

# SA Ophthalmology Journal Winter 2016 vol 11 no 3

SURNAME

INITIALS

YOUR HPCSA REGISTRATION NO. Address: Telephone: Fax: E-mail: 
 **YES!** I would like to receive *SA Ophthalmology Journal* for FREE monthly.

## ARTICLE 1. A rare complication following a routine pterygium excision (Dr Afroze Ahmed)

**1** Which one of the following categories of patients should routinely undergo anti-nuclear antibody (ANA) testing?

- a. Babies before the age of 4 years
- b. Young boys before the age of 10 years
- c. Male gender
- d. Middle-aged females
- e. Elderly women

**2** Which one of the following is not a common cause for a pterygium?

- a. Hypermetropic children who wear a spectacle correction
- b. Working outdoors and exposure to ultraviolet light rays
- c. The p53 oncogene
- d. Dry eyes
- e. Hereditary factors

**3** Which one of the following is not a complication of ocular surgeries related to surgically induced necrotising scleritis?

- a. Strabismus correction
- b. Pterygium excision
- c. Argon laser treatment for diabetic retinopathy
- d. Cataract extraction
- e. Trabeculectomy

**4** Which one of the following is associated with surgically induced necrotising scleritis?

- a. Angioid streaks
- b. Wilms' tumour
- c. Rheumatoid arthritis
- d. Pseudoxanthoma elasticum
- e. Aniridia

**5** Which one of the following is not a true autoimmune marker?

- a. Rheumatoid factor
- b. White cell count

- c. Anti-double stranded DNA antibody
- d. Anti-ribosomal P antibody
- e. Anti-CCP antibody

**6** Which one of the following statements depicts a pterygium histologically?

- a. An elastotic degeneration of the conjunctival tissue
- b. Non-hyalination of the subepithelial tissue
- c. A leukocytoclastic vasculitis
- d. An elastotic degeneration of the corneal tissue
- e. A non leukocytoclastic vasculitis

## ARTICLE 2. A practical approach to vertical strabismus: It is not a 'black box'! (Stephen P Kraft)

**7** Which one of the following statements is incorrect?

- a. If the left eye is the preferred eye for fixation and the right eye is sitting higher than the left eye, it is termed a right hypertropia
- b. If the non-fixating right eye is lower than the left eye, it is termed a right hypotropia
- c. If the left eye dissociates upward on cover test, the deviation is termed a left hyperphoria
- d. If there is hypertropia whereby the two eyes are linked according to Hering's law, then the deviation is termed a 'true hypertropia'
- e. If the innervation to the two eyes is not linked, the deviation is known as a 'true hypertropia'

**8** Which one of the following statements is untrue regarding dissociated vertical deviations?

- a. DVD is most often associated with infantile strabismus
- b. DVD can be associated with acquired eye muscle disorders
- c. DVD is unilateral in the majority of cases

- d. DVD is constant during the day or when measured on different days
- e. DVD can be seen in isolation

**9** What is the measurement when the deviation is comitant?

- a. Between 0 and 5 prism dioptres
- b. Between 5 and 10 prism dioptres
- c. Between 10 and 15 prism dioptres
- d. Between 15 and 25 prism dioptres
- e. More than 25 prism dioptres

**10** Which one of the following statements is not true regarding a fourth nerve palsy?

- a. One of the most common innervational causes of a true vertical tropia is a fourth nerve paresis
- b. Assume that fourth nerve paresis is bilateral until proven otherwise
- c. If the patient has suffered head trauma, it is not uncommon for both fourth nerves to be compromised
- d. In cases of neurological diseases, it is not uncommon for only one fourth nerve to be compromised
- e. Measuring the extorsion in down gaze may also confirm bilateral involvement if it measures more than 18 degrees.

## ARTICLE 3. Presbyopic solutions: The Holy Grail of Ophthalmology (Dr Dylan Joseph)

**11** Which one of the following questions is not usually asked when counselling a patient about the possibility of a monovision approach?

- a. Is the patient myopic or hyperopic?
- b. Has the patient simulated the effect of monovision with contact lenses?
- c. What is the age of the patient?
- d. What is the pseudophakic correction of the patient?
- e. How mature is the cataract?

