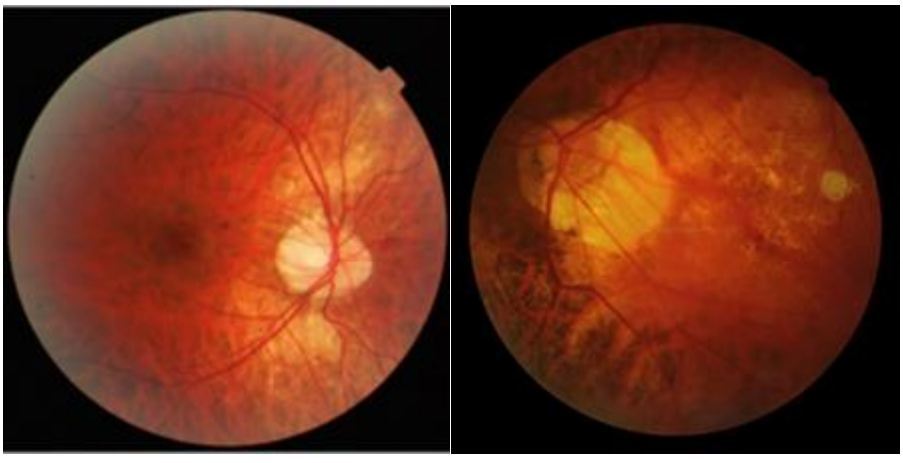
Sample TPAO Questions

Sample Case Description 1	
Demographics	16-year-old male; high school student
Chief complaint	Difficulty seeing at distance and near in class
Ocular history	Worn glasses since age 7, vision always poor, occasional flashes of light OU
Medical history	No significant hx; family history of hypertension, severe type 2 diabetes
Clinical data	Visual acuity with correction on presentation Distance OD 6/12 OS 6/15 Near OD 0.75M OS 0.75M Refraction OD -16.00 -2.50 X 150 6/9 OS -18.50 DS 6/12 Anterior segment NAD Posterior segment – see visual aids
Visual aids	

1. **What would be the most significant potential ocular complication for this patient?**

   A. Lacquer cracks
   B. Lattice degeneration
   C. Macula-off retinal detachment
   D. Primary open angle glaucoma

2. **At age 19 years, the patient phones your office to report that on waking he noticed shaky distorted vision with a "black circle" around the centre of vision OD. No flashes or floaters noticed. Corrected vision OD 6/90 OS 6/12. What is the most appropriate management of this patient?**

   A. Complete oculovisual assessment
   B. Emergency referral to on-call ophthalmologist
   C. Routine referral to ophthalmologist
   D. Urgent referral to ophthalmologist

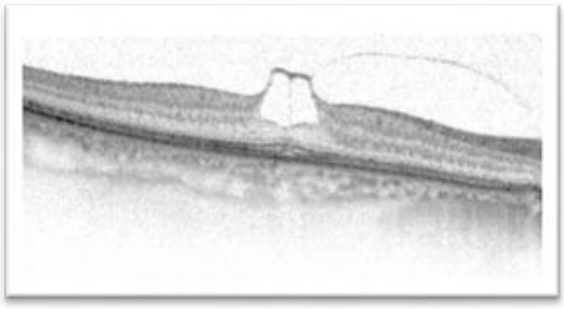
3. **The patient has been wearing myodisc lenses but complains of the weight and cosmetic appearance. Which of the following is the most appropriate alternative?**

   A. Intacs ® inserts
   B. IOL implants
   C. LASIK
   D. RGP contact lenses

4. **What is the most essential test for long-term management of this patient?**

   A. Binocular indirect ophthalmoscopy
   B. HRT
   C. OCT
   D. Subjective refraction

Sample Case Description 2	
Demographics	57-year-old Asian female; presents for a glaucoma work-up due to moderate optic nerve head cupping
Chief complaint	**No visual or ocular complaints**
Ocular history	Unremarkable
Medical history	Hypothyroidism – treated and controlled with synthroid
Clinical data	Habitual Rx OD: +0.75-0.25x180 OS: +1.00-0.50x180 Add: +1.75 OU Entering Visual Acuity Distance: OD 20/20OS 20/20 Near: OU 20/20 Pupils: PERRL, no RAPD Intraocular Pressures (Goldmann): OD 14mmHg OS 13mmHg Pachymetry: OD 542m OS 547m Anterior Segment: Mild MGD OU, Trace NS OU DFE: Optic nerve cupping: OD 0.65H/V, OS 0.70H/V, ISNT followed OU Macula & peripheral retina unremarkable OD/OS Humphrey VF 24-2: Full field OD/OS OCT: RNFL - within normal 360degrees OU, Macula - scans attached

Visual aids	OCT Images OD  OS

1. **Based on your exam findings, you think that this patient is a low-risk glaucoma suspect, however, you are concerned about the findings on the OCT scans of the macula. Which of the following is the most appropriate management plan for the diagnosis seen on the OCT scans?**

   A. Urgent referral to a retina specialist (within 24 hours)
   B. Semi-urgent referral to a retina specialist (within 1 week)
   C. Monitor with a follow-up in 1 month
   D. Monitor with yearly routine eye exams