Hands-On Skills Workshop (Pre-Testing)

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MSOL, CPOT, ABOC, COA, OSC

Disclaimer

These tests may not be performed as you perform them in your practice, but they are performed according to **national standards**

Attendees Need To Bring

- Occluder
- Pinhole occluder (or mask occluder)
- Near Card
- Stereo Test
- Pen Light or Transilluminator
- Color Vision Test
- *** You will learn with the tools you use everyday**

Record your test results!

- VA
  - Distance with/without
  - Near
  - Pinhole
- IOP
- Motility
- Cover Test
- Color Vision
- Pupils
- Angles
- Drops
- BP
- PDs

3 Things to Remember

- Be prepared to test ...read the chart before the patient arrives...know why the patient has come in

- Know how to use the test ... recording

- Know what is WNL ...what to do when testing is outside of normal limits

* All tests should be reproducible if performed correctly, so make sure everyone on the staff can perform the tests correctly and can get the same results.

Patients

Each one is different

Each one has its own scenario

Think the entire process through based on current patient status

Treat each patient as your favorite family member

Always greet them and always tell the patient what you are doing before you do it

Listen to your patients

Question?

Remember to think….

There is a mute who wants to buy a toothbrush. By imitating the action of brushing one's teeth he successfully expresses himself to the shopkeeper and the purchase is done. Now if there is a blind man who wishes to buy a pair of sunglasses, how should he express himself?

He just has to open his mouth and ask

Overview

Pre-screening 101

- Why is prescreening important
- Common Testing
- Common Equipment
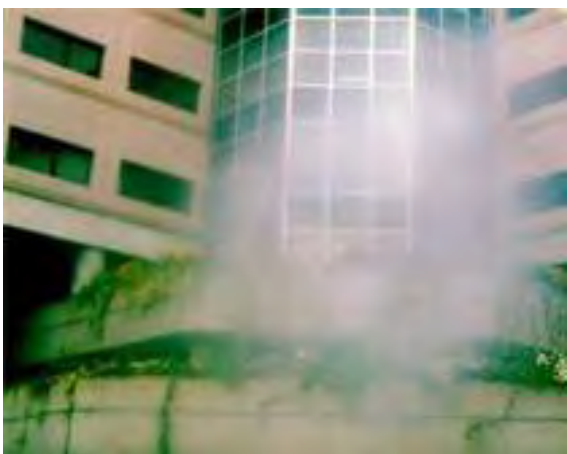- Ocular Defects/Anomalies
- Documentation
- Do's and Don'ts

Importance of Pre-screening

Sets the stage for the visit

Gives critical clues for the doctor

Tells the story of why the patient came in

Test identify patient's current condition

4 Basic Chief Complaints

- Clouded, **blurred** or dim vision must be in the chief complaint
  - Could be many reasons for it
- Redness of eyes
  - Can be many reasons
- Sudden Pain
  - Can be many reasons
- Double vision in a single eye
  - Can be many reasons

Confidence

1 Tell the patients why you are testing them

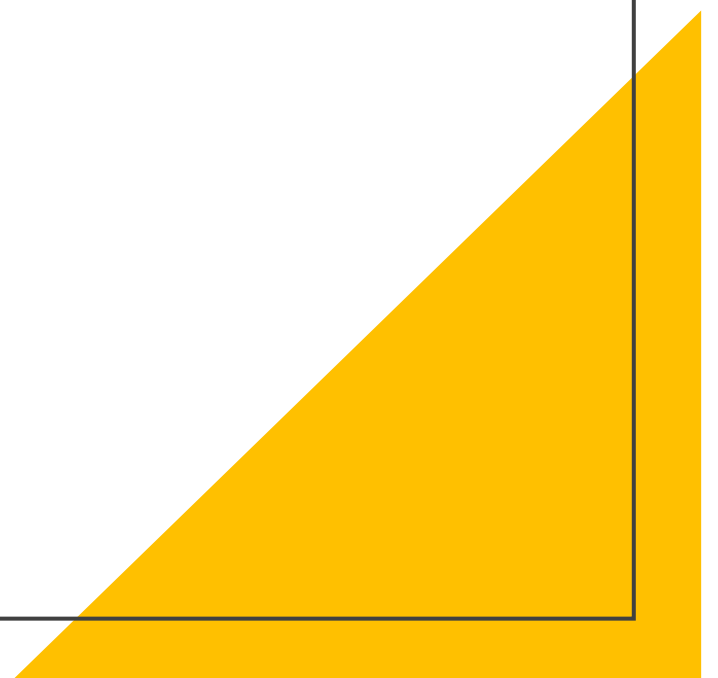**2** Tell what you are going to do before you do it

3 Explain that the doctor will explain the test results

4 Treat patients like your family

QTPs

Step by step instructions for all key tasks

Warning!!!!

Do not forward information from a previous eye exam and hand it to your doctor, the assumption made is that the information that you gave them is current and accurate.

Vital/statistical data such as VA's, IOPs, BP, testing procedures all should be dated for **the date they where performed**! Beware of EHRs!

Testing

- Correct position

- You should be at eye level with your patients for testing

- Correct lighting is important

Screening Overview

- Case History* <mark>Need to see one today!</mark>
- Visual Acuity…<mark>always first test</mark>… timing
- Cover Test
- Ocular Motility
- Anterior angles
- Medication history/allergies
- Instilling drops

- Stereopsis
- Color Vision
- Pupil Testing
- Amsler Grid
- Confrontation Fields
- Documentation Requirements

Comprehensive History

- 30 points to cover...insurance comp
- Ask appropriate questions
- Ask question in a logical sequence
- Cover all major topics
- It is ok to return for clarification
- Be in charge, but respectful
- Get into your rhythm

CASE HISTORY & HPI

Evaluation & Management (**E/M**) Codes:

- All levels have same **four** basic history-taking components in common:
  - Chief Complaint (**CC**)
  - History of Present Illness (**HPI**)
  - Review of Systems (**ROS**) and
  - Past, Family and/or Social History (**PFSH**)

CASE HISTORY & HPI: Chief Complaint (CC)

CHIEF COMPLAINT dictates the exam process!

(Reimbursement intimately linked to the chief complaint.)

- CC: should detail **primary reason(s) patient scheduled an examination**

- At times, should be in the **patient's own words** (put in **"QUOTES"** to show it is verbatim from Pt)

- The chief complaint also **suggests what tests you'll need to perform** (saves time; impresses the doctor; gets Pt care they need & deserve)

CASE HISTORY & HPI (Chief Complaint, cont.)

- "I'm just here for checkup" or, "I want new glasses"
  - These two responses would disqualify reimbursement by some payers (e.g. **Medicare**)
    - How OLD is Pt?
    - What is PRIMARY insurance?
- Pts returning for eval of chronic conditions such as **Glaucoma** or **AMD** can be reason enough for visit (even in absence of specific pt complaint)
- If pt complains of blurred or decreased VA, get a specific "lifestyle" issue it is negatively impacting!
  - Can't Drive @ night
  - Can't Read medicine label or books

CASE HISTORY & HPI

History of Present Illness (HPI)

- Try **to elicit @ least four HPI** bullets (or status of three or more chronic or inactive conditions)
  - **Signs & symptoms** (decreased VA, pain, tearing, discharge, redness, FB sensation, etc.)
  - **Context** (while driving, after take pills, when CLs in)
  - **Duration** (date of onset; duration of problem)
  - **Location** (R. eye, L. eye, lid, behind eye, etc.)
  - **Quality** (blurry, double vision, etc.)
  - **Modifying Factors** (Art tears help, bright light aggravates, blinking makes it better, etc.)
  - **Severity** (degree of pain or loss of sight)
  - **Timing** (a.m., p.m., upon waking, at end of day, etc.)

CASE HISTORY & HPI (HPI, cont.)

Example of an HPI:

- Mrs. Braxton gives this CC (**HPI**), w/your help!
  - "My **right eye** is **red**"
  - "It **began 3 days ago**"
  - "It **doesn't hurt**"
  - "**Lids stick together in the morning last two days**"
  - "**Art Tears soothe it, but redness remains**"
- You did GREAT! You got more than FOUR of the HPI elements & info the doc can use to help Pt

CASE HISTORY & HPI (ROS & PFSH)

Review of Systems (ROS)

- Most time-consuming!
- Most offices use pre-printed forms that can be filled out by patients online or at home before exam.
- Go here for lots more info on this!
  - http://emuniversity.com/ReviewofSystems.html
- A review of 10 or more systems will qualify *any* E/M code

Past, Family and/or Social History (PFSH)

- *Past History of Pt* (**illnesses**, injuries, **surgeries**, other treatments)
- *Family History* (most interested in **diseases which may be hereditary** and/or **place the patient at risk**)
- *Social History* (review of past & current activities like **smoking**, **drinking, drugs**)

History of Present Illness

- What happened
- When did it happen
- How did it happen
- Location
- Pain level
- Does anything make it better?
- Does anything make it worse?
- Trauma involved

This is a necessary medical protocol in illness/trauma tracking

Visual Acuity...why is this important?

- Visual Acuity: verify
  - Occluder
  - Explain procedure
  - Lighting (N/D)
  - Correction (Pt)
  - Watch patient
  - Patient position
  - Documentation
  - Pin hole testing
  - Test distant (40cm)
  - Flow...

Why Is Acuity Necessary?

- Eye treatment: The optometrist must do the test when checking for any eye complaints. Doing so will help avoid prescribing the wrong treatment for your eye disorder.

- Legal functions: to have a driver's license, some states will need you to have at least a 20/40 vision. ...

- Monitoring diseases: Visual acuity helps monitor the progression of eye diseases.
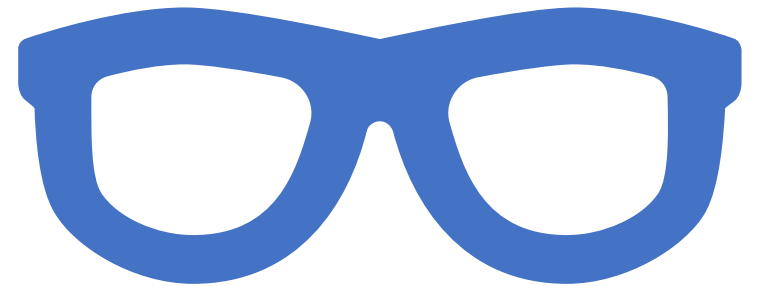
Perform Test

Pupil Testing

Explain test

Proper lighting and position

Perform direct and consensual

Swinging flashlight

Evaluate near response

Recording accuracy

What does PERRLA stand for?

Pupil contracts

Iris — — Cornea — — Iris

Pupil dilates (expands)

Bright light

Dim light
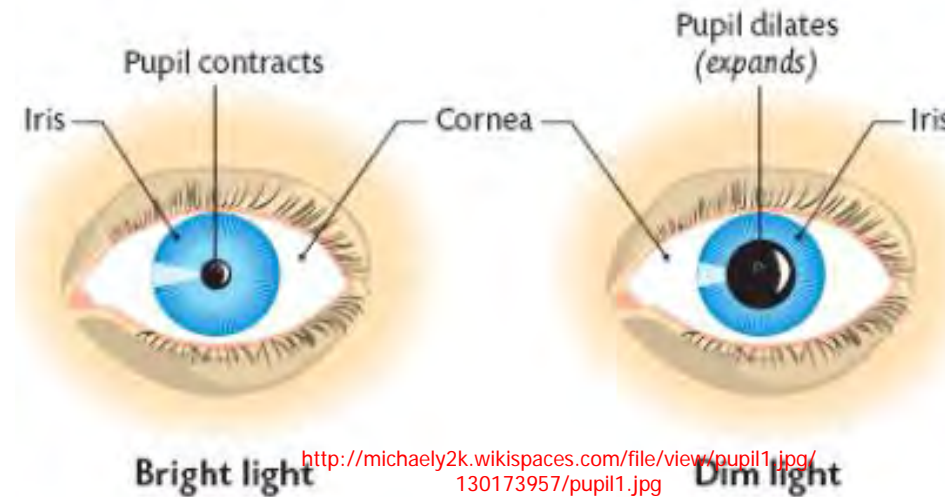
Pupil testing checks the connect between the retina and brain

Why Do We Perform Pupil Testing?

