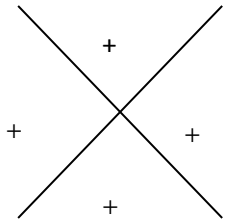
Short case Ophthalmology

1. Visual acuity
    - Ask patient to close left eye (test right eye first) Close by cupping palm over eye. Do not press palm against eye.
    - Snellen's chart
    - 6/9: Able to read at 6m what normally can be read at 9m.
    - 6/6…6/60, 5/60, 4/60…1/60, CF-3 (counting finger at 3m), CF-2, CF-1, CF close to face, HM +ve, PL +ve, PL –ve
    - Charts for illiterate: E chart/Landolt's C chart/simple picture chart
    - Pinhole: removes need for focus. Improvement: Refractive errors as likely cause of decreased in visual acuity.
    - Near vision: Jaeger's chart, Roman test types, Snellen's near vision.
    - Projection of rays:



2. Head posture – erect and normal
3. Facial symmetry – symmetrical? Asymmetrical ptosis/proptosis?
4. Visual axis
    - Hirschberg's test: Shine light at [illegible]. Look at reflection on both pupils.
        - Parallel - [illegible]
        - Not parallel – do cover uncover test - check for squint
5. Extraocular movement
    - Ask for diplopia
    - Tell patient to inform if he sees double vision
6. Forehead and eyebrows
    - Asymmetry of wrinkles, loss of eyebrows
7. Eyelids
    - Ptosis – covering how much? Upper lid usually covers 1/6th of cornea
    - Proptosis – upper limbus visible
        - Lid lag – ask patient to look up, look at pen, bring down, compare
    - Entropion, ectropion
    - Lid margin: trichiasis, distichiasis
8. Lacrimal apparatus
    - Regurgitation test : Positive in dacryocystitis.
    - Lacrimal puncta- eversion, discharge, stenosis, absence
    - Lacrimal sac area – redness, swelling
9. Conjunctiva
    - Palprebal conjunctiva – anemia
    - Bulbar conjunctiva
        - Use torch.