

Visual acuity and Ophthalmoscopy objective :

a) Visual acuity

- concept of visual acuity
- measurement notations and abbreviations
- test targets
- visual acuity measurement (far and near)
- pinhole acuity test

b) Ophthalmoscopy

- use of direct Ophthalmoscope to assess the red reflex and detect its abnormalities. Also to examine and comment on retinal and disc condition.
- brief about indirect ophthalmoscope

Task	Performed	Not Performed
Introduce yourself		
take permission		
Explain the procedure		
VISUAL ACUITY (The sharpness of near and distance vision)		
Ask the patient to wear their best spectacle correction (e.g. glasses or contact lenses)		
Place Snellen letter chart or the E chart 20 feet away from the patient		
Occlude one eye completely using the palm of their hand or an eye occluder, to allow vision testing in the opposite eye.		
Have patient read the letters from the eye chart		
Record visual acuity as a fraction.		
Use the pinhole acuity test If the patient cannot discern the symbols on the eye chart		
Near Vision If distance visual acuity test is not practical, check for near vision using a reading card, if available, or a Snellen chart.		
Ask patient to wear reading glasses if owned.		
Patient holds the near test chart at about 40 cm		
Test each eye separately		
If visual acuity is not recordable with usual tests, check for “counts fingers”, “hand motion”, light perception, etc.		
Repeat the test on the other eye		
Color Vision test with Ishihara test plates		

OPHTHALMOSCOPIC DIRECT EXAMINATION		
Dilate patient's pupils with appropriate drug. (or no dilation)		
Dim the light of the room		
Ask patient to fix his vision on a specific point in the distance		
Use ophthalmoscope in your right hand & right eye to examine the patient's right eye (left hand for left eye)		
assess red reflex comment on anything that interferes with the passage of light that will diminish the red reflex (e.g. large vitreous hemorrhage, cataract)		
Shine light beam from ophthalmoscope into pupil from position approximately 12 inches from the patient and about 15 degrees lateral to patient's line of vision		
Move in toward patient's eye on the 15 degree line up to the point where your own fingers holding the ophthalmoscope contacts patient's cheek		
Place your left hand on the patient head to fix it		
Examine the posterior segment of the eye		
1- vitreous		
2-the optic disc for : <ul style="list-style-type: none"> - clarity of disc outline - color (yellowish-orange) - cup : disc ratio - sharpness of disc margin - presence of abnormalities surrounding the disc - the blood vessels of the disc 		
3- the vessels peripherally: <ul style="list-style-type: none"> -relative sizes -character of arteriovenous crossings -hemorrhages or exudates 		
4- Inspect macular area (-2 disc diameters temporal to disc) -fovea (foveal light reflex)		
5- Retinal background		
Repeat the test on the left eye		

	Direct Ophthalmoscopy	Indirect ophthalmoscopy
Magnification	About 15 times	5 times when a +13D condensing lens is used
Diameter of the field of observation\view	Smaller (about 10° in diameter)	Wider (about 37° in diameter)
Brightness	There is relatively low brightness	There is relatively greater brightness
Structures seen	Central retina only	Peripheral retina seen (<i>by using a scleral depressor in addition to the indirect ophthalmoscopy itself</i>)
Image of the fundus that is seen	Virtual & erect image	Real & inverted image
Stereopsis	Image formed is not stereoscopic	Binocular indirect ophthalmoscopy provides better stereopsis
Retina anterior to the equator	Not well seen (seen with difficulty)	Seen better
Scleral indentation	Difficult	Can be easily done in binocular indirect ophthalmoscopy
Visualization in hazy media	Poor	Better

Direct ophthalmoscope know all its parts :

