

NBEO Part II Treatment and Management of Ocular Disease (TMOD) 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. Are systemic antihistamines helpful in allergic conjunctivitis?**
 - A. No, They Are Not Helpful**
 - B. Yes, They Are Helpful**
 - C. Only In Severe Cases**
 - D. They Should Always Be Used With Steroids**

- 2. Which medication is commonly associated with nystagmus as an adverse effect?**
 - A. Phenytoin**
 - B. Diazepam**
 - C. Latanoprost**
 - D. Tamsulosin**

- 3. Ethambutol causes retrobulbar optic neuropathy.**
 - A. Ethambutol**
 - B. Digoxin**
 - C. Sildenafil**
 - D. Pseudotumor cerebri**

- 4. Which class of antidepressants is known for anticholinergic ocular effects?**
 - A. TCAs (Elavil, imipramine)**
 - B. 1st gen oral antihistamines (Benadryl)**
 - C. Phenothiazines (antipsychotics)**
 - D. Ritalin (methylphenidate)**

- 5. Which adverse effect is associated with diuretic therapy and can involve the eyes?**
 - A. Blurred vision**
 - B. Photophobia**
 - C. Floaters**
 - D. Dry Eyes**

- 6. For internal hordeolum caused by Staphylococcus aureus, which antibiotic regimen is most appropriate?**
- A. Amoxicillin alone**
 - B. Dicloxacillin**
 - C. Erythromycin**
 - D. Augmentin**
- 7. For keratitis abrasions/erosions, fluoroquinolones should be dosed with what frequency?**
- A. BID**
 - B. QID**
 - C. QD**
 - D. TID**
- 8. Which statements describe common initial systemic side effects of Diamox?**
- A. Headache and dizziness**
 - B. GI upset and paresthesias**
 - C. Rash and pruritus**
 - D. Cough and sore throat**
- 9. Which medication has been reported in association with nonarteritic anterior ischemic optic neuropathy?**
- A. Latanoprost**
 - B. Sumatriptan (Imitrex)**
 - C. Prednisolone**
 - D. Timolol**
- 10. Ceftriaxone dosing for gonococcal conjunctivitis is given via which route?**
- A. IM**
 - B. Oral**
 - C. Subconjunctival**
 - D. IV**

Answers

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

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Explanations

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1. Are systemic antihistamines helpful in allergic conjunctivitis?

A. No, They Are Not Helpful

B. Yes, They Are Helpful

C. Only In Severe Cases

D. They Should Always Be Used With Steroids

Allergic conjunctivitis is driven by local histamine release on the ocular surface, so targeting the eye directly with topical agents provides the most reliable relief. Systemic antihistamines mainly help with nasal allergy symptoms and have limited, inconsistent effects on the conjunctiva; they can also dry the tear film and potentially worsen ocular irritation. For addressing the eye itself, topical antihistamines and mast cell stabilizers are preferred, making systemic antihistamines not helpful as a primary treatment for the ocular component. They might be used for concomitant allergic rhinitis, but they do not substitute for topical therapy, and pairing them with steroids is not a standard approach for uncomplicated allergic conjunctivitis.

2. Which medication is commonly associated with nystagmus as an adverse effect?

A. Phenytoin

B. Diazepam

C. Latanoprost

D. Tamsulosin

Nystagmus as an adverse effect is most characteristic of phenytoin among these options. Phenytoin can cause ocular motor disturbances, including nystagmus, especially as levels rise or toxicity develops. This reflects CNS effects on the cerebellar and vestibulo-ocular pathways, and nystagmus is a classic early sign that the drug's CNS depressant effects are increasing. If nystagmus appears, it prompts checking phenytoin levels and reassessing dosing or considering alternative anticonvulsants to prevent progression to more pronounced ataxia or confusion. Diazepam can cause drowsiness and ataxia, but it does not typically produce nystagmus as a hallmark adverse effect. Latanoprost mainly causes local eye surface effects like conjunctival hyperemia and eyelash changes, not nystagmus. Tamsulosin's common issues are orthostatic dizziness and ejaculation problems, not nystagmus.

3. Ethambutol causes retrobulbar optic neuropathy.

- A. Ethambutol**
- B. Digoxin**
- C. Sildenafil**
- D. Pseudotumor cerebri**

Ethambutol is the anti-tuberculosis drug most classically linked to optic nerve toxicity, specifically a retrobulbar optic neuropathy. This means the damage occurs behind the eye, so the optic disc may look normal early on even as vision worsens. Patients typically notice reduced visual acuity and color vision deficits, especially red-green desaturation. The effect is dose-related and more likely with higher daily doses or in those with impaired renal function. The key management step is to stop ethambutol promptly; vision often improves after cessation but can be permanent if the drug is continued too long. In contrast, the other options aren't characteristically associated with retrobulbar optic neuropathy in this context—digoxin can cause visual disturbances like yellow vision, sildenafil can cause transient color changes, and pseudotumor cerebri presents with papilledema from raised intracranial pressure rather than a drug-induced retrobulbar neuropathy.

