

NBEO OCULAR DISEASE PART 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. Which muscle is NOT among the most commonly affected extraocular muscles in Thyroid Eye Disease?**
 - A. Lateral rectus
 - B. Superior rectus
 - C. Medial rectus
 - D. Inferior rectus

- 2. Trichiasis describes eyelashes growing in which direction relative to origin?**
 - A. Anteriorly
 - B. Posteriorly
 - C. Laterally
 - D. Medially

- 3. Trachoma is the leading cause of preventable blindness worldwide and is often found in communities with poor hygiene. Which disease is described?**
 - A. Cataract
 - B. Glaucoma
 - C. Trachoma
 - D. Onchocerciasis

- 4. Actinic keratosis is described as a precancerous lesion that is elevated pink scaly and can progress to squamous cell carcinoma.**
 - A. Elevated pink scaly precancerous lesion
 - B. Benign nevus
 - C. Pigmented mole
 - D. Malignant melanoma

- 5. Which of the following is NOT true regarding Filamentary Keratopathy?**
 - A. It can be caused by Neurotrophic keratopathy
 - B. It is caused by chronic corneal inflammation
 - C. Filaments will not stain with fluorescein
 - D. Filaments can cause symptoms of irritation via friction

- 6. Where is the main site of damage for Commotio Retinae?**
- A. Superficial Capillary Plexus
 - B. Between RPE and Photoreceptor Outer Segments
 - C. Optic Nerve Head
 - D. Between RPE and Choroid
- 7. Granulomatous anterior uveitis such as tuberculosis may show which type of keratic precipitates?**
- A. Fine Keratic Precipitates
 - B. Pigment Clumps
 - C. Mutton-Fat Keratic Precipitates
 - D. Retinal Detachment
- 8. Interstitial keratitis is part of which congenital infection's triad?**
- A. Congenital rubella
 - B. Congenital syphilis
 - C. Toxoplasmosis
 - D. CMV
- 9. Which of the following signs is least associated with evaporative dry eye?**
- A. TBUT < 10 seconds
 - B. 3 and 9 o'clock lissamine green staining
 - C. MGD
 - D. Tear meniscus < 0.2 mm
- 10. Which muscles are major facial muscles involved in Benign Essential Blepharospasm?**
- A. Levator palpebrae superioris, Corrugator
 - B. Orbicularis oculi, Frontalis
 - C. Corrugator, Orbicularis oculi, Procerus
 - D. Zygomaticus, Corrugator, Procerus

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which muscle is NOT among the most commonly affected extraocular muscles in Thyroid Eye Disease?

- A. Lateral rectus**
- B. Superior rectus
- C. Medial rectus
- D. Inferior rectus

In Thyroid Eye Disease, inflammation and fibrosis tend to hit certain extraocular muscles more often than others. The inferior rectus and the medial rectus are the ones most commonly affected, with the superior rectus also involved sometimes. The lateral rectus is less commonly involved, making it the muscle that's not typically affected in this pattern. So, the lateral rectus is the best answer. Clinically, this pattern explains why upgaze is often restricted (due to inferior rectus) and adduction is limited (due to medial rectus), while lateral movement is relatively spared.

2. Trichiasis describes eyelashes growing in which direction relative to origin?

- A. Anteriorly
- B. Posteriorly**
- C. Laterally
- D. Medially

Trichiasis is when the eyelashes grow inward toward the eye, rubbing against the cornea and conjunctiva. That inward, toward the eyeball direction is described as posteriorly relative to the eyelid margin. Normal lashes grow outward from the lid margin, away from the globe, so an inward (posterior) direction is what defines trichiasis. The other directions describe outward or horizontal growth and don't match the inward misdirection that causes the irritation and potential corneal damage.

3. Trachoma is the leading cause of preventable blindness worldwide and is often found in communities with poor hygiene. Which disease is described?

- A. Cataract
- B. Glaucoma
- C. Trachoma**
- D. Onchocerciasis

Trachoma is described. It's a chronic infectious eye disease caused by Chlamydia trachomatis that spreads easily in communities with poor hygiene and crowded conditions. Repeated infections inflame and scar the inner surface of the eyelid, leading to scarring that causes the eyelids to turn inward (trichiasis). The eyelashes rub against the cornea, creating epithelial damage and ultimately corneal scarring that can progress to irreversible blindness. Because it's preventable with antibiotics and improvements in facial cleanliness and living conditions, trachoma is widely cited as the leading cause of preventable blindness worldwide. Cataracts cause cloudy lenses and blur vision, not an infectious process tied to hygiene. Glaucoma damages the optic nerve often with elevated eye pressure and is not primarily linked to poor hygiene. Onchocerciasis, or river blindness, is due to a parasitic worm transmitted by blackflies and has a different set of risk factors and clinical features. The description points to trachoma most clearly.

4. Actinic keratosis is described as a precancerous lesion that is elevated pink scaly and can progress to squamous cell carcinoma.

A. Elevated pink scaly precancerous lesion

B. Benign nevus

C. Pigmented mole

D. Malignant melanoma

Actinic keratosis is a sun-damaged, precancerous change in keratinocytes that can progress to squamous cell carcinoma. It classically presents as an elevated, pink or flesh-colored, rough and scaly patch on sun-exposed skin, including the eyelids. The description that best captures both its appearance and its precancerous nature is an elevated pink scaly precancerous lesion. Benign nevus and pigmented mole describe noncancerous or melanocytic lesions that are typically pigmented and do not have the precancerous risk profile. Malignant melanoma is a cancer of melanocytes and usually appears as a pigmented, irregular, evolving lesion rather than a pink, scaly patch. Recognizing this presentation helps in early identification and management to prevent progression to squamous cell carcinoma.

