| | Uitech |
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| Name: | A |
| Roll No.: | A Alexand (K Executing 2nd Explored |
| Invigilator's Signature : | |

CS/B.OPTM/SEM-5/BO-501/2012-13

2012

BINOCULAR VISION & OCULAR MOTILITY

Time Allotted: 3 Hours Full Marks: 70

The figures in the margin indicate full marks.

Candidates are required to give their answers in their own words as far as practicable.

GROUP - A

(Multiple Choice Type Questions)

| 1. | Choose the correct alternatives for the following : $10 \times 1 = 10$ | | | | | |
|----|--|---|-------------|----|------------|--|
| | i) | Primary action of inferior oblique is | | | | |
| | | a) | elevation | b) | adduction | |
| | | c) | extortion | d) | intortion. | |
| | ii) | Primary action of superior rectus is | | | | |
| | | a) | elevation | b) | adduction | |
| | | c) | extortion | d) | intortion. | |
| | iii) | All of the following are examples of sensory adaption | | | | |
| | | exce | ept | | | |
| | | a) | suppression | b) | ARC | |
| | | c) | amblyopia | d) | NRC. | |
| | iv) | Primary action of superior oblique is | | | | |
| | | a) | elevation | b) | adduction | |
| | | c) | extortion | d) | intortion. | |

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v) Physiological diploma is manifested in case situated a) on horoptor b) within panum's area outside panum's area d) none of these. c) In paralytic squint the secondary angle of deviation is vi) than primary deviation. a) more b) equal d) c) less double. vii) The pair of Yoke muscles involved in Levoelevation are Lt Sup Obl & Rt Sup Rectus Lt Med Rectus & Rt Lat Rectus b) Lt Inf Rectus & Rt Med Rectus c) d) Lt Sup Rectus & Rt Inf Obl. viii) When globe is adducted to 51°, the action of inferior oblique muscle is elevation depression a) b) c) intorsion d) extortion. TNO Random dot test is a test for ix) fusion convergence a) b) stereopsis d) occular motility. c) Occlusion is a treatment for x) a) toxoplasmosis b) exotropia c) amblyopia d) refractive error. GROUP - B

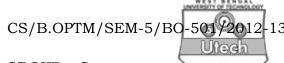
(Short Answer Type Questions)

Answer any *three* of the following

 $3 \times 5 = 15$

- 2. Hering's law of equal innervation.
- 3. Physiological diplopia.
- 4. Sensory adaptations.
- 5. Aniseikonia.
- 6. Local and global stereopsis.

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GROUP - C

(Long Answer Type Questions)

Answer any three of the following.

 $3 \times 15 = 45$

- 7. Define anisometropia, clinically classify anisometropia.

 Justify why low degree antimetropia remains asymptomatic.

 Discuss the management of anisometropia. 3 + 4 + 3 + 5
- 8. Discuss clinical features & management of convergence insufficiency.
- 9. A 2 year old child came to your clinic with both eye deviated inward. On investigation you got both eye +8.00DS and a deviation of 12 prism dioptre. After wearing correction the patient shows a reduction in the deviation. What will be your diagnosis and what will be your treatment plan for such a patient?
- 10. What is BSV? Describe the advantages of BSV? What are the prerequisites of development of BSV? How will you test for BSV using Major Synoptophore? $1 + 2\frac{1}{2} + 3\frac{1}{2} + 8$
- Define Diplopia. Describe crossed and uncrossed diplopia.
 Discuss management of a case of phoria (heterophoria).

1 + 4 + 4 + 6

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