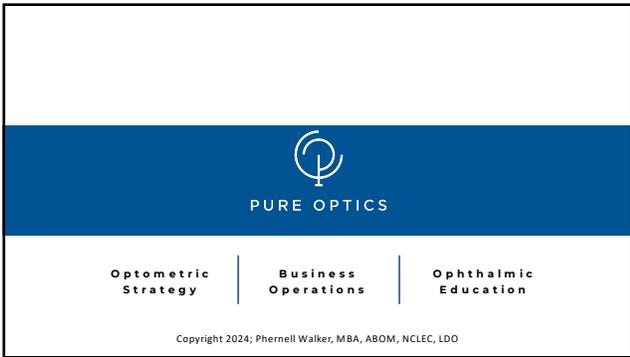
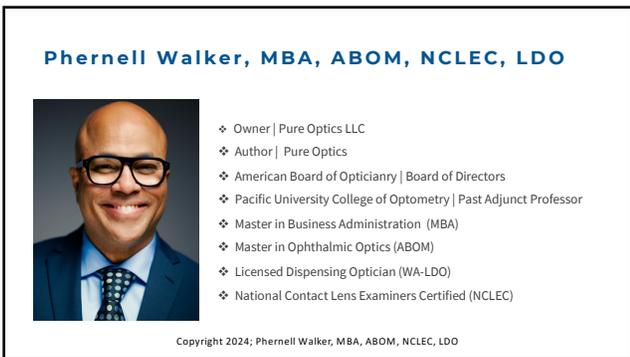




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SCAN ME



Contact Information

Phernell Walker, MBA, ABOM, NCLEC, LDO

w: pure-optics.com
e: phernell@pure-optics.com

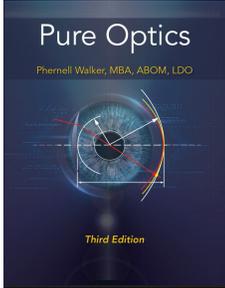
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Reference Resource

Pure Optics

by
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Agenda

- Components of binocular vision
- Sensory binocular vision
- Binocular vision anomalies
- Treatment options