Continued on page 50

**12** Which one of the following statements is untrue for a patient who is not a candidate for monovision correction?

- a. The option of a multifocal intraocular lens can be considered **A**
- b. The option of emmetropic distance correction can be considered **B**
- c. The presbyopic patient with no distance correction needs to be approached cautiously **C**
- d. It is important to realise that one solution for one person is not necessarily the same solution for another person **D**
- e. The option of Premium extended depth of field lenses should never be considered for the hyperopic presbyopic patient **E**

**13** Which one of the following side effects is not a common complaint of hyperopic patients?

- a. Suboptimal reading **A**
- b. Significant glare **B**
- c. Significant haloes **C**
- d. Waxy-like vision **D**
- e. Distortion of vision when reading **E**

**14** Which one of the following statements is untrue when discussing a modest monovision approach?

- a. Patients have to be told that they may need spectacles for driving or watching TV **A**
- b. Patients have to be told that they will need spectacles for the small print in mesopic conditions **B**
- c. Patients have to be told that their night-time vision may be suboptimal **C**
- d. Patients have to be told that they will need spectacles for the large print in scotopic conditions **D**
- e. This is a user-friendly vision blend **E**

**15** Which one of the following statements is untrue regarding monovision in the case of a myopic patient who presents with cataracts?

- a. Monovision may not be the best option for a patient with keratitis **A**
- b. Monovision may not be the best option for a patient who has poor vision after unsuccessful retinal detachment surgery **B**

- c. Myopes do not like to lose all of their distance vision **C**
- d. If patients are not happy with the modest monovision approach after surgery, LASIK or PRK can be considered to remove the induced myopia **D**
- e. If patients are not happy with the modest monovision approach after surgery, a piggyback lens is an option to consider **E**

**ARTICLE 4. Medical aid rates and private practice costs (Prof Christopher Joseph and Dr Dylan Joseph)**

**16** Which one of the following statements is incorrect?

- a. The rand value unit (RVU) is essentially what a medical aid pays a specialist per minute of service **A**
- b. Most medical aids base this reimbursement model on a defunct reference price list (RPL) **B**
- c. Most medical aids do not pay for complexity of cases **C**
- d. Most medical aids pay for the time consultations take **D**
- e. The medical practitioner's reimbursement decreases with the severity or complexity of the case **E**

**17** Which one of the following statements is incorrect?

- a. Medical aids reimburse medical practitioners differently **A**
- b. Medical aids reimburse the same fee irrespective of the time spent on the case **B**
- c. Medical aids reimburse the same fee irrespective of the complexity of the case **C**
- d. Surgeons are not paid after 30 minutes when doing a surgical case **D**
- e. Homeopathy, audiology, speech therapy and psychiatry are reimbursed at a lower rate than surgeons **E**

**18** Which one of the following statements is incorrect?

- a. The medical aid reimburses a surgical specialist with 14 years of training at R19.74/minute for a surgical case and R11.05/minute for a consultation **A**

- b. Healthman indicated that a specialist practitioner should be reimbursed at R37.90/minute **B**
- c. The remuneration of Principal Officers for the top six medical aids in the country is on average three to four times more than what they reimburse surgeons **C**
- d. An architect is reimbursed more than a specialist surgeon **D**
- e. Cost studies show that a medical aid reimbursement will not cover costs, once tax and VAT have been deducted **E**

**19** Which one of the following statements is incorrect?

- a. Medical aid fees are based on what a newly qualified house doctor (intern) earns in the Province: remember, they pay no VAT and have no practice costs **A**
- b. A medical aid rate does not cover the costs of a surgical practice but generates some income **B**
- c. A designated service provider (DSP) is a doctor/specialist who has agreed to charge a medical aid's contracted tariff **C**
- d. A medical aid will tell the medical practitioner to see their designated service provider based purely on fees charged **D**
- e. There is absolutely no outcomes and quality based referral from the medical aid **E**

**20** Which one of the following statements is incorrect?

- a. A designated service provider (DSP) may provide poor or good quality care but medical aids do not measure this **A**
- b. Private fees are a reasonable fee for service, based on experience and costs of private practice **B**
- c. When your medical aid tells you that they pay 100%, it should be noted that this is usually 100% of their scheme rate **C**
- d. Medical aids pay on average about 50% of what they should be paying **D**
- e. It is important for the patient to understand the implications of private health care costs, private practice costs and why medical aid tariffs are both unethical and unreasonably low **E**

**This is to state that I have participated in the CPD-approved programme and that these are my own answers.**

Signature

Date

**INSTRUCTIONS:**

To complete the questionnaire online, go to [www.specialistforum.co.za](http://www.specialistforum.co.za) and click on the CPD articles button.

Click on the article on the right to access the online questionnaire. Alternatively, complete the questionnaire manually and submit it via e-mail to [john.woodford@newmediapub.co.za](mailto:john.woodford@newmediapub.co.za) or fax it through to +270862702680. Your certificate will be sent to you within 10-15 working days.