Conformance With Preferred Practice Patterns in Caring for Children With Esotropia

1. A recently added preferred practice pattern physical examination key point is:
   A. Extraocular muscle function.
   B. Detection of nystagmus.
   C. Sensory testing.
   D. Cycloplegic retinoscopy or refraction.

2. Appropriate care management for patients with esotropia includes:
   A. Prescription of corrective lenses for any clinically significant refractive error.
   B. Surgical intervention as the primary form of care management.
   C. Amblyopia treatment may be performed after surgical correction.
   D. Prescription of corrective lenses for any clinically significant refractive error after surgical intervention is completed.

3. Complete documentation of family history includes:
   A. Presence of strabismus.
   B. Presence of amblyopia.
   C. History of extraocular muscle surgery.
   D. Presence of strabismus, amblyopia, extraocular muscle surgery, and genetic disease.

4. An often overlooked area of documentation in the initial history includes:
   A. Family history.
   B. Systemic history.
   C. Ocular history.
   D. Physical examination.

5. A complete ocular history includes documentation of:
   A. Date of onset.
   B. Date of onset and frequency of deviation.
   C. Date of onset, frequency of deviation, and presence or absence of diplopia.
   D. History of prior surgery.
6. The summary benchmarks are graded in the following way:
   A. Level III recommendations are supported by randomized control trials.
   B. “A” indicates elements that are most important to the care process.
   C. “B” indicates elements that are most important to the care process.
   D. Level II recommendations are supported by case reports.

7. Which of the following is a level “A-i” recommendation within the summary benchmarks for esotropia:
   A. Prescription of optical correction for clinically significant refractive error.
   B. Cycloplegic retinoscopy or refraction.
   C. Ocular history (date of onset and frequency of the deviation, presence or absence of diplopia).
   D. Formulation treatment plans in consultation with the patient and caregivers.

8. Chart documentation can have important non-clinical implications in regard to:
   A. Billing support.
   B. The examiner’s diagnostic skills.
   C. The patient’s compliance during the examination.
   D. Review of medical literature.

9. Of the four major components of the 2007 Preferred Practice Pattern Summary Benchmarks for Esotropia, physicians most often comply with:
   A. Initial examination history.
   B. Initial physical examination.
   C. Care management.
   D. Patient education.

10. The 2007 Preferred Practice Pattern Summary Benchmarks for Esotropia were published by the:
    A. American Medical Association.
    B. American Academy of Pediatrics.
    C. American Board of Ophthalmology.