Pupil testing can **reveal serious retinal and neuro-ophthalmic disease** and therefore should be incorporated into every comprehensive eye examination. With careful clinical examination, this test can aid in the diagnosis and management of many of these conditions at the primary care level

Anisocoria Evaluation Flow Chart
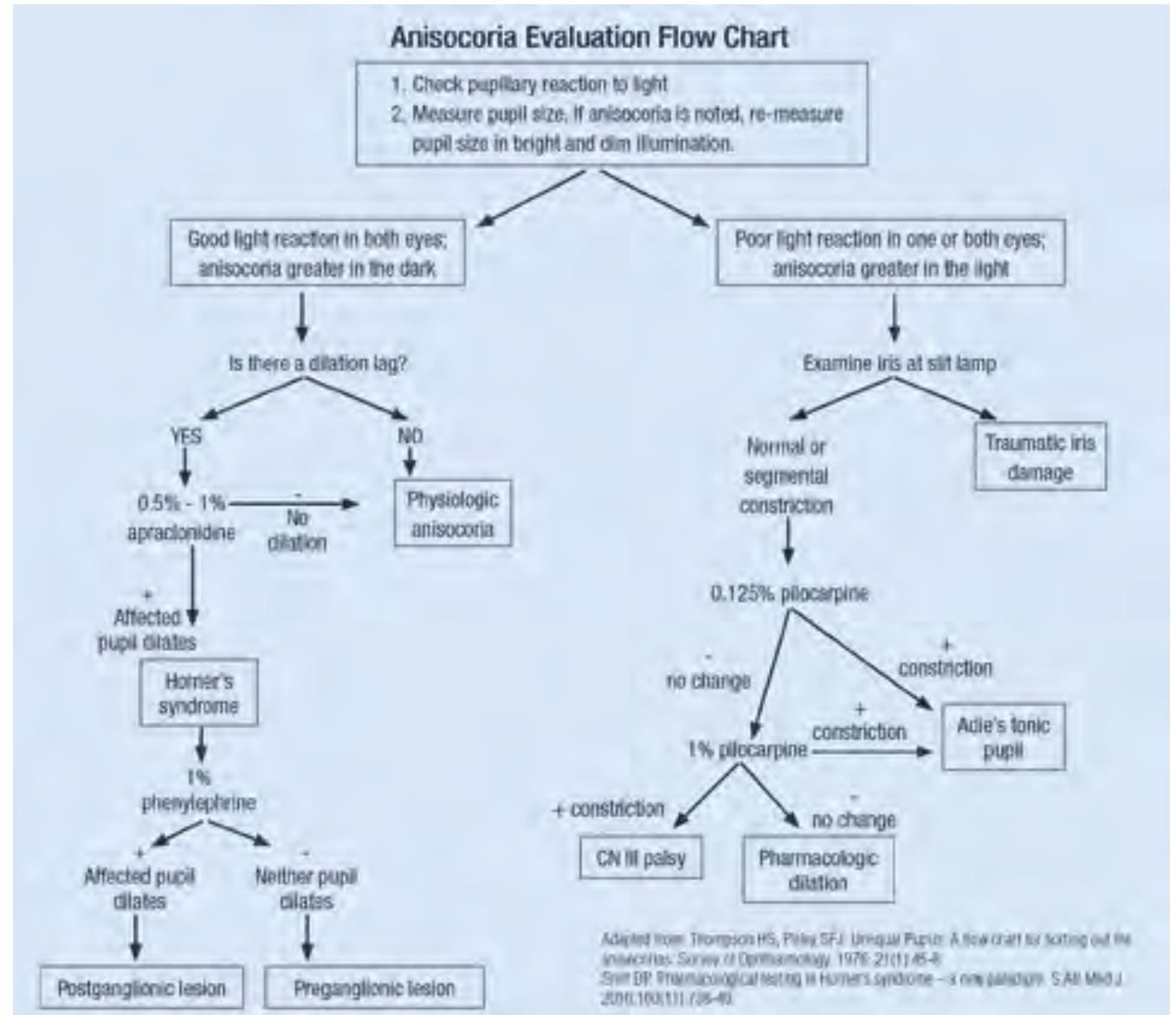
PUPILLARY ASSESSMENT

- Follow the ***PERRLA*** format & you'll do great!
- **<u>PER</u>** = Pupils EQUAL & ROUND?
- **<u>RL</u>** = Pupils REACT TO LIGHT?
  - Direct
  - Consensual
- **<u>A</u>** = Accommodate? (i.e., pupils get SMALLER when focusing on a NEAR object)
- But what about **MARCUS GUNN** (**MG**)?
  - Also called **APD** for "**afferent pupillary defect**" (**APD**)
  - or...
  - The "***Swinging Flashlight Test***"

Afferent versus Efferent

Figure 1. The light reflex pathway showing the afferent path (red) and the efferect path (blue)
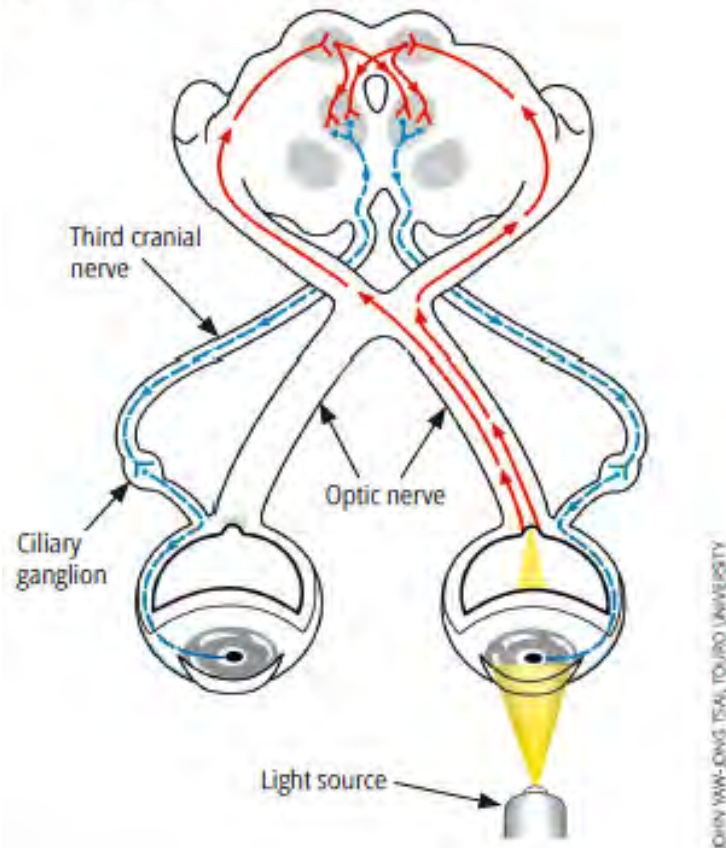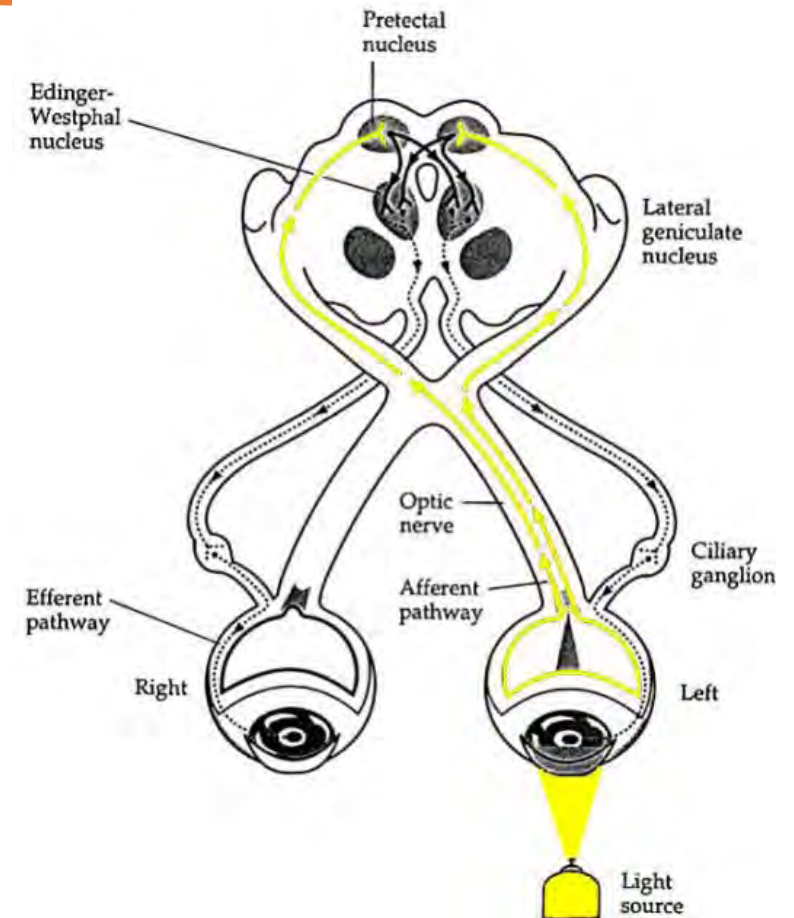
PUPILLARY ASSESSMENT (cont.)

- Check for "**equal & round**" FIRST! (put the penlight down!)
- Perform direct & consensual response to light ("**reacts to light**")
  - DIRECT – shine in OD & observe OD; repeat for OS
  - INDIRECT – shine in OD but observe OS; repeat for other side
- Evaluate "**accommodative**" response (pupils constrict @ near)
  - Hold a pen tip **6"** in front of Pt's eyes (yes, that's close!)
  - Have the patient look at the 20/200 "E"
  - Then have Pt look @ the pen tip; PUPILS should CONSTRICT when attempting to focus on the near object! That's all that matters. (Don't care if blurry or double!)
- At this point, you've covered **P E R R L A** !
- Not done…
- Check for an Afferent Pupillary Defect (**APD**), also called the "Marcus Gunn" (**MG**) test, or the Swinging Flashlight test

WHAT DO YOU THINK ABOUT THESE PUPILS?

PUPILLARY ASSESSMENT (cont.)

PUPILLARY ASSESSMENT (cont.)

TESTING DIRECT PUPILLARY REFLEXES
(On eye's with NORMAL responses)

STEP 1
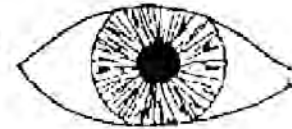(Assess pupils w/o the penlight to see if they are equal and round)
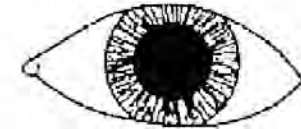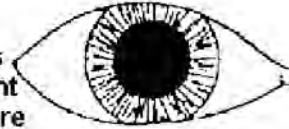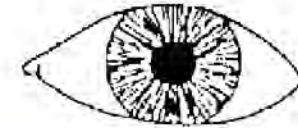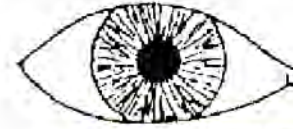
STEP 2
(Observe this eye)
PENLIGHT
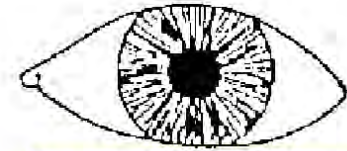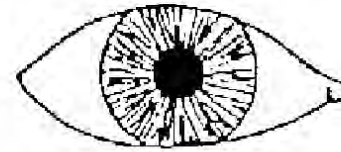
STEP 3
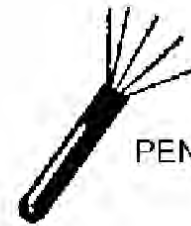(Observe this eye)
PENLIGHT

PUPILLARY ASSESSMENT (cont.)

TESTING CONSENSUAL PUPILLARY REFLEXES
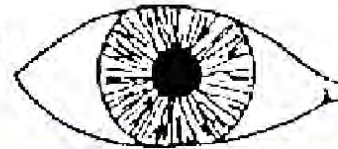
(On eye's with normal responses)
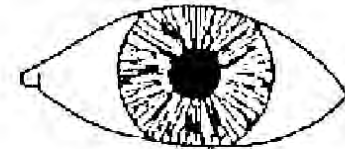
STEP 1

(Observe this eye)

PENLIGHT

STEP 2

(Observe this eye)

PENLIGHT

PUPILLARY ASSESSMENT (cont.)

TESTING THE PUPILS FOR AN ACCOMMODATIVE RESPONSE

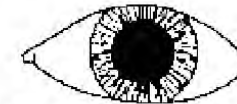Appearance of pupils with patient looking @ distant
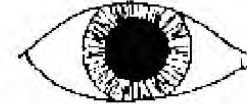**20/400 Object**

Appearance of pupils with patient looking @ near target (6" away)

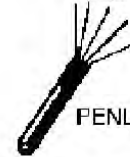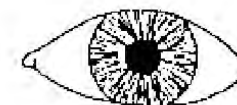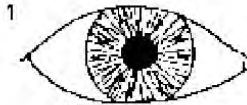(Near target approximately 6" away from patient)

PUPILLARY ASSESSMENT (cont.)

Swinging Flashlight Test, revealing a + APD (or + MG) in the OS
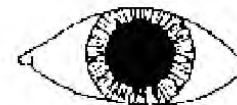
Begin w/Pt looking at the distant target

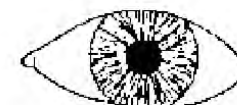STEP 1

PENLIGHT

STEP 2

Dilation of the OS indicates a problem w/the AFFERENT pupillary path in the OS PENLIGHT

STEP 3
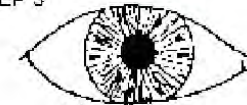
PENLIGHT **Constriction of OD shows it's AFFERENT pupillary path to be fine**

PUPIL ASSESSMENT

EMTprep

Perform Test

This test determines how well the eyes are working together

Stereopsis...why is this important?

- Stereopsis
  - Proper Lighting
  - Patient instructions
  - Pt habitual near Rx
  - Patient position
  - Use suppression plates
  - Documentation

http://www.hdwallpapers4ipad.com/_ph/7/608511540.jpg

Purpose of the Stereo Test

Stereo depth-perception tests, such as the Stereo Fly, have proven to be an effective and easy-to-use method of **screening vision** for all ages. They help to identify vision problems and conduct stereopsis, amblyopia, suppression, and strabismus testing, each of which can impede a child's development and performance.