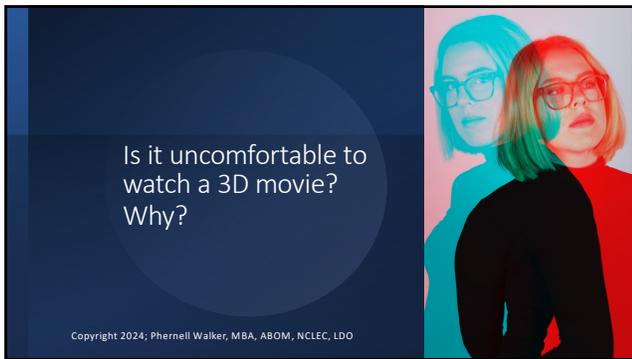


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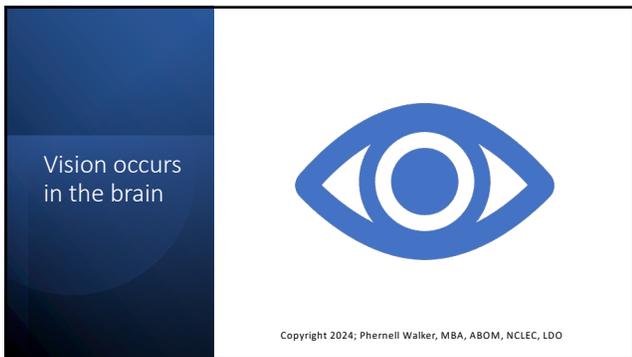
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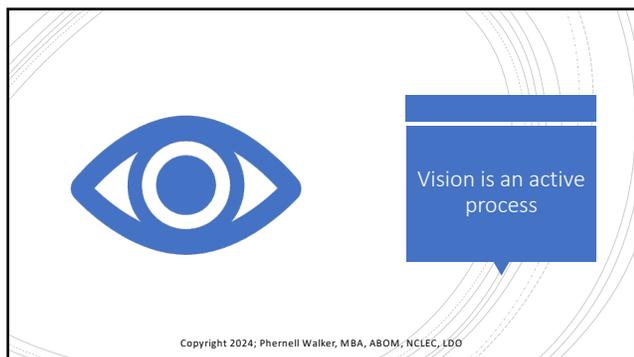
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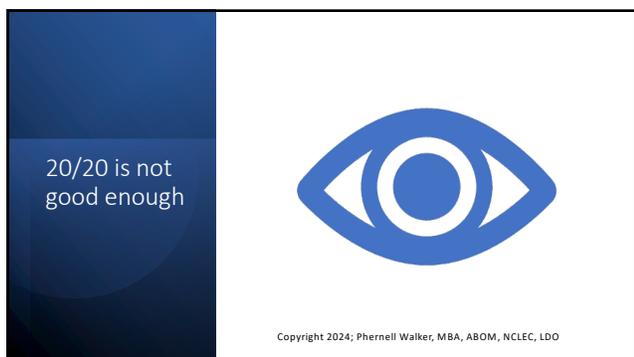
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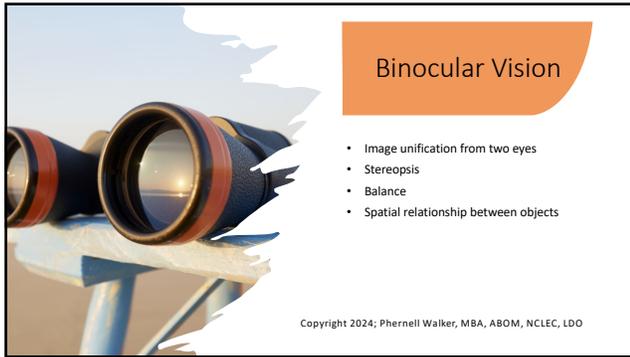
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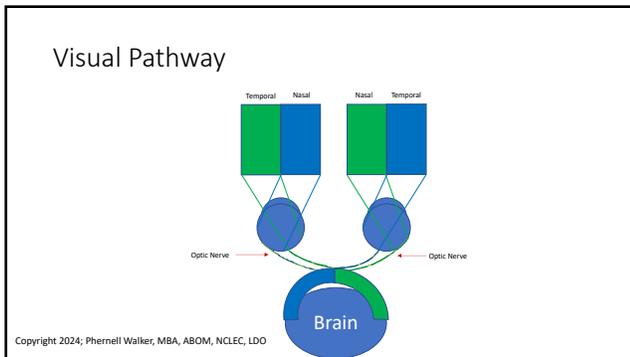


Binocular Vision

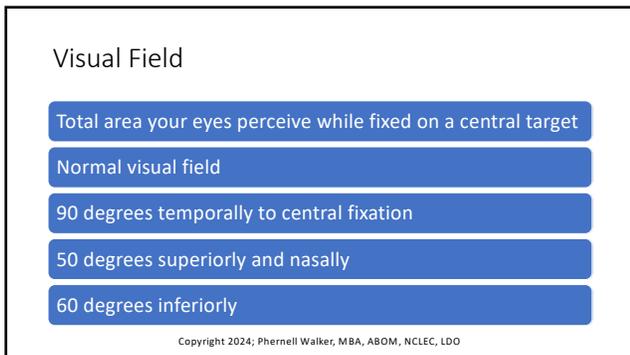
- Image unification from two eyes
- Stereopsis
- Balance
- Spatial relationship between objects

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Visual Field

- Total area your eyes perceive while fixed on a central target
- Normal visual field
- 90 degrees temporally to central fixation
- 50 degrees superiorly and nasally
- 60 degrees inferiorly

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BV Assessment

- Accommodation
- Convergence
- Depth perception (3D)
- Fusion
- Ocular motility
- Ocular posture
- Review conditions that affect binocular vision
- Spatial awareness / planning



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Binocular Vision Assessment

- Stereopsis
- Tracking
- Working memory Vergence
- Visual acuity
- Visual-motor integration
- Visual perception
- Visual processing speed
- Working memory



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Ocular Motor Pathways

- Saccades
- Pursuits
- Vergence
- Vestibulo-ocular reflex

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Saccades



Fast conjugate eye movements looking back & forth between two objects.
Eye movement aligns the image on fovea centralis to obtain best VA.

