

NBEO PART II TREATMENT AND MANAGEMENT OF OCULAR DISEASE (TMOD) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 drug class should be used with caution in patients with narrow-angle glaucoma due to risk of angle closure?**
 - A. Corticosteroids
 - B. Pseudoephedrine
 - C. Indomethacin
 - D. Acetaminophen

- 2. Tobramycin is the most commonly used fortified antibiotic for sight-threatening ocular infections. Which of the following represents this fortified agent?**
 - A. Cefazolin Alone
 - B. Vancomycin
 - C. Tobramycin
 - D. Gentamicin

- 3. Donepezil (a cholinesterase inhibitor used for Alzheimer's disease) is listed as capable of decreasing intraocular pressure. Which option is correct?**
 - A. Latanoprost
 - B. Brimonidine
 - C. Donepezil
 - D. Timolol

- 4. Which over-the-counter decongestant can cause blurry vision and diplopia, particularly with high intraocular pressure?**
 - A. Pseudoephedrine
 - B. Diphenhydramine
 - C. Acetaminophen
 - D. Ibuprofen

- 5. Which generation of fluoroquinolones includes drugs commonly used as fortified topical antibiotics for ocular infections?**
 - A. 2nd Gen Fluoroquinolones
 - B. 1st Gen Fluoroquinolones
 - C. 3rd Gen Fluoroquinolones
 - D. 3rd/4th Gen Fluoroquinolones

- 6. Which agent has been linked to retinal vascular occlusions or NAION in reports?**
- A. Sumatriptan
 - B. Propranolol
 - C. Ribavirin
 - D. Dorzolamide
- 7. Which adverse ocular effect may be caused by cidofovir, sulfa drugs, or rifabutin?**
- A. Anterior uveitis
 - B. Conjunctival hyperemia
 - C. Keratitis
 - D. Retinal detachment
- 8. Which of the following are calcium channel blockers?**
- A. Lisinopril
 - B. Propranolol
 - C. Furosemide
 - D. Verapamil
- 9. Whorl keratopathy is most characteristically caused by which medication?**
- A. Amiodarone
 - B. Timolol
 - C. Prednisolone
 - D. Chloroquine
- 10. For infections of the cornea and lids, which antibiotic property is most desirable?**
- A. Broad Spectrum with Strong Gram-Negative Coverage
 - B. Strong Gram-Negative Coverage
 - C. Any Gram-Positive Coverage
 - D. Antiviral Activity Only

Answers

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

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Explanations

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1. Which drug class should be used with caution in patients with narrow-angle glaucoma due to risk of angle closure?

- A. Corticosteroids**
- B. Pseudoephedrine
- C. Indomethacin
- D. Acetaminophen

In narrow-angle glaucoma, keeping the pupil from dilating is important because pupil dilation can push the iris forward and narrow or close the drainage angle, triggering a dangerous rise in intraocular pressure. Medications that cause pupil dilation or increase sympathetic activity are the ones to use with caution in these patients. A decongestant like pseudoephedrine fits this risk profile because it can cause mydriasis (pupil dilation) and potentially precipitate angle closure in someone with a susceptible angle. So it's the drug class to avoid or use with caution in this context. The other listed drugs don't carry the same acute risk for angle closure. Corticosteroids can raise intraocular pressure in steroid responders over time, but they are not typically triggers for acute angle closure. NSAIDs and acetaminophen do not affect the angle in this way.

2. Tobramycin is the most commonly used fortified antibiotic for sight-threatening ocular infections. Which of the following represents this fortified agent?

- A. Cefazolin Alone
- B. Vancomycin
- C. Tobramycin**
- D. Gentamicin

Fortified topical antibiotics are high-concentration preparations used to achieve bactericidal levels in the cornea and anterior chamber for sight-threatening infections. The most commonly used fortified agent is tobramycin, prepared at a high dose (often around 14 mg/mL) to maximize coverage against gram-negative bacteria, including Pseudomonas. It's typically used in combination with another antibiotic (such as cefazolin) to provide broad-spectrum coverage, especially for severe keratitis or endophthalmitis. So, the fortified agent described here is tobramycin. Cefazolin alone provides gram-positive coverage but is not the fortified agent by itself; vancomycin and gentamicin can be used in fortifications in certain scenarios, but tobramycin is the standard first choice for sight-threatening cases.

3. Donepezil (a cholinesterase inhibitor used for Alzheimer's disease) is listed as capable of decreasing intraocular pressure. Which option is correct?

- A. Latanoprost
- B. Brimonidine
- C. Donepezil**
- D. Timolol

Donepezil lowers intraocular pressure by increasing acetylcholine in the eye. By inhibiting acetylcholinesterase, it boosts parasympathetic activity, and the extra acetylcholine stimulates muscarinic receptors on the ciliary muscle. This causes the ciliary muscle to contract, opening the trabecular meshwork and enhancing aqueous humor outflow, which reduces IOP. The other drugs listed lower IOP through their own glaucoma-specific mechanisms (prostaglandin-mediated outflow, alpha-adrenergic-mediated outflow plus reduced production, or beta-blocker-mediated production reduction), but the question highlights donepezil as the agent capable of decreasing IOP through cholinergic stimulation.

4. Which over-the-counter decongestant can cause blurry vision and diplopia, particularly with high intraocular pressure?

A. Pseudoephedrine

B. Diphenhydramine

C. Acetaminophen

D. Ibuprofen

Pupil dilation and increased intraocular pressure can be triggered by systemic sympathetic stimulation from certain OTC decongestants. Pseudoephedrine is a common example that activates alpha-adrenergic receptors, providing decongestion but also potentially dilating the pupil. In eyes with high intraocular pressure or narrow angles, this dilation can worsen outflow obstruction and raise IOP, leading to blurred vision and even diplopia in susceptible individuals. The other options lack this decongestant mechanism or don't have the same risk of raising IOP; for instance, anticholinergic medicines like diphenhydramine can cause blurred vision through accommodation effects, but they're not decongestants, and acetaminophen and ibuprofen don't typically affect vision or IOP.

