



Name :
Roll No. :
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) extorsion
 - d) intorsion.
 - ii) Primary action of superior rectus is
 - a) elevation
 - b) adduction
 - c) extorsion
 - d) intorsion.
 - iii) All of the following are examples of sensory adaption *except*
 - a) suppression
 - b) ARC
 - c) amblyopia
 - d) NRC.
 - iv) Primary action of superior oblique is
 - a) elevation
 - b) adduction
 - c) extorsion
 - d) intorsion.

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[Turn over



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

GROUP – B

(Short Answer Type Questions)

Answer any *three* of the following 3 × 5 = 15

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



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 anisometropia 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 ? $1 + 2\frac{1}{2} + 3\frac{1}{2} + 8$
11. Define Diplopia. Describe crossed and uncrossed diplopia. Discuss management of a case of phoria (heterophoria). $1 + 4 + 4 + 6$

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