

**Low vision Question Bank**  
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**Multiple Choice Type Questions**

Choose the correct alternatives of the following :

The basic principle of plus lens magnifier is

- a) Relative distance magnification
- b) relative image magnification
- c) angular magnification
- d) none of these.

Bar magnifier increases the object size in

- a) vertical meridian
- b) horizontal meridian
- c) both (a) and (b)
- d) none of these.

Angular magnification is the principle of

- a) Stand magnifier
- b) CCTV
- c) Bar magnifier
- d) Galilean telescope.

Testing distance for light house near acuity card is

- a) 1 m
- b) 40 cm
- c) 33 cm
- d) none of these.

Patient suffering from retinitis pigmentosa initially field of vision loss in

- a) central
- b) peripheral
- c) arcuate
- d) temporal.

Dioptric value of a plus lens magnifier of 6X magnifier is

- a) 12 D
- b) 24 D
- c) 18 D
- d) 20 D.

A patient of Parkinsonism must not be prescribed

- a) Reading stand
- b) Hand held magnifier
- c) Stand magnifier
- d) C.C.T.V.

Colour vision test with Ishihara chart should classically be done in

- a) incandescent light
- b) fluorescent light
- c) good daylight
- d) tungsten bulb light.

Pin hole contact lens cannot be used as LVA in

- a) albinism
- b) aniridia
- c) central corneal opacity
- d) peripheral cataract.

X-chrome contact lens is

- a) a telemicroscope
- b) a cosmetic contact lens
- c) used in correction of defective colour vision
- d) used in correction of Keratoconus.

As magnification increases, both the working distance and the field of vision will be

- a) decreased
- b) increased
- c) equal
- d) proportional.

According to WHO working definition of Low Vision (WHO, 1992) in the better eye after treatment, and/or standard refractive correction, visual field should be less than

- a) 10°
- b) 20°
- c) 30°
- d) 40°

There are how many types of Amsler's chart available to assess the central field loss.

- a) 9
- b) 7
- c) 5
- d) 3

Legal blindness is define as

- a) 20/200 or better in the better seeing eye
- b) 20/200 or worse in the better seeing eye
- c) 20/200 or worse in the worse seeing eye
- d) 20° field loss in the periphery of each eye

Information provided by contrast sensitivity testing may be helpful in determining

- a. Monocular versus binocularity
- b. b. dominant eye
- c. need for increased magnification
- d. all of the above

When using a magnifier to read, the reading material should be held

- a. farther than one focal length from the magnifier
- b. closer than one focal length from the magnifier
- c. in the front focal plan of the magnifier
- d. b and c

Which of the following ophthalmic lens materials should be recommended for monocular patient?

- a. crown glass
- b. polycarbonate
- c. high-index plastic
- d. RGP contact lens

Chromatic aberrations and reflections reduce by which of the following lens options:

- a. Ultraviolet protective coatings

- b. Tint
- c. High-index material
- d. Antireflective coating

Which of the following should be recommended in the final spectacle prescription for the low vision patient having a high refractive error?

- a. Lens material
- b. Lens design
- c. Coatings or lens treatments
- d. a and c

The telescope that produces an erect image is the

- a. Galilean telescope
- b. Keplerian telescope
- c. Astronomical telescope
- d. all of the above

What is the tube length of a telescope when the ocular lens is

-75.00D and objective lens is +30.00D?

- a. 1.33 cm
- b. 2.00 cm
- c. 3.33 cm
- d. 4.00 cm

The total magnification of a CCTV incorporates the following magnification:

- a. Relative size magnification
- b. Projection magnification
- c. Relative distance magnification
- d. b and c

The largest category of nonoptical devices is probably which of the following?

