REV-01
BOP/15/20

2025/12

SET A

BACHELOR OF OPTOMETRY
THIRD SEMESTER
CLINICAL OPTICS & REFRACTION-I
BOP-304

[USE OMR SHEET FOR OBJECTIVE PART]

Duration: 3 hrs. **Full Marks: 70**

Objective

Time: 30 mins. **Marks: 20**

Choose the correct answer from the following: ***1×20=20***

1. Which of the following is not considered part of patients chief complain?
   a. Blood pressure
   b. Patient report
   c. Family history
   d. Past ocular history

2. What is visual acuity?
   a. Color prescription
   b. Depth prescription
   c. The eyes ability to distinguish fine details
   d. The eyes ability to detect light

3. Which visual acuity chart is use most commonly to measure VA?
   a. Snellen's chart
   b. LogMar chart
   c. Amsler chart
   d. Ishihara chart

4. What does Snellen acuity of 6/12 indicates?
   a. The person sees at 6m, what a normal person can see at 12m
   b. The patient has normal vision
   c. The patient sees a 12m what a normal person can see at 6m
   d. The patient is blind

5. Which of the following is use for objective refraction?
   a. Phoropter
   b. Trial box
   c. Retinoscope
   d. Maddox rod

6. What should be the first step when measuring unaided VA?
   a. Use pinhole
   b. Cover one eye and test the other
   c. Check IOP
   d. Perform refraction

7. A patient with a VA of 20/200 is considered:
   a. To have mild visual problem
   b. Have normal vision
   c. Legally blind in many countries
   d. Hypermetropic

8. Which of the following is not a factor affecting VA?
   a. Pupil size
   b. Illumination
   c. Retinal health
   d. Blood group

9. Subjective refraction primarily:
   a. Patient response and feedback
   b. Auto-refraction reading
   c. Pupil size
   d. Corneal surface

10. During retinoscopy with movement indicates:
    a. Myopia
    b. Hypermetropia
    c. Astigmatism
    d. All of the above

11. In retinoscopy against movement indicates:
    a. Astigmatism
    b. Myopic
    c. Hypermetropic
    d. All of the above

12. The pinhole test is used for what?
    a. Diagnostic test
    b. Differentiate refractive error
    c. Assist binocular vision
    d. NOTA

13. Accommodation is controlled by which structure in the eye?
    a. Retina
    b. Cornea
    c. Lens
    d. Ciliary muscle

14. The process of accommodation involves:
    a. Flattening of the lens
    b. Elongation of the eyeball
    c. Thickening of the lens
    d. Narrowing of the anterior chambers

15. Accommodation is classified as a:
    a. Voluntary causes
    b. Reflex action
    c. Fix focus mechanism
    d. NOTA

16. The AOA can be measured within:
    a. Retinoscope
    b. Cover test
    c. Push up method
    d. Keratometry

17. What does IPD stands for?
    a. Intra Ocular Pressure
    b. Inter Pulpibral Distance
    c. Inter Pupilary Distance
    d. NOTA

18. What is the average adults IPD range?
    a. 30-40 mm
    b. 50-70 mm
    c. 75-90 mm
    d. 90-110 mm

19. What is the most accurate method of measuring IPD?
    a. Rular method
    b. Estimation by eye
    c. Pupillo meter
    d. Using mirror

20. When measuring near PD the standard working distance is:
    a. 25 cm
    b. 30 cm
    c. 40 cm
    d. 50 cm

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Descriptive

Time : 2 hr. 30 mins. Marks : 50

[Answer question no.1 & any four (4) from the rest]

1. Write in detail about ophthalmic case history taking with an example, and explain all the steps in details. 10

2. Write step by step procedure of visual acuity taking in patients. State the difference between Snellen's chart and logMar chart during visual acuity test. 10

3. What is subjective and objective refraction? State the difference between them in details. 10

4. What is accommodation of eye? Write about the different methods available for measuring Amplitude of accommodation in details. 10

5. Write a note on IPD measurement, addition power calculation, near power calculation while providing spectacle to a person in details and explain the general importance of it in clinical practice. 10

6. Describe about the static and dynamic retinoscopy and write down the process of both the retinoscopy in clinical settings in details. 10

7. What is cycloplegic refraction? Why it is important in clinical practice and mention the different types of cycloplegic drops and their application in details. 10

8. Write about the different methods available for calculating tentative presbyopic addition and the process of correcting presbyopia. 10

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