NBEO PART III PATIENT ENCOUNTERS AND PERFORMANCE SKILLS (PEPS) 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. What is the purpose of the Dilation and Irrigation (D&I) procedure 1-2 weeks after dacryocystitis?

A. To flush out the blockage and prevent recurrence

B. To dilate the pupil

C. To remove the lacrimal gland

D. To administer antibiotic directly

2. Which education point is appropriate for a patient with Adenoviral Conjunctivitis?

A. The infection is viral and highly contagious; practice frequent hand washing, avoid touching the eye; use a betaine wash, steroid drops, PFATs and cool compresses; plan follow-up in 3-4 days and again in 2-3 weeks

B. No precautions are necessary and the infection will resolve without effort

C. Antibiotics should be stopped immediately after 24 hours

D. Patients should avoid all eye care until resolution

3. Which non-pharmacologic adjuncts are recommended for managing vernal keratoconjunctivitis?

A. Frequent PFATs and cool compresses

B. Patch testing

C. Oral antihistamines

D. Avoid eye protection

4. CLARE Education: After resolution, restarting CL wear should involve what?

A. Restart without changes

B. Use frequent PFATs and a steroid/antibiotic combo drop qid for 1-2 weeks

C. Stop lens use permanently

D. Only use a sterile saline rinse

5. In Adenoviral conjunctivitis, the AdenoPlus test is used to detect what?

A. Adenovirus antigen in the tear film (positive AdenoPlus)

B. Bacterial organisms

C. Fungal organisms

D. No diagnostic value

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6. Which statement best reflects patient education for episcleritis?

A. It is an infection requiring antibiotics

B. It typically resolves on its own, with anti-inflammatory drops for comfort

C. It always causes vision loss

D. It requires immediate surgical intervention

7. Which of the following is NOT listed as part of testing for Ocular Ischemic Syndrome (OIS)?

A. Macular OCT

B. Fluorescein Angiography (IVFA)

C. Gonioscopy

D. Fundus photography

8. Which imaging modalities are used for CSR testing?

A. Mac-OCT, IVFA

B. Fundus photography and red-free imaging

C. OCT and B-scan only

D. Visual field testing

9. For LPI in the fellow eye with narrow angles, what is the recommended follow-up window after treating the first eye?

A. Within 24 hours

B. 2-7 days

C. 2-3 weeks

D. 1 month

10. Which symptoms are described in HZO/VZV education as accompanying front-of-eye involvement?

A. Fever, headache, and vesicular rash on temple and nose prior to eye pain

B. Sneezing and conjunctival redness only

C. Visual field loss

D. No systemic symptoms

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Answers

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

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Explanations

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1. What is the purpose of the Dilation and Irrigation (D&I) procedure 1-2 weeks after dacryocystitis?

A. To flush out the blockage and prevent recurrence

B. To dilate the pupil

C. To remove the lacrimal gland

D. To administer antibiotic directly

Focusing on this procedure after an episode of dacryocystitis, the main goal is to clear the blocked tear drainage pathway. Dilation and irrigation mechanically flushes the lacrimal system by widening the punctum and canaliculi and then washing saline through the canaliculi into the lacrimal sac. This removes crusts, mucus, and inspissated material that are blocking drainage, helping restore patency and reduce the chance of recurrent infection. The timing—1 to 2 weeks after the infection has cooled—lets the eye recover from the acute inflammation so the procedure is safer and more reliable, and it also provides a chance to assess whether the drainage system remains obstructed and to plan further management if needed. Why the other ideas aren't the primary purpose: dilating the pupil isn't what this procedure targets, since dilation here is about the tear drainage openings, not the eye's pupil. Removing the lacrimal gland is a different surgical intervention with a different goal. Administering antibiotic directly isn't the central aim of D&I, though antibiotics may be used separately or post-procedure; the core purpose of D&I is to clear the blockage and improve drainage.

