

Recorded Lectures - Multiple Choice Answers

All you were afraid to ask about BV

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Six of the following questions were presented online following a recorded lecture video to entrants to comply with the General Optical Council's best practice specification for this type of CET.

Q1. The Cover Test is used to discover the presence of:

- a) Manifest & salient strabismus
- b) Prism & strabismus
- c) Manifest & latent strabismus
- d) None of the answers listed

c is the correct answer. A manifest strabismus is visible when both eyes are open & being used. A latent strabismus is observed only when one eye is shut or covered. It is likely that a Manifest Strabismus is a Tropia & a Latent strabismus is a Phoria.

Q2. As a Dispensing Optician, why is it important to understand aspects of Binocular Vision? The GOC competence 7.1.5 for Dispensing Opticians states that:

7.1.5: "Understands the investigation & management of patients presenting with:

- a) Hyperphoria, hypotropia and amblyopia-based anomalies of binocular vision
- b) Heterophoria, heterotropia and amblyopia-based anomalies of binocular vision
- c) Hypophoria, hypertropia and amblyopia-based anomalies of binocular vision
- d) The management of amblyopia

b is the correct answer. 7.1.5: "Understands the investigation & management of patients presenting with heterophoria, heterotropia and amblyopia-based anomalies of binocular vision including the relevance of history and the recognition of any clinical symptoms. More information can be found at

[file:///C:/Users/fi7ed/Downloads/dispensing_competencies_2011_pdf%20\(11\).pdf](file:///C:/Users/fi7ed/Downloads/dispensing_competencies_2011_pdf%20(11).pdf)

Q3. When conducting a Cover Test – you observe one eye moving OUTWARDS when the other eye is covered - the patient is said to have:

- a) Esophoria
- b) Hypophoria
- c) Exophoria
- d) Hyperphoria

a is the correct answer. More information & images can be found in this archived CET article in Optician magazine. <https://www.opticianonline.net/cet-archive/5454>

Q4. Which statement best describes a TROPIA?

- a) A TROPIA is a misalignment of the eyes which is difficult to diagnose
- b) A TROPIA is only visible when a patient is tired
- c) A TROPIA is only visible when an extensive cover test is performed
- d) A TROPIA is a misalignment of the eyes which is always present.

d is the correct answer. A TROPIA is a misalignment of the eyes which is always present. Dr Fergal Ennis, in his article for Optician states: *"The failure or absence of motor fusion may be obvious to the naked eye when there is a large misalignment present (heterotropia)"*. Full article can be accessed here:

<https://www.opticianonline.net/cet-archive/5454>

Q5. Ocular Motility is routinely checked during an eye examination. It is generally accepted that there are – ???? – positions of gaze?

- a) 7
- b) 10
- c) 9
- d) 4

c is the correct answer. It is generally accepted that there is the primary position of gaze – looking straight forward - and 4 primary positions of gaze – up, down, in & out and 4 oblique positions of gaze – up & out, up & in, down & out and down & in. See the image posted by the Ophthalmic Photographers Society accessed via this link:

<https://www.opsweb.org/page/Motility>

Q6. Eye deviations can be classified as Concomitant or Incomitant. Which statement best describes the term CONCOMITANT:

- a) The muscle is too weak or has reduced function causing the eye to deviate from its primary position
- b) The size of the deviation does not vary with direction of gaze
- c) The eye turns in and only occurs in young children, often correcting itself as the child grows
- d) The muscle causes the eye to turn out

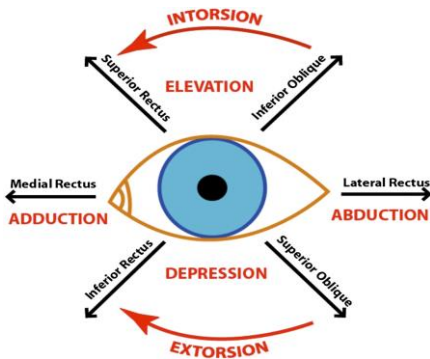
b is the correct answer. Strabismus can be concomitant, where the size of the deviation does not vary with direction of gaze. Further info can be found via this link: <https://patient.info/doctor/strabismus-squint> Authored by Paediatric specialist GP Dr Mary Louth.

Q7. Position of Gaze in spectacle wear is extremely important. The term given to the DOWNWARD direction of gaze is:

- a) Suppression
- b) Elevation
- c) Extraversion
- d) Depression

d is the correct answer.

This is shown clearly in the image obtained from the American Academy of Paediatrics.



Q8. Patients may present complaining of symptoms such as asthenopia, diplopia, etc. When is the only time a patient with differential prism in their spectacles not experience any issues?

- a) When they look directly through the optical centre of the lens
- b) When they look down to read
- c) When they look off to the side
- d) When they look above their head

a is the correct answer. In his CET article for Optician, Andrew Keirl states that “When the eyes of anisometropic subjects rotate to view through points away from the optical centres of a pair of spectacle lenses, different prismatic effects at corresponding points between the two eyes may be experienced”. From this it is safe to conclude if the subject looks directly through the optical centre, then no prismatic effects will be experienced. Read the whole article here:

<https://www.opticianonline.net/cet-archive/49>

Q9. Calculate the correct amount of differential prism in the following prescription. (Assume the NVP is 10mm below the distance optical centre).

R +4.00 / -1.00 x 90

L Plano / -1.00 x 90

- a) 3Δ Base Up RE
- b) 3Δ Base Up LE
- c) 4Δ Base Up RE
- d) 4Δ Base Up LE

c is the correct answer. See the calculation here:

Principal Powers

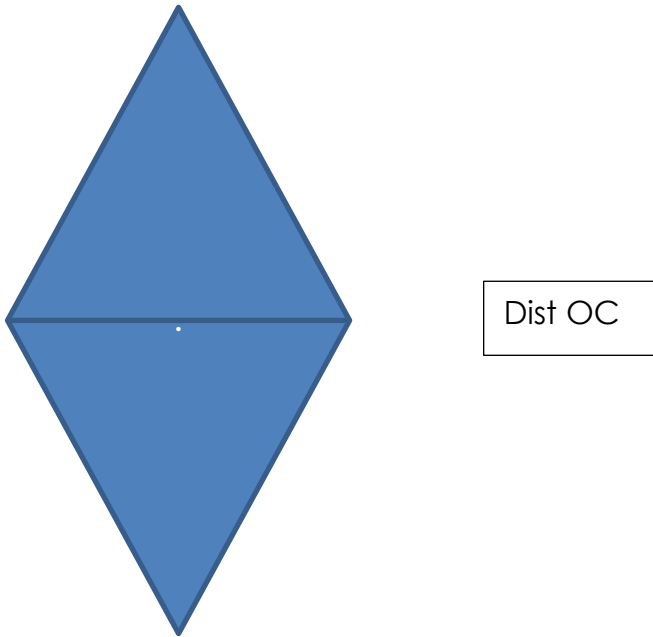
RE +4.00 along 90 and +3.00 along 180

LE 0.00 along 90 and -1.00 along 180

Calculation in the vertical meridian so, RE +4.00 and LE 0.00

$P = cF$, so $P = 1 \times 4 = 4\Delta$ RE

The lens is plus powered, so, can be visualised as 2 prisms aligned with their bases together



So, the base is above where the patient looks – 10mm below the distance OC so the prism base is up in the RE as there is no power in the LE vertical meridian.

From $P = cF$ we know that $P = 4\Delta$

So, the answer is 4Δ Base Up RE