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Saccades

 Normal – “Patient showed accurate saccades with age-appropriate head movement during saccade assessment”

 Abnormal - “Patient showed undershoots on 4 of 5 trials with excessive head movement for a person of this age.”

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Pursuits

Visual tracking (i.e., pursuits) - the ability to efficiently move the eyes from left to right (or right to left, up and down, and circular motions) or focusing on an object as it moves across a person's visual field.



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Pursuit Problem Symptoms

- Skipping lines while reading
- Frequent loss of place while reading
- Using your finger as a guide while reading
- Short attention duration
- Difficulty writing notes from screen or dry erase board

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Documenting Pursuits

✓ Good Performance - Patient showed smooth tracking without loss of fixation and minimal head and body movement during tracking assessment.

✗ Poor Performance – Patient showed jerky tracking, with 6 loses of fixation and excessive head movement during tracking assessment.

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Pursuits
Practice Makes Perfect

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Vergence

Normal Vergence

Eyes are able to converge directly on a target.

Convergence Excess

Eyes converge too much and align before in front of a target.

Convergence Inefficiency

Eyes lack converge and align behind a target.

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Normal Vergence



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Convergence Excess



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Convergence Inefficiency



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Eye Teaming

Eye Teaming (aka Vergence) - The strength and flexibility of the eye teaming system should be evaluated.

Deficits in eye teaming will result in double vision, eyestrain, fatigue, headaches, or dizziness.

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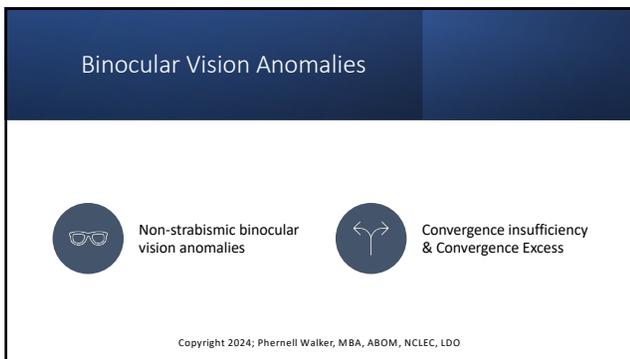
Vergence
Practice Makes Perfect