4. Which class of antidepressants is known for anticholinergic ocular effects?

- A. TCAs (Elavil, imipramine)**
- B. 1st gen oral antihistamines (Benadryl)**
- C. Phenothiazines (antipsychotics)**
- D. Ritalin (methylphenidate)**

Anticholinergic effects in the eye come from blocking muscarinic receptors in the eye, which leads to pupil dilation and loss of accommodation (cycloplegia). Tricyclic antidepressants have strong anticholinergic properties, so they commonly cause blurred vision from cycloplegia, dry eyes, and photophobia. This makes them the class most notably associated with ocular anticholinergic effects, and they can pose a risk for individuals with narrow-angle glaucoma due to the potential for angle-closure symptoms. First-generation antihistamines do have anticholinergic effects, but they're not antidepressants, so they don't fit the prompt. Phenothiazines can have ocular effects as antipsychotics, but their primary ocular concerns aren't the classic muscarinic-blockade-induced blurred vision. Methylphenidate is a stimulant with different side-effect profile and lacks significant anticholinergic ocular effects.

5. Which adverse effect is associated with diuretic therapy and can involve the eyes?

- A. Blurred vision**
- B. Photophobia**
- C. Floaters**
- D. Dry Eyes**

The main idea here is that diuretic medications can cause systemic dehydration, and this can show up in the eyes as dry eye. When body fluids are reduced, tear production and tear film stability can diminish, leading to a gritty, irritated, and dry sensation on the ocular surface. This dryness can also transiently affect vision because an unstable tear film blurs the surface of the cornea. Other eye symptoms like photophobia or floaters aren't the typical direct effects of diuretics, and blurred vision is less specific than the dry-eye presentation linked to dehydration from diuretic use.

6. For internal hordeolum caused by *Staphylococcus aureus*, which antibiotic regimen is most appropriate?

- A. Amoxicillin alone**
- B. Dicloxacillin**
- C. Erythromycin**
- D. Augmentin**

Staphylococcus aureus eyelid infections often involve beta-lactamase production, which can inactivate plain penicillins. An antibiotic that combines a penicillin with a beta-lactamase inhibitor, like amoxicillin-clavulanate, overcomes this resistance and provides reliable coverage against beta-lactamase-producing strains. That broader, more robust activity makes it the most appropriate systemic option for an internal hordeolum in this context. Erythromycin tends to have high resistance, and while a penicillinase-resistant penicillin can treat MSSA, it doesn't address beta-lactamase producers as effectively as a combination product. Amoxicillin alone would be ineffective due to beta-lactamase.

7. For keratitis abrasions/erosions, fluoroquinolones should be dosed with what frequency?

- A. BID**
- B. QID**
- C. QD**
- D. TID**

Dosing four times daily helps keep drug levels on the damaged corneal surface consistently above the level needed to prevent infection while the epithelium heals. When the corneal epithelium is compromised, tear turnover and washout can rapidly reduce antibiotic concentration, so more frequent dosing is needed to maintain therapeutic levels. This frequency provides solid coverage without the extremes of hourly dosing that would be reserved for more severe ulcers. If there's a higher risk of infection (for example, contact lens wear or suspected *Pseudomonas* involvement), choose a fluoroquinolone with good anti-*Pseudomonas* activity and adhere to the four-times-daily schedule to ensure ongoing protection during healing.

8. Which statements describe common initial systemic side effects of Diamox?

- A. Headache and dizziness
- B. GI upset and paresthesias**
- C. Rash and pruritus
- D. Cough and sore throat

Diamox (acetazolamide) is a systemic carbonic anhydrase inhibitor, which causes bicarbonate loss in the kidney and a mild metabolic acidosis. This shift in acid-base and electrolyte balance commonly produces early systemic side effects most people notice first: gastrointestinal upset such as nausea or decreased appetite, and paresthesias—tingling or numbness in the lips, fingers, or toes. These effects reflect the drug's effect on body chemistry and nerve conduction. While rash or pruritus can occur because acetazolamide is a sulfonamide derivative, they're less common as initial complaints, and cough or sore throat are not typical systemic side effects of this medication.

9. Which medication has been reported in association with nonarteritic anterior ischemic optic neuropathy?

- A. Latanoprost
- B. Sumatriptan (Imitrex)**
- C. Prednisolone
- D. Timolol

Vasoconstrictive medications used for migraine can precipitate ischemia in the optic nerve head, leading to nonarteritic anterior ischemic optic neuropathy. Sumatriptan, a triptan that activates 5-HT_{1B/1D} receptors, causes powerful vasoconstriction of cerebral and ocular vessels. In individuals with risk factors or a small cup-to-disc ratio, this reduced blood flow can compromise the optic nerve head perfusion enough to trigger NAION, and there are case reports linking sumatriptan use to this condition. The other drugs listed aren't recognized to have a causal link with NAION. Latanoprost lowers intraocular pressure by increasing aqueous outflow and isn't associated with optic nerve ischemia. Prednisolone doesn't have a known association with NAION, and timolol, a topical beta-blocker, isn't linked to NAION either.

10. Ceftriaxone dosing for gonococcal conjunctivitis is given via which route?

- A. IM
- B. Oral
- C. Subconjunctival
- D. IV**

Systemic ceftriaxone is used for gonococcal conjunctivitis, and the preferred route is a single intramuscular dose. Administering ceftriaxone IM achieves rapid, reliable serum and ocular tissue levels to eradicate *Neisseria gonorrhoeae* from the conjunctiva. Intravenous administration is reserved for disseminated gonococcal infection or more severe disease in a hospital setting, not routine uncomplicated ocular infection. Oral ceftriaxone doesn't reliably reach therapeutic levels for this purpose, and subconjunctival administration isn't used. A single 1 g IM dose is the standard approach.

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://nbeopart2tmod.examzify.com>

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

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