

**Module:** **Visual Conditions and Functional Vision:  
Early Intervention Issues**

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## **Session 1: Working With Families and Eye Care Professionals**

### **Activity D: Interpreting Eye Reports**

#### **Instructor Guidelines**

The purposes of this activity are to

- examine various formats of eye reports submitted by eye care specialists,
- identify information included on eye reports,
- develop a list of potential questions to ask the eye care specialist if there is information in the report that is unclear, and
- develop a summary of information that could assist the family in understanding the eye care specialist's report.

**Time needed.** 10-15 minutes to explain as a homework assignment or 60-90 minutes as class assignment

**Materials.** Handout F, *Interpreting Eye Reports*

#### **Directions**

1. Divide participants into groups of two or allow them to complete individually as an out of class assignment.
  - Instruct participants to review two eye reports. You may choose to use the samples provided or samples from eye specialists in your area. If participants are currently working in the field, you may allow them to complete this activity using an eye report on a child currently on their caseload. If participants use real eye reports, be sure to remind them to remove all identifiable information.
  - Participants should review the reports and use Handout F, *Interpreting Eye Reports*, to develop any questions and the summary of the information.
2. Participants should prepare a one- to two-page summary of the eye report using Handout F as a guide. Participants may describe the challenges they encountered, if any, during class discussion.

**SAMPLE EYE REPORT #1**

DEPARTMENT OF THE MILITARY  
HEADQUARTERS, US MEDICAL DEPARTMENT ACTIVITY  
FORT ESCAPE, MO 65473

August 2

SUBJECT: Medical Statement

Jill Noname, Director  
Midwest School for the Blind  
1517 Farrington Avenue  
Nowhere, Midwest 63110

Dear Ms. Noname,

This is a medical statement about Christopher Banks as you requested. I examined him on August 2. He is a 3-year-old white male born at 26 weeks' gestation and has a history of cerebral palsy, secondary to premature birth. In reference to his ocular examination, he has a history of cataracts and retinopathy of prematurity. He has never had eye surgery or other ocular therapy, according to his records. His mother has been told that there is no treatment at this time that would be of any help for Christopher's eyes.

Physical examination shows a visual acuity of no light perception in either eye, even with a very bright indirect lamp. Using your classification, that would be NIL or totally blind. In an examination of the pupils, there is no view OS; the right pupil is fixed but round and nonreactive. The anterior segment the lids and conjunctiva are clear. The cornea reveals clouding, OU, and OS is greater than OD. The anterior chamber is shallow OU, if formed at all, with a very poor view OS, secondary to corneal clouding. In a fundus examination, no view is possible OU, and there is no red reflex present. Final diagnosis of this patient would be:

- (1) Cerebral palsy
- (2) Retinopathy of prematurity

I hope this will provide you with the information you require to register Christopher for preschool at the Midwest School for the Blind.

Sincerely,

Peter Cottontail  
Captain, Medical Corps  
Chief of Ophthalmology



## Interpretation of Sample Eye Report #1

### Paragraph 1.

- Ophthalmologist states that Christopher is a male, 36 months, born early (26 weeks' gestation) who has cerebral palsy secondary to an early birth.
- Christopher has a history of cataracts (opaqueness of the lens—no mention of one or both eyes). Ophthalmologist further states that Christopher has a history of retinopathy of prematurity. ROP is a condition seen almost exclusively in premature babies less than 28 weeks' gestation with a birth weight less than 1,500 grams. It is characterized by poorly controlled growth of new, abnormal retinal blood vessels that can cause temporary or permanent damage to the retina.
- Ophthalmologist notes that Christopher has not had any eye surgery because the mother was told that no treatment would be helpful to him.

### Paragraph 2.

- Ophthalmologist's estimate of visual acuity or ability to discern detail or clarity of an object, event, or person is "no light perception in either eye." Ophthalmologist determined this by using a light that was presented to the side of Christopher's eyes. She classified his visual acuity as "NIL" using the American Printing House for the Blind classification system.
- Ophthalmologist is unable to view the pupil in the left eye (OS) due to corneal cloudiness. The right eye (OD) pupil does not constrict or get smaller when ophthalmologist shines a light into that pupil.
- The front part of Christopher's eyes, or anterior segment, involving the front third of the eye, including structures located between the front surface of the cornea and the vitreous, is clear. Christopher's eyelids and conjunctiva, the transparent mucous membrane covering the outer surface of the eye and inner surface of the eyelids, are clear.
- Both (OU) of Christopher's corneas, pupils, and anterior are cloudy with the left cornea cloudier than the right eye cornea.
- Christopher's anterior chambers (fluid-filled space inside the eye between the iris and the innermost corneal surface) are small (shallow) with the right eye more formed than the left eye.
- Ophthalmologist is unable to see the interior posterior surface of the eye (fundus) in either eye, presumably due to the corneal cloudiness.
- Ophthalmologist sees no red reflex or normal red glow emerging from the pupil when the interior of the eye is illuminated.
- Ophthalmologist's final diagnosis is cerebral palsy and retinopathy of prematurity.
- No recommendations for treatment or follow-up are included in the report.

## Interpretation of Sample Eye Report #2

### Section 1.

- Garfield's visual acuity for distance is stated as "20/100" for the right eye with best correction. This means that the eye care specialist estimates that Garfield must be within 20 feet of an object, event, or person to see what the "typically sighted person" can see at 100 feet with clarity.
- Garfield's right eye is "aphakic," meaning that he no longer has a lens in that eye.
- Garfield is "blind" in his left eye.
- Using the Jaeger measurement system of determining near distance acuity, Garfield sees "J2" size letters with best correction. J2 letter size is equivalent to .5M metric or 20/30 acuity Snellen notation. The usual type text size of J2 letters is what you would see in newspaper want ads.
- The eye care specialist determined that Garfield is not legally blind by traditional measures (20/200 or worse in the best corrected eye or a visual field that does not extend beyond 20 degrees in both eyes). Interestingly, the doctor determines that Garfield may function as though he is legally blind (borderline).

### Section 2.

- Garfield's diagnosis for the right eye (OD) is congenital cataract (opacity of the lens), removed, with nystagmus (involuntary movement of the eye) after surgery.
- The left eye (OS) is blind with a congenital cataract and glaucoma (elevated pressure in the eye).
- The intraocular pressure of the right eye is 16 millimeters of mercury (which is within normal limits). It is not known what kind of tonometry (measurement of intraocular pressure in millimeters of mercury) the doctor used to measure Garfield's eye pressure. The left eye pressure is unknown.
- Garfield's glasses are damaged (a change is recommended). The new prescription is +2.00 + 100 x 135. It is for the right eye and means that 2 diopters of correction for farsightedness or hyperopia with an additional astigmatism correction of 1 diopter at the 135-degree axis will be given to Garfield.

### Section 3.

- Recommendation is to have Garfield take a medication that will reduce the pressure in his left eye, Travatan 2% drops.
- The doctor wants to recheck Garfield in 6 months to monitor the glaucoma.