Perform Test

Cover Test – Alternating Cover

- Cover testing is the gold standard for the objective method for determining the presence, type, and magnitude of ocular misalignment (strabismus) (tropia vs phoria)

- The alternate cover test is generally performed after the cover-uncover test. The alternate cover test is the most dissociative cover test and measures the total deviation, which includes the tropia plus the phoria
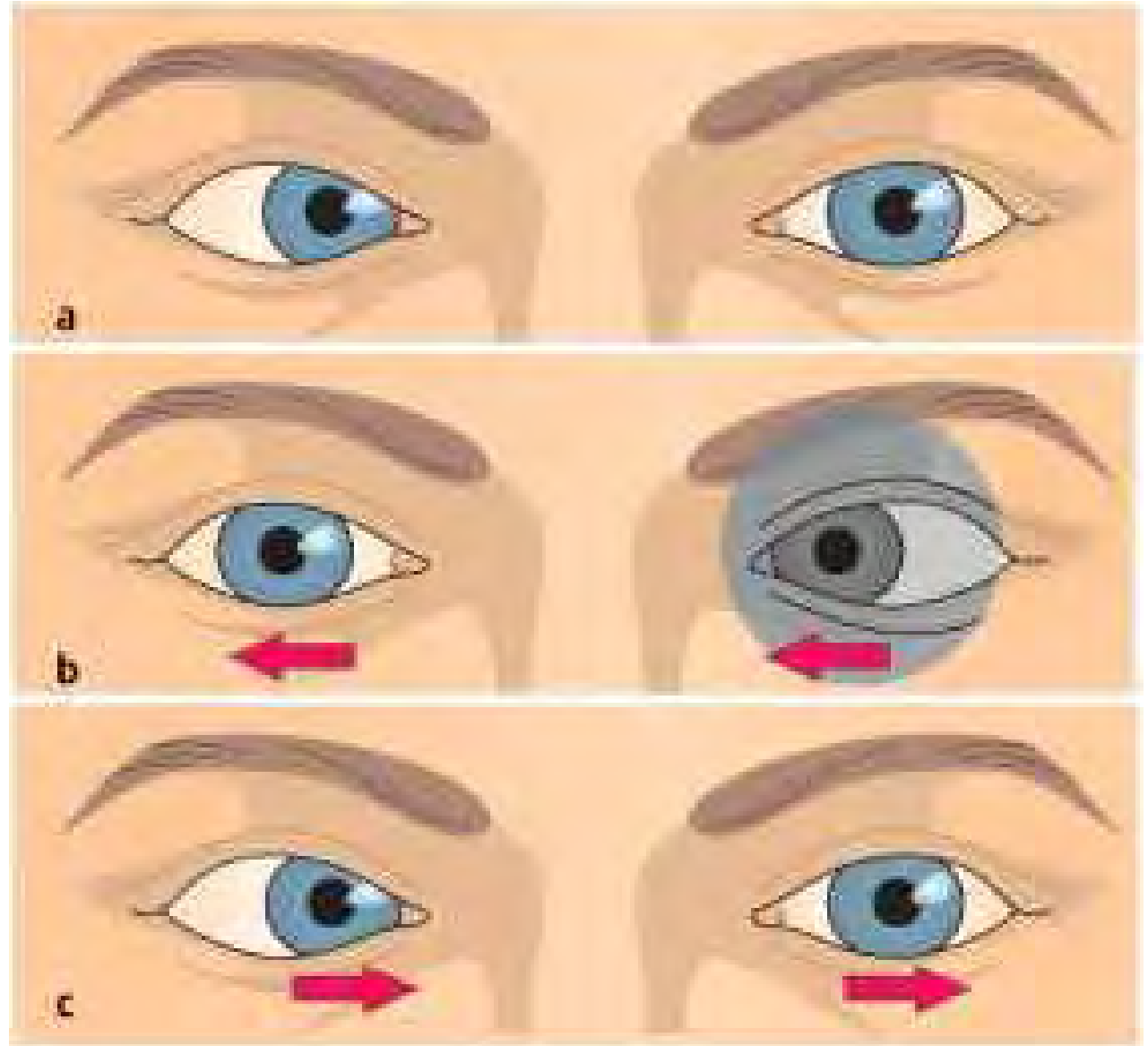
COVER TESTING & EOMs

- Two **different** tests here:
- ***COVER TESTING*** tells you if the patient is
  - BCA (with correction)
  - Patient position
  - ORTHO
  - Heterophoric
  - Heterotropic
  - TWO PARTS to the TEST! "ALTERNATING" & "COVER/UNCOVER"

This test is used for identifying eye deviations and the amt/direction of deviation

COVER TESTING & EOMs

- ***Ocular Motility (EOMs)*** tell you if the six extraocular muscles are:

  - NORMAL

  - UNDERACTIVE

  - OVERACTIVE

Motility test identify muscles and nerve functionality

Alternating Cover Test

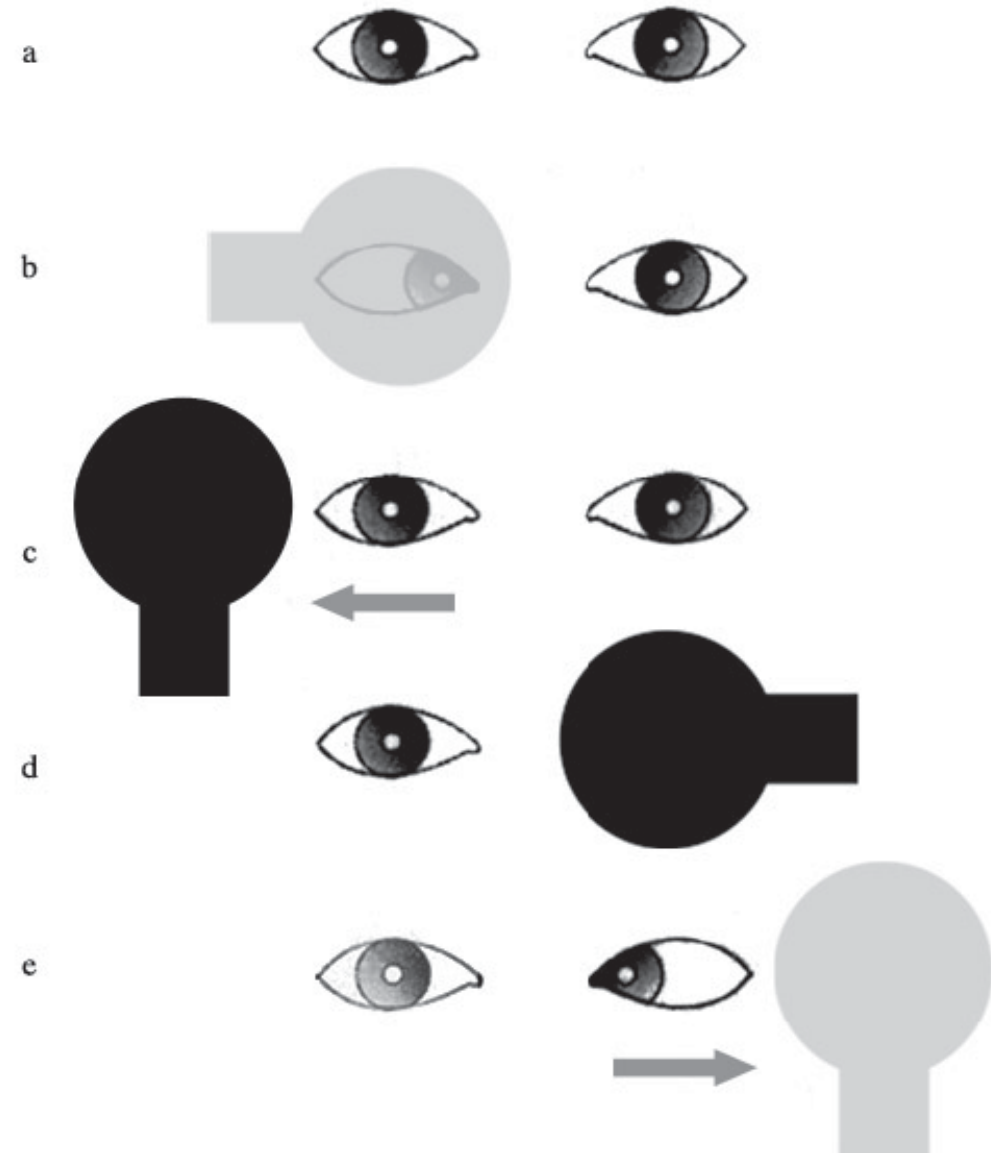- **Determines the direction and magnitude of the tropia or phoria**

  - Eso-in
  - Exo-out
  - Hyper-up
  - Hypo-down

Hyper

Exo

Eso

Hypo

A left eye that deviates upward is classified as _____ ?

Cover Test...why is this important?

- Cover Test
  - Pt instructions
  - Occluder
  - **Eye level position**
  - Proper fixation
  - Procedures for cover/uncover
  - Recording accuracy

Cover Test... continu

Strabismus

Normal

Hypotropia (eye turns down)

Hypertropia (eye turns up)

Exotropia (eye turns out)

Esotropia (eye turns in)

Unilateral

- Checks for movement
- Tropia

Alternating

- Checks for direction of movement

What is the difference between eso and exo?

http://www.longislandeye
doctor.com/wp-
content/uploads/2012/08/
strabism.jpg

COVER TESTING (cont.)

COVER TESTING has 'two' parts:

1) _ALTERNATING test_

2) _COVER/UNCOVER test_

3) Do them in this order! (Please?)

4) Done at DISTANCE then NEAR

5) Pt wears the "correct" Rx for test distance

ALTERNATING tells you DIRECTION of DEVIATION (if any)

- **ESO**, **EXO**, **HYPER**/HYPO

- No movement? Pt is **_ORTHO_**! Yea! (Don't have to do COVER/UNCOVER test ☺)

COVER TESTING (cont.)

COVER/UNCOVER test

Only done if ***MOVEMENT*** during the ALTERNATING test!

- Observe LEFT EYE as you **COVER** RIGHT EYE
  - Did it move? (Yes = **TROPIA**; No = **PHORIA**)

Repeat for other side…

- Observe RIGHT EYE as you **COVER** LEFT EYE
  - Did it move? (Yes = **TROPIA**; No = **PHORIA**)

UNCOVER only matters if you saw ***MOVEMENT*** when you **COVERED**! (i.e., had a TROPIA)

- Do you see ***movement*** AGAIN when you **UNCOVER**?
  - **UNILATERAL** TROPIA!

- No ***movement*** when you **UNCOVER**?
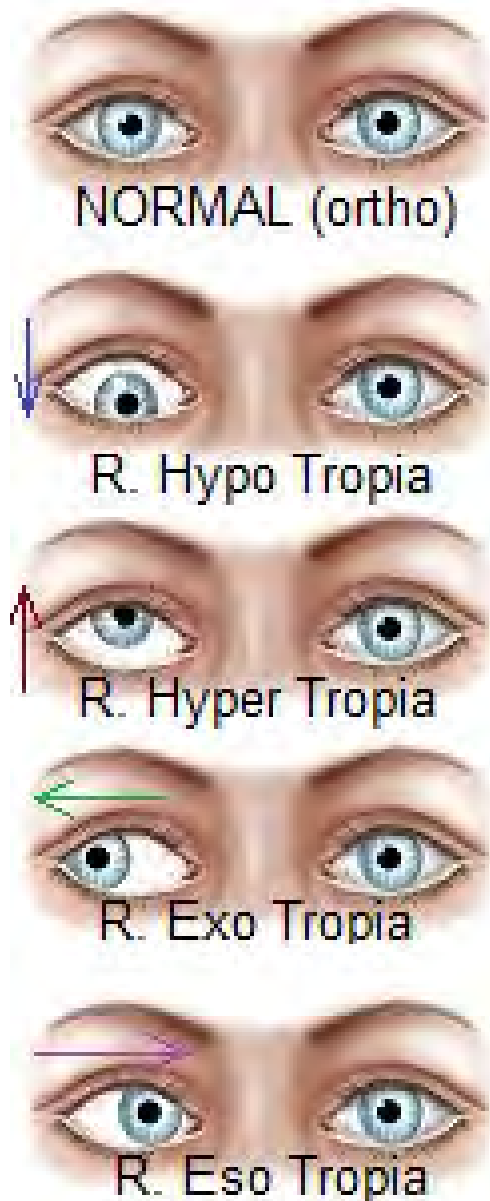 - **ALTERNATING** TROPIA!

COVER TESTING (cont.)

WHAT CONDITION DOES THIS CHILD HAVE?

- **PHORIAS** are a "latent", or hidden condition

- Can't just "see" a **PHORIA**

- **Can only detect it with testing**

NORMAL (ortho)

R. Hypo Tropia

R. Hyper Tropia

R. Exo Tropia

R. Eso Tropia

- **TROPIAS** are a "manifest", or **obvious condition**

- Sometimes you can just look at a person & see **TROPIA**!

