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

Session 1: Working With Families and Eye Care Professionals

Handout F: Interpreting Eye Reports

Hatton, D.D., & Campbell, A.F. (2003). *Interpreting eye reports.* Chapel Hill, NC: Early Intervention Training Center for Infants and Toddlers With Visual Impairments, FPG Child Development Institute, UNC-CH.

Sample Format For Eye Report

I. *History/Background Information*

A. Patient ID, demographic information

B. Reason for Referral or Visit
- Disturbance in vision
- Pain/discomfort
- Abnormal eye secretion

C. History of Present Illness
- When were symptoms first noted?
- Was onset abrupt or gradual?
- Have symptoms become worse/better/same over time?
- Precipitating factors?
- Associated signs and symptoms?

D. Past Ocular History
- Patient ocular history
- Parent description of functional vision
- Any significant family ocular history

E. Eye Medications

F. Past Medical History
- Patient medical and developmental history
- Pregnancy of mother and delivery
- Pertinent family medical history

G. Medications

H. Allergies

II. *Eye Examination*

A. Visual Acuity
- OD (right eye)
- OS (left eye)
- OU (both eyes)

B. External:
- Facial asymmetry
- Exophthalmus (protruding)
- Enopthalmos (sunken in)
- Eyelids

C. Motility
- Orthophoria/tropia (straight)
- Exophoria/tropia (turned out)
- Esophoria/tropia (turned in)
- Ductions/versions (movement of eyes)

D. Pupils
- PERRLA (Pupils equally round reactive to light and accommodation)
- +/- MG(APD) (Marcus Gunn Afferent Pupillary Defect)

E. Visual Fields
- VF (confrontation) – full OU

F. Tonometry (Intraocular Pressure)

G. Examination of Structures of the Eye

- Lids
- Lashes
- Conjuctiva
- Sclera
- Cornea
- Tear film
- Anterior chamber
- Iris
- Lens

H. Fundus

- Disc
- Optic nerve
- Macula
- Vessels
- Periphery
- Cup-to-disc ratio (status of optic nerve)
- OD (right eye)
- OS (left eye)

I. Prescription for Corrective Lenses

- OD (right eye)
- OS (left eye)

III. *Assessment/Implications/Plan/Follow Up*

Interpreting Prescriptions for Conventional Refractive Errors

	Sphere	Cyl	Axis
O.D. (right eye)	+2.50	-1.25	155
O.S. (left eye)	+1.00		

The table above is a typical format for prescription for corrective lenses.

Numbers in the “Sphere” column represent the power in diopters of the spherical lens needed to correct a person’s sight. People who are myopic (nearsighted) need minus lenses (e.g., -1.00 or –2.00). The lenses change in increments of 0.25. People who are hyperopic (farsighted) need plus lenses (e.g., +2.50 or +5.00). These lenses also change in increments of 0.25.

A cylindrical lens (“Cyl” column) corrects astigmatism. Astigmatism is caused by an irregularly shaped (nonspherical) cornea and can be corrected with eyeglasses or contact lenses.

The “Axis” column designates the sphere of the lens and identifies the position of astigmatism.

Ophthalmic Abbreviations

a	before
ac	before meals
ACL	Anterior chamber lens
ACT	alternate cover test
ARMD	age-related macular
AMD	degeneration
B	bilateral
bil	bilateral
b.i.d.	twice a day
BS	blind spot
BVA	best-corrected visual acuity
Bx	biopsy
c	with
cc	with correction
cat.	cataract
CA	cancer
CE	cataract extraction
CF	counts fingers
CL	contact lens
CNS	central nervous system
CSM	central, steady, and maintained fixation
CSUM	central, steady, unmaintained fixation
CV	color vision
CVF	central vision field
d	day
D	diopter
D	distance, distance vision
DC	discontinue
Dx	diagnosis
Dz	disease
e.g.	for example
ENUC	enucleated
EUA	exam under anesthesia
FC	finger counting
F+F	fix and follow vision
FH	family history
FP	fixation preference
FTG	full-time glasses
FTO	full-time occlusion
FTP	full-time patch
f/u	follow-up
GL	eyeglasses
gtts	drops
h.	hour
HA	headache
HM	hand motion
h.s.	at bedtime
Hx	history
IOL	intraocular lens
IOP	introcular pressure
LP	light perception
LP+P	light perception and projection
N	near

N	near vision	UTT	unable to test
NLP	no light perception	V	visual acuity
NPC	near point convergence	VER	visual evoked response
nml	normal	VF	visual field
OD	right eye	W	glasses worn by patient
OS	left eye	OU	both eyes
p.c.	after meal	PERRLA	pupils equally round and reactive to light and accommodation
PLT	preferential looking test	PP	near point
prn	as needed	PROS	prosthesis
q.	every	q.d.	once per day
q.h.	every hour	q.i.d.	four times per day
R	refraction	RD	retinal detachment
ROP	retinopathy of prematurity	RP	retinitis pigmentosa
Rx	prescription	Sx	symptoms
S	spectacles	TAC	Teller acuity cards
TRD	total retinal detachment	Tx	treatment

References

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