

Question:

The function of the auditory ossicles is to:

transmit the light reflex to the light cone.

transform sound vibrations into mechanical waves for the inner ear:Correct

to capture sound waves from the external ear for transmission into the middle ear.

to separate the inner ear from the middle ear.

Explanation:

The function of the auditory ossicles is to transform sound vibrations into mechanical waves for the inner ear

Question:

A 35-year-old patient complains of vertigo accompanied by nausea and vomiting. Examination reveals bilateral diplopia and an unsteady gait. These symptoms could be suggestive of:

an arrhythmia.

a neurological condition:Correct

an inner ear infection. Incorrect

orthostatic hypotension.

Explanation:

Vertigo symptoms associated with neurologic conditions include: ataxia, diplopia, and dysarthria. Symptoms associated with cardiovascular conditions and vertigo include arrhythmias, orthostatic hypotension, vasovagal stimulation, lightheadedness, weakness, or presyncope.

Question:

A 60-year-old was concerned about a yellowish colored lesion above her right eyelid. Findings revealed a slightly raised yellowish, well circumscribed plaque along the nasal area of her right eyelid. This finding is most consistent with:

a pinguecula.

a chalazion.

episcleritis.

xanthelasma. Correct

Explanation:

Slightly raised, yellowish, well-circumscribed plaques appearing along the nasal area of one or both eyelids are consistent with lipid disorders and called xanthelasma. Pinguecula refer to harmless, yellowish, triangular nodules in the bulbar conjunctiva on either side of the iris. A chalazion is a nontender nodule usually on the underside of the eyelid. Episcleritis is an ocular inflammation of the episcleral vessels.

Question:

Assessment of a patient's visual acuity resulted in 20/200 using the Snellen eye chart. This means that:

at 200 feet the patient can read printed information that a person with normal vision could read at 20 feet.

at 20 feet the patient can read printed information that a person with normal vision could read at 200 feet:Correct

the patient has normal visual acuity.

the patient may not be able to read so he should be tested with the picture or "E" eye charts.

Explanation:

Visual acuity that is corrected to 20/200 constitutes legal blindness. The larger the number under 20, the worse the visual acuity. If this is a new finding, the patient needs ophthalmologic evaluation.

Question:

Findings following assessment of a person's left eye gaze include impaired movements when attempting to look upward, downward, or inward. This condition is most consistent with:

a conjugate gaze.left cranial nerve III (oculomotor) paralysis :Correct

cranial nerve IV (trochlear) paralysis.

cranial nerve VI (abducens) paralysis.

Explanation:

With a left cranial nerve III paralysis, upward, downward, or inward movements are impaired. In conjugate or normal gaze, the normal movement of the two eyes appears simultaneously in the same direction to bring something into view. With a left cranial nerve VI paralysis, a person's gaze would include eyes conjugate when looking to the right, esotropia (one or both eyes turn inward) appears in the left eye when looking straight ahead, and esotropia is maximum in the left eye when looking to the left. The left eye is unable to look down when turned inward in a left cranial nerve IV paralysis.

Question:

Findings following assessment of a person's eye gaze include both eyes moving in the same direction simultaneously. This condition is most consistent with:

a conjugate gaze:Correct

left cranial nerve III (oculomotor) paralysis

cranial nerve IV (trochlear) paralysis.

cranial nerve VI (abducens) paralysis.

Explanation:

In conjugate or normal gaze, the normal movement of the two eyes appears simultaneously in the same direction to bring something into view. With a left cranial nerve VI paralysis, a person's gaze would include eyes conjugate when looking to the right, esotropia (one or both eyes turn inward) in the left eye when looking straight ahead, and esotropia is maximum in the left eye when looking to the left. With a left cranial nerve III paralysis, upward, downward, or inward movements are impaired. The left eye is unable to look down when turned inward in a left cranial nerve IV paralysis.

Question:

A patient was diagnosed as being farsighted. The term for this condition is:

Hyperopia:Correct

myopia.

Strabismus.

astigmatism.

Explanation:

Myopia, nearsightedness, occurs when light rays focus anterior to the retina. Hyperopia, farsightedness, occurs when light rays focus posterior to the retina. Strabismus, heterotropia, is a condition in which the eyes are not properly aligned with each other. In astigmatism, light rays do not focus correctly on the retina. This causes blurriness.

