses the binocular load the damaged system is struggling with, making near work more comfortable while vision therapy can later retrain the oculomotor system if needed. Other options don't target this binocular load as directly: scleral lenses and LASIK address refractive or surface issues rather than the vergence-demand reduction, and vision therapy is a broader rehabilitative approach rather than a specific immediate symptom-relief strategy.

**9. During Binocular Accommodation Facility testing, convergence insufficiency patients may be unable to clear which type of lenses?**

- A. Plus lenses**
- B. Minus lenses**
- C. Lenses with varying power**
- D. No effect**

Accommodation facility tests how quickly the eyes can shift focus when lenses that demand more or less accommodation are flipped in front of the eyes. In convergence insufficiency, the vergence system isn't robust enough to maintain single, clear vision through rapid changes in focus. When plus lenses are viewed, the eye's accommodation demand drops, which changes the vergence effort the brain must make to keep the image fused. For many CI patients, this rapid adjustment in vergence while accommodation is being relaxed is challenging, making it harder to sustain fusion and therefore harder to clear the plus lens quickly. The result is a tendency to struggle with the plus-flipper condition during testing. Lenses with varying power and the no-effect option aren't specific lens challenges in this context, and minus lenses impose a different accommodative/vergence demand that CI patients may respond to differently.

**10. What is the most common binocular dysfunction associated with a TBI?**

- A. Convergence excess**
- B. Convergence insufficiency**
- C. Hyper deviation**
- D. Accommodative infacility**

Convergence insufficiency is the most common binocular dysfunction after a traumatic brain injury. When the brain is hurt, the neural pathways that coordinate eye movements for near tasks can be disrupted, making it hard for the eyes to converge together for close work. This shows up as an exophoria or insufficient recovery of convergence at near, along with a reduced ability to use positive fusional vergence to keep both eyes aligned during reading or computer use. The near point of convergence is often receded, and patients typically report headaches, eye strain, or diplopia with near tasks. Convergence excess would involve too much inward turning or problems with near alignment in the opposite direction, which is not the typical pattern after TBI. A hyper deviation is a vertical misalignment and isn't the common binocular issue seen post-injury. Accommodative infacility can occur, but it's less consistently associated with TBI than convergence insufficiency, which is why it's considered the primary dysfunction in this context.

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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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nbeobinocularvision.examzify.com>**

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

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