

# NBEO Part III Patient Encounters and Performance Skills (PEPS) Practice Test (Sample)

## Study Guide



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

**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

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

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. RVO treatment: For neovascularization of the retina (NVE) due to RVO, which treatment is indicated?**
  - A. Sector laser for NVE**
  - B. PRP**
  - C. Focal laser only**
  - D. No laser therapy**
  
- 2. What is the recommended follow-up interval after an episode of commotio retinae?**
  - A. 2-4 weeks**
  - B. 1 day**
  - C. 6 months**
  - D. 2 years**
  
- 3. Exposure keratopathy can be caused by which conditions?**
  - A. Incomplete lid closure**
  - B. Ectropion**
  - C. Bell palsy**
  - D. All of the above**
  
- 4. For PAM, when is an excision biopsy indicated?**
  - A. If the lesion spans more than 2 clock hours**
  - B. If the lesion spans more than 4 clock hours**
  - C. If the lesion spans more than 1 clock hour**
  - D. If the lesion spans more than 6 clock hours**
  
- 5. Which finding would prompt lash epilation during blepharitis evaluation?**
  - A. Amblyopia**
  - B. Collarettes**
  - C. Corneal edema**
  - D. Retinal detachment**

- 6. Which additional therapy is listed for Vernal Keratoconjunctivitis if a shield ulcer is present?**
- A. Erythromycin ointment qid**
  - B. Latanoprost**
  - C. Oral antibiotics**
  - D. Steroid injection**
- 7. PAL assessment in adult inclusion conjunctivitis is typically which result?**
- A. Positive**
  - B. Negative**
  - C. Not performed**
  - D. Positive only in VKC**
- 8. For Fuchs endothelial dystrophy, what is the intended effect of the prescribed eye drop?**
- A. Keep the cornea dehydrated**
  - B. Increase tear production**
  - C. Reduce pupil size**
  - D. Lower intraocular pressure**
- 9. What is the recommended follow-up schedule for a choroidal rupture?**
- A. 1-2 weeks to check for resolution; 6-12 months to check for CNV**
  - B. 2 weeks and 1 year**
  - C. 1 month and 2 years**
  - D. 3 months and 2 years**
- 10. Which statement best describes myasthenia gravis?**
- A. It is an autoimmune condition with ptosis and diplopia that worsens by end of day; prism can help.**
  - B. It is a bacterial infection causing droopy eyelid**
  - C. It is a congenital vascular disease**
  - D. It is a reversible corneal disease**

## Answers

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. RVO treatment: For neovascularization of the retina (NVE) due to RVO, which treatment is indicated?**

- A. Sector laser for NVE**
- B. PRP**
- C. Focal laser only**
- D. No laser therapy**

Neovascularization from retinal vein occlusion is driven by retinal ischemia that stimulates VEGF production. The treatment goal is to reduce the ischemic drive by ablating ischemic retina, which lowers VEGF and allows neovascularization to regress. When the nonperfused area and the neovascular tissue are localized, sector laser photocoagulation targets just those ischemic sectors feeding the neovascularization, providing enough treatment to suppress VEGF with less collateral damage than broader methods. Panretinal photocoagulation is reserved for more extensive retinal nonperfusion, where widespread destruction of ischemic retina is needed. Focal laser alone won't address the ischemic substrate, and doing nothing risks progression, so sector laser is the indicated approach in this scenario.

**2. What is the recommended follow-up interval after an episode of commotio retinae?**

- A. 2-4 weeks**
- B. 1 day**
- C. 6 months**
- D. 2 years**

After commotio retinae from blunt trauma, healing of the outer retina evolves over weeks, not hours. A two- to four-week follow-up gives enough time to confirm resolution of the edema and to detect any delayed traumatic maculopathy or other sequelae that could affect vision. Checking too soon (a day) might miss evolving changes, while waiting several months or years could miss subacute complications that influence prognosis. Therefore, a 2-4 week follow-up is the appropriate interval.

**3. Exposure keratopathy can be caused by which conditions?**

- A. Incomplete lid closure**
- B. Ectropion**
- C. Bell palsy**
- D. All of the above**

Exposure keratopathy results from inadequate protection and lubrication of the cornea by the eyelids and tear film. When the eyelids don't close completely, as in lagophthalmos, the cornea is exposed to air between blinks, leading to drying, epithelial loss, and surface damage. Ectropion, the outward turning of the lid margin, prevents proper lid apposition and tear film distribution over the cornea, increasing exposure and irritation. Bell palsy causes facial nerve weakness that impairs eyelid closure and blinking, producing lagophthalmos and reduced tear spreading, with drying and keratopathy. Since each condition can produce corneal exposure, all of the above can cause exposure keratopathy.

**4. For PAM, when is an excision biopsy indicated?**

- A. If the lesion spans more than 2 clock hours**
- B. If the lesion spans more than 4 clock hours**
- C. If the lesion spans more than 1 clock hour**
- D. If the lesion spans more than 6 clock hours**

In PAM the amount of conjunctival involvement guides how aggressively to pursue a tissue diagnosis. As the pigmented area covers more surface, the risk that there is dysplasia or malignant transformation increases, so sampling the lesion becomes important. Excisional biopsy is indicated when the lesion spans more than two clock hours because at that extent there is enough involvement to warrant histologic confirmation and to achieve clear margins if removal is pursued. This threshold helps distinguish small, likely benign lesions that can be watched from larger ones where there's greater concern for atypia or melanoma. If the pigmented area is limited to two clock hours or less, careful observation with periodic documentation is often reasonable, with biopsy reserved for changes in size, borders, color, or the development of suspicious features.