- If not easily "seen", it is easily detected when tested

Purpose of Motility – Muscle-H testing

- To investigate the integrity of the muscles and nerves of the EOM system

- To assess patient's ability to perform version eye movements

- The purpose of ocular motility evaluation is **detection of palsy** checking the function of extra ocular muscles and diplopia. Patient is seated and movements of eyes are checked in all positions of gaze by asking the patient to follow a torch light.
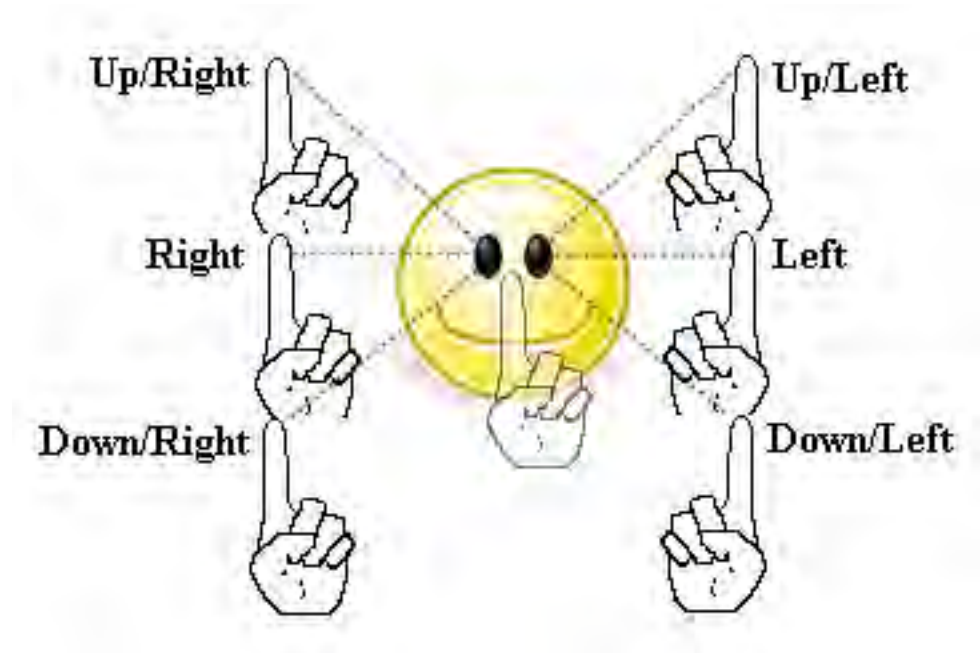
Why is ocular motility testing important!
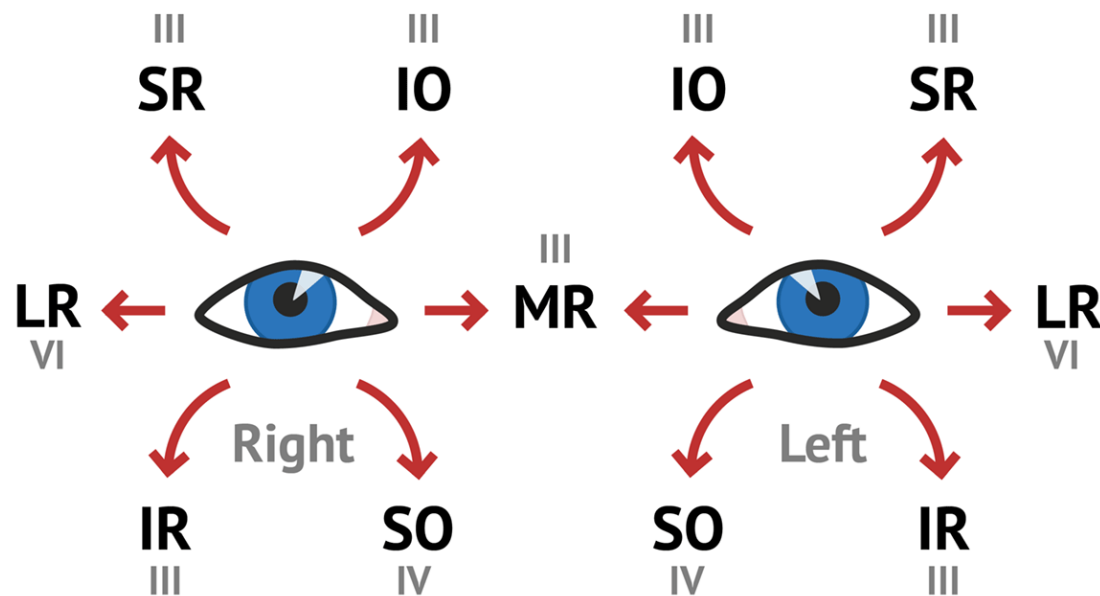
Our vision starts with our eyes but the final image that we use in our lives is formed in the brain. Since we have two eyes, we are constantly receiving two different pictures from each eye, respectively. The eyes have to be perfectly tuned together to enable the brain to use two different images and form one three-dimensional picture. The correspondence between the two eyes has to work on several important levels

(PDF) Introductory Chapter: Why Is Eye Motility Important? (researchgate.net)

OCULAR MOTILITY (EOMs)

- Muscle-H Test
- Checks "ocular motility" controlled by six (6) EOMs attached to each eye
- When you are "done" you will have checked all 12 muscles! (EOMs for both eyes)
  - Patient follows your penlight
  - 14" to 16" away is 'best'
  - Move light in a "H" pattern, pulling the eyes in the 6 "CARDINAL" positions
  - Observe the eyes
    - Do they track together?
    - Do they go the "same amount" in the "same direction"?
    - This is also considered 'checking pursuit' movement

Ocular Motility... why is this important

- Muscle-H Test
- Ocular Motility
  - Patient instructions
  - Appropriate target
  - Trans-illuminator
  - Proper illumination
  - Proper distance
  - Accurate recording

- **Every trauma and diabetic**

http://disorders.eyes.arizona.edu/disorders/duane-retraction-syndrome-1

OCULAR MOTILITY (EOMs) (cont.)

Six (6) ExtraOcular Muscles (EOMs) for each eye:
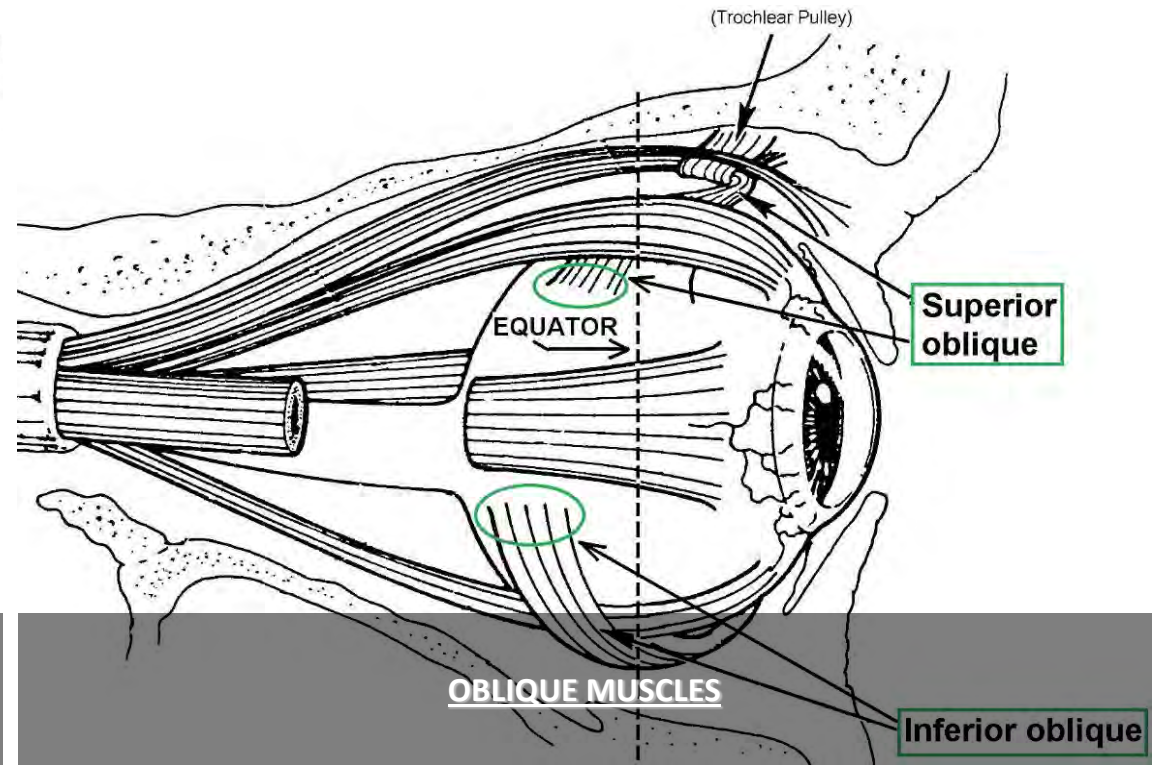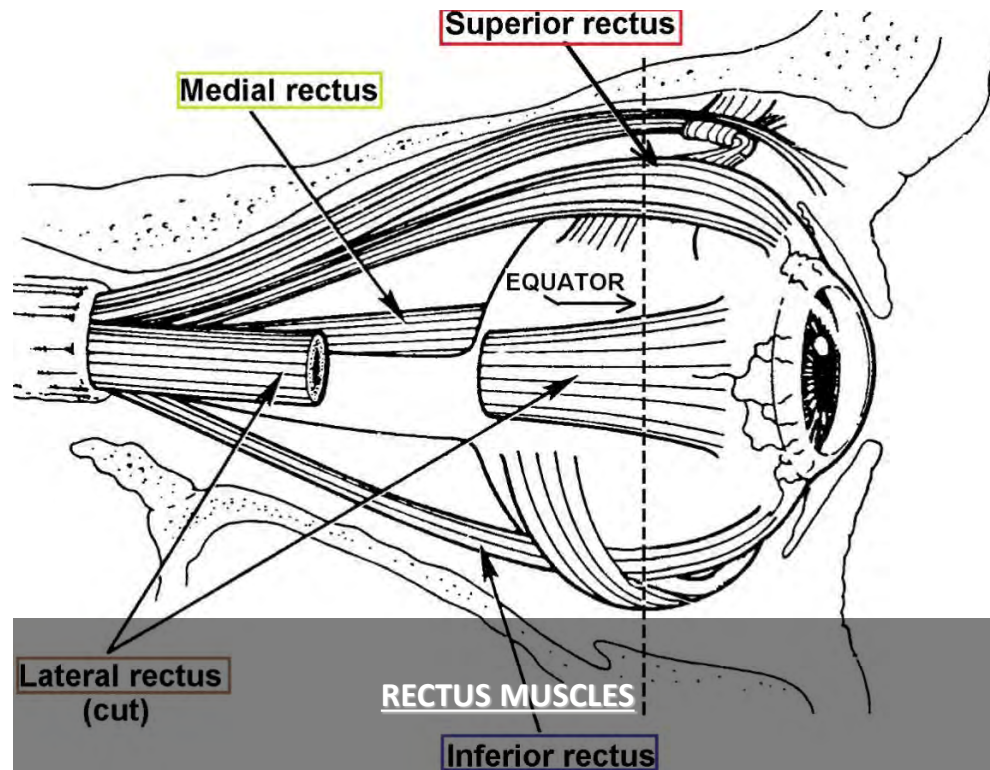
Four (4) RECTUS muscles

- Pull the eye the direction they "say"; EASY!
  - Superior RECTUS (**SR**) pulls eye superiorly (up)
  - Inferior RECTUS (**IR**) pulls eye inferiorly (down)
  - Lateral RECTUS (**LR**) pulls eye laterally (temporally)
  - Medial RECTUS (**MR**) pulls eye medially (nasally)
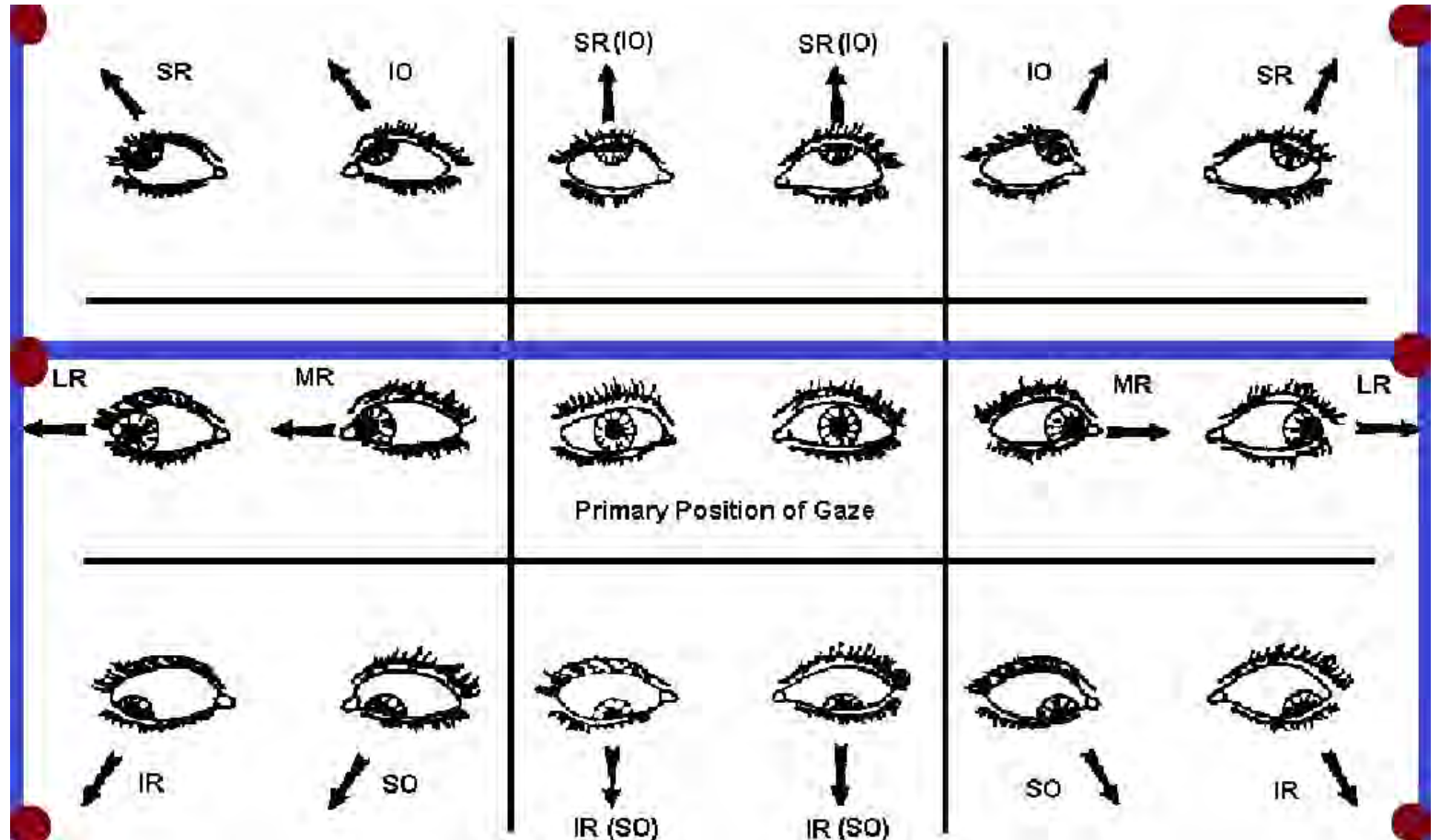
OCULAR MOTILITY (EOMs) (cont.)

