OT Mastery

Vision Deficits and Occupation

1. If a child presents with double vision, what would NOT be a possible course of action?

- A. Seeing an ophthalmologist
- B. Wearing an eye patch
- C. Getting a different prescription for their glasses
- D. Practicing visual-motor activities during therapy to strengthen their eye muscles

2. What home modifications can be made to improve lighting?

- A. Place any items that can produce glare in the closet when not in use
- B. Place lamps and other task lighting behind or to the side of someone to prevent glare

C. Have curtains, blinds, and other shades on all windows so you can adjust natural lighting, as needed

D. Both B & C

3. What statement about retinopathy of prematurity is true?

- A. It only affects premature infants
- B. It can cause abnormally dark pupils
- C. Moderate to severe cases will resolve on their own
- D. Mild cases are treated with cryotherapy or laser therapy

4. A therapist is reading a patient's chart before completing their evaluation. They have formal vision testing from their doctor, but need to interpret it to obtain the patient's baseline. What is considered near normal vision?

- A. 20/12 20/25
- B. 20/80 20/160
- C. 20/30 20/60
- D. 20/19 20/20

5. What is the most common way of assessing a person's visual fields?

- A. Saccadic ladder test
- B. Red Dot Confrontation Test
- C. Snellen chart
- D. There is no formal testing for this visual skill

6. How can a therapist determine their patient's eye dominance?

A. Use the Kinetic Two Person Confrontation Test

B. A person's eye dominance is always on the same side of the body as their hand dominance

C. Have patients visually track a moving object; whichever eye can do this more quickly and more effectively is the dominant eye

D. Cover one eye and look at a still object; do this with both eyes and whichever one causes the image to "jump" is the non-dominant eye

7. A therapist is completing an evaluation on a 7-year-old child. What standardized vision assessment is NOT appropriate for this child?

A. Beery VMIB. Trail Making TestC. MVPTD. Line Bisection Test

8. A patient is being seen for vision concerns, specifically neglect, that resulted after a stroke. What standardized assessment would not be appropriate to use on this patient?

A. Line Bisection TestB. Star Cancellation TestC. KELSD. Arrow Orientation Test

9. If a therapist is assessing a patient with vision concerns but also has motor concerns, what assessment would be the best fit?

A. Arrow Orientation TestB. MVPTC. TVPSD. DTVP

10. How does the preferred retinal locus help patients with vision concerns?

A. This helps patients and therapists determine what direction they see best in

B. PRL is the same as eccentric viewing and is only used with patients looking to compensate for vision concerns

C. This helps patients determine eye dominance

D. This is a subtest with the Amsler grid training

11. Why might a doctor recommend the Amsler grid training as part of a home program for someone with macular degeneration?

- A. To allow them to see more of their environment without straining their eyes
- B. This test helps patients monitor their vision for any new distortions that might be present
- C. This test helps patients strengthen their vision
- D. The Amsler grid gives therapists information for goal-setting

12. What condition would NOT be treated by wearing an eye patch?

- A. Strabismus
- B. Double vision
- C. Nearsightedness
- D. Ambylopia

13. If a therapist is engaging a child in spectating a game of ping pong followed by a bean bag toss, what skill might they be addressing?

- A. Visual acuity
- B. Visual tracking
- C. Visual discrimination
- D. Scanning

14. What is not a part of the lighthouse technique?

- A. Turns
- **B.** Fixators
- C. Anchors
- D. Guides

15. What is an example of an anchor?

- A. Turning to face various directions when looking at an object or person
- B. Moving your head to the unaffected side to see the entire visual field
- C. Bright pieces of paper on either side of a mirror
- D. Smaller screens with low-contrast edges

16. A middle-aged patient has completed multiple vestibulo-ocular reflex training sessions for several weeks. They are now ready to undergo the highest level of training with their therapist. What might this training consist of?

A. Walking front and back while fixating on an object on a side wall

B. Fixating on an eye-level object while walking forward and moving their head up, down, left, and right

- C. Fixating on a ceiling-level object while standing still and moving their head up and down
- D. Walking side to side while fixating on one object ahead of them

17. What is NOT an important part of training for caregivers of individuals with low vision?

- A. Caregiver interests
- B. Communication
- C. Home modifications
- D. Assistive devices

18. A child presents to OT with concerns related to farpoint copying in class. What should a therapist educate the teacher to do for this child?

- A. Instruct the child to look away from the board periodically
- B. Encourage rest periods when copying during class for longer than 15 minutes
- C. Break long tasks into smaller ones
- D. All of the above

19. A young adult with moderate visual discrimination concerns is being recommended assistive devices. What might be the most appropriate device to trial first?

- A. Label maker
- B. Head lamp
- C. Screen reader
- D. Braille dots

20. What home modifications serve to prevent falls and assist someone with low vision in better engagement within their environment?

- A. Get textured upholstery
- B. Clearing walkways of clutter
- C. Label small items
- D. Mount frequently-used items on the wall

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