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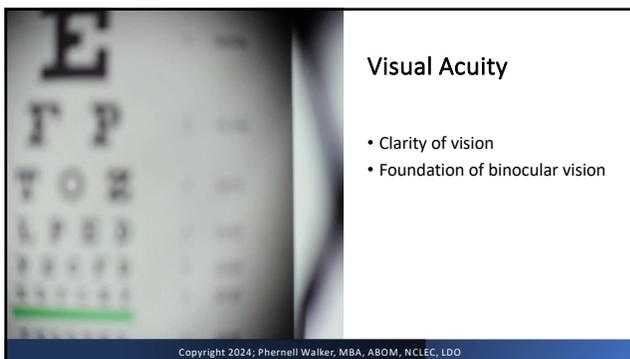
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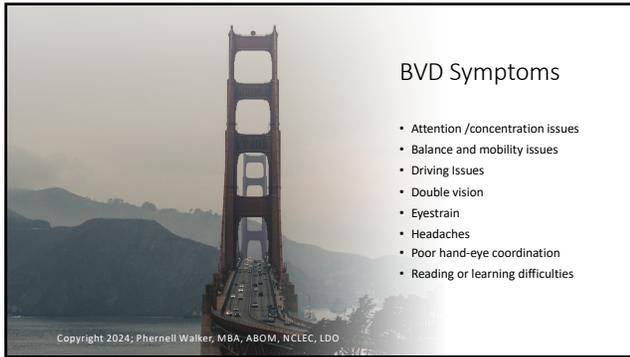
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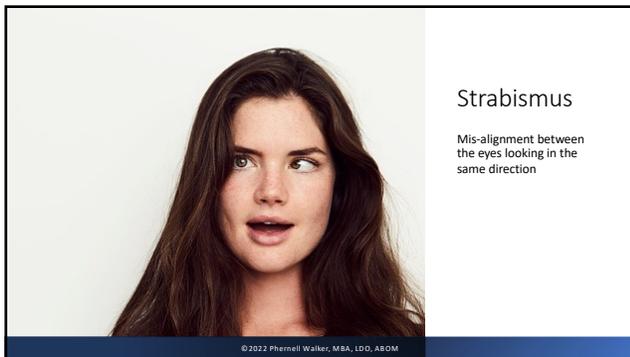
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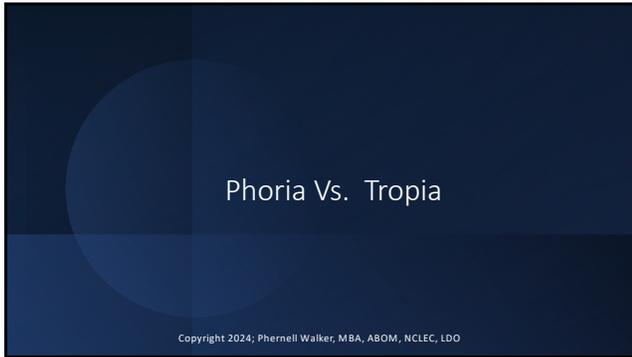
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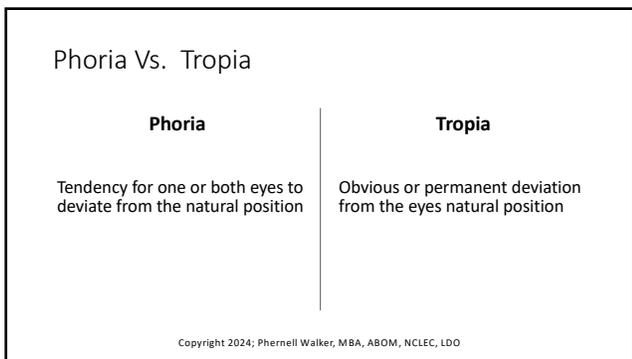
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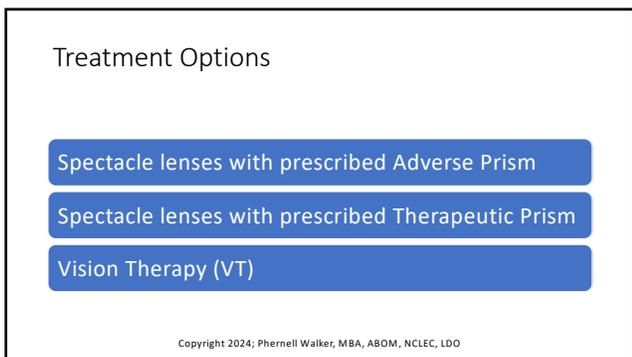
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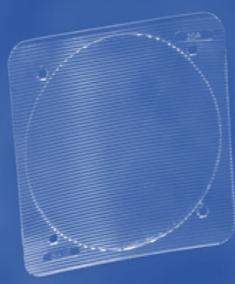
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Treatment Options

Temporary Testing Prism



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Binasal Occlusion



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Adverse Prism



Prescribed prism – apex over weak rectus muscle

Moving the image in the opposite direction of the eye

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Therapeutic Prism



Prescribed prism – base over weak rectus muscle

Moving the image in the direction of the eye

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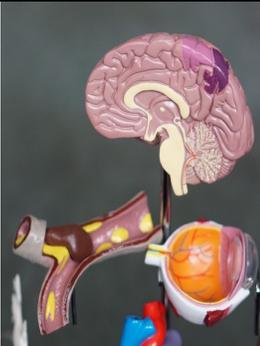
Vision Therapy Indicated

- Amblyopia
- Strabismus
- Double Vision
- Depth Perception
- Convergence Insufficiency
- Eyestrain/Stress-Induced Vision Issues
- Neurological Ailments
 - traumatic brain injuries, strokes, multiple sclerosis, cerebral palsy, whiplash and developmental delays
- Eye teaming
- Accommodative dysfunction
- Oculomotor dysfunction