- --
- Two (2) **OBLIQUE** muscles
  - Obliques are "_**unique**_"; work the OPPOSITE of name!
    - Superior OBLIQUE (**SO**) pulls eye inferiorly (& across nose)
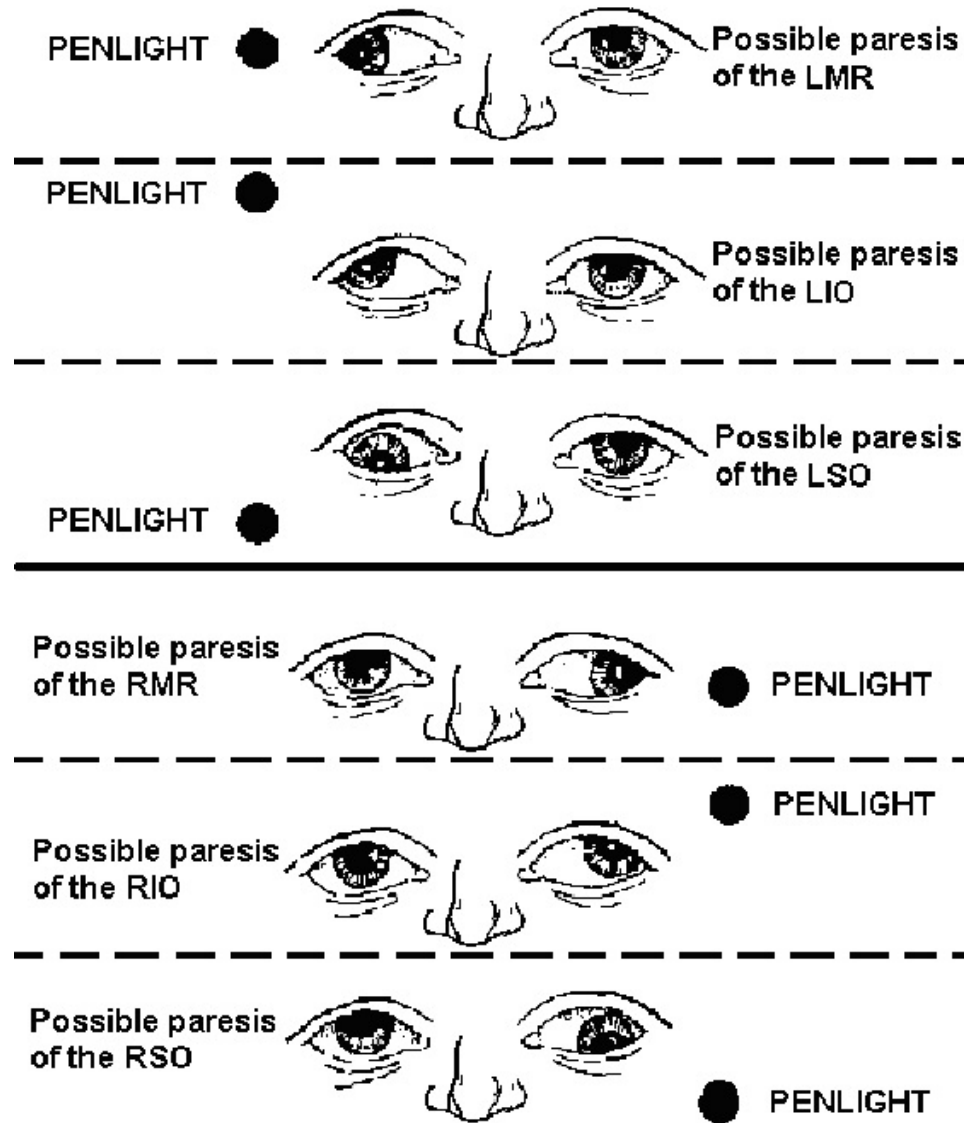   - Inferior OBLIQUE (**IO**) pulls eye superiorly (& across nose)

OCULAR MOTILITY (EOMs) (cont.)

OCULAR MOTILITY (EOMs) (cont.)

OCULAR MOTILITY (EOMs) (cont.)

PENLIGHT ● — Possible paresis of the LMR

PENLIGHT ● — Possible paresis of the LIO

PENLIGHT ● — Possible paresis of the LSO

Possible paresis of the RMR — ● PENLIGHT

Possible paresis of the RIO — ● PENLIGHT

Possible paresis of the RSO — ● PENLIGHT

Perform Test

This test is performed at near and distance

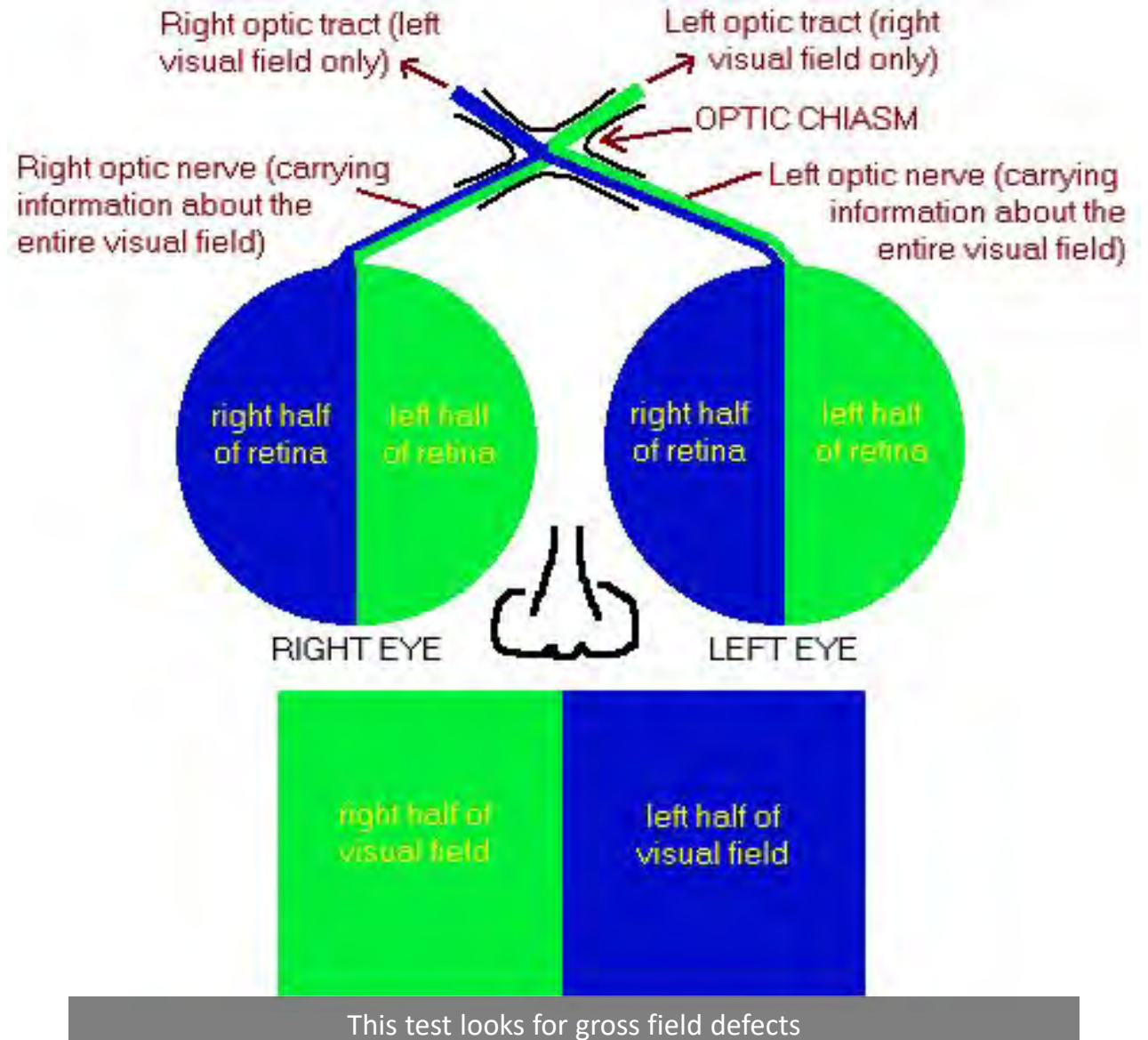# Purpose of Confrontation Field Test

- Visual field tests used to identify in the screening process to locate gross field defects

- This does not replace other visual field test, this is a screening test
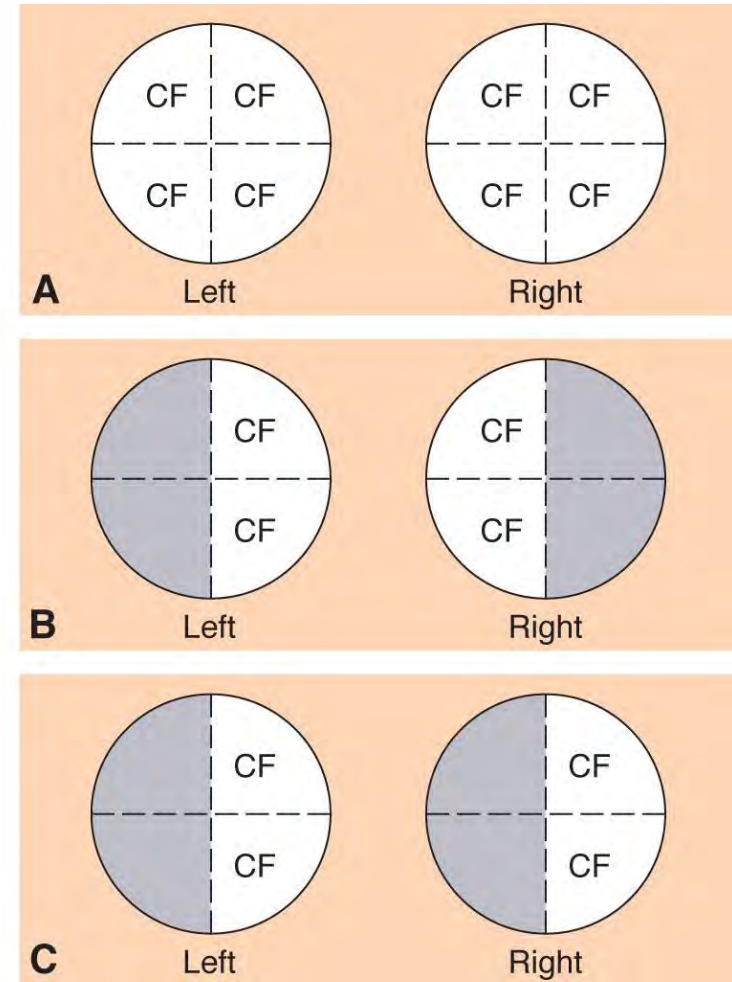
Confrontation Fields

- Confront Fields
  - Pt instructions
  - Proper distance
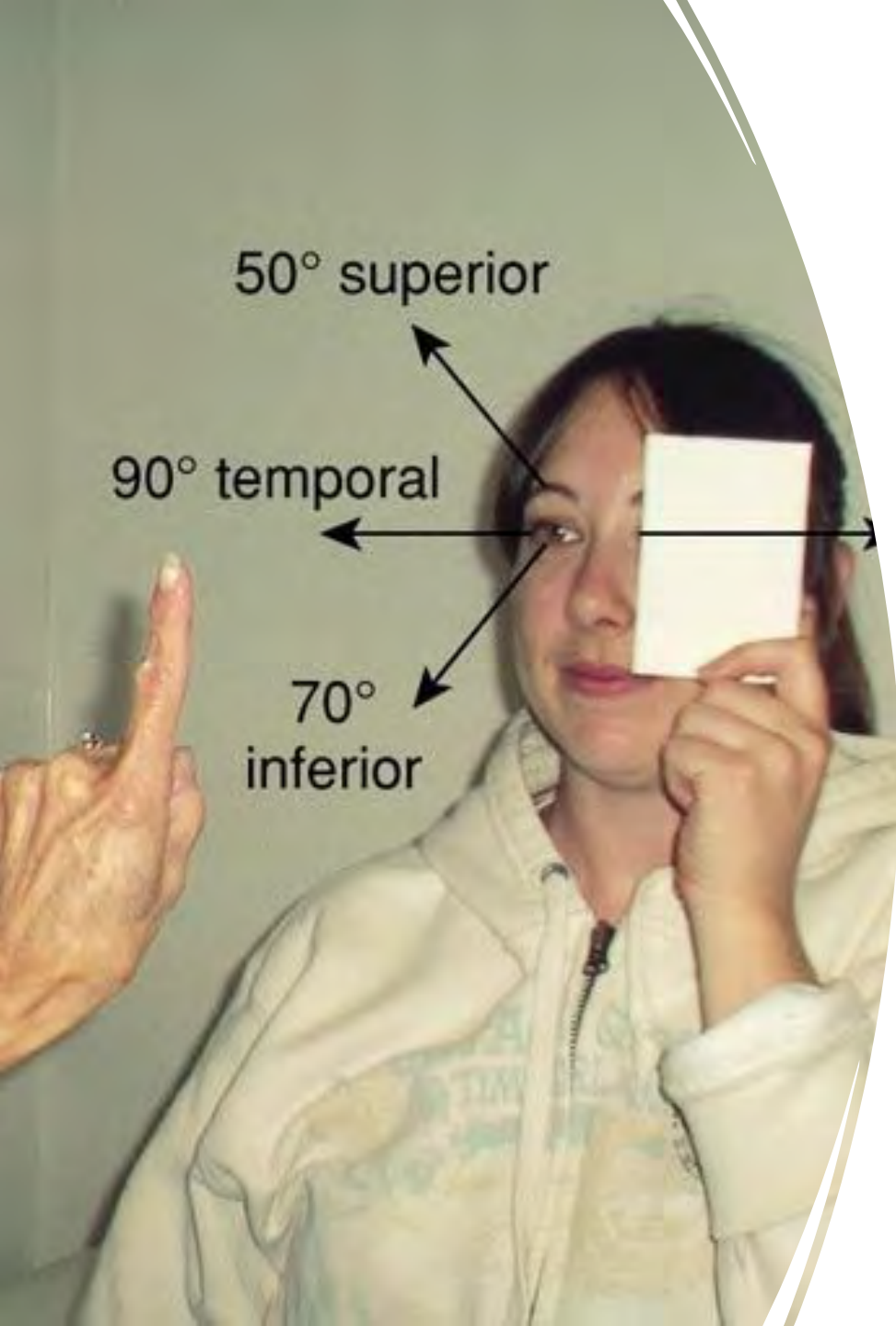 - Cardinal positions
 - Recording accuracy

Why are confrontation fields necessary?

