

TMOD EXAMINATION: SAMPLE CASE 1

Demographics

42-year-old white female; computer programmer

Chief complaint

red eye

History of present illness

Character/signs/symptoms: redness worse in the inner corner

Location: OD

Severity: moderate, getting worse

Nature of onset: sudden

Duration: 2 days

Frequency: constant

Exacerbations/remissions: none

Relationship to activity or function: none

Accompanying signs/symptoms: mild discomfort, slight tearing

Secondary complaints/symptoms

none

Patient ocular history

last comprehensive eye exam 1 year ago; wears PALs

Family ocular history

mother: cataract surgery at age 55

Patient medical history

inflammatory bowel disease diagnosed 5 years ago

Medications used by patient

artificial tears q.i.d. for the past 2 days; oral prednisone; ibuprofen; multivitamin

Patient allergy history

dust; pollen; NKDA

Family medical history

mother: type 2 diabetes mellitus

Review of systems

Constitutional/general health: occasional malaise

Ear/nose/throat: denies

Cardiovascular: denies

Pulmonary: denies

Endocrine: none

Dermatological: denies

Gastrointestinal: occasional diarrhea with cramping

Genitourinary: denies

Musculoskeletal: denies

Neurologic: denies

Psychiatric: denies

Immunologic: none

Hematologic: none

Mental status

Orientation: oriented to time, place, and person

Mood: appropriate

Affect: appropriate

Clinical findings

BVA: Distance

OD: 20/20

OS: 20/20

Pupils: PERRL, negative RAPD

EOMs: full, no restrictions

Confrontation fields: full to finger counting OD, OS

Slit lamp:

lids/lashes/adnexa: unremarkable OD, OS
conjunctiva: see **Image 1 OD**, normal OS
cornea: clear OD, OS
anterior chamber: deep and quiet OD, OS
iris: normal OD, OS
lens: trace NS OD, OS
vitreous: clear OD, OS

IOPs: 24 mmHg OD, 25 mmHg OS @ 9:30 AM by applanation tonometry

Fundus OD:

C/D, macula, posterior pole: see **Image 2**
periphery: unremarkable

Fundus OS:

C/D, macula, posterior pole: see **Image 3**
periphery: unremarkable

Blood pressure: 124/88 mmHg, right arm, sitting

Pulse: 72 bpm, regular

Image 1: OD right gaze



Image 2



Image 3



correct answer

1. Which of the following is the most likely diagnosis of this patient's anterior segment condition OD? **(Diagnosis)**
 - a. Nodular episcleritis
 - b. Phlyctenular keratoconjunctivitis
 - c. Conjunctival abrasion
 - d. Inflamed pingueculum

2. Which two of the following are extra-intestinal manifestations of idiopathic inflammatory bowel disease? (Select 2) **(Clinical Correlation of Basic Science Principles)**
 - a. Joint pain
 - b. Pulmonary infections
 - c. Dermatitis
 - d. Cardiac arrhythmia
 - e. Orthostatic hypotension

3. Which of the following is the most appropriate treatment for this patient's anterior segment condition OD? **(Treatment / Management)**
 - a. Polytrim® solution q.3h
 - b. Natamycin suspension q.4h
 - c. Viroptic® solution q.2h
 - d. Erythromycin ointment b.i.d.
 - e. FML® suspension q.i.d.