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Cranial Nerves



- CN II - vision
- CN III - eye motility
- CN IV - superior oblique eye muscle
- CN VI - lateral rectus eye muscle
- CN VII - facial and lacrimal gland

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Vision Therapy Indicated

Traumatic Brain Injury (TBI) stroke, automobile accidents, concussions, whiplash, post neurosurgical (e.g., tumor excision, aneurism repair)

80% of TBI patients suffer vision issues

We can use prism to widen a patient's field of view

1.00 diopter is equal to 0.573 degrees

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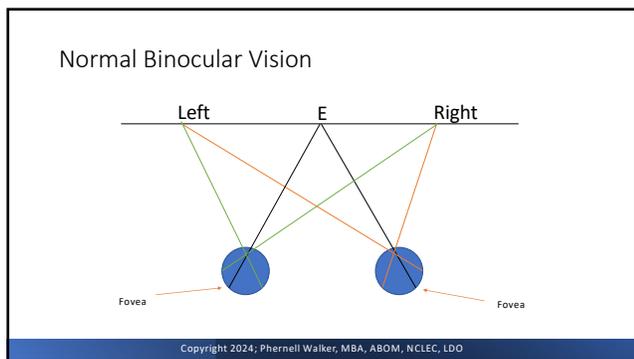
Diplopia

- stereopsis
- walking
- balance
- reading
- visual field loss



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Prism Power

- **Bilateral prism** - splitting prism between both eyes
- **Convergence (ESO)** - bilateral Base Out (B.O.)
- **Divergence (EXO)** - bilateral Base In (B.I.)
- **Right (Hyper)**
 - OD lens = Base Down (B.D.)
 - OS lens = Base Up (B.U.)
- **Left (Hyper)**
 - OD lens = Base Up (B.U.)
 - OS lens = Base Down (B.D.)

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Prism Therapy

Divergence - bilateral Base In (B.I.)

- Advantage - promotes bifocal stimulation
- Disadvantage - reduces (P.F.R.) prism fusional vergence amplitude

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Prism Therapy

Fusional Convergence amplitudes - focus on a accommodative target at near while holding a base out prism bar in front of one eye

Increasing the prism power gradually while maintaining a single image looking through Base Out Prism (B.O.)

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Accommodative Dysfunction

The strength, flexibility, and accuracy of the eye focusing system should be evaluated

Deficits in accommodation will result in blurry vision during near work, blurry vision when transitioning from near to distance tasks (such as copying notes from the board in school), and eye strain or fatigue

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BVD Anisometropia

Power difference of $\geq \pm 1.50$ D between the right and left eye in any meridian

OD: -2.25 -0.50 x 090
OS: -0.50 -0.75 x 090

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BVD Antimetropia

- Form of anisometropia
- Opposite refractive errors between eyes
- Patient is both hyperopic and myopic
- Opposite signs on the Rx

OD: +1.25 -0.50 x 090
OS: -0.75 -0.75 x 090

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Verify by Flat Transposition

OD: -1.00 +2.50 x 165
OS: -1.75 +1.50 x 015

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Anisometropia in Multifocal

OD: +1.50 -0.50 x 180
OS: -1.00 -0.75 x 180
Add: +2.75
PD: 32/34

+1.50 +1.00 -1.00 -1.75

OD OS

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Discovery

OD: -2.25 -1.50 x 135
OS: -1.00 -2.00 x 090
Add: +2.75
PD: 35/34

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Slab-off | Bicentric Grinding

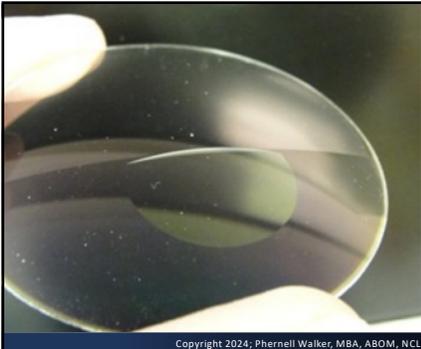
Slab-off - the use of prism in the reading portion of a lens to balance unequal prism in the 090th meridian between the OD and OS lenses.