- a. Relative distance devices
- b. Writing devices
- c. Relative size devices
- d. Mobility devices

Illumination controls used for distance vision include all of the following except

- a. Side shields
- b. Typoscopes
- c. Multiple pinhole spectacles
- d. Visors or Hats

The most common form of sensory substitution for low vision patients involve the use of

- a. audition
- b. tactile sensation
- c. olfaction
- d. sight

The greatest advantage of large-type materials is that they

- a. have better contrast and therefore greater visibility
- b. are available in relative large amounts of magnification
- c. permit more habitual and therefore comfortable reading
- d. are less cumbersome than most means of magnification

Bifocals up to which dioptric power can be useful for comfortable binocular uses

- a. +3.00D
- b. + 4.50 D
- c. +5.00 D
- d. + 2.50 D

Hand magnifiers Can be used along with

- a. bifocals or reading glasses
- b. distance vision correction glasses
- c. telescope
- d. contact lens

The most challenging pathology in terms of low vision management is

- a. Albinism
- b. Glaucoma
- c. Macular hole
- d. Congenital nystagmus

A patient who has an ocular diagnosis of hereditary degenerative optic atrophy may benefit from which of the following?

- a. Magnification at distance and near
- b. Tinted lens, both indoors and outdoors

- c. Genetic counselling
- d. All of the above

**Elaborate on :**

1. Enumerate the optics, uses, advantages and disadvantages of optical devices.
2. Enumerate members of low vision team and their role.
3. Explain visual skills.
4. Enumerate common disorders leading to low vision. Write in detail about problems and management of the following:-
  - a. Corneal Opacity.
  - b. Glaucoma.
  - c. Age related macular degeneration.
5. Electro optical devices.
6. Case study – Assessment and management of a 10 year old school going child with optic atrophy.
7. Elaborate the guidelines to determining, magnification and selecting low vision aids for distance and near.
8. Explain low vision rehabilitation
9. Non optical devices
10. Management of low vision.
11. What is multidisciplinary team approach in low vision? List the team Members and explain their roles in low vision intervention.
12. Telescopes.
13. Enumerate common disorders leading to low vision and write in detail on problems and management in Albinism, Optic atrophy and glaucoma.
14. Optical devices.
15. Define and types of Magnification; Write briefly on stand magnifiers.
16. Low vision assessment
17. Enumerate common disorders leading to low vision. Write in detail about problems and management of following conditions:
  - a) Albinism
  - b) Age Related macular degeneration
18. Mention about guidelines for prescribing low vision aids.
19. Describe optical low vision aids, various types and its basic principles.
20. What in the aim of Non-Optical devices and mention briefly about contrast enhancing devices?
21. Electro-optical devices.
22. Assessment and management of a 10 year old school going child with albinism.
23. Enumerate Common disorders leading to low vision. Write in details about problems and management of the following conditions.
  - (a) Myopia
  - (b) Optic atrophy
  - (c) Juvenile Glaucoma
24. Enumerate Common disorders leading to low vision. Write in details about problems and management of the following conditions.
  - (a) Corneal opacity

(b) Macular dystrophy

25. Define and classify magnification. Write briefly on stand magnifiers.

26. One patient's age is 60 years old and he has come to your clinic with the complaints of distorted central vision. What is the differential diagnosis of this condition? Write in detail about "Age Related macular Degeneration".

**Write notes on :**

1. Explain multidisciplinary team approach.
2. Differentiate methods of testing for young children with low vision.
3. Types of magnifications with examples.
4. Explain the stages of visual development.
5. A 6 year old child with RP, visual acuity less than 6/36 in both eyes, field less than 40o. Plan the low vision intervention.
6. List the visual skill areas.
7. Explain the importance of CBR in low vision care.
8. Explain elements of vision.
9. Bioptic telescope.
10. Visual acuity assessment in low vision.
11. Contact lenses in low vision.
12. Coloboma.
13. Myopic degeneration.
14. Retinitis pigmentosa.
15. Case study – Assessment and management of a 75 year old retired professor with ARMD.
16. CCTV.
17. Contact Lens combined system in magnification
18. Computer software in low vision
19. Corneal opacity
20. Myopic degeneration
21. Optic atrophy
22. Speech synthesizer and talking books
23. Counseling in low vision
24. Case Study – Assessment and management of a 10 year old child with optic atrophy studying in third standard.
25. Non optical devices.
26. Low vision history.
27. Computer software in low vision.
28. Illumination.
29. Glaucoma.
30. Dislocated or subluxated lens.
31. Counseling in low vision.
32. Vision charts in low vision.
33. Electro optical devices.
34. Bioptic telescope.
35. Visual acuity assessment in low vision.
36. Contrast Sensitivity.