Question:

A buildup of excess fluid around the periphery of the eye orbits is known as:

episcleritis.

pinguecula.

ptosis.

periorbital edema:Correct

Explanation:

An accumulation of fluid around the periphery of the eye orbits is known as periorbital edema.

Question:

In order to visualize the opening of Stensen's duct, examine the:

dorsal surface of the tongue.

area beneath the mandible at the angle of the jaw.

buccal mucosa opposite the second molar:Correct

small openings along the sublingual fold under the tongue.

Explanation:

The largest salivary gland is the parotid gland and it lies within the cheeks in front of the ear extending from the zygomatic arch down to the angle of the jaw. Its duct, Stensen's duct, runs forward to an opening on the buccal mucosa opposite the second molar. If blood comes out through Stensen's duct when it is palpated, this could suggest parotid cancer. If pus is expelled, it suggests suppurative parotitis. With mumps, the orifice of the Stensen duct appears erythematous and enlarged. The submandibular gland is the size of a walnut. It lies beneath the mandible at the angle of the jaw. Wharton's duct runs up and forward to the floor of the mouth and opens at either side of the frenulum. The smallest, the almond-shaped sublingual gland, lies within the floor of the mouth under the tongue. It has many small openings along the sublingual fold under the tongue.

Question:

What connects the middle ear to the nasopharynx?

The tympanic membrane

The proximal end of the eustachian tube:Correct

The malleusThe ossicles

Explanation:

The proximal end of the eustachian tube connects the middle ear to the nasopharynx.

Question:

The fleshly projection of the earlobe is known as the:

Lobule:Correct

tragus.

auricle.

helix.

Explanation:

The fleshy projection of the earlobe is known as the lobule. The auditory canal opens behind a nodular protuberance that points backward over the entrance to the canal. This is known as the tragus. The auricle is made of cartilage covered by skin and has a firm elastic consistency. The auricle has a prominent curved outer ridge known as the helix.

Question:

When examining the pupils, the left pupil is noted to be fixed and dilated to light and near accommodation. This condition may be suggestive of:

a tonic pupil:Incorrect

oculomotor nerve (CN III) paralysis:Correct

Horner's syndrome.

Argyll Robertson pupils.

Explanation:

Paralysis of the oculomotor cranial nerve (CN III), the dilated pupil is fixed to light and near accommodation. Ptosis and lateral deviation of the eye are usually present. When the pupil is large, regular, and usually unilateral and the reaction to light is severely reduced and slowed, or even absent, this condition is referred to as a tonic pupil or Adele's pupil. In Horner's syndrome, the affected pupil reacts briskly to light and near effort but the pupil is small. The pupils in Argyll Robertson condition appear small and irregular shaped and accommodate but do not react to light.

Question:

A deposit of uric acid crystals appearing as hard nodules on the helix or antihelix is termed:

a keloid.

a tophi:Correct

a cutaneous cyst.

chondrodermatitis.

Explanation:

The antihelix divides the helix from the lobe. Tophi is a deposit of uric acid crystals (that appear commonly in patients with chronically elevated uric acid levels) on the helix or antihelix. They can also appear near the joints, hands, or feet. It is also seen in chronic tophaceous gout. A firm, nodular, hypertrophic mass of scar tissue extending beyond the area of injury is classified as a keloid. A cutaneous cyst has a characteristic dome shaped lump in the dermis forming a benign closed firm sac attached to the epidermis. This lesion was formerly known as a sebaceous cyst. A chronic inflammatory lesion that starts as a painful, tender papule on the helix or antihelix is known as chondrodermatitis.

Question:

On the outer ear, anterior and parallel to the helix, is a curved prominence known as the:

Antihelix :Correct

Helix

Auricle

Tragus

Explanation:

The antihelix is a curved prominence that is parallel and anterior to the helix and is part of the auricle. The external ear consists of the auricle and ear canal. The auricle is made of cartilage covered by skin and has a firm elastic consistency. The auricle has a prominent curved outer ridge known as the helix. The ear canal opens behind a nodular protuberance that points backward over the entrance to the canal. This is called the tragus.

Question:

On examination of the pupils, both are round but the right pupil appears larger than the left and reacts much slower to light. This condition may be indicative of:

a tonic pupil:Correct

oculomotor nerve (CN III) paralysis. Incorrect

Horner's syndrome.