4. After initiating treatment, which of the following is the most appropriate follow-up interval? **(Related to Treatment / Management)**
 - a. 24 hours
 - b. 4 days
 - c. 4 weeks
 - d. 3 months
 - e. 6 months
 - f. 1 year

5. Assuming appropriate treatment is initiated, which of the following clinical findings will likely manifest at the next follow-up examination? **(Related to Treatment / Management)**
 - a. Tenderness of the globe to touch
 - b. Elevated intraocular pressure
 - c. Reduced ocular injection
 - d. Corneal melt

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

hay fever; NKDA

Family medical history

mother: diabetes

Review of systems

Constitutional/general health: malaise

Ear/nose/throat: denies

Cardiovascular: denies

Pulmonary: denies

Endocrine: denies

Dermatological: denies

Gastrointestinal: denies

Genitourinary: denies

Musculoskeletal: joint pain

Neurologic: denies

Psychiatric: denies

Immunologic: denies

Hematologic: denies

Mental status

Orientation: oriented to time, place, and person

Mood: appropriate

Affect: appropriate

Clinical findings

Habitual spectacle Rx:	<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

Subjective refraction:	<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

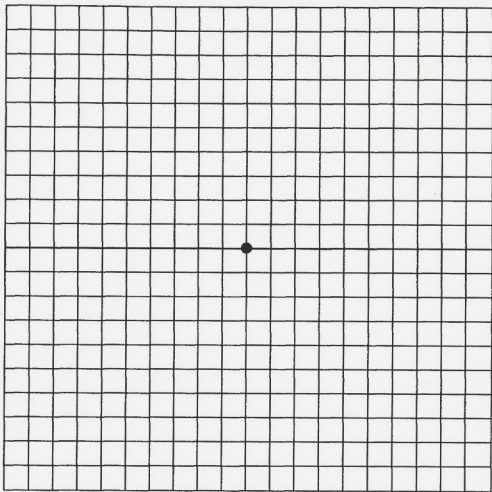
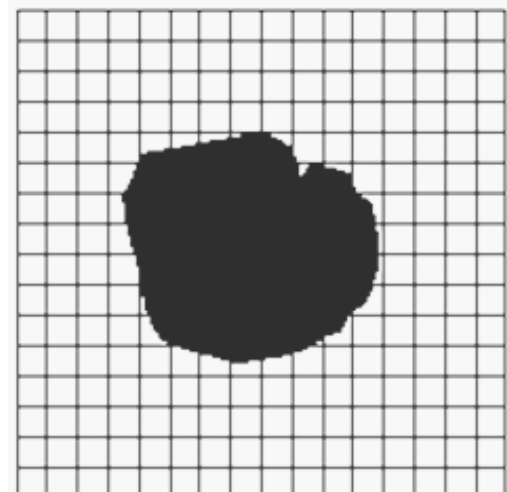


Image 1: OD

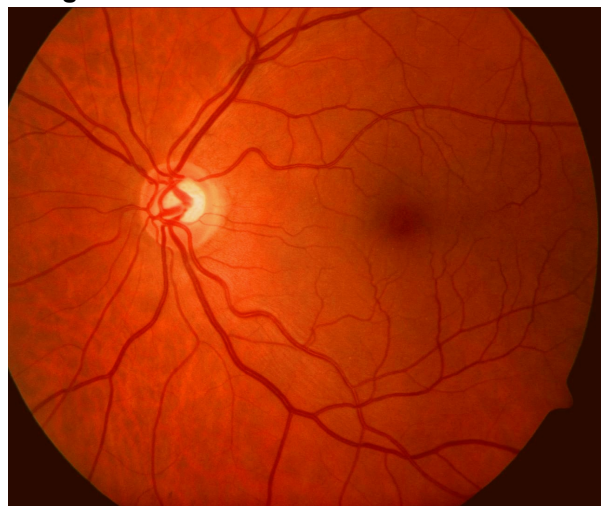


Note: When visual fields are displayed side-by-side, the OD visual field will be on the right and the OS visual field will be on the left.

Image 3: OD



Image 4: OS



correct answer

- 1. Which of the following is the most likely diagnosis of the patient's fundus condition OD?**
(Diagnosis)
 - a. Bull's eye maculopathy
 - b. Histoplasmosis
 - c. Wet age-related maculopathy
 - d. Solar retinopathy
 - e. Macular hole**

- 2. Which of the following is the most likely etiology of the patient's fundus condition OD?**
(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. Ocuville®
- 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