

**TMOD EXAMINATION: SAMPLE CASE 2**

**Demographics**

62-year-old white female; travel agent

**Chief complaint**

decreasing vision

**History of present illness**

**Character/signs/symptoms:** blurred vision

**Location:** OD

**Severity:** severe

**Nature of onset:** gradual

**Duration:** 6 months

**Frequency:** constant

**Exacerbations/remissions:** none

**Relationship to activity or function:** none

**Accompanying signs/symptoms:** none

**Secondary complaints/symptoms**

eyes feel scratchy all day

**Patient ocular history**

corneal abrasion OS at age 45

**Family ocular history**

father: macular degeneration

**Patient medical history**

rheumatoid arthritis

**Medications taken by patient**

Plaquenil® 200 mg per day for 2 years

**Patient allergy history**

hayfever; NKDA

**Family medical history**

mother: diabetes

**Review of systems**

**Constitutional/general health:** malaise

**Ear/nose/throat:** denies

**Cardiovascular:** denies

**Pulmonary:** denies

**Dermatological:** denies

**Gastrointestinal:** denies

**Genitourinary:** denies

**Musculoskeletal:** joint pain

**Neuropsychiatric:** denies

**Endocrine:** denies

**Hematologic:** denies

**Immunologic:** denies

**Mental status**

**Orientation:** oriented to time, place, and person

**Mood:** appropriate

**Affect:** appropriate

**Clinical findings**

<b>Habitual spectacle Rx:</b>	<u>VA Distance</u>	<u>VA Near (with Add)</u>
OD: +1.50 -0.50 x 085	20/200	20/200
OS: +2.00 -0.75 x 090	20/20	20/20
+2.50 D Add		

**Pupils:** PERRL, negative RAPD

**EOMs:** full, no restrictions

**Confrontation fields:** full to finger counting OD, OS

<b>Subjective refraction:</b>	<u>VA Distance</u>	<u>Pinhole</u>	<u>VA Near (with Add)</u>
OD: +1.75 -0.75 x 090	20/200	no improvement	20/200
OS: +1.75 -0.50 x 095	20/20		20/20
+2.50 D Add			

**Amsler grid:**

OD: see **Image 1**

OS: see **Image 2**

**Slit lamp:**

lids/lashes/adnexa: unremarkable OD, OS

conjunctiva: normal OD, OS

cornea: clear OD, OS

anterior chamber: deep and quiet OD, OS

iris: normal OD, OS

lens: 1+ nuclear sclerosis OD, OS

vitreous: posterior vitreous detachment OD, syneresis OS

**IOPs:** 14 mmHg OD, 14 mmHg OS @ 11:20 AM by applanation tonometry

**Fundus OD:**

C/D: 0.4H/0.45V

macula, posterior pole: see **Image 3**

periphery: scattered pavingstone degeneration 360°

**Fundus OS:**

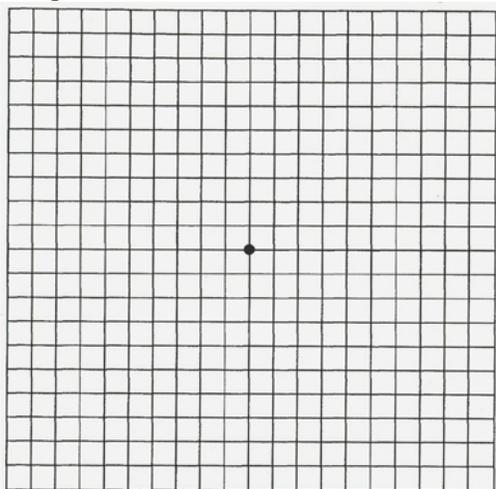
C/D, macula, posterior pole: see **Image 4**