5. Which of the following is NOT true regarding Filamentary Keratopathy?

A. It can be caused by Neurotrophic keratopathy

B. It is caused by chronic corneal inflammation

C. Filaments will not stain with fluorescein

D. Filaments can cause symptoms of irritation via friction

Filamentary keratopathy features slender strands of degenerating epithelial cells embedded in mucus that cling to the corneal surface and irritate the eye with blinking. These filaments form where the surface is compromised—often seen with neurotrophic keratopathy, where reduced corneal sensation and trophic support slow healing, or with chronic inflammatory states that disturb the tear film and epithelium. The filaments can take up fluorescein dye, as staining highlights epithelial disruption and the mucus-rich filaments themselves; Rose Bengal or Lissamine Green more readily highlight the mucus content, but fluorescein staining is still possible. Because the strands move with the blink and rub against the cornea, they cause irritation through friction.

6. Where is the main site of damage for Commotio Retinae?

A. Superficial Capillary Plexus

B. Between RPE and Photoreceptor Outer Segments

C. Optic Nerve Head

D. Between RPE and Choroid

Blunt trauma in commotio retinae primarily damages the outer retina, specifically the photoreceptor outer segments where they meet the retinal pigment epithelium. This interface between the photoreceptor outer segments and the RPE is where the mechanical shearing disrupts the photoreceptors, producing the characteristic transient whitening. The superficial capillary plexus is a vascular layer in the inner retina and is not the primary site of injury; the optic nerve head is a different structure affected in optic neuropathies; and the region between the RPE and choroid lies deeper than the outer retina and is not the typical locus of commotio retinae damage. Clinically, this injury can show up as outer retinal disruption on imaging (such as the ellipsoid zone on OCT) with variable recovery depending on the extent of the damage.

7. Granulomatous anterior uveitis such as tuberculosis may show which type of keratic precipitates?

- A. Fine Keratic Precipitates
- B. Pigment Clumps
- C. Mutton-Fat Keratic Precipitates**
- D. Retinal Detachment

Granulomatous anterior uveitis tends to produce large, greasy-appearing keratic precipitates on the corneal endothelium, known as mutton-fat precipitates. This reflects a macrophage-dominated inflammatory response with epithelioid cell infiltration, which is characteristic of conditions like tuberculosis. Fine keratic precipitates are more typical of non-granulomatous uveitis, while pigment clumps relate to pigment dispersion or other changes, and retinal detachment is a posterior-segment problem, not a keratic precipitate. So the large, mutton-fat type best fits granulomatous uveitis such as TB.

8. Interstitial keratitis is part of which congenital infection's triad?

- A. Congenital rubella
- B. Congenital syphilis**
- C. Toxoplasmosis
- D. CMV

Interstitial keratitis is a classic ocular finding in congenital syphilis and is part of the Hutchinson triad, which includes interstitial keratitis, Hutchinson teeth, and eighth-nerve (sensorineural) deafness. The corneal involvement results from syphilitic inflammation of the corneal stroma, often developing after birth, and it serves as a distinguishing feature of congenital syphilis compared with other congenital infections. Rubella is associated with cataracts, patent ductus arteriosus, and deafness; toxoplasmosis with chorioretinitis, hydrocephalus, and intracranial calcifications; CMV can cause chorioretinitis among other findings but does not form this specific triad.

9. Which of the following signs is least associated with evaporative dry eye?

- A. TBUT < 10 seconds
- B. 3 and 9 o'clock lissamine green staining
- C. MGD
- D. Tear meniscus < 0.2 mm**

Evaporative dry eye is driven by Meibomian Gland Dysfunction that reduces the lipid layer of the tear film, leading to increased evaporation and instability of the tear film. This instability shows up as a shortened tear breakup time, since the tear film breaks up faster without a stable lipid layer. Meibomian gland disease also produces lid-margin changes and staining patterns at the 3 and 9 o'clock positions, reflecting surface exposure and gland dysfunction. MGD is a primary driver of evaporative dry eye, so signs of lipid-layer deficiency and lid-margin disease are strongly associated. In contrast, a low tear meniscus height indicates reduced tear volume, i.e., aqueous-deficient dry eye, not primarily evaporative. Therefore a tear meniscus less than 0.2 mm is least associated with evaporative dry eye.

10. Which muscles are major facial muscles involved in Benign Essential Blepharospasm?

- A. Levator palpebrae superioris, Corrugator
- B. Orbicularis oculi, Frontalis
- C. Corrugator, Orbicularis oculi, Procerus**
- D. Zygomaticus, Corrugator, Procerus

Blepharospasm is a focal dystonia of eyelid closure, so the muscles that close the lids and around the eye are the ones most involved. The primary muscle driving eyelid closure is the orbicularis oculi, which encircles the eye and contracts to squeeze the lids shut. In benign essential blepharospasm, nearby facial muscles that heighten lid tension and facial grimacing are commonly recruited as well, especially the corrugator supercilii, which pulls the brows together and downward, and the procerus, which compresses the nasal root and lowers the medial brow. Together, these three muscles are the main players in the spasms. The elevator that opens the eyelid, the levator palpebrae superioris, is not a contributor to the spasms. The frontalis and zygomaticus are also not primary players in this condition, as they are more involved in eyebrow elevation and smiling, respectively, rather than eyelid closure.

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://nbeooculariseasepart1.examzify.com>

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

SAMPLE