

# 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

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**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

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**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

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**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

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**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

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**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

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**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 VMI
- B. Trail Making Test
- C. MVPT
- D. Line Bisection Test

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**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 Test
- B. Star Cancellation Test
- C. KELS
- D. Arrow Orientation Test

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**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 Test
- B. MVPT
- C. TVPS
- D. DTVP

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**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

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**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

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

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

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**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

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

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

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**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

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**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

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**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

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**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

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**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

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**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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