Slab-off Methods:

- Traditional Slab-off
- Reverse Slab-off

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Slab Off

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Traditional Slab-off

Imbalance = > 1.50 D x 090th Meridian

Lens Selection = Weakest Plus Power

Lens Selection = Stronger Minus Power

Ground (Surfaced) = Base Up Prism x 090th Meridian

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Reverse Slab-off

Imbalance = > 1.50 D x 090th Meridian

Lens Selection = Strongest Plus Power

Lens Selection = Weaker Minus Power

Ground (Surfaced) = Base Down Prism x 090th Meridian

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Solution

How much slab-off should you prescribe?

OD: -2.25 -1.50 x 135

OS: -1.00 - 2.00 x 090 Add: +2.50 OU

Ft. 28

PD: 35/34

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Slab-off Made Easy

Calculate the dioptric power in the 090th meridian of each lens

$$D_e = S + [C (\sin a)^2]$$

Calculate the amount of prism 10 mm (reading level - FT 28) or 8 mm (reading level - FT 35) below the distance optical center per lens

$$P = (1 \text{ cm}) (D_e)$$

The dioptric difference between each lens is the amount of prism required

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Calculate Slab-off
Ft. 28

- Calculate the dioptric power in the 090th meridian of each lens
- Calculate the amount of prism use 1 cm (10 mm)
- The dioptric difference between each lens is the amount of prism required

OD: -2.25 -1.50 x 135
OS: -1.00 - 2.00 x 090
Add: +2.50, Ft. 28
OD: -3.00 | OS: -1.00
(3) (1.0) | (1) (1.0)
OD: 3D | OS: 1D
3 - 1 = 2
OD = 2 Diopters, BU

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Calculate Slab-off
Ft. 35

- Calculate the dioptric power in the 090th meridian of each lens
- Calculate the amount of prism use .8 cm (8 mm)
- The dioptric difference between each lens is the amount of prism required

OD: -2.25 -1.50 x 135
OS: -1.00 - 2.00 x 090
Add: +2.50, Ft. 35
OD: -3.00 | OS: -1.00
(3) (.8) | (1) (.8)
OD: 2.40 D | OS: 0.80 D
2.40 - 0.80 = 1.60
OD = 1.60 Diopters, BU

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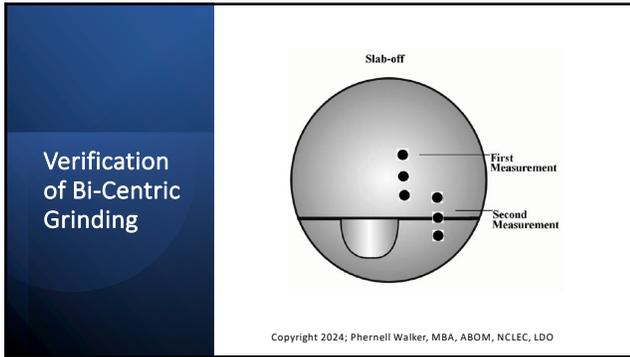
Slab-off Verification

Slab-off verification using a lens clock.

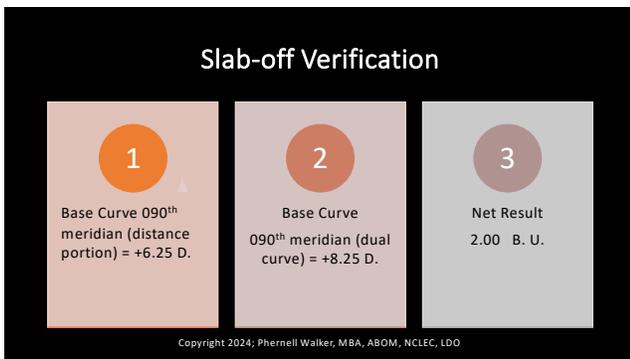
- Measure the base curve in the 090th meridian (distance portion only)
- Measure the base curve with the center pin on the slab-off line, one pin on the distance portion and one pin on the near portion
- The difference is equal to the Base Up prism

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Refractive vs. Axial Aniseikonia

- **Refractive** - result of refractive anisometropia
- **Axial** - result of axial anisometropia

