Practical Evaluation Form

(Opto 420)

Orthoptic

Prepared by:

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S Mulla – 2014

Student Name:

Student Number:

Preceptor Name:

Preceptor Signature:

Date:

Instructions to the Student

1. The student is to complete the Skills Manual Objectives under the supervision of the assigned supervisors. It is the student's responsibility to seek out these individuals to approve the student's performance. A list of appropriate professionals to choose from are listed with each skill, all those supervisors are assigned to help guide and evaluate you.

2. This skills booklet is to be completed during your course, with certain skills to be performed on certain course weeks. These are clearly indicated. You will also find a check-list for each skill indicating what your evaluator is looking for, and to act as a guide to ensure proper technique and accuracy. You are required to return the checklist with the Skills Objective Achievement sheet.

3. Each objective is linked to a specific lecture topic as outlined at the top of each page.

4. Each objective requires your evaluator to fill out and sign the certification of competency at the bottom of the page when the skill has been satisfactorily completed. It is then the student's responsibility to return the completed form to me by the required due date. It is anticipated that the student practices a skill for some time on their own once lectures and practical lab on that topic have taken place. Then an evaluator observes, approves, and the form is filled out & handed in.

5. Failure to complete the skills booklet results in a 20% deduction from the total course mark.

6. It is the responsibility of the student to ensure the completion of each skill and to seek out a proctor to supervise their performance within the required time frame.

<u>Objective # 1: Taking patient chief complaint and history (2.50)</u>

Check-off List for HISTORY TAKING (0.25 each):-

- ☐   Chief complaint

- ☐   Onset

- ☐   Symptom questions

- ☐   Prior Ophthalmic History

- ☐   General Health

- ☐   Medication

- ☐   Allergies

- ☐   Family History

- ☐   Birth History

- ☐   History questions asked in logical order

Objective # 2: Determines the patient visual acuity level (4.0)

Check-off List for VISUAL ACUITY:- (0.25 each)

1-Optotype Testing:

- ☐ Uses proper occlusion technique for age (young children cannot hold occlusion paddle).
- ☐ When vision is reduced, attempts to improve it by the proper means- pinhole and singles.
- ☐ Possibly with plus or minus lenses.
- ☐ Records the findings properly, including +1-, results while improving vision, and recording the proper eye.
- ☐ Proper instruction to the patient and frequent monitoring of the patients behavior/ fixation.
- ☐ Proper pointing technique (avoids the end letters that lack crowding effect when determining threshold vision)

2-Fixation Preference:

- ☐ Observes for alternation.
- ☐ Occludes the preferred eye and observes if fixation is maintained once patient is binocular again and how long patient maintains fixation with non-preferred eye.
- ☐ Is fixation steady (notes whether or not Nystagmus present).

3- Induced Tropia Test (10 prism):

- ☐ Knows this technique is ONLY used on orthotropic patients.
- ☐ Accommodative target used.
- ☐ Properly interprets patient's response- does the eye under the prism make a spontaneous shift upward? Is the response symmetrical in either eye?
- ☐ The student watches to see if fixation is now maintained in the previously 'ignored" eye.
- ☐ Proper recording of findings.

4-Fix and Follow:

- ☐ Accommodative target used (Heidi paddles if available).
- ☐ Occludes either eye while having the patient follow the target of interest.

Objective # 3 Assesses the Patient's Binocular Status (8.0)

Check-off List for BINOCULAR SINGLE VISION TESTING:- (0.50 each)

1-Worth 4 Dot:

- ☐ Glasses put on with red over right eye and Proper alignment of flashlight (white light at bottom)
- ☐
- ☐ Proper distance of flashlight at near (33cm)
- ☐ Proper questions asked (Total # of lights seen and be sure this refers to lights that are on constantly, rather than alternating red and green)
- ☐ Proper interpretation of results

2-Flashlight at distance:

- ☐ Started at 6m and proceeded forward in 1m increments to determine central scotoma size.
- ☐ Properly recorded results.
- ☐ Is aware that W4dot flashlight is only necessary if BSV is found at both near and with the distance wall box.

