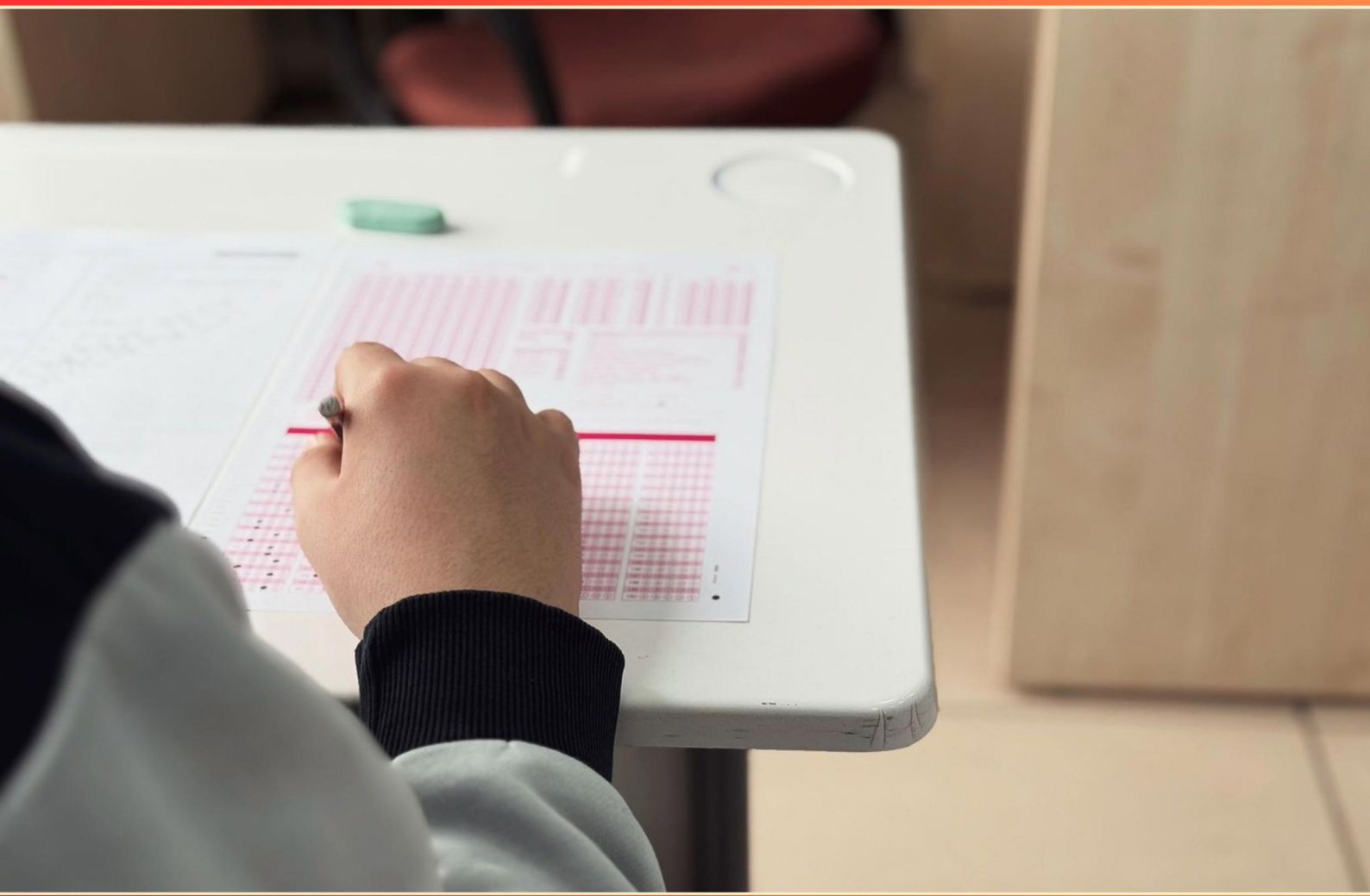
NBEO PART II TREATMENT AND MANAGEMENT OF OCULAR DISEASE (TMOD) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Whorl keratopathy (CHAI T) is associated with which drug among the following?

A. Chloroquine

B. Hydroxychloroquine

C. Amiodarone

D. Tamoxifen

2. Tetracycline family indications in ophthalmology include which of the following?

A. Meibomian gland dysfunction and acne rosacea

B. Chlamydial conjunctivitis

C. Corneal ulcers

D. Glaucoma

3. Which medication is associated with myopia and secondary angle-closure glaucoma?

A. Estrogen agonists (oral contraceptives)

B. Ritalin, Dexedrine (ADHD)

C. Topiramate (Topamax)

D. Tamoxifen (Nolvadex)

4. Adrenergic antagonists are used to lower intraocular pressure. Which drug class is commonly associated with this effect?

A. Prostaglandins

B. Cholinergic agonists

C. Carbonic anhydrase inhibitors

D. Beta-blockers

5. Anterior subcapsular cataracts are classically linked to which drug class?

A. Phenothiazines (chloro-, thio-)

B. Amiodarone

C. Timolol

D. Doxycycline

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6. Which substances are reported to decrease intraocular pressure (IOP)?