Argyll Robertson pupils.

Explanation:

When the pupil is large, regular, and usually unilateral and the reaction to light is severely reduced and slowed, or even absent, this condition is referred to as a tonic pupil or Adele's pupil. Paralysis of the oculomotor cranial nerve (CN III), the dilated pupil is fixed to light and near accommodation. Ptosis and lateral deviation of the eye are usually present. In Horner's syndrome, the affected pupil reacts briskly to light and near effort but the pupil is small. The pupils in Argyll Robertson condition appear small and irregular shaped and accommodate but do not react to light.

Question:

Leukoplakia was noted during an exam of the mouth. This symptom may be:

a normal finding.

Precancerous:Correct

associated with periodontal disease.

consistent with gingivitis.

Explanation:

Leukoplakia are thickened white patches located on any area of the mouth. These patches cannot be rubbed off. Most are not serious but some can be considered precancerous. Therefore, they should be evaluated. These lesions are not considered normal findings. Periodontal disease usually includes an infection of the gums and may involve the teeth. Generally, the infection causes redness and swelling but not white patches.

Question:

The majority of people who present with non-24 hour sleep-wake disorder are:

legally blind.

attention deficit.

color blind.

totally blind: Correct

Explanation:

The majority of people who present with non-24 hour sleep-wake disorder are totally blind. This chronic circadian rhythm sleep disorder is defined as a condition of insomnia related to abnormal synchronization between the 24-hour light -dark cycle and the endogenous circadian rhythms of sleep and wake cycles.

Question:

The most common cause of bacterial pharyngeal infections in children is:

Corynebacterium.

Chlamydia.

mononucleosis.

group A beta-hemolytic Streptococcus: Correct

Explanation:

Pharyngitis is caused by swelling between the tonsils and the larynx. Most sore throats are caused by colds, the flu, Coxsackie virus or mononucleosis. Bacteria that cause pharyngitis include group A beta-hemolytic Streptococcus, and less commonly, Corynebacterium, gonorrhea, and Chlamydia can cause sore throat.

Question:

When inspecting the neck for the thyroid gland, slightly tilt the patient's head back, and using tangential lighting directed downward from the tip of the patient's chin, inspect the:

region above the thyroid cartilage.

region below the cricoid cartilage: Correct

area along the sternomastoid border.

area along the anterior edge of the trapezius.

Explanation:

When inspecting the neck for the thyroid gland, slightly tilt the patient's head back and using tangential lighting (light coming in from the side at a right angle) directed downward from the tip of the patient's chin, inspect the region below the cricoid cartilage; located between the thyroid cartilage and the thyroid gland. The area of sternomastoid border allows palpation of the superficial cervical nodes. The posterior cervical lymph nodes are located at the anterior edge of the trapezius.

Question:

A condition in which the eyes are not properly aligned with each other is termed:

hyperopia.

myopia.

Strabismus:Correct

astigmatism.

Explanation:

Strabismus, heterotropia, is a condition in which the eyes are misaligned. "Crossed-eyed", "wall eye", or "lazy eye" are all associated with strabismus. Hyperopia, farsightedness, occurs when light rays focus posterior to the retina. Myopia, nearsightedness, occurs when light rays focus anterior to the retina. In astigmatism, light rays do not focus correctly on the retina. This causes blurriness.

Question:

Round or oval shaped lesions surrounded by erythematous mucosa and noted on an area of the oral mucosa may be:

leukoplakia.

aphthous ulcers: Correct

Koplik's spots.

ulcerative gingivitis.

Explanation:

Aphthous ulcers can appear anywhere on the buccal mucosa or tongue. They usually appear as round or oval ulcers, can be white or yellowish gray in color, and are surrounded by a halo of reddened mucosa. They are usually painful. Leukoplakia presents as thickened white patches anywhere on the oral mucosa. Koplik's spots appear in the early stages of measles (rubeola). They appear as small white specks that resemble grains of salt on a red background on the buccal mucosa. They are not usually painful. Ulcerative gingivitis is a painful form of gingivitis that is characterized by the development of ulcers in the interdental papillae. If untreated they can become necrotizing along the gum margins and appear as erythematous ulcers.

Question:

On physical exam, an abnormal Rinne test might indicate:

impaired physical mobility.

impaired visual acuity.