periphery: scattered pavingstone degeneration 360°

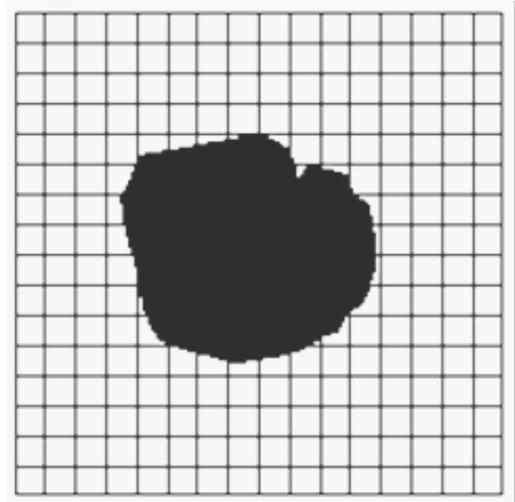
**Blood pressure:** 134/82 mmHg, right arm, sitting

**Pulse:** 76 bpm, regular

**Image 2: OS**



**Image 1: OD**

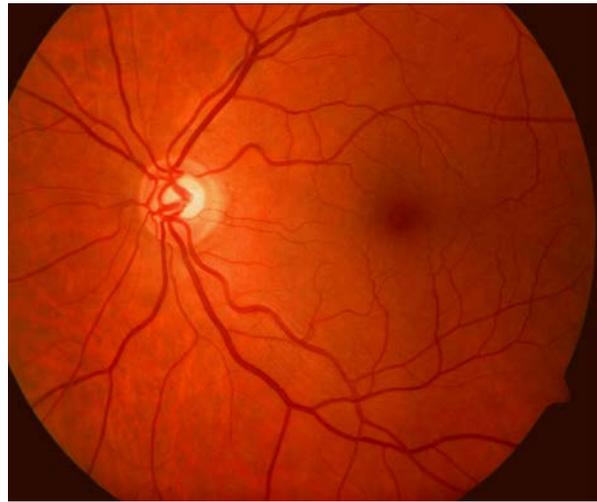


*Note: When visual fields are displayed side-by-side, the OD visual field will be on the right and the OS visual field will be on the left.*

Image 3: OD



Image 4: OS



correct answer

1. The most likely diagnosis of the patient's fundus condition OD is: **(Diagnosis)**
  - a. bull's eye maculopathy.
  - b. histoplasmosis.
  - c. wet age-related maculopathy.
  - d. solar retinopathy.
  - e. macular hole.
2. The most likely etiology of the patient's fundus condition OD is: **(Clinical Correlation of Basic Science Principles)**
  - a. drug toxicity.
  - b. stimulation of new blood vessel growth.
  - c. vitreous traction.
  - d. systemic infection.
  - e. thermal damage.
3. If the patient manifests progressive lenticular changes and an increase in myopia, which of the following types of cataracts is most likely responsible for these clinical signs? **(Clinical Correlation of Basic Science Principles)**
  - a. Anterior cortical
  - b. Nuclear sclerotic
  - c. Cortical
  - d. Posterior polar

4. Which of the following is the most appropriate management for this patient?

**(Treatment / Management)**

- a. Annual monitoring
- b. Vitrectomy
- c. Oral prednisone
- d. Laser photocoagulation
- e. Ocuvite®
- f. Anti-VEGF injection

5. Which of the following is most appropriate to include in the education of this patient?

**(Related to Treatment / Management)**

- a. Polycarbonate spectacle lenses are important to protect the left eye.
- b. Genetic counseling for the patient's grandchildren is essential.
- c. The patient's rheumatologist should discontinue the Plaquenil®.
- d. Sunglasses should be worn full-time to protect the retina.
- e. Consultation with a pulmonologist should be scheduled.
- f. Low vision aids are necessary for activities of daily living.

6. This patient called your office a week ago and asked for your advice over the phone, prior to scheduling her first appointment. Which of the following describes the circumstance whereby giving professional advice over the telephone can establish a doctor-patient relationship?

**(Legal and Ethical Issues)**

- a. The telephone conversation is sufficient by itself.
- b. The telephone conversation is sufficient only if payment is tendered for the advice.
- c. The telephone conversation is sufficient only if follow-up care is given in the office.
- d. The telephone conversation is sufficient only if it is an emergency.