

SECOND YEAR M. OPTOM. : SUMMER - 2018
SUBJECT : CLINICAL MANAGEMENT IN ORHTOPTICS

Day : **Wednesday**
Date : **18/04/2018**

S-2018-3580

Time : **09.30 A.M. TO 11.30 A.M.**
Max. Marks : 50

N.B.:

- 1) Answers to both the sections should be written in the **SEPARATE** answer books.
- 2) Section A is of objective questions for total **20** marks.
- 3) Section B is of short questions for total **30** marks.

SECTION – A

Q.1 A) Fill in the blanks: [10]

- 1) Krimksy test is done _____.
- 2) A method for detecting monocular visual acuity in the presence of latent nystagmus involves _____.
- 3) _____ is a slight vergence error when bifixating and sensorially fusing a binocular contour.
- 4) Chaistopic exercises are given to train _____.
- 5) Fixatory movements are _____, _____ and _____.
- 6) The symptom of “Panoramic vision” is found in _____.
- 7) A person exhibiting 10 Δ esophoria at a distance of 6m and 25Δ esophoria at a distance of 30cm is said to have _____.
- 8) Aberrant regenerations and Tonic pupil are commonly seen in _____ condition.
- 9) _____ is a rare congenital condition with the eyes firmly fixed in extreme adduction.
- 10) _____ prisms optically eliminate the oculomotor deviation.

B) Multiple choice questions: [10]

- 1) A condition in which on dissociation the covered eye deviates markedly upwards but reverts back to its original when dissociation is removed called
 - a) Duane’s Retraction syndrome
 - b) Myasthenia Gravis
 - c) Dissociated vertical divergence
 - d) Depressor’s palsy
- 2) A patient has paresis of SR of left eye. In order to maintain BSV, patient’s head posture would best be
 - a) Chin raised, face turn right, head tilt to left
 - b) Chin depressed, face turn right, head tilt to right
 - c) Chin raised, face turn left, head tilt to left
 - d) Chin raised, face turn left, head tilt to right

P.T.O.

- 3) Neutral density filter does not decrease visual acuity in
 - a) Anisometropia
 - b) Suppression
 - c) ARC
 - d) Functional Amblyopia

- 4) King-Devick test is used to measure
 - a) Vergence
 - b) Versions
 - c) Heterophoria
 - d) Heterotropia

- 5) Cross response with central gap in one line on Bagolini striated glasses indicates
 - a) ARC with squint
 - b) ARC without squint
 - c) Central suppression scotoma in that eye
 - d) NRC with squint

- 6) 4Δ base out test is done to detect
 - a) Micro-tropia
 - b) Obligatory suppression
 - c) Organic Amblyopia
 - d) Nystagmus

- 7) Presence of Post-pointing indicates
 - a) Acquired paralytic squint
 - b) Congenital paralytic squint
 - c) Ordinary torticollis
 - d) A-V pattern

- 8) Teaching relaxation of accommodation exercises are given in patients with
 - a) Convergence weakness
 - b) Divergence excess
 - c) Refractive Accommodative Esotropia
 - d) Non-accommodative Esotropia

- 9) The tendency of an eye in a permanently convergent position to develop a secondary hypertropia is known as
 - a) Primary vertical squint
 - b) Dissociated vertical divergence
 - c) Secondary vertical squint
 - d) Composite type f vertical squint

- 10) Accommodative facility can be assessed clinically using
 - a) Prism rock test
 - b) Lens rock test
 - c) Alternate cover test
 - d) Push up test

SECTION – B

Q.2 Answer **ANY SIX** of the following: **[30]**

- a) How do you manage a case of patient with accommodative esotropia with high AC/A ratio?

- b) What are the latest trends available in computerized vision therapy programme to train accommodative and convergence insufficiency?

- c) Discuss the therapeutic uses of prisms in orthoptic practice.

- d) A 6 year old boy presented for a routine pre-school examination. He had no symptoms. External and internal ocular health was within normal limits. Visual acuity and refraction with cycloplegics was R.E +5.25D 6/24, L.E +1.50D 6/9 with orthophoria for distance and near. What should be the treatment plan for this patient?

- e) What is DRS? Write down the clinical features observed in DRS with its management.

- f) What is the significance of AC/A ratio? A patient exhibits 10 Δ exophoria for distance and 30 Δ exophoria for near at 33 cm with IPD of 66mm. Calculate AC/A ratio for this patient.

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