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Solutions

- Keratometry or Topography
 - Delta K difference indicates refractive anisometropia
 - Solution = Contact lenses
- Biometry ("A Scan")
 - Significant delta between OD & OS axial length
 - Solution = Iseikonic spectacles vs. contact lenses

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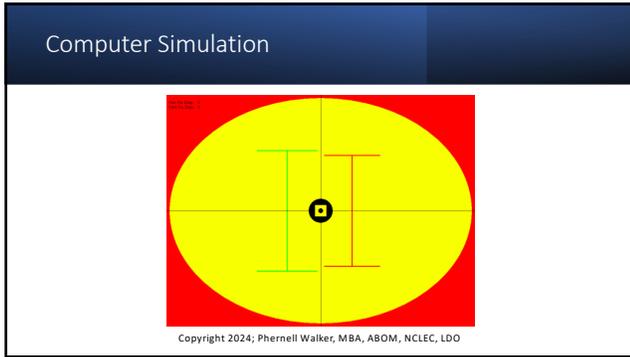
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Subjective Tests

- Space eikonometer
- Synoptopore
- Computer simulation (most popular)
- Test Book - S. Awaya (second most popular)
- Maddox rod two pen light test

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Types of Aniseikonia

- Physiological Aniseikonia
- Anomalous Aniseikonia

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Physiological Aniseikonia



Normal function of visual system



Helps determine object position and stereopsis

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Anomalous Aniseikonia

Occurs when the object is seen straight ahead

Retinal images that are difficult to fuse or in a distorted space perception

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Dynamic Aniseikonia

Subcategory of Anomalous Aniseikonia

Two perceived retinal images are of a different size

Although images are the same, eye rotation to foveate to a different part of the image
anisometropic lenses might induce anisophoria, causing an apparent aniseikonia.

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Aniseikonia Candidates

Individual tolerance for magnification differential threshold

Anisometropia prescriptions can significantly cause aniseikonic symptoms

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Common Symptoms

Headaches 67%	Asthenopia (fatigue, burning, tearing, pain, pulling) 67%	Photophobia 27%	Reading difficulty 23%
Nausea 15%	Motility (diplopia) 11%	Nervousness 11%	Vertigo and dizziness 7%
General fatigue 7%	Distorted space perception 6%	Binocular Vision Dysfunction (driving issues) 40%	

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Oculomotor Dysfunction

Eye tracking

Quality of your eye movements is related to the neural connections to the brain as well as the integrity of the eye muscles themselves.

Eye movements - used to determination of a central nervous system dysfunction (i.e.; tumors, inflammation, or neurologic conditions)

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Convergence Insufficiency Pencil Push-Up Treatment

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Pencil Push-Up Treatment

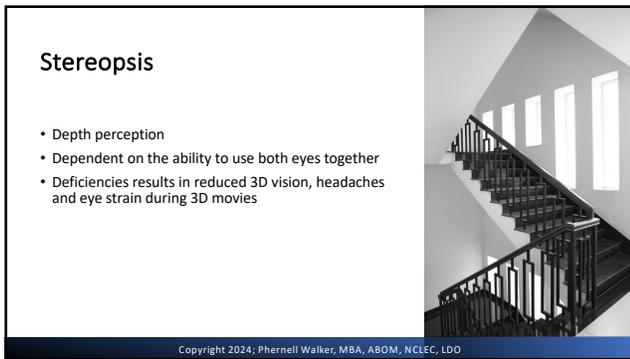


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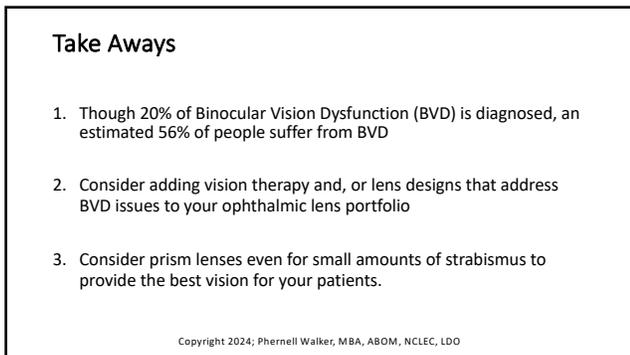
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