

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

Session 1: Working With Families and Eye Care Professionals

Activity D: Interpreting Eye Reports

Participant 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 a family in understanding the eye care specialist's report.

Materials. Handout F, *Interpreting Eye Reports*

Directions

1. Individually or with a partner, review two eye reports using Handout F, *Interpreting Eye Reports*. Use the attached sample eye reports unless your instructor allows you to use eye reports of children you are currently serving on your caseload.
2. Prepare a one- to two-page summary of the eye report using Handout F as a guide. Create a summary that would assist a family in understanding the eye report. In your summary, include the following information.
 - a. What is the child's visual condition? What are key characteristics of the condition?
 - b. Can the visual condition be corrected? How?
 - c. Is vision stable? If it's not stable, how fast will vision deteriorate?
 - d. What is the child's estimated visual acuity, corrected and uncorrected?
 - e. Are visual fields normal?
 - f. How might the child's visual condition influence daily activities?
 - g. Based on the information given, what general recommendations could you make for lighting? What additional environmental modifications might facilitate optimal visual functioning?
 - h. How often should an eye care specialist monitor the child?

- i. Identify key terminology and abbreviations that would be unfamiliar to families. Write simple explanations for these terms that could be used to help families understand their child's eye report.
3. Identify information that is not included in the report that would be helpful in understanding the child's diagnosis, visual acuity and function, and medical care and in understanding functional implications. Create a list of questions to ask the ophthalmologist during a subsequent visit with the family or a telephone call.

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. In the anterior segment, the lids and conjunctiva are clear. The cornea reveals clouding, OU, with OS greater than OD. The anterior chamber is shallow OU, if formed at all, with a very poor view OS, due 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

