

NBEO OCULAR DISEASE PART 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nbeoocular-disease-part1.examzify.com>



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 patient group is at highest risk for mucormycosis?**
 - A. Asthmatics
 - B. Hypertension
 - C. Hyperlipidemia
 - D. Diabetics

- 2. Jelly bump deposits are most commonly associated with which type of contact lens?**
 - A. RGP lenses
 - B. Daily disposable lenses
 - C. Hybrid lenses
 - D. Soft lenses

- 3. Which type of illumination would MOST likely be used to diagnose a patient with EBMD?**
 - A. Sclerotic scatter
 - B. Optic section
 - C. Conical beam
 - D. Indirect illumination

- 4. Which of the following is NOT typically associated with Trachoma?**
 - A. Dennie's lines
 - B. Arlt's lines
 - C. Herbert's pits
 - D. Follicular conjunctivitis

- 5. Which statement is true about the signs associated with thyroid eye disease?**
 - A. They all involve lid edema as the primary finding
 - B. They are unrelated to eyelid position
 - C. They are diagnostic markers of glaucoma
 - D. They include lid lag and globe-lid movement with gaze

- 6. Which orbital tumor is the most common primary pediatric orbital malignancy?**
- A. Neuroblastoma
 - B. Cavernous hemangioma
 - C. Optic nerve glioma
 - D. Rhabdomyosarcoma
- 7. Which of the following is NOT an appropriate use of a cobalt blue filter during a slit lamp exam?**
- A. Performing Goldmann IOP with fluorescein
 - B. TBUT testing
 - C. Evaluating herpetic dendrites with rose bengal
 - D. Evaluating fleischer rings in keratoconus without fluorescein
- 8. What is the most severe form of anterior scleritis?**
- A. Diffuse non-necrotizing
 - B. Nodular non-necrotizing
 - C. Necrotizing with inflammation
 - D. Necrotizing without inflammation
- 9. What is the leading cause of Ophthalmia neonatorum in the United States?**
- A. Gonorrhea infections
 - B. Chlamydia infections
 - C. HSV infections
 - D. Staphylococcus aureus infections
- 10. Which statement is true about gonococcal conjunctivitis?**
- A. It is the only bacterial conjunctivitis that can cause pseudomembranes
 - B. It is always self-limiting without antibiotics
 - C. It never presents with preauricular lymphadenopathy
 - D. It is caused by Chlamydia trachomatis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which patient group is at highest risk for mucormycosis?

- A. Asthmatics
- B. Hypertension
- C. Hyperlipidemia
- D. Diabetics**

Mucormycosis is an opportunistic fungal infection that most strongly targets people with impaired immune defenses, especially those with uncontrolled diabetes. In diabetics, particularly when ketoacidosis is present, high glucose and acidic conditions diminish neutrophil function and increase available free iron, creating a favorable environment for Mucorales to grow. The fungus is highly angioinvasive, so it can rapidly invade blood vessels and spread from the sinuses to the orbit and brain, making this infection particularly dangerous. Because these diabetes-related factors are not typically present in asthma, hypertension, or hyperlipidemia, diabetics are at the highest risk among the options.

2. Jelly bump deposits are most commonly associated with which type of contact lens?

- A. RGP lenses
- B. Daily disposable lenses
- C. Hybrid lenses
- D. Soft lenses**

Tear film components interacting with the lens material create jelly bump deposits. Soft lenses are most prone because they're made of hydrated, porous hydrogel or silicone hydrogel that readily absorbs tear proteins, mucins, and lipids. This absorption and the presence of mucus in the tear film allow these substances to coalesce on the lens surface into small, jelly-like bumps, especially with extended wear or longer use between cleanings. Rigid gas-permeable lenses, being less absorbent and having a different surface interaction with tears, don't typically form these jelly-like deposits. Daily disposable lenses are replaced frequently, so there's little time for such buildup to develop. Hybrid lenses can have a soft component, but the deposit pattern that leads to jelly bumps aligns with the properties of soft lenses, making them the most commonly associated type. Regular lens hygiene, appropriate wear schedules, and opting for daily disposables when appropriate help mitigate these deposits.

3. Which type of illumination would MOST likely be used to diagnose a patient with EBMD?

- A. Sclerotic scatter
- B. Optic section
- C. Conical beam
- D. Indirect illumination**

Illuminating the corneal surface from an oblique angle to highlight surface irregularities is what makes EBMD patterns visible. EBMD produces map-like and fingerprint patterns in the epithelial layer, and these subtle changes are best seen when light is directed to skim the surface rather than straight on. Indirect illumination provides that angled, shadow-promoting lighting, which enhances the contrast of the epithelial irregularities so the maps and fingerprint lines stand out during the slit-lamp exam. Other illumination modes either emphasize overall corneal clarity, give only cross-sectional detail, or don't create the shadowing needed to reveal these surface changes, so they're less effective for diagnosing EBMD.

4. Which of the following is NOT typically associated with Trachoma?

- A. Dennie's lines
- B. Arlt's lines**
- C. Herbert's pits
- D. Follicular conjunctivitis

Trachoma is a chronic keratoconjunctivitis that produces specific scarring and follicular changes in the conjunctiva. Follicular conjunctivitis is a hallmark sign of active trachoma, and as the disease progresses you can see Arlt's lines, which are linear conjunctival scars on the tarsus, as well as Herbert's pits, which are shallow corneal or limbal scars resulting from the longstanding inflammation. Dennie's lines, by contrast, are infrared signs of atopy and allergic conjunctivitis, presenting as extra folds or lines under the lower lid in allergic eyes. They are not typical features of trachoma, making them the sign not usually associated with this disease. So the statement not typically associated with Trachoma is Dennie's lines.