Impaired hearing ability: Correct

impaired swallowing ability.

Explanation:

The Rinne test uses a tuning fork to compare air conduction to bone conduction and so is used to assess hearing. The other choices are not assessed using the Rinne test.

Question:

Ophthalmoscopic examination reveals dark specks noted between the fundus and the lens. These specks are most likely:

superficial retinal hemorrhages. Incorrect

cataracts.

drusen.

vitreous floaters:Correct

Explanation:

Vitreous floaters may be seen as dark specks or strands between the fundus and the lens. They could be a symptom of retinal detachment, retinal tear, or bleeding within the eye. Superficial retinal hemorrhages appear as small, linear, flame-shaped, red streaks in the fundus and are seen in hypertension, papilledema, and occlusion of the retinal vein. Cataracts are opacities in the lens of the eye. Drusen appear as yellowish round spots posteriorly between the optic disc and the macula and are associated with cellular debris.

Question:

A 60- year-old patient presents with severe, deep left eye pain. Findings reveal dilated and fixed left pupil and the cornea is cloudy. There is no ocular discharge noted. These findings are most likely consistent with:

acute iritis.

corneal injury:Incorrect

corneal infection.

acute angle closure glaucoma:Correct

Explanation:

With acute angle closure glaucoma, the pain is described as severe, aching, and deep. The pupils are dilated and fixed and the cornea appears steamy or cloudy. If an increase in intraocular pressure is present, this would be an emergency situation. Acute iritis presents with a moderate aching pain deep within the eye. The pupils are small and irregular and vision is decreased and photophobia is usually present. The cornea is clear or slightly cloudy with injection confined to the corneal limbus. This is considered an emergency and is usually related to Herpes zoster infection or tuberculosis. Corneal injury or infection usually presents with watery or purulent ocular discharge and the pain is severe.

Question:

The function of the labyrinth in the inner ear is to:

assist with air conduction.

maintain equilibrium: Correct

maintain acoustic transmission.

capture sound waves.

Explanation:

The inner ear has 2 main functions: hearing and balance. The cochlear system is dedicated to hearing and the vestibular system is dedicated to balance. The labyrinth is part of the semicircular canals and the vestibular system and is responsible for balance.

Question:

The curved outer ridge of the auricle of the ear is known as the:

Antihelix

Helix:Correct

Auricle: Incorrect

Tragus

Explanation:

The auricle has a prominent curved outer ridge known as the helix. The external ear consists of the auricle and ear canal. The auricle is made of cartilage covered by skin and has a firm elastic consistency. The antihelix is a curved prominence that is parallel and anterior to the helix. The auditory canal opens behind a nodular protuberance that points backward over the entrance to the canal, known as the tragus.

Question:

A person who has been blind since birth presents for a physical exam. Expected findings of the pupillary reaction when light is shown would be:

constriction of both pupils.

dilation of both pupils.

no reaction from either pupil.

it depends: Correct

Explanation:

It depends on the type of blindness. Pupillary reaction is controlled by the muscles which are innervated by nerves. As long as there is no damage to the nerve or the muscle, the pupil will still contract or dilate.

Question:

A six-year-old complains that something is in her left eye. There is a red raised area of the left lid. There is redness and tenderness of the eye and tearing. These findings are consistent with:

blepharitis.

conjunctivitis.

corneal ulcer.

a hordeolum:Correct

Explanation:

A hordeolum, or stye, is an infection of the sebaceous gland of the eyelid. Symptoms include a raised area of the lid, pain, redness, tenderness, possible photophobia, tearing, and a sensation of a foreign body in the eye. Conjunctivitis presents with a reddened conjunctiva and presence of a watery or purulent discharge depending on the etiology. A corneal ulcer produces a visible area of ulceration. Blepharitis presents with an erythematous eyelid margin with a mucous discharge, crusting, and scaling of the eyelid margins.

Question:

Ophthalmoscopic examination of the retina reveals AV tapering. This appears as if the:

vein "winds" down on either side of the artery:Correct

vein is twisted on the distal side of the artery.

vein crosses beneath the artery.

vein stops abruptly on either side of the artery.