3- Baqolini:

- ☐ Lenses oriented at 45 and 135 degrees.
- ☐ Proper testing distance (33cm and 6m)
- ☐ Proper questions asked (How many lights do you see, how many lines coming from the central light?)
- ☐ Proper interpretation of patients report and proper recording of 4 diopter Base out Testing

4- 4 Diopter Base out testing:

- ☐ Uses accommodative target at 6m.
- ☐ Uses the proper prism strength (4 diopters) and holds it properly (Base out), introduces prism from the top and not side of the eye
- ☐ Movement is a sweeping motion and quite a quick introduction of the prism
- ☐ Proper interpretation of patient's response and Proper recording

Objective # 4 Assesses the Patient's Binocular motor Status (4.0)

Check-off List for Prism Vergences :- (0.50 each)

- ☐ Proper sized accommodative target 6/12 unless visual acuity is reduced.

- ☐ Proper patient instructions to maintain fixation on the target as the prism is increased in strength and for the patient to report diplopia if it is seen.

- ☐ Proper speed of movement of the prism bar / Risley rotary prism.

- ☐ Proper order of testing when both horizontal vergences are performed (BI near, BI distance, BO distance, BO near to avoid tonic convergence).

- ☐ Student can recognize break point and recovery, versus suppression even without patient report.

- ☐ Knowledge of the most appropriate vergences to do give the patient's strabismus.

- ☐ Student watches the prism as they remove it following recovery point to ensure the patient has regained fusion.

- ☐ Properly records the findings.

Objective # 5 Determine Patients' Stereo Acuity (sensory status) (7.0)

Check-off List for stereo acuity testing:- (0.50 each)

1-Titmus Testing/ Hard Randot:

- ☐ Proper testing distance (40cm)
- ☐ Covered one eye or turned test 90 degrees and retested fly to ensure true stereopsis present and not monocular cues when appropriate.
- ☐ Does not allow patient to wiggle the test; examiner always holds the test booklet.
- ☐ Proper recording of results.

2-Frisby Testing:

- ☐ Testing distance is measured to ensure accuracy.
- ☐ Starts with largest plate at 3 3cm. Proceeds to medium and thin plates at same distance before moving back from patient.
- ☐ Holds the Frisby plate so that it is NOT against the background (as this allows monocular cues) but about a finger width in front of the white background.
- ☐ Once threshold is determined, testing is repeated by rotating the plate to ensure patient is not guessing.
- ☐ Proper recording of results

3-Two Pen (for gross stereo):

- ☐ Starts with both eyes open and examiner holds one of the pens while the other is given to the patient.
- ☐ Proper patient instructions to patient to reach arm up and bring their pen down vertically on top of other pen.
- ☐ Occludes non-dominant eye when performing the second time.
- ☐ Proper interpretation and recording: Knows "positive" stereo present and "Negative" = no stereo and patient shows no difference between both eyes open and one eye occluded.
- ☐ Proper recording of results.

Objective # 6 Assessing Extra Ocular Muscle (Function) Balance (2.0)

Check-off List for Assessing Extra Ocular Muscle (unction) Balance:- (0.25 each)

☐ Proper patient instructions to maintain fixation on the fixation light as the light is brought from primary position (straight a head) to the other field of gaze

☐ Proper distance (15 inches from the patient) and speed of movement of the fixation light.

☐ Student can recognize the important of keeping the patient head straight Knowledge of the different schemes that could be used to evaluates version through the nine diagnostic positions of gaze.

☐ Student can recognize limitation (over or under action of an eye movement) in any of the six cardinal positions.

☐ Can estimate approximately the amount of muscle over/under-action.

☐ Understands the difference between Version and Duction movements.

☐ Proper understanding of Hering's-Law for muscles equal enervation.

