

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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