A. Systemic beta-blockers

B. Digoxin

C. Alcohol

D. All of the above

7. Using the weight-based pediatric dosing rule, if the adult acetaminophen dose is 15 mL and the child weighs 30 kg, what is the child's dose in mL?

A. 3 mL

B. 5 mL

C. 7.5 mL

D. 9 mL

8. Which drug directly increases aqueous humor outflow?

A. Epinephrine

B. Timolol

C. Pilocarpine

D. Acetazolamide

9. If a patient has a sulfa drug allergy, which antibiotic is recommended as an alternative in toxoplasmosis treatment?

A. Doxycycline

B. Clindamycin

C. Ciprofloxacin

D. Amoxicillin

10. Which antibiotic is effective against MRSA ocular infections?

A. Dicloxacillin

B. Augmentin

C. Doxycycline

D. Amoxicillin

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Answers

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1. C
2. B
3. C
4. D
5. A
6. D
7. A
8. C
9. B
10. C

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Explanations

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1. Whorl keratopathy (CHAI T) is associated with which drug among the following?

A. Chloroquine

B. Hydroxychloroquine

C. Amiodarone

D. Tamoxifen

Whorl keratopathy is a vortex pattern of deposition in the corneal epithelium caused by certain systemic medications. The drug most classically linked to this pattern is amiodarone. Its highly lipophilic nature and long half-life allow it and its metabolites to accumulate in corneal epithelial cells, forming lamellar inclusions that create the distinctive whorl-like (vortex) appearance on slit-lamp exam. This corneal change is dose-related, often appears after some time on therapy, and can persist after stopping the drug, though vision is usually not significantly affected. Chloroquine and hydroxychloroquine can also cause corneal verticillata, but they are more famously associated with retinal toxicity (maculopathy) rather than this corneal vortex pattern. Tamoxifen can cause corneal deposits as well, but amiodarone remains the most characteristic association tested.

2. Tetracycline family indications in ophthalmology include which of the following?

A. Meibomian gland dysfunction and acne rosacea

B. Chlamydial conjunctivitis

C. Corneal ulcers

D. Glaucoma

Tetracyclines in ophthalmology are valued for two main roles: treating intracellular infections and reducing lid inflammation. The classic infectious indication is chlamydial conjunctivitis because Chlamydia trachomatis lives inside host cells, and systemic doxycycline (or other tetracyclines) effectively inhibits its protein synthesis, making it a standard therapy for adult inclusion conjunctivitis. While these drugs can also help with meibomian gland dysfunction and acne rosacea due to anti-inflammatory effects and gland penetration, the infection-related indication highlighted here is chlamydial conjunctivitis. Corneal ulcers require targeted topical antibiotics for keratitis pathogens, and glaucoma is not an infection and is managed with intraocular pressure–lowering therapies, not tetracyclines.

3. Which medication is associated with myopia and secondary angle-closure glaucoma?

A. Estrogen agonists (oral contraceptives)

B. Ritalin, Dexedrine (ADHD)

C. Topiramate (Topamax)

D. Tamoxifen (Nolvadex)

Topiramate can cause acute myopia with secondary angle-closure glaucoma through ciliochoroidal effusion that pushes the iris-lens diaphragm forward. This forward shift shallows the anterior chamber and narrows the angle, leading to a rapid rise in intraocular pressure. It often occurs within days to weeks after starting the medication and can be bilateral. This mechanism is different from pupillary-block glaucoma, so pilocarpine may not help and can worsen the situation; the key treatment is stopping topiramate and lowering IOP with appropriate medications, plus strategies to move the iris-lens diaphragm back (such as cycloplegics) and sometimes a short course of steroids to reduce edema. The other listed drugs aren't typically associated with this characteristic pattern of myopia plus angle-closure glaucoma.

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4. Adrenergic antagonists are used to lower intraocular pressure. Which drug class is commonly associated with this effect?

A. Prostaglandins

B. Cholinergic agonists

C. Carbonic anhydrase inhibitors

D. Beta-blockers

Blocking beta-adrenergic receptors in the eye reduces aqueous humor production by the ciliary body, which lowers intraocular pressure. This mechanism is why the drug class most associated with this effect is beta-blockers, such as timolol, commonly used as a first-line therapy for open-angle glaucoma or ocular hypertension. By inhibiting beta receptors on the ciliary epithelium, these agents lower adenylate cyclase activity and cAMP formation, leading to decreased secretion of aqueous humor. Clinically, this manifests as reduced IOP when used as eye drops, either alone or in combination therapy. Be mindful that systemic absorption can cause bradycardia, hypotension, or bronchospasm in susceptible individuals, so caution is advised in patients with asthma, COPD, or certain cardiac conditions. Other classes lower IOP through different mechanisms—for example, prostaglandin analogs increase outflow via the uveoscleral pathway; cholinergic agonists enhance trabecular outflow through miosis; and carbonic anhydrase inhibitors lower production but do so by enzyme inhibition rather than adrenergic blockade.