2. Which education point is appropriate for a patient with Adenoviral Conjunctivitis?

A. The infection is viral and highly contagious; practice frequent hand washing, avoid touching the eye; use a betaine wash, steroid drops, PFATs and cool compresses; plan follow-up in 3-4 days and again in 2-3 weeks

B. No precautions are necessary and the infection will resolve without effort

C. Antibiotics should be stopped immediately after 24 hours

D. Patients should avoid all eye care until resolution

This education point centers on preventing spread and guiding supportive care for a contagious viral conjunctivitis. Since adenoviral infection is highly contagious, the most important instruction is strict hand hygiene and reducing contact with the eye. Emphasize washing hands frequently, avoiding touching or rubbing the eyes, not sharing towels, eye makeup, or other personal items, and keeping surfaces disinfected. For comfort, describe practical measures such as cool compresses and using preservative-free artificial tears to relieve irritation. Plan follow-up in the near term to ensure the infection is improving and to catch any potential complications; a check a few days later and then again in a couple of weeks is common. Antibiotics are not needed because this is viral, and steroids are not routinely used in viral conjunctivitis unless specifically advised by a clinician, due to potential risks. This approach gives the patient concrete steps to reduce transmission, while providing symptomatic relief and a clear plan for re-evaluation.

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3. Which non-pharmacologic adjuncts are recommended for managing vernal keratoconjunctivitis?

A. Frequent PFATs and cool compresses

B. Patch testing

C. Oral antihistamines

D. Avoid eye protection

Non-pharmacologic relief for VKC focuses on soothing the surface and reducing allergen exposure. Using frequent preservative-free artificial tears helps dilute irritants and keep the ocular surface lubricated, while cool compresses reduce itching and vascular congestion. Patch testing is used to identify contact allergens, not to treat VKC. Oral antihistamines are systemic medications for symptom control, so they fall outside non-pharmacologic strategies. Avoiding eye protection isn't a standard management approach—protective eyewear can help limit allergen exposure, whereas simply avoiding protection isn't clinically beneficial.

4. CLARE Education: After resolution, restarting CL wear should involve what?

A. Restart without changes

B. Use frequent PFATs and a steroid/antibiotic combo drop qid for 1-2 weeks

C. Stop lens use permanently

D. Only use a sterile saline rinse

After CLARE resolves, reintroducing contact lens wear should be done with a plan that curbs any lingering inflammation and protects against reinfection during the early wear period. Using frequent lubricating drops, ideally preservative-free, helps keep the ocular surface comfortable and reduces friction as you resume lens wear. At the same time, starting a short course of a steroid/antibiotic combination drop four times daily for one to two weeks provides anti-inflammatory support to quell residual inflammation and antimicrobial coverage while the cornea re-accommodates to lens wear. This approach lowers the risk of recurrence and promotes healing as you return to lens use. Restarting without any change ignores ongoing inflammatory risk; stopping lens wear permanently is unnecessary; relying on saline alone offers lubrication but not anti-inflammatory or antimicrobial protection, so it's insufficient.

5. In Adenoviral conjunctivitis, the AdenoPlus test is used to detect what?

A. Adenovirus antigen in the tear film (positive AdenoPlus)

B. Bacterial organisms

C. Fungal organisms

D. No diagnostic value

This test is a rapid immunochromatographic assay that detects adenovirus antigen in the tear film. A positive result supports a diagnosis of adenoviral conjunctivitis and helps distinguish it from bacterial or fungal causes, guiding management and infection-control decisions. It does not test for bacteria or fungi, and a negative result doesn't completely rule out adenoviral infection because the test isn't perfect and viral antigen levels can be low at times.

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6. Which statement best reflects patient education for episcleritis?

A. It is an infection requiring antibiotics

B. It typically resolves on its own, with anti-inflammatory drops for comfort

C. It always causes vision loss

D. It requires immediate surgical intervention

Episcleritis is a mild, self-limited inflammation of the outer white portion of the eye. For patient education, the main idea is that it usually goes away on its own, and comfort can be improved with anti-inflammatory drops or lubricating tears. It is not an infection, so antibiotics aren't needed. Vision is typically normal, and surgery is not required. Most people notice improvement within one to three weeks. If symptoms worsen, or there is significant pain, sudden vision changes, or the redness spreads quickly, seek re-evaluation. Some episodes can recur or be associated with other inflammatory conditions, so your clinician may check for related symptoms if this happens.