Explanation:

When the arterial walls lose their transparency, changes appear in the arteriovenous crossings. Decreased transparency of the retina probably contributes to AV nicking and AV tapering. In tapering, the vein appears to taper or "wind" down either side of the artery. In AV nicking, the vein appears to stop abruptly on either side of the artery. In the normal eye, the vein appears to cross beneath the artery. With banking, the vein appears to be twisted on the distal side of the artery and forms a dark wide knuckle appearance.

Question:

A patient presents with complaints of burning, itching, tearing, and some pain in the eye. Findings reveal red, scaly, greasy flakes and thickened, crusted lid margins. This would be suggestive of:

a chalazion.

Blepharitis:Correct

a hordeolum.

dacryocystitis.

Explanation:

Red, scaly, greasy flakes and thickened, crusted lid margins are consistent with blepharitis. Symptoms include burning, itching, tearing, foreign body sensation, and some pain. Chalazion is an inflammatory lesion that develops in a meibomian tear gland. Hordeolum is a localized staphylococcal infection of the hair follicles at the lid margin. Dacryocystitis is infection and blockage of lacrimal sac and duct.

Question:

Ophthalmoscopic examination of the fundus reveals small, rounded, slightly irregular red spots embedded in the retina. These findings are consistent with:

superficial retinal hemorrhages.

preretinal hemorrhages.

Microaneurysms:Incorrect

deep retinal hemorrhages:Correct

Explanation:

Deep retinal hemorrhages appear as small, rounded, slightly irregular red spots and are sometimes called dot or blot hemorrhages. They occur in a deeper layer of the retina than flame-shaped hemorrhages. Diabetes is a common cause. Superficial retinal hemorrhages appear as small, linear, flame-shaped, red streaks in the fundi and are seen in hypertension, papilledema, and occlusion of the retinal vein. Preretinal hemorrhages lie anteriorly between the retina and the vitreous and are typically larger than retinal hemorrhages. These hemorrhages obscure any underlying retinal vessel. Microaneurysms present as tiny, round, red spots commonly seen in and around the macular area. These are classic in diabetic retinopathy.

Question:

Redness, bleeding, pain, and swelling of the gums is most likely:

stomatitis.

Gingivitis:Correct

leukoplakia.

aphthous ulcers.

Explanation:

Swelling, pain, erythema, and bleeding of the gums are symptoms of gingivitis. Stomatitis refers to inflammation of the mouth. Leukoplakia presents as thickened white patches anywhere in the oral mucosa. Aphthous ulcers can appear anywhere on the buccal mucosa or tongue. They usually appear as round or oval ulcers, can be white or yellowish gray in color, and surrounded by a halo of reddened mucosa

Question:

Ophthalmoscopic examination of the retina reveals a normal arteriovenous crossing. This appears as if the:

vein tapers down on either side of the artery.

vein is twisted on the distal side of the artery.

vein crosses beneath the artery:Correct

vein stops abruptly on either side of the artery.

Explanation:

In the normal eye, the vein appears to cross beneath the artery. When the arterial walls lose their transparency, changes appear in the arteriovenous crossings. Decreased transparency of the retina probably contributes to AV nicking and AV tapering. In AV nicking, the vein appears to stop abruptly on either side of the artery. In tapering, the vein appears to taper down either side of the artery. With banking, the vein appears to be twisted on the distal side of the artery and forms a dark wide knuckle appearance.

Question:

Otosclerosis is an example of a(n):

conductive hearing loss:Correct

sensorineural hearing loss.

mixed hearing loss.

acquired hearing loss.

Explanation:

Otosclerosis is a hereditary disorder of the labyrinthine capsule in which abnormal bone growth occurs around the ossicles resulting in fixation of the stapes. The stapes does not vibrate which reduces sound transmission to the inner ear. This produces a conductive hearing loss.

Question:

Which of the following findings in a preschooler would indicate the need for further evaluation?

Intelligible speech by 24 months of ageVariation in quality of speech pattern and tone

Responds to facial expressions and gestures rather than to verbal explanations:Correct

Looks at people when they speak

Explanation:

A child who responds to facial expressions and gestures rather than to verbal explanations is probably expressions rather than verbal clues. These children may have a hearing deficit that needs further evaluation. The other choices are normal behaviors for the preschooler.

Question:

A 50- year-old patient complains of being unable to read the hymnal at church. This describes:

hyperopia. Incorrect

myopia.

Presbyopia: Correct

astigmatism.