5. Anterior subcapsular cataracts are classically linked to which drug class?

A. Phenothiazines (chloro-, thio-)

B. Amiodarone

C. Timolol

D. Doxycycline

Anterior subcapsular cataracts are a classic adverse effect of phenothiazine antipsychotics such as chlorpromazine and thioridazine. The drug tends to accumulate in ocular tissues and damages the anterior lens epithelium, producing opacities just beneath the anterior capsule. These lesions are typically located in the subcapsular area and can be dose- and duration-dependent, sometimes appearing with corneal deposits as well. In contrast, amiodarone more commonly causes corneal verticillata (whorl-like corneal deposits) and less predictably lens changes; timolol and doxycycline do not characteristically produce anterior subcapsular cataracts. Thus, phenothiazines best explain the finding.

6. Which substances are reported to decrease intraocular pressure (IOP)?

A. Systemic beta-blockers

B. Digoxin

C. Alcohol

D. All of the above

Drugs can alter intraocular pressure by changing how aqueous humor is produced or drained. Systemic beta-blockers curtail aqueous production at the ciliary body by blocking beta-adrenergic receptors, which reliably lowers IOP. Alcohol can transiently lower IOP as well, likely through dehydration and reduced aqueous formation, though this is a short-lived effect and not a therapeutic approach. Digoxin has been reported to decrease IOP in some situations, though the mechanism isn't clear and it isn't used for eye pressure management; the effect is less consistent but has been observed. Taken together, each of these substances has reports of lowering IOP, so the overall answer reflects that all of the above can be associated with decreased IOP.

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7. Using the weight-based pediatric dosing rule, if the adult acetaminophen dose is 15 mL and the child weighs 30 kg, what is the child's dose in mL?

A. 3 mL

B. 5 mL

C. 7.5 mL

D. 9 mL

Weight-based pediatric dosing scales the dose to the child's weight, using the adult dose as a reference and adjusting it proportionally. If the adult dose is 15 mL for an average adult weight of about 70 kg, the dose per kilogram is 15 mL / 70 kg ≈ 0.214 mL/kg. For a child weighing 30 kg, multiply: 30 kg × 0.214 mL/kg ≈ 6.4 mL per dose. Alternatively, acetaminophen dosing for children is often 10–15 mg/kg per dose; for a 30 kg child this is 300–450 mg per dose. With common liquid concentrations (for example, 160 mg/5 mL), that corresponds roughly to 9–14 mL per dose. These approaches show the dose should scale with weight rather than stay fixed; under standard weight-based scaling, the dose would be about 6.4 mL, not as low as 3 mL. If an answer choice states 3 mL, that likely reflects a different assumption about the reference weight or concentration and isn't consistent with the typical weight-based method.

8. Which drug directly increases aqueous humor outflow?

A. Epinephrine

B. Timolol

C. Pilocarpine

D. Acetazolamide

Pilocarpine acts directly on the drainage pathway to boost outflow. It is a direct muscarinic (parasympathomimetic) agonist, so it causes the ciliary muscle to contract. This contraction pulls on the trabecular meshwork and widens the angle, opening Schlemm's canal and reducing resistance to conventional aqueous humor outflow. In other words, its primary effect is to increase drainage rather than to decrease production. By contrast, timolol and acetazolamide mainly decrease aqueous production rather than enhancing drainage, and epinephrine has mixed actions that do not primarily reflect a direct increase in outflow through the trabecular pathway.

9. If a patient has a sulfa drug allergy, which antibiotic is recommended as an alternative in toxoplasmosis treatment?

A. Doxycycline

B. Clindamycin

C. Ciprofloxacin

D. Amoxicillin

When treating toxoplasmosis in a patient with a sulfa allergy, sulfadiazine cannot be used, so the recommended alternative partner to pyrimethamine is clindamycin. The standard regimen pairs pyrimethamine with a second agent to block parasite folate metabolism, and leucovorin is given to reduce bone marrow toxicity from pyrimethamine. Replacing sulfadiazine with clindamycin provides an effective anti-Toxoplasma combination while avoiding the sulfonamide. Doxycycline, ciprofloxacin, and amoxicillin do not provide the same proven activity against Toxoplasma gondii in this treatment context.

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10. Which antibiotic is effective against MRSA ocular infections?

A. Dicloxacillin

B. Augmentin

C. Doxycycline

D. Amoxicillin

When an ocular infection is due to MRSA, you need an antibiotic with activity against MRSA rather than a beta-lactam. Doxycycline, a tetracycline, inhibits protein synthesis by binding the 30S ribosomal subunit and retains activity against many MRSA strains. It also penetrates ocular tissues well, and systemic doxycycline can help treat lid and ocular surface infections caused by MRSA when used alongside appropriate topical therapy. In contrast, beta-lactam antibiotics like dicloxacillin and amoxicillin (with or without clavulanate) are generally ineffective against MRSA because of altered penicillin-binding proteins, making them unreliable for MRSA ocular infections.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nbeopart2tmod.examzify.com

We wish you the very best on your exam journey. You've got this!

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