5. Which generation of fluoroquinolones includes drugs commonly used as fortified topical antibiotics for ocular infections?

A. 2nd Gen Fluoroquinolones

B. 1st Gen Fluoroquinolones

C. 3rd Gen Fluoroquinolones

D. 3rd/4th Gen Fluoroquinolones

The key idea is that fortified topical therapy for eye infections relies on fluoroquinolones with broad spectrum and strong tissue penetration, so later generations are favored. Third- and fourth-generation fluoroquinolones have enhanced activity against a wide range of organisms, including Gram-positive bacteria such as Staphylococcus aureus (and some MRSA) as well as excellent Pseudomonas coverage, and they achieve good corneal and intraocular penetration. This makes them well suited for high-concentration, fortified formulations used in serious ocular infections like keratitis and endophthalmitis. Examples include levofloxacin (3rd generation) and the 4th-generation agents like moxifloxacin and gatifloxacin. While earlier generations can cover Pseudomonas, they have relatively less Gram-positive activity and are less favorable for fortified regimens, so the 3rd/4th generations are the best fit for fortified topical therapy.

6. Which agent has been linked to retinal vascular occlusions or NAION in reports?

A. Sumatriptan

B. Propranolol

C. Ribavirin

D. Dorzolamide

Retinal vascular occlusions and ischemic optic neuropathy have been reported in association with systemic therapies used for hepatitis C, particularly when interferon-based regimens are used alongside ribavirin. The combination can involve vascular stress and microangiopathy that may trigger occlusive events in the retina or anterior optic nerve. Ribavirin is the agent most consistently linked to these ocular vascular complications in reports, especially in the context of interferon therapy. The other drugs listed are not as strongly associated with retinal vascular occlusions or NAION in the literature. Sumatriptan can cause vasospasm, but reports of retinal vascular occlusions or NAION are much less common. Propranolol, dorzolamide, and similar agents do not have a well-established link to these specific vascular ocular events.

7. Which adverse ocular effect may be caused by cidofovir, sulfa drugs, or rifabutin?

- A. Anterior uveitis**
- B. Conjunctival hyperemia
- C. Keratitis
- D. Retinal detachment

Anterior uveitis is the inflammatory reaction in the front part of the eye, affecting the iris and ciliary body. It can be triggered by certain systemic medications, including cidofovir, sulfa drugs, and rifabutin. Each of these agents has the potential to provoke an inflammatory response in the anterior segment, leading to cells and flare in the anterior chamber, eye pain, photophobia, and a ciliary flush. This drug-induced anterior uveitis is distinct from superficial conjunctival redness or corneal involvement (keratitis) and from posterior segment problems like retinal detachment; those findings point to other issues. If this ocular toxicity is suspected, reviewing the offending medication is important, and management typically involves interrupting or adjusting the drug as feasible, along with local therapy such as topical corticosteroids to control inflammation and cycloplegic agents to relieve pain and prevent synechiae, with careful follow-up.

8. Which of the following are calcium channel blockers?

- A. Lisinopril
- B. Propranolol
- C. Furosemide
- D. Verapamil**

Calcium channel blockers work by inhibiting L-type calcium channels, reducing calcium entry into cardiac muscle and vascular smooth muscle. This leads to vasodilation and, with non-dihydropyridine blockers like verapamil, decreased myocardial contractility and slower AV nodal conduction. Verapamil is the calcium channel blocker here because it directly blocks these L-type calcium channels, mainly affecting the heart and AV node to lower heart rate and contractility. The other drugs don't share this mechanism: lisinopril is an ACE inhibitor, propranolol is a beta-blocker, and furosemide is a loop diuretic.

9. Whorl keratopathy is most characteristically caused by which medication?

- A. Amiodarone**
- B. Timolol
- C. Prednisolone
- D. Chloroquine

Vortex keratopathy, or corneal verticillata, happens when certain drugs deposit in the corneal epithelium and form a whorl-like pattern as the epithelium turns over. Amiodarone is the classic cause because it is highly lipophilic and accumulates in corneal epithelial cells, creating lamellar, lipid-rich inclusions that line up in the distinctive whorl (vortex) pattern. This change is usually bilateral and often asymptomatic, though mild visual phenomena can occur and deposits may persist after stopping the drug. While chloroquine can also cause corneal verticillata, amiodarone is the most characteristic agent taught for this finding. Timolol and prednisolone do not typically produce this vortex keratopathy, with the former more linked to surface irritation and the latter to cataracts or glaucoma-related effects rather than corneal epithelial deposits.

10. For infections of the cornea and lids, which antibiotic property is most desirable?

- A. Broad Spectrum with Strong Gram-Negative Coverage
- B. Strong Gram-Negative Coverage
- C. Any Gram-Positive Coverage**
- D. Antiviral Activity Only

The main idea is that the pathogens most commonly causing corneal and lid infections are Gram-positive bacteria (like Staphylococcus and Streptococcus). An antibiotic that reliably covers Gram-positive organisms targets the majority of these infections, making it the most essential property. Gram-negative coverage is important in certain scenarios (for example, contact-lens-associated keratitis or more severe infections), but not universally required for typical lid and corneal infections. Antiviral activity is not helpful here since this is a bacterial infection. So, having coverage against Gram-positive bacteria best aligns with treating the common culprits effectively.

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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:

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

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