Right optic tract (left visual field only)

Left optic tract (right visual field only)

OPTIC CHIASM

Right optic nerve (carrying information about the entire visual field)

Left optic nerve (carrying information about the entire visual field)

right half of retina

left half of retina

right half of retina

left half of retina

RIGHT EYE

LEFT EYE

right half of visual field

left half of visual field

This test looks for gross field defects

50° superior
90° temporal
70° inferior

Performing confrontation fields:

1. Have the patient remove their hat or anything that could interfere with their peripheral vision.

2. Sit approximately three to four feet away and directly in front of the patient. If possible, adjust your seat height until you are at eye level with the patient.

3. Ask the patient to gently cover their left eye with their left hand and instruct the patient to fix their gaze directly on your left eye throughout the test.

4. While the patient is focusing on your eye, close your right eye and maintain fixation on the patients open eye. Raise your hand to the inferior temporal edge of your peripheral vision halfway between yourself and the patient, while holding up 1, 2, or 5 fingers. Using only 1, 2, and 5 fingers helps to make the number more easily distinguished by the patient. Ask the patient how many fingers are seen.

5. Repeat step 4, testing all four visual quadrants of the left eye: Inferior temporal, inferior nasal, superior temporal, and superior nasal.

6. Repeat steps 3, 4, and 5 for the patient's right eye
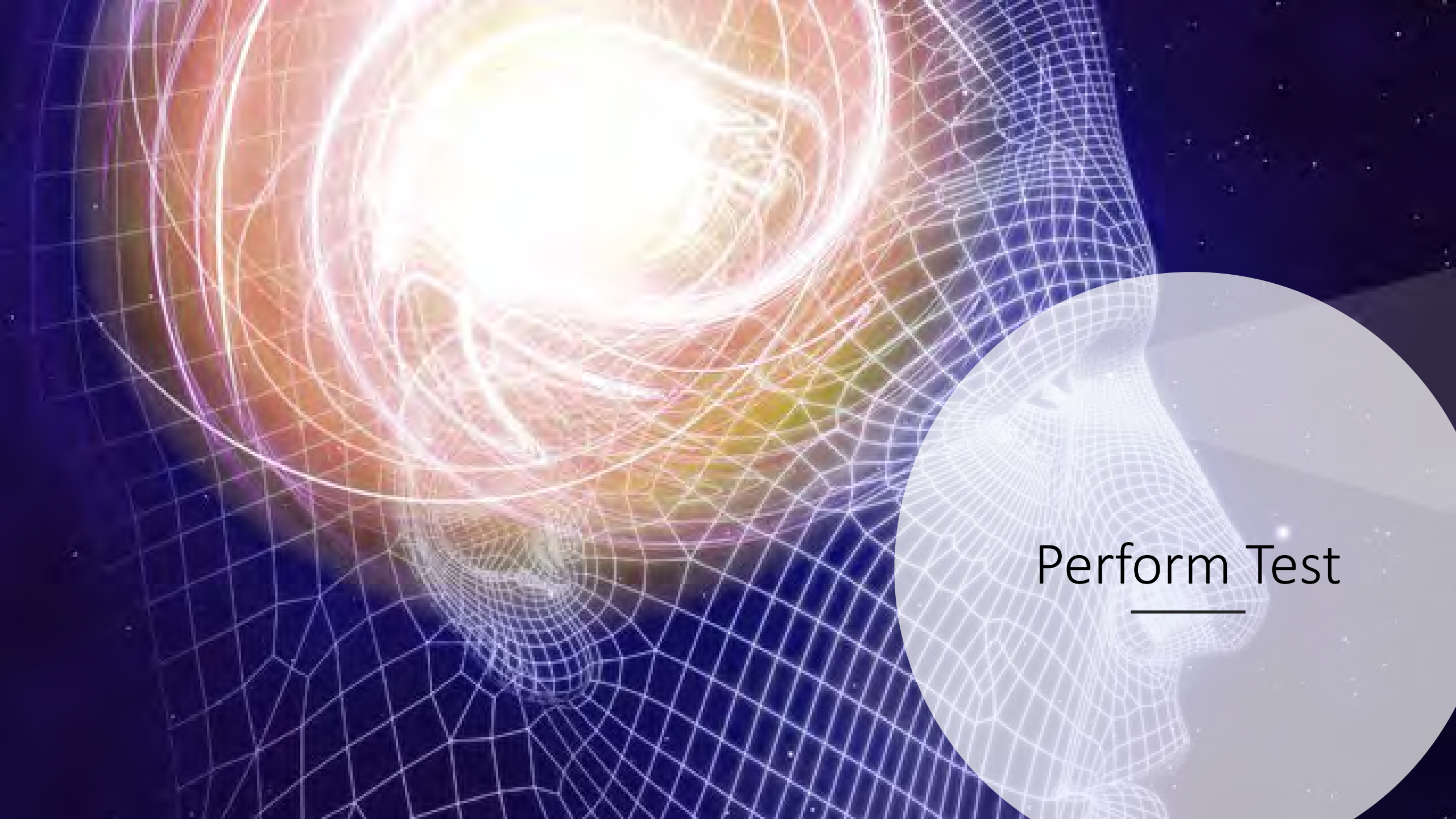
Perform Test

Purpose of Color Vision Testing

Color vision can be assessed by several methods, and each eye is tested separately. The purpose of color vision testing is to **detect acquired unilateral or bilateral color loss**, which occurs most commonly with maculopathies, optic neuropathies, chiasmal disorders, and, more rarely, bilateral occipital lesions
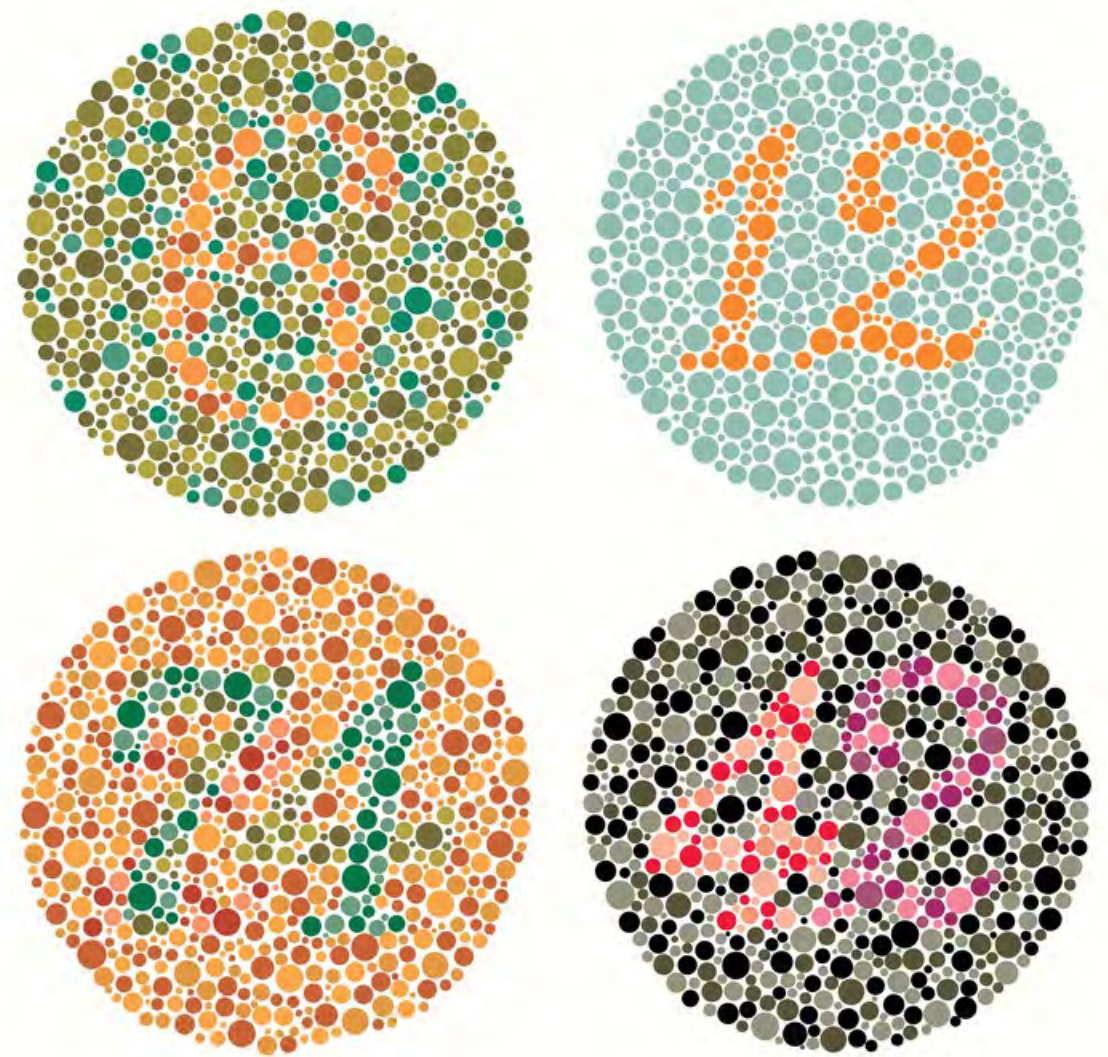
Why is color vision testing important?

Color vision deficiency tends to be more of an inconvenience than a hardship. But it can raise challenges for children in school if lesson plans have a lot of color-coded information. Graphic designers and electricians must be able to perceive colors correctly — these and other careers might not be a good choice for people with color vision deficiencies.

Several diseases have been associated with color vision deficiencies, including:

- Photokeratitis – Snow blindness that happens when intense light inflames the cornea.

- Retinitis pigmentosa – An inherited, degenerative disease of the retina.

- Optic neuritis – swelling of the optic nerve, can be associated with multiple sclerosis

- Usher syndrome – A disorder that causes blindness and hearing loss. Retinitis pigmentosa is one of the top symptoms of Usher syndrome.

- Loss of color vision might also result from Parkinson's disease and the presence of cataracts.

- Color vision - All About Vision

Color Vision…why is this important?