☐ Properly records the findings.

Objective # 7 Quantitating Patient's Deviation (6.50)

Check-off List for Quantitating of Strabismus:- (0.25 each)

1-Cover / uncover test:

- ☐ Proper patient instructions to maintain fixation on the target as the occluder is alternated from one eye to the other.
- ☐ Performs cover test first to determine direction and control of deviation.
- ☐ Proper speed of movement of the occluder allowing the patient to pick up fixation each time.
- ☐ Patient maintained in primary position.
- ☐ Proper prism placement and goes to reversal to ensure full amount measured.
- ☐ Accurate measurement: within +/-3 prism diopters if deviation $</=20$; +/-5 of greater than 20. Vertical within +/-2 prism diopters.
- ☐ Proper evaluation of the control of the eye turn (manifest, latent or intermittent)
- ☐ Properly records the findings.

2- Alternate prism and cover test:

- ☐ Proper patient instructions to maintain fixation on the target as the occluder is alternated from one eye to the other.
- ☐ Performs cover test first to determine direction and control of deviation.
- ☐ Proper speed of movement of the occluder allowing the patient to pick up fixation each time, and making sure patient maintained in primary position.
- ☐ Proper prism placement and goes to reversal to ensure full amount measured Accurate measurement: within +/-3 prism diopters if deviation $</=20$; +/-5 of greater than 20. Vertical within +/-2 prism diopters.
- ☐ Proper evaluation of the control of the eye turn (manifest, latent or intermittent)
- ☐ Properly records the findings.

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3-Simultaneous prism and cover test:

☐ Proper patient instructions to maintain fixation on the target as the occluder is alternated from one eye to the other.

☐ Performs cover test first to determine direction and control of deviation.

☐ Proper speed of movement of the occluder allowing the patient to pick up fixation each time.

☐ Patient maintained in primary position.

☐ Proper prism placement and goes to reversal to ensure full amount measured.

☐ Accurate measurement: within +/-3 prism diopters if deviation $</ =20$; +/-5 if greater than 20 for vertical within +/-2 prism diopters.

☐ Proper evaluations of the control of the eye turn (manifest, latent or intermittent)

☐ Properly records the findings.

4-Hirschberg / Krimsky:

☐ Accurate measurement within 2 prism diopters of standard.

☐ Aware of what type of situations these techniques are utilized for (poor vision in one eye and so cannot pick up fixation/ poor attention for alternate prism cover test).

☐ Know the difference between modified Krimsky (prism over the fixing eye) and Regular Krimsky (prism over deviating eye).

☐ Properly records the findings.

Check-off List for Quantitating of Strabismus:- (0.60 each)

-Bielschowsky Three Step Test (B3ST):

☐ Proper patient instructions to maintain fixation on the target as the occluder is alternated from one eye to the other.

☐ Performs cover test first to determine direction and control of deviation.

☐ Proper speed of movement of the occluder allowing the patient to pick up fixation each time.

☐ Knowledge of the different schemes that could be used to evaluates deviation through the nine diagnostic positions of gaze.

☐ Student can recognize the mechanism behind head tilt test

☐ Student can recognize limitation (over or under action of an eye movement) in any of the six cardinal positions, head tilt right and head tilt left

☐ Proper prism placement and goes to reversal to ensure full amount measured

☐ Accurate measurement: within +/-3 prism diopters if deviation $\leq$ =20 ; +/-5 of greater than 20. Vertical within +/-2 prism diopters.

☐ Proper evaluation of the control of the eye turn (manifest, latent or intermittent)

☐ Properly records the findings.

ONCE MORE TIME

It is anticipated that the student practices a skill for some time on their own once lectures and practical lab on that topic have taken place.

Then an evaluator observes, approves, and the form is filled out & handed in. It is the responsibility of the student to ensure the completion of each skill and to seek out a proctor to supervise their performance within the required time frame.

Good Luck

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