

How to Perform an Eye Exam Vision Test for Optimal Results

Before Your Exam

- Be well hydrated, have minimal caffeine and no alcohol or recreational drugs before your eye exam and get a full nights rest
- Limit use of hand-held device screens at least one hour prior to the exam
- No eye rubbing the day of your exam
- If you wear glasses to see at distance, please bring your most recent pair of glasses to the eye exam. If you wear contact lenses, wear your glasses in and be sure to bring a pair of contacts from your most recent prescription

Testing on a Doctor's Eye Chart

Most people make this test harder than it should be - There are NO WRONG answers

- **Doctors direct the test in a particular cadence for very specific reasons.** It is not in the patient's best interest to respond outside of doctors' directions; it may result in a less-than-desirable prescription.
- You might think **providing information beyond what the doctor asks for** would be helpful to the process, but that is rarely the case. Listen carefully to instructions and follow the directions the doctor provides literally, do not tell them what you think they want to hear or assume what answers they are looking for

. For instance:

- **The beginning of the vision test is simply a reference point for the doctor so they know where they are starting from** – the image is by no means clear at this point and often the doctor starts with a blurry image on purpose and proceeds to gradually clear the image to the end-point.
- **When the doctor covers (occludes) an eye:**
 - **Hand held paddle** (occluder) or in the vision testing machine (phoropter), don't close one of your eyes behind it and don't squint. Always keep both eyes open during the eye exam unless prompted to close one. Rarely a doctor will prompt you to close an eye; they will occlude it with their paddle, the phoropter or ask you to cover it with your hand. In all of these situations the occluded eye should remain open unless the doctor specifically asks you to close only one eye.
 - Resist the urge to tell the doctor "One of my eyes is covered". The doctor knows this and has it that way on purpose
- **The doctor will prompt you to "read the lowest line"**. The doctor is not asking you to attempt the lowest line on the chart but wants you to attempt to read the lowest line YOU can see, (discern) on the chart at that moment. Don't worry about excelling or getting everything right; remember, this is the doctors starting point and it helps them to do a better job when they have this information accurately.
- **Seeing a line is different than reading a line** – the doctor doesn't want to know if you can "see" a line, he/she wants to know if you can read it
- **Read the letters left to right** in cadence of the written english language
- **It's OK to miss a few letters.** It's not a reading test; it's a vision test. Missing letters in no way results in you failing or getting the wrong prescription.

- **Don't respond by telling the doctor what you *CAN'T* see.** The doctor specifically asks what you CAN see and can only do a good job on your prescription if you follow those directions precisely.
- **Don't read only the clear lines,** read the lowest line on the chart you can discern, regardless of blur.
- **If a line is too blurry, don't struggle with it;** go up to the one line that, even though it's not clear, you are able to discern letters, even if just a few. In other words, move up the chart to the next legible line.

Optimizing Performance on the “What's Better? One or Two” Test

- **When the doctor asks “which is better, 1 or 2” he/she is asking about the letter clarity ONLY;** not which is darker, bolder, fainter, larger, brighter, tilted or anything else; your job is to compare levels of clarity only. A good way to gauge this is to compare the boundary where the black edge of the letter and the white of the chart meet, the sharper the boundary, the clearer the letter.
- **If a doctor asks, “which is better 1 or 2”,** he/she expects your response to be the number one or two; please, don't read letters in response, then you are answering a question the doctor didn't ask and it interrupts the process.
- **The doctor might ask if two choices look similar.** Similar can mean similarly clear, or similarly blurry. It is perfectly fine to respond that the characters look the same on both options; as a matter of fact, the endpoint of the test is typically when two lens choices produce a similar looking image.
- **If you can't decide which choice is clearer and are inclined to respond “I don't know,** then it's likely the two options are very much the same. Respond in some way that gets it across to the doctor that the images look the same. What the doctor wants to know is one better than the other or are they similar? Remember, the endpoint of the test is when the two images are indistinguishable from one another from a clarity standpoint
- **The doctor does multiple checks and doesn't depend on any one answer you give** so don't overthink the test or assume that missing just a few letters has any weight on the doctor's final prescription. The doctor looks for inconsistencies in responses and when he/she finds them checks again multiple times to be sure. Trying to focus and analyze is more likely to negatively influence your results than going with your gut.
- **Don't add commentary such as “well, looks like that one is a T and I think that's a V and, well that's either an E or B”.** Just read straight across, go with your gut and tell the doctor one letter you think it mostly likely is and don't worry if you're wrong. The doctor can read too, is aware when you get something wrong and uses that as a cue to improve the clarity for the next options

• **If you choose an image that is less blurry image and the doctor moves the testing along, there's no need to remind the doctor that the image is still blurry.** The test is an iterative process. The doctor does not reach the desired endpoint with just the flip of one lens; each time you make a choice the chart should get slightly clearer. If you make a choice and the doctor moves to the next choice, but things are getting worse you need to tell the doctor before they proceed.

- **If a doctor asks, “which is better, 1 or 2?” don't respond with which is blurrier or say “that one”;** the doctor numbers the choices for a reason and by not using the numbers they provide it can confuse the test and cause a poorer result than the ideal. This is an important part of the doctor's process to optimize your prescription. In other words, answer the specific question the doctor asks so he/she may complete the process the way the doctor wants to, not

what you think the doctor might want to hear or what you want to tell the doctor; the doctor is in control of the process.

- **If the doctor asks, “can you see the bottom line?”** respond with a yes or no. No need to read the line unless they specifically ask, “read the line”.

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Other Important Information to Optimize Your Prescription:

- **Make sure to blink** as you need to and don't stare without blinking. Blinking refreshes your vision and makes it easier to choose between two lenses.
- **There isn't a wrong answer on these tests**, and you can't fail UNLESS you don't follow the doctors' instructions.
- **Going into a detailed explanation of why you choose or didn't choose an option will delay the process and may result in a less-than-desirable prescription.** You may want to explain something, but the process ONLY requires you to make one choice . the doctor can figure everything else out and do so with precision if you stick to answering the question with one word. Often the doctor is testing you for consistency and knows what your answer should be; don't assume you are telling the doctor anything they don't already know.
- **Trust your instincts** - don't overthink the test. If you make a mistake, the next option the doctor provides is a double check of the previous choices. The doctor has several “checks and balances” they incorporate into the test; patients are in much less control of the process than they know.
- **Please only read the letters, don't describe what they look like.**