- CVT
  - Patient instructions
  - Proper lighting
  - Cover proper eye
  - Pt habitual Rx
  - **Test distance (75cm)**
  - Patient position
 - Record accurately
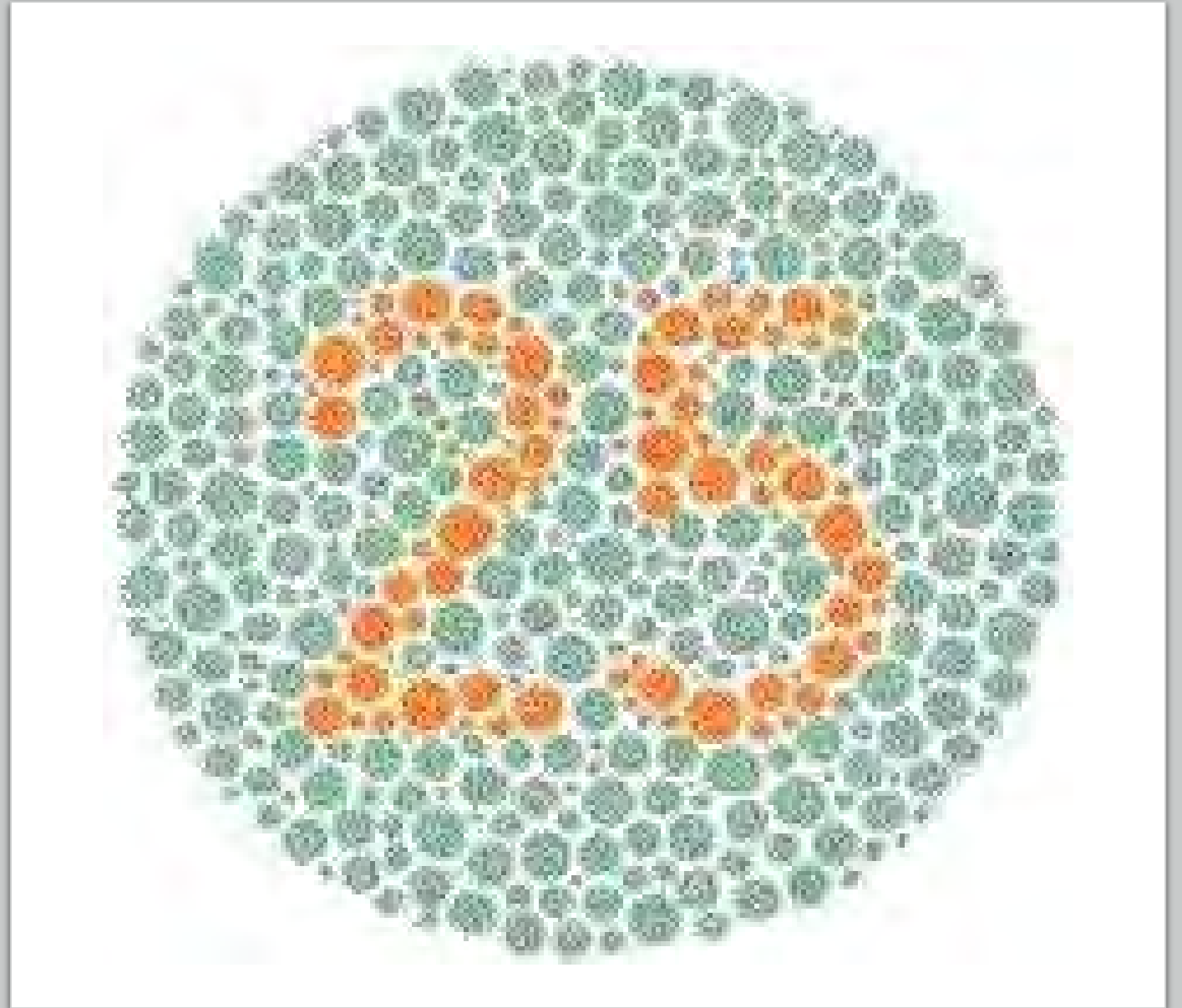
Perform Test

Purpose of Dilation

- Eye dilation works to **increase the size of your pupils**. Doing this allows the doctor to look at your retina and optic nerve to determine their level of health.

- 50-75% better view

Drop Instillation

- Review patient chart for the providers orders or protocol
- <mark>Clean hands</mark>
- Explain procedure
- Remember safety
- Inspect bottle
- Check date

http://images.emedicinehealth.com
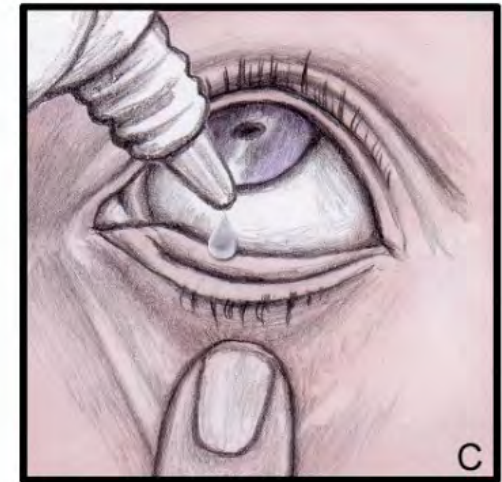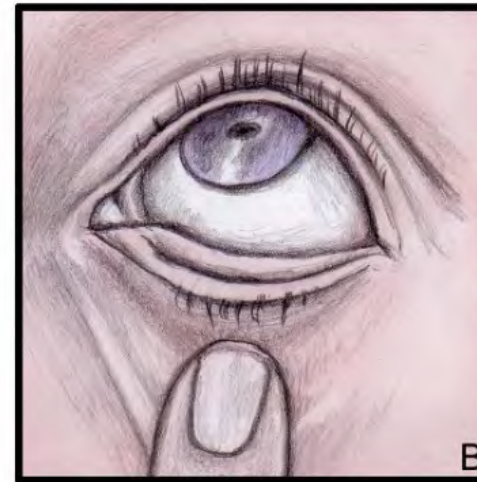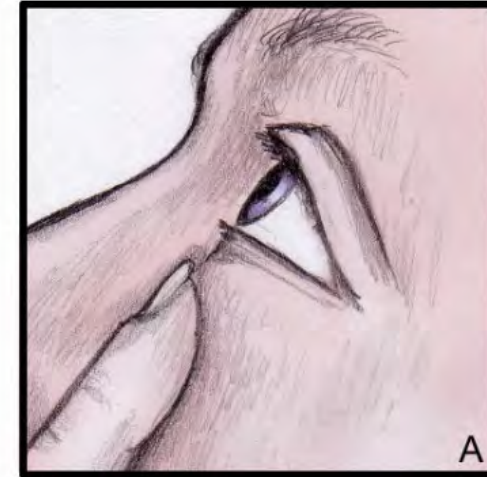
Perform Test

Purpose of the Amsler Grid

The **Amsler grid**, used since 1945, is a grid of horizontal and vertical lines used to monitor a person's central visual field. The grid was developed by Marc Amsler, a Swiss ophthalmologist. It is a diagnostic tool that aids in the detection of visual disturbances caused by changes in the retina, particularly the macula (e.g. macular degeneration, Epiretinal membrane), as well as the optic nerve and the visual pathway to the brain. Amsler grid usually help detecting defects in central 20 degrees of the visual field.
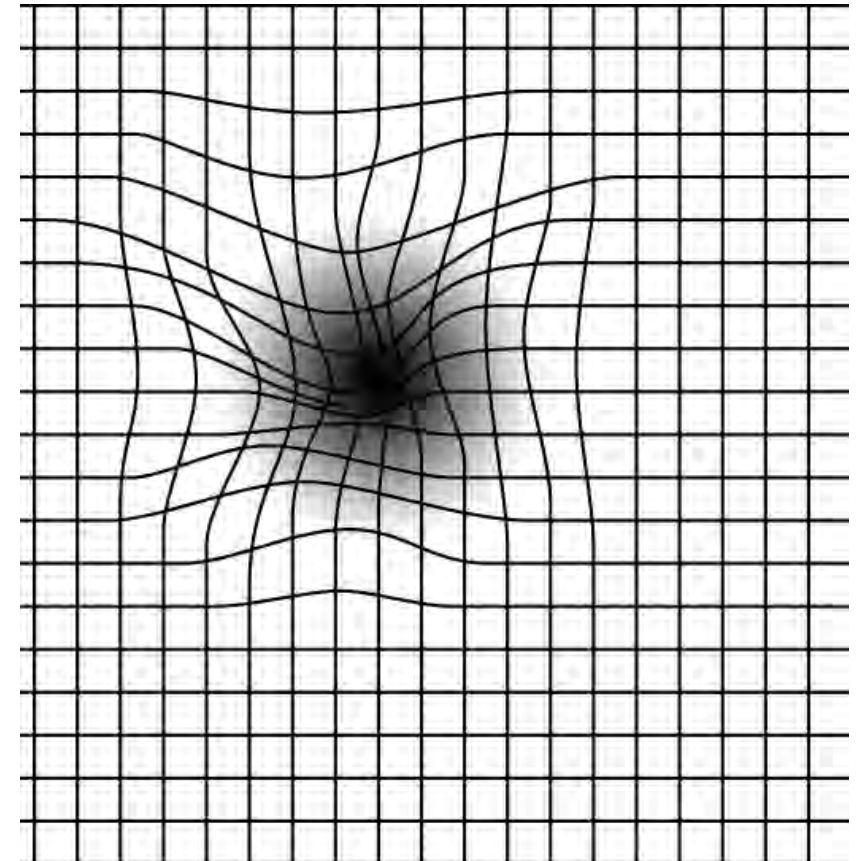
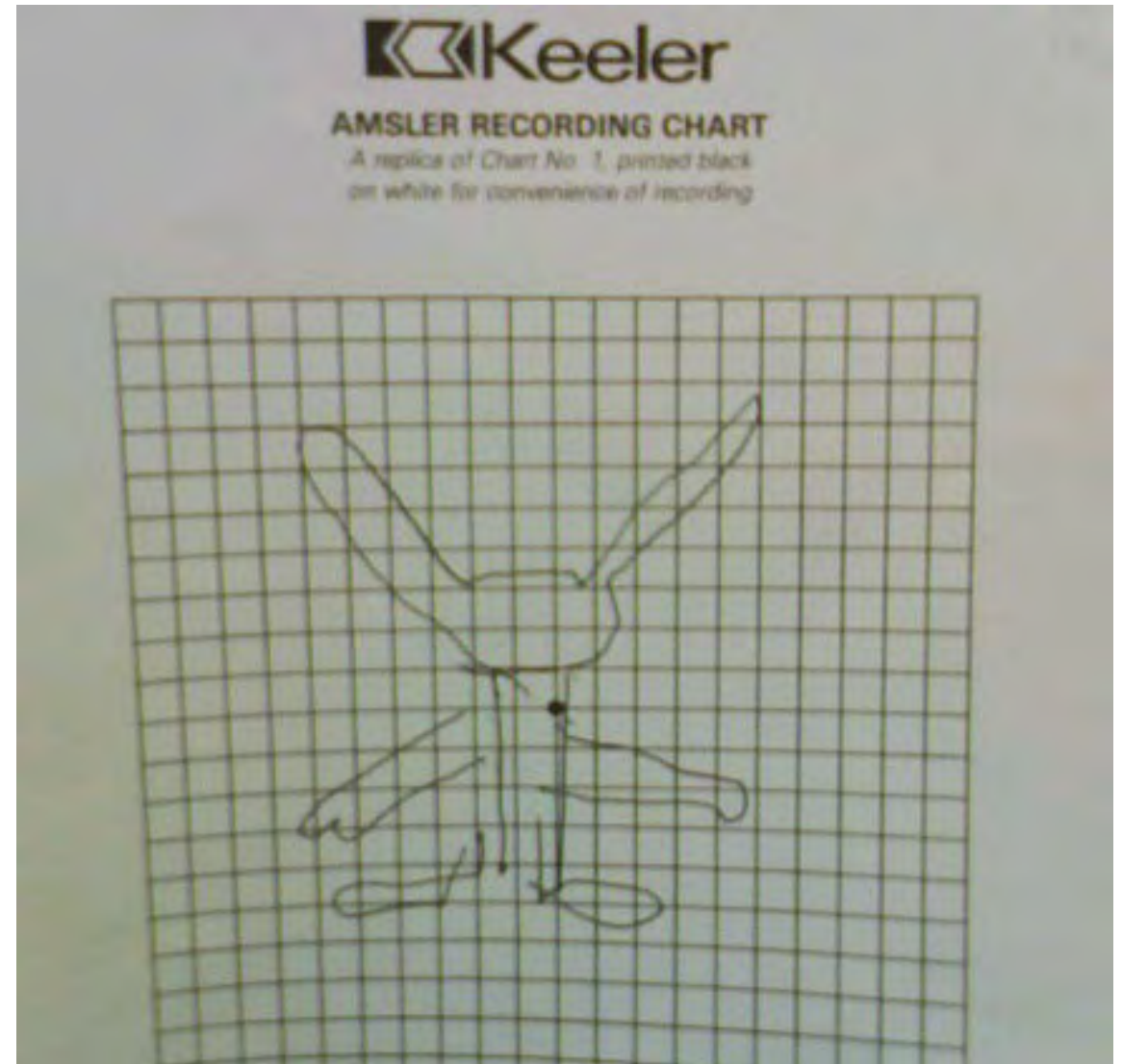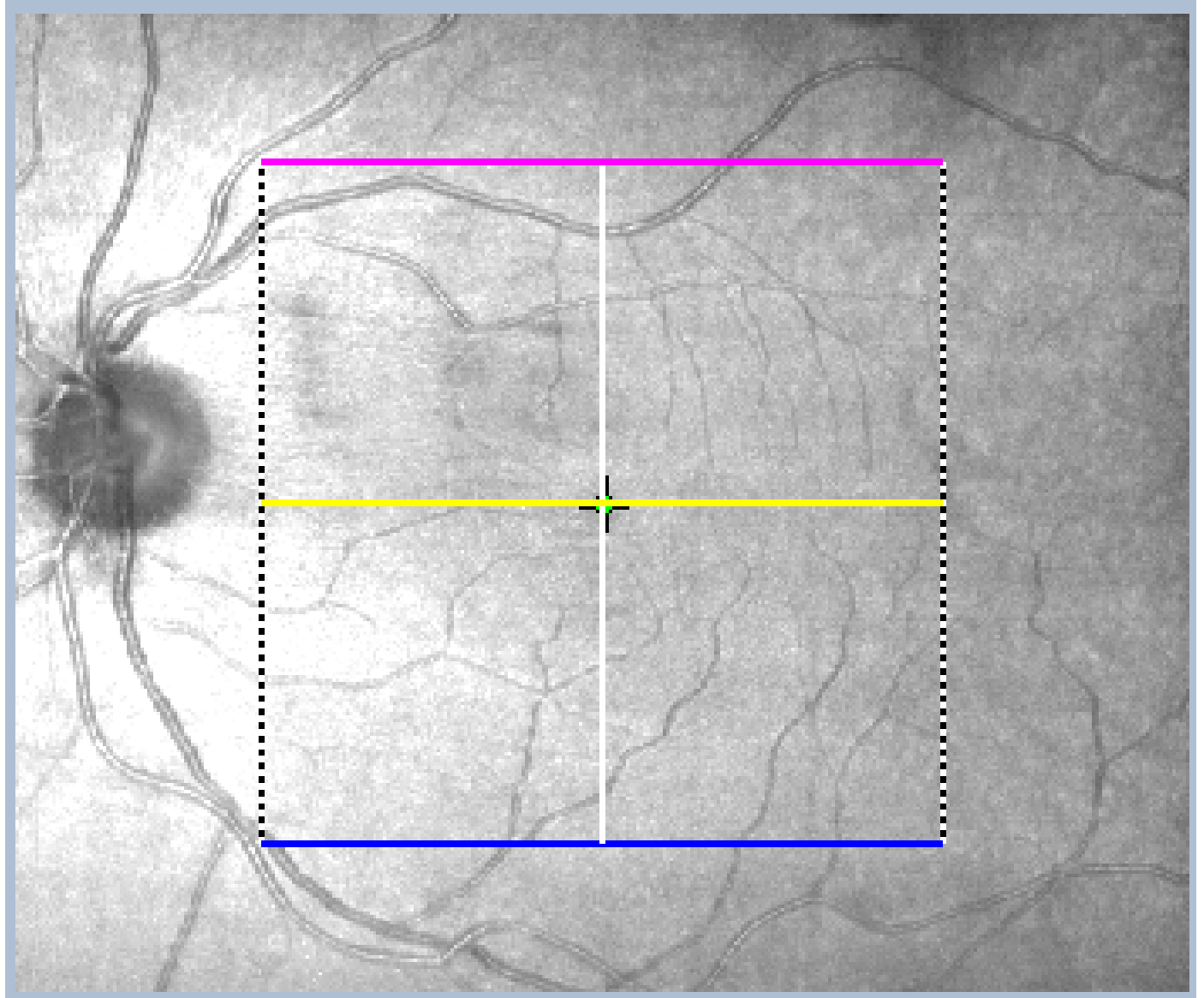# Amsler Grid…why is this important

- Checks for central 20 degrees of vision

- 4 basic questions
  - Can you see the dot in the middle?
  - Can you see the four corners?
  - Are all the lines present horiz/vert?
  - Are any of the lines wavy or missing?