Explanation:

Presbyopia may begin in the 5th or 6th decade. Symptoms include diminished ability to focus on near objects. Hyperopia, farsightedness, occurs when light rays focus posterior to the retina. Myopia, nearsightedness, occurs when light rays focus anterior to the retina. Strabismus, heterotropia, is a condition in which the eyes are misaligned. "Crossed-eyed", "wall eye", or "lazy eye" are all associated with strabismus.

Question:

The gradual loss of vision with a change in color and size of the optic disc is referred to as:

macular degeneration:Incorrect

glaucoma: Correct

cataracts.

retinoblastoma

Explanation:

With glaucoma, there is a change in the color and size of the optic disc resulting in a gradual loss of vision. With macular degeneration, there is a loss of vision in the central visual fields because of damage to the retina. Peripheral vision remains intact. Cataracts usually appear as a cloudiness or opacity in the lens. Retinoblastoma is a rapidly developing cancer of the retina and an absent red reflex is noted on ophthalmoscopic exam.

Question:

In order to examine the tongue, ask the patient to stick out his tongue and with the examiner's right hand:

stimulate the patient to cough.

pull the tongue downward and push down with the finger on the left hand to elicit the gag reflex.

grasp the tip of the tongue, gently pull it to the left side , and inspect the side of the tongue.:Correct

inspect it for symmetry.

Explanation:

In order to examine the tongue, ask the patient stick out his the tongue and with the examiner's right hand, grasp the tip of the tongue with a gauze and gently pull it to the patient's left. Inspect the side of the tongue, then palpate it with the left hand, feeling for any induration. Reverse the procedure for the other side. Inspecting for tongue symmetry checks function of cranial nerve XII, hypoglossal. Stimulating the patient to cough and eliciting the gag reflex do not have anything to do with the tongue examination.

Question:

A 30-year-old patient presents with complaints of seeing double in the right eye. Examination reveals diplopia in the right eye when the left eye is closed. This may be suggestive of a:

problem in the cornea: Correct

problem in the optic disc.

palsy of cranial nerve III or IV.

palsy of cranial nerve III or VI. Incorrect

Explanation:

Problems in the cornea or lens present as unilateral diplopia in one eye when the other eye is closed. Diplopia could be suggestive of weakness or paralysis of the extraocular muscles or of a tumor in the cerebellum or brainstem. Vertical diplopia results from damage to cranial nerves (CN) III or IV. If the diplopia is horizontal, it could be suggestive of paralysis of one or more extraocular muscles resulting from damage to cranial nerves (CN) III or VI. Problems in the cornea or lens present as unilateral diplopia. The optic disc is not associated with diplopia.

Question:

One cause of nasal septum perforation may be:

nasal polyps.

intranasal use of cocaine: Correct

cystic fibrosis.

chronic sinusitis.

Explanation:

Perforation of the nasal septum could be caused by trauma, surgery, and intranasal use of cocaine or amphetamines. Nasal polyps obstruct air flow but there is no relationship to nasal septum perforation. Cystic fibrosis or chronic sinusitis are not associated with nasal perforation.

Question:

A 30-year-old patient presents with a moderate "aching" in his right eye. Findings reveal a small and irregular shaped right pupil. The cornea appears cloudy with a slight erythematous area around the corneal limbus. There is no ocular discharge noted. These findings are consistent with:

acute iritis:Correct

corneal injury:Incorrect

corneal infection.

acute angle closure glaucoma.

Explanation:

Acute iritis presents with a moderate aching deep within the eye. The pupils are small and irregular and vision is decreased and photophobia is present. The cornea is clear or slightly cloudy with injection confined to the corneal limbus. This is considered an emergency and is usually related to Herpes zoster infection or tuberculosis. Corneal injury or infection usually presents with watery or purulent ocular discharge and severe eye pain. With acute angle closure glaucoma, the pain is severe, aching, and deep, but the pupils are dilated and fixed and the cornea appears steamy or cloudy. If an increase in intraocular pressure is present in conjunction with these findings, this would be an emergency situation.

Question:

Sudden bilateral and painless visual loss is rare but can be associated with all the following except:

cholinergics.

anticholinergics.

steroids.

chemical exposure:Correct

Explanation:

Certain medications are associated with sudden bilateral, painless visual loss. These medication classes include cholinergic, anticholinergics, and steroids. Exposure to chemicals or radiation could result in bilateral painful visual loss.

