**Study Questions**

**Chapter 12: Eyes**

1. The layer of the eye that contains blood vessels and pain receptors that respond quickly to outside insult is the:
   1. tarsal plate.
   2. conjunctiva.
   3. extraocular musculature.
   4. limbus.

Answer: b

Rationale: The conjunctiva is this layer.

1. Tears drain from the eye through the:
   1. caruncle.
   2. lacrimal glands.
   3. inferior and superior puncta.
   4. sebaceous glands.

Answer: c

Rationale: The lacrimal glands produce tears, and the caruncle contains sebaceous glands.

1. Your 50-year-old patient says that in order to read, she must hold books far away from her eyes. She has never worn glasses and states that her far vision is excellent. Most likely, she is developing:
   1. cataracts.
   2. macular degeneration.
   3. presbyopia.
   4. ectropion.

Answer: c

Rationale: Presbyopia is a common problem in middle age.

1. Assessment of visual acuity with a Snellen chart checks which cranial nerve?
   1. I
   2. II
   3. III
   4. IV

Answer: b

Rationale: The optic nerve (cranial nerve II) is assessed with a Snellen chart.

1. Defects in a patient’s visual field might be associated with:
   1. color blindness.
   2. hyperopia.
   3. conjunctivitis.
   4. glaucoma.

Answer: d

Rationale: Loss of peripheral vision is common in many types of glaucoma.

1. The organism which generally causes hordeolum (sty) of the eyelid is:
   1. *Streptococcus*.
   2. herpes simplex virus.
   3. *Staphylococcus*.
   4. *Enterococcus*.

Answer: c

Rationale: *Staphylococcus* is commonly on the skin and is most likely to cause an infection of the eyelid.

1. When assessing extraocular eye muscle movement, you note a jerky, involuntary oscillation of the eye. This is called:
   1. strabismus.
   2. esophoria.
   3. exophoria.
   4. nystagmus.

Answer: d

Rationale: Answers (a), (b), and (c) refer to the condition of one eye constantly being deviated.

Questions 8 and 9 are about the patient, a 25-year-old female who is complaining about eye discomfort. She has bilateral injected conjunctiva with purulent, sticky discharge and lid edema.

1. She may be diagnosed with:
   1. chemosis.
   2. bacterial conjunctivitis.
   3. a pinguecula.
   4. a pterygium.

Answer: b

Rationale: These findings usually indicate bacterial conjunctivitis.

1. You might further advise her to do all of the following except:
   1. start using her antibiotic eye drops on her 6-month-old baby if he develops the same signs.
   2. not share washcloths with other family members.
   3. replace all of her eye makeup to prevent re-infection.
   4. wash her hands thoroughly after touching her eyes.

Answer: a

Rationale: One should never share prescription medication, and infections may be spread by sharing eye drops. Conjunctivitis is very contagious, and the germs may be passed on washcloths, eye makeup, and hands. (page 320)

1. When shining a light into a patient’s eye, normal pupillary reaction will include (choose two):
   1. pupillary constriction in that eye in response to light.
   2. pupillary dilation in that eye in response to light.
   3. pupillary constriction in the other eye in response to light.
   4. no size change in the other eye in reaction to light.

Answer: a, c

Rationale: Normally, both pupils will constrict in response to a light being shined into one eye.

1. When assessing your 72-year-old diabetic patient’s retinas, you note tiny round, red dots in the peripheral and macular areas of the retina. Most likely, this represents:
   1. glaucoma.
   2. trauma.
   3. diabetic retinopathy.
   4. hypertensive changes.

Answer: c

Rationale: The dots are small blood vessels that dilate in diabetic retinopathy.