Q1: Perform a Static Pupil Evaluation and record

*Pupil size measurement in dim and light illumination, pupil reaction to light and accommodation, determination of whether there is anisocoria or not. Recording.*

PUPIL EVALUATION:

Pupil size: 2/2 mm in light; 5/6 mm in dim PERRLA

Q2: Perform Goldman tonometry:

*Evaluation is usually as follows:*

* Anaesthesia + Fluorescein 0.5 marks
* Clean Probe 0.5 marks
* Drum/ knob turned to 1, 0.25 marks
* Illumination/Magnification, 0.25 marks
* Joystick position, 0.25 marks
* Probe position, 0.25 marks
* Obtaining Mires 1 mark
* Perfect touch/mires 1.5 marks
* Reading 0.5 marks

*Recording is as follows:*

App. T

OD: 12 mm Hg
OS: 13 mm Hg @ 8:00 AM

Q3: Perform Hruby Lens Fundus Examination:

*Evaluation is usually as follows*- Positioning patient/instruction 0.5

- Slit lamp adjustment 0.5

- Hruby Lens installation and position 1

- Obtaining clear fundus image 2, 50% of the mark is achieved if the students obtains a red reflex but not a clear image of the fundus, and 75% if the student obtains an image of the fundus, but not a clear one.

- Finding optic disc/examining superior, inferior, nasal or temporal retina 0.5, student is asked to find the a specific landmark or location in the fundus, is asked how to obtain such an image.

Q4: Choose the correct answer:
a)Anisocoria is an (afferent/efferent) pupilary defect.
b) If the anisocoria is greater in bright light than in dim light, then the defect is (sympathetic/parasympathetic).