5. Which statement is true about the signs associated with thyroid eye disease?

- A. They all involve lid edema as the primary finding
- B. They are unrelated to eyelid position**
- C. They are diagnostic markers of glaucoma
- D. They include lid lag and globe-lid movement with gaze

Thyroid eye disease commonly affects eyelid position and how the eye moves. A hallmark is lid lag together with changes in how the globe moves under the lid during gaze. As the eye looks in different directions, the upper eyelid can fail to track the globe smoothly and appears to lag, especially on downgaze. This reflects inflammatory and fibrotic changes around the extraocular muscles and eyelid retractors, leading to signs like lid retraction, proptosis, and restricted eye movements. So, statements describing lid lag and globe-lid movement with gaze accurately capture the characteristic signs. These signs are not just about eyelid edema, they are closely tied to eyelid position, they are not markers of glaucoma, and they are indeed related to how the eyelid and globe move together.

6. Which orbital tumor is the most common primary pediatric orbital malignancy?

- A. Neuroblastoma
- B. Cavernous hemangioma
- C. Optic nerve glioma
- D. Rhabdomyosarcoma**

Rhabdomyosarcoma is the most common malignant tumor arising primarily in the pediatric orbit. It comes from primitive mesenchymal cells capable of developing into skeletal muscle, with the embryonal subtype being the most frequent in children. Clinically, it often presents as a rapidly progressive unilateral proptosis with eyelid swelling and sometimes decreased vision, reflecting its fast-growing nature. Early biopsy and prompt, multimodal treatment (chemotherapy, radiotherapy, and sometimes surgery) offer the best chance for cure. Neuroblastoma can involve the orbit, but typically as a metastatic process rather than a primary orbital tumor. Cavernous hemangioma is a benign vascular tumor and is less common in children as a malignant orbit lesion. Optic nerve glioma does occur in children and is a recognized orbital/optic nerve tumor, but it is not as common as rhabdomyosarcoma when considering primary pediatric orbital malignancies.

7. Which of the following is NOT an appropriate use of a cobalt blue filter during a slit lamp exam?

- A. Performing Goldmann IOP with fluorescein
- B. TBUT testing
- C. Evaluating herpetic dendrites with rose bengal**
- D. Evaluating fleischer rings in keratoconus without fluorescein

Cobalt blue illumination is used to excite fluorescein, making fluorescein-stained corneal defects and tear film patterns visible during slit lamp exams. That glow helps you assess tear breakup time and the corneal surface when fluorescein is used, such as during Goldmann IOP measurements and TBUT. Evaluating herpetic dendrites with Rose Bengal isn't appropriate under this illumination because Rose Bengal is a different stain that is best viewed with white light (not blue excitation). Dendritic ulcers are classically imaged with fluorescein under cobalt blue light, which highlights the characteristic branching pattern. Rose Bengal under cobalt blue doesn't provide the same diagnostic view for dendrites. Fleischer rings can be seen with standard illumination and don't require fluorescein, so using cobalt blue for that purpose isn't necessary.

8. What is the most severe form of anterior scleritis?

- A. Diffuse non-necrotizing
- B. Nodular non-necrotizing
- C. Necrotizing with inflammation**
- D. Necrotizing without inflammation

The most severe form of anterior scleritis is the one where scleral tissue is being destroyed (necrosis) and there is active inflammation at the same time. That combination—necrosis with ongoing inflammatory activity—drives rapid and extensive tissue damage, including scleral thinning or melt, which can threaten the eye's structure and lead to perforation. It also tends to be associated with more aggressive systemic autoimmune processes, so it usually requires strong, prompt immunosuppressive treatment to prevent vision loss. Other forms lack this destructive necrosis or lack the inflammatory component. Diffuse or nodular non-necrotizing scleritis involve inflammation without scleral melting, so while painful and sight-threatening, they don't show the same level of tissue destruction. Necrotizing without inflammation has scleral necrosis but without the inflammatory signs, which is a different and typically less aggressive pattern than when active inflammation accompanies the necrosis.

9. What is the leading cause of Ophthalmia neonatorum in the United States?

- A. Gonorrhea infections
- B. Chlamydia infections**
- C. HSV infections
- D. Staphylococcus aureus infections

Ophthalmia neonatorum in the United States is most commonly caused by Chlamydia trachomatis. This neonatal conjunctivitis is acquired during passage through the birth canal, and in the U.S. widespread newborn prophylaxis has reduced gonococcal disease, leaving chlamydial infection as the more frequent cause. Chlamydial conjunctivitis typically appears later—about 5 to 14 days after birth—and presents with mucopurulent discharge and conjunctival injection that is milder than the hyperacute, purulent presentation seen with Neisseria gonorrhoeae. While gonococcal infection can cause a severe, rapidly progressing eye infection, its incidence has decreased with prophylaxis, making chlamydial infection the leading cause. HSV and Staphylococcus aureus are less common causes of ophthalmia neonatorum.

10. Which statement is true about gonococcal conjunctivitis?

- A. It is the only bacterial conjunctivitis that can cause pseudomembranes**
- B. It is always self-limiting without antibiotics
- C. It never presents with preauricular lymphadenopathy
- D. It is caused by Chlamydia trachomatis

Gonococcal conjunctivitis can form a pseudomembrane on the conjunctiva, which is a folded, fibrin-rich layer of inflammatory exudate that can peel away from the surface. This hyperacute infection tends to produce a copious purulent discharge and can rapidly threaten the cornea, so the presence of a pseudomembrane is a distinguishing feature that makes this statement true. It's caused by Neisseria gonorrhoeae, not Chlamydia trachomatis, and it is not self-limiting without antibiotics; it often presents with prominent eyelid swelling and can involve preauricular lymph nodes.

SAMPLE

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