1) Spots in the cornea can produce visible, sharp shadows on the retina if viewed
   A) With a bright light shone through the sclera
   B) Under dark adapted conditions
   C) With a pinhole at the anterior focal point of the eye
   D) With short wavelength light
   E) During a solar eclipse.

2) Opacities or defects in the vitreous are more visible with a smaller pupil because
   A) The umbras are long enough to reach the retina
   B) The penumbras are brighter
   C) Pupil constriction puts pressure on the vitreous, pushing it closer to the retina
   D) Smaller pupils allow you to focus closer so you can focus on your own vitreous
   E) The smaller pupil makes the defects larger by comparison

3) When a person makes a large saccadic eye movement, particularly when dark adapted, an entoptic
   phenomenon is sometimes observed, called
   A) "Saccadic flashes"
   B) "Das's Dots"
   C) "Jerk Light"
   D) "Flick Phosphenes"
   E) "Moore's Lightning Streaks"

4) A technique was described using pressure on the eye to produce "pressure phosphenes" as a way of
   measuring interocular pressure (IOP). Which of the following is TRUE about this technique?
   A) Measurements of IOP with this method correlate fairly well with Goldmann tonometry
   B) The patient uses a fingertip to apply the pressure
   C) The examiner uses the tip of a pencil to apply the pressure
   D) Pressure is applied directly to the central cornea with the eye open.
   E) Flashes always appear in central vision, regardless of where pressure is applied.

5) The ARGUS II from Second Sight is an implanted device meant to restore vision. Which of the following is
   TRUE about this device?
   A) It is implanted in the primary visual cortex
   B) Each electrode in the device is about the same size as a human cone photoreceptor
   C) The device provides a visual acuity of 20/15 in most patients
   D) The device generates electrical phosphenes, which are perceived as light.
   E) The device sends radio signals directly into the brain to produce vivid color percepts.

6) Which is FALSE about floaters?
   A) They often increase in number with age
   B) They become more noticeable when someone mentions them.
   C) They are mostly composed of collagen fibers released from the vitreous
   D) They appear to drift downward but they are actually floating upward
   E) They are visible because they are stationary on the retina.

7) Which is FALSE about the visibility of white blood cells?
   A) They are noticeable because they cast a dark shadow on the retina
   B) They are usually most obvious against a bright blue sky
   C) They appear as little white moving spots
   D) The speed that they move is related to blood flow in retinal capillaries
   E) Their presence is normal, and is not a sign of any particular clinical condition

8) The Purkinje Tree refers to
   A) The visible shadow of one’s own superficial retinal vasculature
   B) A very large floater left over from the hyaloid artery
   C) A shadow of striations in the lens that is visible viewing with a pinhole
   D) A shadow of eye lashes that is visible viewing with a pinhole
   E) A windmill pattern in the macula caused by the Henle fibers
9) The darkest part of a shadow is called the
   A) eclipse  
   B) penumbra  
   C) umbra  
   D) muscae volitantes  
   E) dark side of the force

10) If a patient complains of floaters that have slowly increased over the years, the most likely treatment would be
   A) None  
   B) Pars plana vitrectomy  
   C) “Floatectomy” (partial posterior vitrectomy)  
   D) Enzyme treatment  
   E) YAG laser treatment

11) When floaters increase quickly, they are sometimes accompanied by a perception of flashes. What causes the flashes?
   A) Tiny explosions in the eye as the floaters self-destruct from apoptosis
   B) Static electricity discharge caused by the floaters rubbing against the retina
   C) Traction on the retina caused by vitreal detachment
   D) Migraine headaches from trying to focus the eye on the floaters
   E) Rapid eye movements made trying to follow the floaters.

12) Which is FALSE regarding migraine auras?
   A) They are typically homonymous
   B) They have a slowly moving leading edge that scintillates (a flickering “fortification” pattern)
   C) They produce a scotoma that recovers after a few minutes
   D) They are a retinal phenomenon
   E) They may precede or occur in conjunction with severe headache.

13) The perceived alignment of afterimages is used as a test for
   A) retinal detachment
   B) macular degeneration
   C) corneal dystrophy
   D) glaucoma
   E) anomalous retinal correspondence

14) Which is FALSE regarding Maxwell’s spot?
   A) It can be used to diagnose eccentric fixation
   B) It requires dark adaptation to be seen
   C) It appears as a dark area around the fixation mark when looking at a blue field
   D) It is not usually noticed because it moves with the eye
   E) It is most easily seen with alternating illumination, like alternating blue and green fields.

15) Which of the following is caused by umbras?
   A) Angioscotoma
   B) Foveal Scotopic Scotoma
   C) Physiological Blind Spot
   D) Scintillation Scotoma
   E) Ring Scotoma

16) Which of the following may refer to an optical effect from a high plus lens?
   A) Angioscotoma
   B) Foveal Scotopic Scotoma
   C) Physiological Blind Spot
   D) Scintillation Scotoma
   E) Ring Scotoma

17) The Amsler Grid is used to detect field defects, but filling-in causes a scotoma to not be perceived. What percentage of patients with scotomas smaller than 6 degrees see the Amsler grid fill in, according to Shuchard, 1993?
   A) 5%
   B) 10%
   C) 25%
   D) 33%
   E) 75%