**5. Which finding would prompt lash epilation during blepharitis evaluation?**

- A. Amblyopia**
- B. Collarettes**
- C. Corneal edema**
- D. Retinal detachment**

In blepharitis evaluation, sampling the lashes is most likely to be prompted when Demodex infestation is suspected. The telltale sign is collarettes—cylindrical, dandruff-like scales at the base of the eyelashes. These collarettes indicate debris associated with mite colonization in the lash follicles, so epilating a few lashes for microscopic examination helps confirm Demodex. Other options aren't related to lash sampling or Demodex detection, as amblyopia concerns vision development and the others relate to deeper ocular or retinal conditions.

**6. Which additional therapy is listed for Vernal Keratoconjunctivitis if a shield ulcer is present?**

- A. Erythromycin ointment qid**
- B. Latanoprost**
- C. Oral antibiotics**
- D. Steroid injection**

When a shield ulcer is present in Vernal Keratoconjunctivitis, protecting the corneal surface from infection while the inflammation is managed is essential. A topical antibiotic such as erythromycin ointment, applied four times daily, provides direct, local coverage to the cornea, helping the epithelial defect heal and preventing bacterial superinfection that can accompany a shield ulcer. Latanoprost isn't used for VKC or corneal ulcers; it's a glaucoma medication with no role in treating this condition. Oral antibiotics aren't the preferred approach here because the goal is targeted corneal protection with minimal systemic exposure. A steroid injection isn't standard for shield ulcers due to risks and the availability of safer, more appropriate topical anti-inflammatory options.

**7. PAL assessment in adult inclusion conjunctivitis is typically which result?**

- A. Positive**
- B. Negative**
- C. Not performed**
- D. Positive only in VKC**

The main idea here is that PAL assessment is used to detect an infectious conjunctival process, specifically the chlamydial infection that causes adult inclusion conjunctivitis. In this condition, *Chlamydia trachomatis* is present in the conjunctiva, generating a detectable signal on PAL testing. Because the infection is active and the pathogen or its immunologic footprint is present on the ocular surface, the test result is typically positive. A negative result would be unusual unless sampling was inadequate or antibiotics were already reducing the load. It wouldn't be expected to be positive only in VKC, since VKC is an allergic disorder without the bacterial antigen presence this test detects.

**8. For Fuchs endothelial dystrophy, what is the intended effect of the prescribed eye drop?**

- A. Keep the cornea dehydrated**
- B. Increase tear production**
- C. Reduce pupil size**
- D. Lower intraocular pressure**

Fuchs endothelial dystrophy causes corneal swelling because the endothelial cells can't pump fluid out of the stroma effectively. The prescribed eye drop is intended to pull water out of the cornea by osmosis, reducing edema and improving clarity. This keeps the cornea dehydrated, which is the key therapeutic aim. Other strategies like increasing tear production, constricting the pupil, or lowering intraocular pressure don't address the underlying corneal edema in this condition.

**9. What is the recommended follow-up schedule for a choroidal rupture?**

- A. 1-2 weeks to check for resolution; 6-12 months to check for CNV**
- B. 2 weeks and 1 year**
- C. 1 month and 2 years**
- D. 3 months and 2 years**

The important idea is that choroidal rupture has two different timing considerations: you want an early check to confirm healing and catch immediate problems, and a later check to detect a delayed but vision-threatening complication. Early follow-up at about 1-2 weeks lets you verify that the rupture is stabilizing, assess for any evolving issues such as persistent subretinal fluid or inflammation, and establish a baseline for future comparisons. Then, because choroidal neovascularization can develop months after the injury, a follow-up around 6-12 months is used to monitor for CNV and treat promptly if it arises. This schedule aligns with the typical risk periods: short-term healing and longer-term CNV risk. Other schedules either delay the initial assessment too long to catch early changes or place the CNV check outside the window when CNV is most likely to appear, reducing the chance of early detection and treatment.

**10. Which statement best describes myasthenia gravis?**

- A. It is an autoimmune condition with ptosis and diplopia that worsens by end of day; prism can help.**
- B. It is a bacterial infection causing droopy eyelid**
- C. It is a congenital vascular disease**
- D. It is a reversible corneal disease**

Myasthenia gravis is an autoimmune disorder of the neuromuscular junction that causes fatigable weakness, which worsens with activity and improves with rest. In the eyes this commonly shows up as ptosis and diplopia that fluctuate and become more pronounced toward the end of the day as the extraocular muscles fatigue. The statement captures both the autoimmune basis and the characteristic fatigability pattern, and it notes that prisms can help manage the diplopia by compensating for the variable misalignment. The other descriptions don't fit MG: a bacterial infection wouldn't produce fatigable weakness or fluctuating lid droop; a congenital vascular disease isn't this condition; and a reversible corneal disease affects the cornea rather than causing fatigable ptosis and diplopia.

## 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://nbeopart3peps.examzify.com>**

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

SAMPLE