Dr. Skeffington

Pulsating artery usually indication of head lesion

optic nerve atrophy

Etiology		Prognosis
syphilis	1- Primary	hopeless
Brain Tumor	2- Post choked Disc	bad
virulent	3- Consecutive	poor
Toxic	4- Macular bundle	fair

upper nasal side interested Stasis

Perimetry

Fields -	out	in	up	down
Green -	22	15	13	15
Red -	32	25	23	25
Blue -	42	35	33	33
White -	+	50	45	50

when perimetric Exam should be made —

1- when the discomfort is greater than refractive error justifies
2- when amblyopia is greater than refractive error justifies
3- when imbalance is not corrected by determined correction
4- all squint cases
5- all myopic errors.

Perimetric Examination —

1- Color perception
2- disc, size and projection
3- contractions of color & white fields
4- Scotoma { relative / positive
5- Re-Entrant angles
6- interlaced fields

Reasons – deviations from normal

Green – Toxic
Red – Systemic
Blue – Organic
White – Fatigue
6 – interlaced fields

Dr. Bromlacks – Theory
Four Stages – stimulated progressive Toxemia
1 – stimulative
2 – depressive
3 – Coma
4 – Scotoma

Examination Routine
1 – History
2 – Visual acuity
3 – ophthalmoscope
4 – Ophthalmometer → total difference in curvature + 1/4 of total difference in curvature – –0.50 at 90
5 – Phorias {with patients wearing old glasses}

never increase an Exophoria
try to get orthophoria
try to correct esophoria

6 – Retinoscopic Exam
Test { Far – 6 meters; Half meter (near point); outside meter (stimulate) }
i.e. Lag subtract +0.75 working +0.25 Binocular

7. subjective test

8. Muscle test
1 – Phoria
2 – Induction
3 – Acc. Convergence
4 – abduction

Do not subtract lag on presbyope

5 – Phorias at near with distant correction
6 – cross-cylinder test for near
7 – Phoria at near with Reading correction

use of Binocular -0.50 = +0.50

Cross cyls.

If Horizontal lines are blacker add + until all lines are equally blurred in presbyopia

Muscle Exercise

Types
1- selective
2- stimulative
3- fusional

In taking fusional Reversions

- or ○ in two areas suspect pathology
- " ○ " three areas one of "

reversion back to fusion should be at least half the ductions at far point, 2/3 the positive at near, 3/4 the negative fusion at near

Phoria a fatigued positioning of a pair of Eyes

alcoholic Amblyope large pupil.
Tobacco " small pupil.

Toxic amblyopia eyes effected about equal

Toxic amblyope always has large blind spot.

Conditions which cause large Blind spot

Glaucoma, Optic atrophy Toxic amblyopia Bi-lateral, Brain Tumor, Sinus infection any form of nephritis, arteriosclerosis

Blue contraction shows rudiment of the nerve epithelium layer.

Red and Green contraction any disease of conducting elements

(*) work at 1/2 meter
patient looking at 6 meters

static — neutralize working distance with +2.00 work on each seperately.

---

work at 1/2 meter

Dynamic — ~~line~~ use static finding in trial frame add +0.75 acc. lag reduce same from finding.

---

work at 1 meter

Dynamic, use Dynamic 1/2 meter finding, add +0.25 acc. lag, reduce same from finding

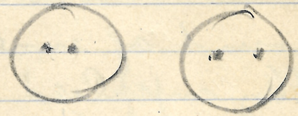
Then use this finding and start making subject dist. examination

~~Ductions~~

~~Ind. — when first see Blur~~

acc. — conv.

Angle alpha



---

myopes always read within their far point

Induction – measured prism base out until objed blurs: amount of play existing ~~between accomodation~~ and convergence

Total accommodation, convergence –
Measured prism Base out until patient sees two objects: is the amount of innervation habitually supplied to the function at that point of stimulation

Reversion back to fusion taking by reducing prism from total finding until single vision is seen: that is the measure of fatigue present in the muscular area

abduction prism base in until diplopia