7. Which of the following is NOT listed as part of testing for Ocular Ischemic Syndrome (OIS)?

A. Macular OCT

B. Fluorescein Angiography (IVFA)

C. Gonioscopy

D. Fundus photography

Ocular Ischemic Syndrome testing focuses on assessing ocular blood flow and ischemic changes rather than just static structure. Fluorescein angiography is used to evaluate retinal arterial filling and capillary perfusion; delayed filling and nonperfusion indicate hypoperfusion consistent with OIS. Macular OCT is helpful because ischemia can affect the macula, revealing thickness changes or disruption that reflect ischemic damage. Gonioscopy is included to look for iris and angle neovascularization that can arise from chronic ischemia and to assess the risk of neovascular glaucoma. Fundus photography documents retinal and optic nerve appearance, but it does not provide functional perfusion data or a direct measure of ischemia, so it isn't considered a key test for confirming OIS.

8. Which imaging modalities are used for CSR testing?

A. Mac-OCT, IVFA

B. Fundus photography and red-free imaging

C. OCT and B-scan only

D. Visual field testing

In CSR testing, you want both detailed macular structure and evidence of leakage. Mac-OCT provides high-resolution cross-sectional images of the macula, showing subretinal fluid and neurosensory retinal detachment typical of central serous retinopathy. Intravenous fluorescein angiography (IVFA) reveals dynamic leakage patterns from the choroid through the retinal pigment epithelium, helping localize the leak source and confirm CSR. Other imaging options fall short because they document appearance or function without showing the critical leakage information. Fundus photography and red-free imaging can illustrate the detachment but don't reveal leakage dynamics. OCT with B-scan adds structural detail but lacks the vascular leakage data. Visual field testing assesses function rather than imaging the macula or leakage. Therefore, combining Mac-OCT with IVFA gives the most comprehensive CSR assessment.

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9. For LPI in the fellow eye with narrow angles, what is the recommended follow-up window after treating the first eye?

A. Within 24 hours

B. 2-7 days

C. 2-3 weeks

D. 1 month

When one eye with narrow angles receives laser peripheral iridotomy, the other eye remains at high risk for angle-closure and potential postoperative pressure spikes. The timing of follow-up is chosen to detect any early, but not necessarily immediate, changes in intraocular pressure or iris behavior while the eye is still adjusting after the procedure. The recommended window is about 2 to 7 days after treating the first eye. This interval allows clinicians to spot and manage delayed IOP elevations or persistent iridotomy issues promptly, reducing the risk of lasting damage in the fellow eye. At this visit, you'd reassess IOP, confirm the iridotomy is functioning, and check for inflammation or signs that might necessitate additional treatment. While some cases benefit from a very early check, 2–7 days is the standard window used to balance early detection with practical follow-up.

10. Which symptoms are described in HZO/VZV education as accompanying front-of-eye involvement?

A. Fever, headache, and vesicular rash on temple and nose prior to eye pain

B. Sneezing and conjunctival redness only

C. Visual field loss

D. No systemic symptoms

In herpes zoster ophthalmicus, the eye involvement often follows a prodromal period with systemic and dermatomal signs. The best description is fever and headache along with a vesicular rash that appears along the ophthalmic division of the trigeminal nerve—commonly on the temple and nose—before eye pain develops. This pattern reflects the viral reactivation in V1 and nasociliary involvement, which is a warning sign that ocular structures may soon be affected. The other options don't fit this pattern: sneezing with conjunctival redness alone lacks the systemic prodrome and dermatomal rash; visual field loss can occur later as a complication rather than as an accompanying prodrome; and no systemic symptoms would not align with the typical prodromal picture of HZO.

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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:

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

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