Question:

The Weber test uses a tuning fork to test hearing. The frequency range closest to that of conversational speech would be one with a frequency of:

256 Hz.

512 Hz:Correct

800 Hz.

1000Hz.

Explanation:

The Weber hearing test screens for unilateral conductive hearing loss with a tuning fork. The tuning fork is measured in frequencies of 256 Hz or 512 Hz. These frequencies fall within the range of conversational speech. The ideal frequency for the Weber test is 256 Hz. A frequency of 512 Hz is the ideal frequency for the Rinne hearing test.

Question:

On ophthalmoscopic examination, optic atrophy appears:

pink and hyperemic.

yellowish orange to creamy pink.

pale.

White:Correct

Explanation:

In optic atrophy, there is death of the optic nerve fibers. This leads to loss of the tiny disc vessels giving a white appearance. A pink and hyperemic disc is seen in patients with papilledema. The normal disc appears yellowish-orange to creamy pink and the disc vessels are tiny with disc margins that appear sharp. A pale disc with a backward depression is characteristic of glaucomatous cupping.

Question:

Ophthalmoscopic examination of the retina reveals AV banking. This appears as if the:

vein tapers down on either side of the artery.

vein is twisted on the distal side of the artery:Correct

vein crosses beneath the artery:Incorrect

vein stops abruptly on either side of the artery.

Explanation:

When the arterial walls lose their transparency, changes appear in the arteriovenous crossings. Decreased transparency of the retina probably contributes to AV nicking and AV tapering. In AV nicking, the vein appears to stop abruptly on either side of the artery. In tapering, the vein appears to taper down either side of the artery. In the normal eye, the vein appears to cross beneath the artery. With banking, the vein appears to be twisted on the distal side of the artery and forms a dark wide knuckle appearance.

Question:

Causes of sensorineural hearing loss include all of the following except:

aging.loud noises over prolonged periods of time: Incorrect

perforated tympanic membrane: Correct

acoustic neuroma.

Explanation:

A perforated tympanic membrane is an example of a cause of a conductive hearing loss. Sensorineural hearing loss involves disorders of the cochlear nerve, cochlea, and an interruption in the neuronal impulse transmission to the brain. Causes include: exposure to loud noises, inner ear infections, acoustic neuroma, aging, and congenital and/or familial disorders.

Question:

What visual acuity constitutes legal blindness?

Visual acuity of 20/80 or worse bilaterally.

Visual acuity of 20/200 or worse in the better eye with corrected lens:Correct

Visual acuity of 20/200 in the better eye without corrected lens.

Visual acuity of 20/100 with corrected lens.

Explanation:

A person is usually considered legally blind when visual acuity in the better eye, corrected by lens, is 20/200 or worse. One is also considered legally blind if visual acuity is 20 degrees or less in the better eye and the vision is constricted. They are said to have "tunnel" vision in this case.

Question:

An example of a cause of conductive hearing loss in children would be:

prolonged use of tobramycin: Incorrect

the presence of a peanut in the ear for three weeks: Correct

congenital rubella syndrome.

maternal history of Herpes infection.

Explanation:

Conductive hearing loss is the most common type in children. It occurs when the transmission of sound through the external or middle ear is blocked. It may be temporary or permanent, unilateral or bilateral. It may also be caused by physical abnormalities present from birth, but more commonly, it begins during childhood as the result of middle ear infections, perforation of the eardrum, impacted earwax or objects present in the ear canal. The other choices are examples of sensorineural hearing losses.

Question:

Miosis is a term used to describe:

the shape of the pupils.

constriction of the pupils:Correct

dilation of the pupils.

symmetry of the pupils.

Explanation:

Miosis refers to constriction of the pupils, mydriasis refers to dilation. Miosis is not associated with the shape or symmetry of the pupils.

Question:

If a patient complains of seeing flashing lights across the field of vision, this could be:

a normal response if around bright lights.

a retinal detachment:Incorrect

detachment of the vitreous from the retina:Correct

lesion in the visual pathways.

Explanation:

Flashing lights or new vitreous floaters suggest detachment of vitreous from the retina. A detached retina would present with sudden loss of vision. With a lesion in the visual pathway, one may visualize fixed defects such as a scotoma. At any rate, this is not a normal finding even if the person was around bright lights.