**INSTRUCTIONS**

1. Review the stated learning objectives on the first page of the CME article and determine if these objectives match your individual learning needs.

2. Read the article carefully. Do not neglect the tables and other illustrative materials, as they have been selected to enhance your knowledge and understanding.

3. The following quiz questions have been designed to provide a useful link between the CME article in the issue and your everyday practice. Read each question, choose the correct answer, and record your answer on the CME REGISTRATION FORM at the end of the quiz.

4. Type or print your full name and address and your date of birth in the space provided on the CME REGISTRATION FORM.

5. Complete the Evaluation portion of the CME Registration Form. Forms and quizzes cannot be processed if the Evaluation portion is incomplete. The Evaluation portion of the CME Registration Form will be separated from the quiz upon receipt at JOURNAL OF PEDIATRIC OPHTHALMOLOGY & STRABISMUS. You evaluation of this activity will in no way affect the scoring of your quiz. NO PAYMENT REQUIRED. You may be contacted at a future date with a follow-up survey to this activity.

6. Indicate the total time you spent on this activity (reading article and completing quiz). Forms and quizzes cannot be processed if this section is incomplete. All participants are required by the accreditation agency to attest to the time spent completing the activity.

7. Send the completed form to: JOURNAL OF PEDIATRIC OPHTHALMOLOGY & STRABISMUS CME Quiz, PO Box 36, Thorofare, NJ 08086.

8. Be sure to mail the CME Registration Form on or before the deadline listed. After that date, the quiz will close. CME Registration Forms received after the date listed will not be processed.

**METHOD FOR OBTAINING CREDIT CERTIFICATE**

Your answers will be graded and you will receive a certificate via mail within 4 to 6 weeks advising you whether you have passed or failed. A score of at least 80% is required to pass. Unanswered questions will be considered incorrect.

**CME ACCREDITATION**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Vindico Medical Education and the Journal of Pediatric Ophthalmology & Strabismus. Vindico Medical Education is accredited by the ACCME to provide continuing medical education for physicians. Vindico Medical Education designates this journal-based educational activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity is approved for credit from the original date of release, January 1, 2011, through the expiration date of January 15, 2012.

**FULL DISCLOSURE POLICY**

In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, all CME providers are required to disclose to the activity audience the relevant financial relationships of the planners, teachers, and authors involved in the development of CME content. An individual has a relevant financial relationship if he or she has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control. Relationship information appears prior to the content.

**UNLABELED AND INVESTIGATIONAL USAGE**

The advice is intended that this continuing medical education activity may contain references to unlabeled uses of FDA-approved products or to products not approved by the FDA for use in the United States. The faculty members have been made aware of their obligation to disclose such usage.

**TARGET AUDIENCE**

This CME activity is primarily targeted to pediatric ophthalmologists and ophthalmic surgeons. There are no specific background requirements for participants taking this activity.

---

**Binocular Function in Pseudophakic Children**

1. **In this study, the author:**
   - A. Did not use a current (updated) refraction for assessment.
   - B. Did not perform slit-lamp examinations for all cases.
   - C. Performed a cover test with prisms.
   - D. Performed sensory tests for binocularity on all patients.

2. **In this study, the author:**
   - A. Did not personally examine all of the patients himself.
   - B. Reviewed the records of the patients before performing the eye examination.
   - C. Found glaucoma to be frequent.
   - D. Found visual acuity related to binocular function.

3. **There was a difference between those with fine stereoacuity and those with monofixation syndrome for:**
   - A. The age of first surgery.
   - B. The interval between surgery for both eyes.
   - C. The refraction.
   - D. The incidence of amblyopia.

4. **Binocularity tests did not include:**
   - A. Prism cover tests.
   - B. Stereopsis testing with Titmus vector graff overlay.
   - C. Worth 4 light fusion.
   - D. Bagolini lenses.

5. **Satisfactory motor alignment:**
   - A. Was present in most patients.
   - B. Was not common.
   - C. Was different in many patients.
   - D. Was jeopardized by cataract surgery.

6. **The type of implant used:**
   - A. Was different in many patients.
   - B. Was dislocated in a few patients.
   - C. Resulted in glaucoma in most patients.
   - D. Did not present long-term problems.

7. **The refractive error for the patients:**
   - A. Differed greatly in those with fine visual acuity compared to the monofixation syndrome.
   - B. Showed a mean difference that was significantly statistically different in patients with fine between-eyes stereoacuity and monofixation syndrome.
   - C. Generally hyperopic.
   - D. If corrected periodically, probably led to satisfactory binocular results.
8. Sensory binocular outcomes:
   A. Were determined by prior binocular function.
   B. Were not dependent on vision.
   C. Commonly showed fine stereoacuity.
   D. Were determined by cataract type.

9. The pupillary space:
   A. Was clear on all patients except one.
   B. Opened by a primary capsulotomy in most patients.
   C. Did not determine the visual acuity result.
   D. Was not a factor in success of monocular activity.

10. This study emphasizes:
    A. That removal of cataracts in children leads to severe strabismus in most cases.
    B. Refractive correction after cataract extraction is not important.
    C. Fine stereoacuity is uncommon in bilateral pseudophakics.
    D. The monofixation syndrome was rare.

---

**REGISTRATION FORM**

Questions about CME and the Journal?
Call us at 856-994-9400 or write to:
Journal of Pediatric Ophthalmology & Strabismus
PO Box 36
Thorofare, NJ 08086

NO PAYMENT REQUIRED

JANUARY/FEBRUARY 2011

Binocular Function in Pseudophakic Children

Black out the correct answers

1. A B C D 6. A B C D
2. A B C D 7. A B C D
3. A B C D 8. A B C D
5. A B C D 10. A B C D

Number of hours you spent on this activity __________________________
(reading article and completing quiz)

Forms can be sent by fax
to 856-384-6680

This activity is approved for credit from the original date of release, January 1, 2011, through the expiration date of January 15, 2012.

**Evaluation** (must be completed in order for your CME Quiz to be scored)

JANUARY/FEBRUARY 2011

Check the appropriate box below.               Yes      No
1. The content of the article was accurately described by the learning objectives.
   a. To educate pediatric ophthalmologists with an independent study of bilateral pseudophakia in children.   ______  ______
   b. To review binocular function in bilateral pseudophakic children.          ______  ______
   c. To compare the results of visual acuity with two different types of management of the posterior capsule in bilateral pseudophakics. ______  ______
2. This activity will influence how I practice ophthalmology.           _____  _____
   a. If you answered yes, list one new thing you learned as a result of this activity ____________________________.
3. The quiz questions were appropriate for assessing my learning.                                                                 ______  ______
4. The activity was presented objectively and was free of commercial bias. [Please use the “Comments” field below to provide further information.]
   Strongly Agree   Agree   No Opinion   Disagree   Strongly Disagree
   1  2  3  4  5
   Comments regarding commercial bias ____________________________
   __________________________________________________________________
5. Please list topics you would like to see future CME activities address: _____________________________________________________.

**PRINT OR TYPE**

Date of Birth: (used for tracking credits ONLY)

First Name     Last Name     Degree

Mailing Address

City     State     Zip Code

Phone Number

Journal: print
CODE: JPOS-0111