37. Low vision history.
38. Glare control.
39. Projection magnifier.
40. Environmental modification in low vision.
41. Categories of visual impairment.
42. Field loss in low vision.
43. Counseling in low vision.
44. Write about refraction procedure in low vision patients.
45. Define low vision. Write about WHO classification of low vision.
46. Define Glare. Write about types of glare in low vision.
47. Write about high- plus addition lens in low vision patients.
48. What is Retinitis pigmentosa? How will you manage patients with retinitis pigmentosa?
49. Write about Electro-Optical devices in low vision.
50. Write about magnification consideration in low vision.
51. Write about counselling in low vision patients.
52. Define power and magnification. Convert the following value from power to magnification.
  - a) +20 D = --- Magnification.
  - b) +22 D = --- Magnification.
53. Write about High plus addition lenses in low vision.
54. How will you do Refraction in low Vision patients?
55. Expand WHO? Write about WHO classification of low vision?
56. Classify categories of visual impairment.
57. Causes of low vision in adult and children.
58. What are the special low vision chart for distance and near vision?
59. Management of central field loss.
60. Management of peripheral field loss.
61. Mention briefly about rehabilitation of low vision patient.
62. Legal blindness.
63. Differentiate disorder and impairment.
64. Large print.
65. Explain the stages of visual development.
66. Telescopes.
67. Travel vision.
68. Field enhancement.
69. Write about types of glare in low vision.
70. Social blindness.
71. Brailey.

**Short Answers on :**

1. Define visual impairment.
2. Define low vision.
3. Explain the categories of low vision.
4. Define contrast sensitivity.
5. List the common causes of low vision.



6. Enumerate visual functions.
7. List the perceptual skills.
8. Explain Cardiff acuity chart.
9. Define functional vision.
10. Explain CBR.
11. Working definition of low vision.
12. Legal blindness.
13. Vision Rehabilitation.
14. Contrast Sensitivity.
15. Refraction.
16. Travel Vision.
17. History taking in low vision.
18. Glare control.
19. List ocular disorders leading to loss of peripheral field.
20. Visual acuity testing in children.
21. Vision rehabilitation
22. Blindness
23. Define functional vision, totally blind and visual impairment
24. Contrast sensitivity
25. Define disorder, impairment and disability
26. Define magnification and list the different types of magnification
27. Magnification for near
28. Devices for field enhancement
29. Define rehabilitation and enumerate steps in rehabilitation
30. Log MAR Charts.
31. Define Albinism.
32. List the tests in low vision examination.
33. Visual impairment.
34. Magnification for distance.
35. List ocular disorders leading to central or para central field loss.
36. Writing guide.
37. Magnification for near
38. Working definition of low vision.
39. Vision Rehabilitation.
40. Travel Vision.
41. Visual acuity testing in children.
42. Define magnification and list different types of magnification.
43. Field enhancement.
45. Define functional vision.
46. Reading Stand.
47. Pin hole spectacles.
48. Glare.
49. Define disability.
50. List ocular disorders leading to overall blurred vision.
51. What is glaucoma?
52. Define disorder and impairment.

53. Types of amsler grid chart.
54. Differentiate keplerian and Galilean Telescope.
55. What is the formula for changing the distance from the object to lens?
56. What is the formula for changing the distance from eye and lens?
57. Mention about cooking devices for low vision patients.
58. Indication for low vision.
59. Indication for low vision.
60. Fibre-Tipped pens.
61. Working definition of low vision.
62. Write the formula for changing the distance from object to lens.
63. Multi disciplinary team approach.
64. Color vision in low vision.
65. Define power.
67. Types of Nystagmus.
68. Mention about auditory aids.
69. Visual acuity testing in children.
70. Disadvantages of stand magnifier.