- Normally given to diabetic patients or those with macula diseases

Perform Test

Perform Test

Purpose of The Pupilometer

In the most common sense, a pupilometer is a tool for **measuring pupillary distance** (PD). It is used for fitting eyeglasses so that the lenses are centered in the visual axis. This is the most common nomenclature.

* Please do not forget to calibrate monthly!

Perform PD MEASUREMENT

- **PD** or Pupillary Distance (often referred to as **IPD**, for "inter-pupillary distance) is CRITICAL for an optical department to know & do correctly!

- GOAL is for the Optical Centers (**OCs**) of glasses ordered to *MATCH* the Patient's **PD**

- Two ways to measure PD:
  - **PD Ruler** (millimeter ruler)
    - Gives you a BINOCULAR measurement (GOOD!)
  - **Pupillometer**
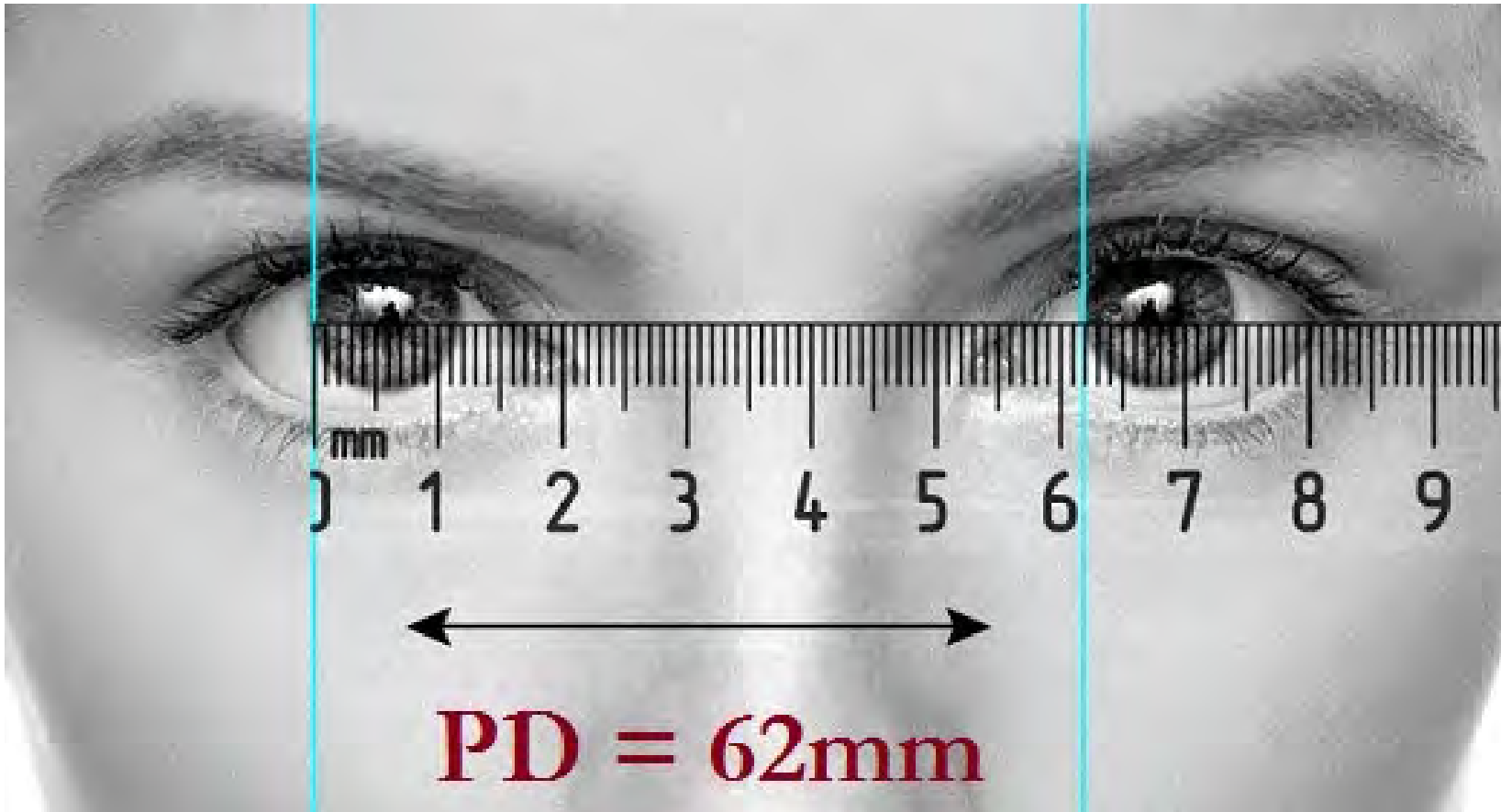   - Gives you a BINOCULAR 'total' and a MONOCULAR measurement for each eye (BETTER!)

- In **_THEORY_**, you are measuring from the center of one pupil to the center of the other, as shown in the picture…
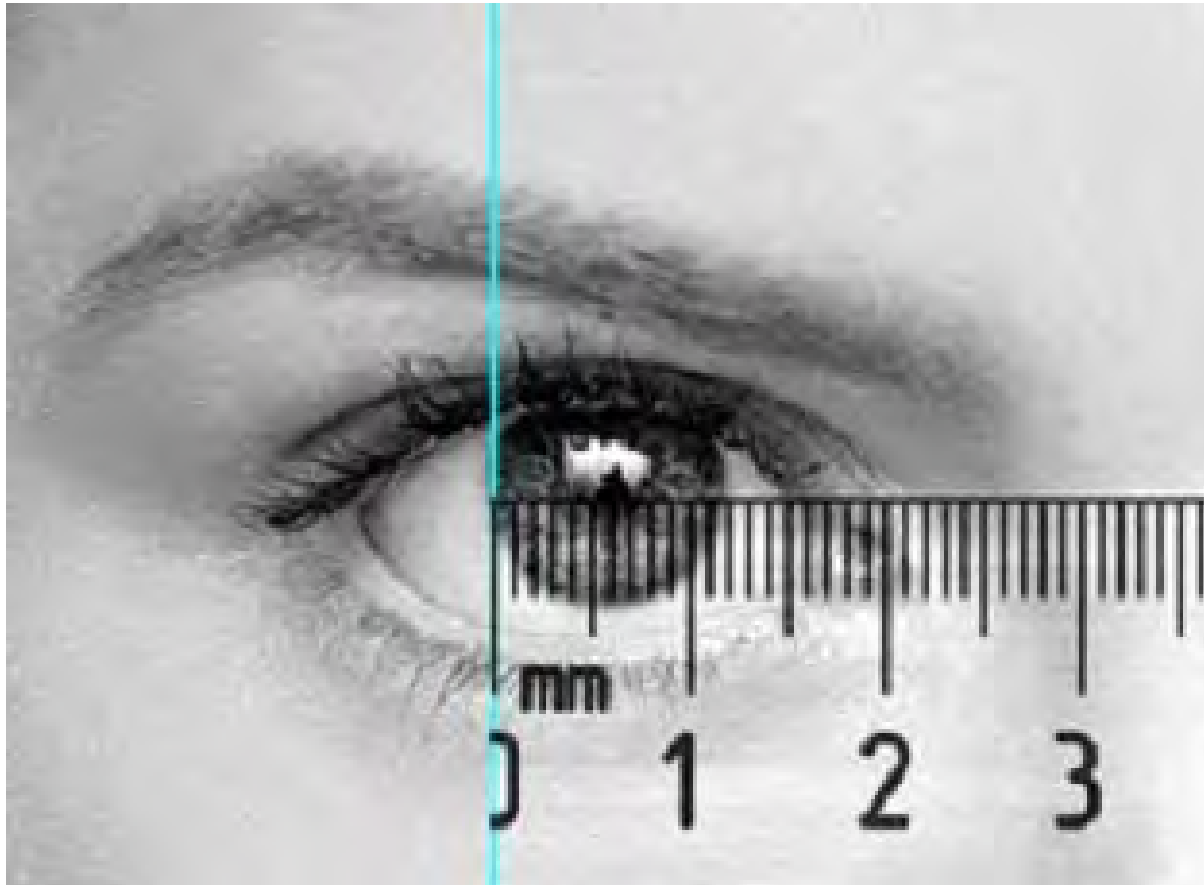
58mm
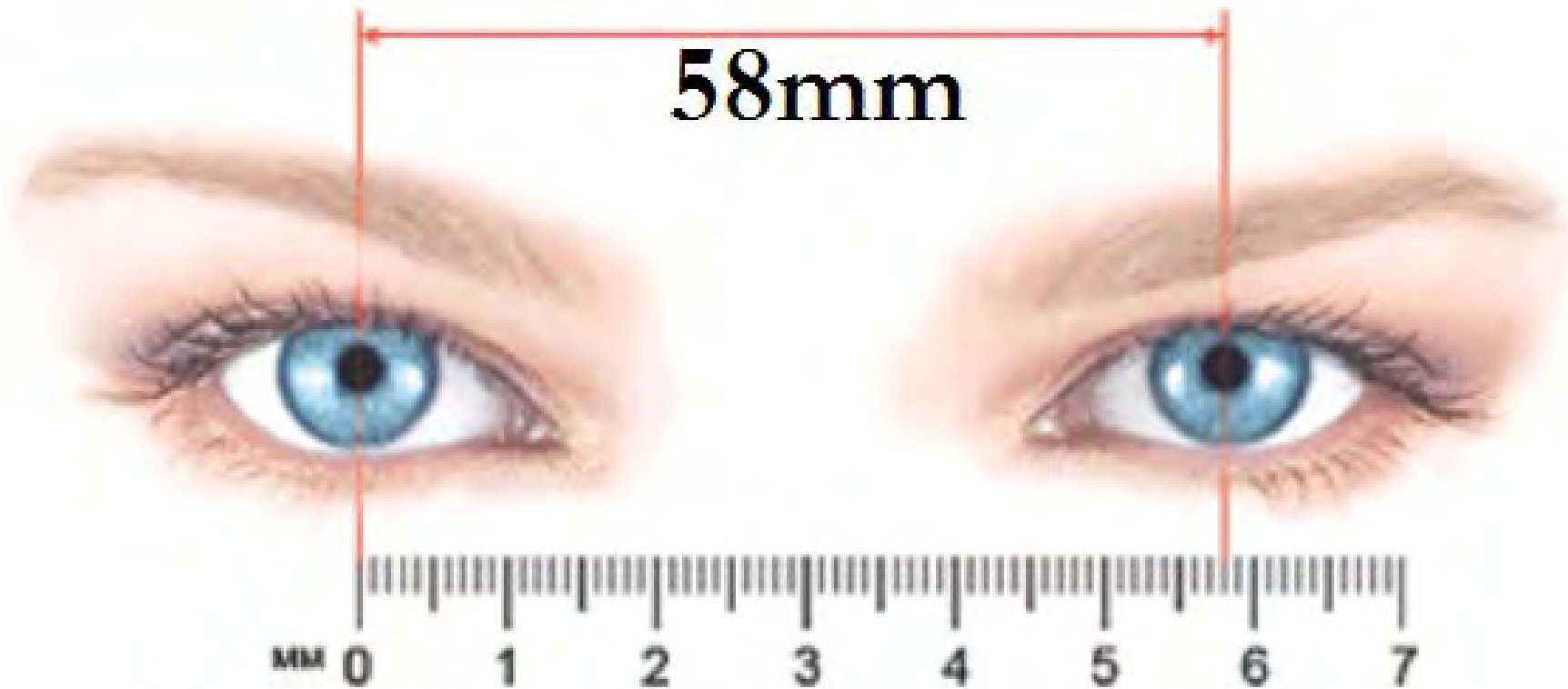
PD MEASUREMENT (cont.)

- In **_REALITY_**, you will measure from **OD temporal limbus** to the **OS nasal limbus**!
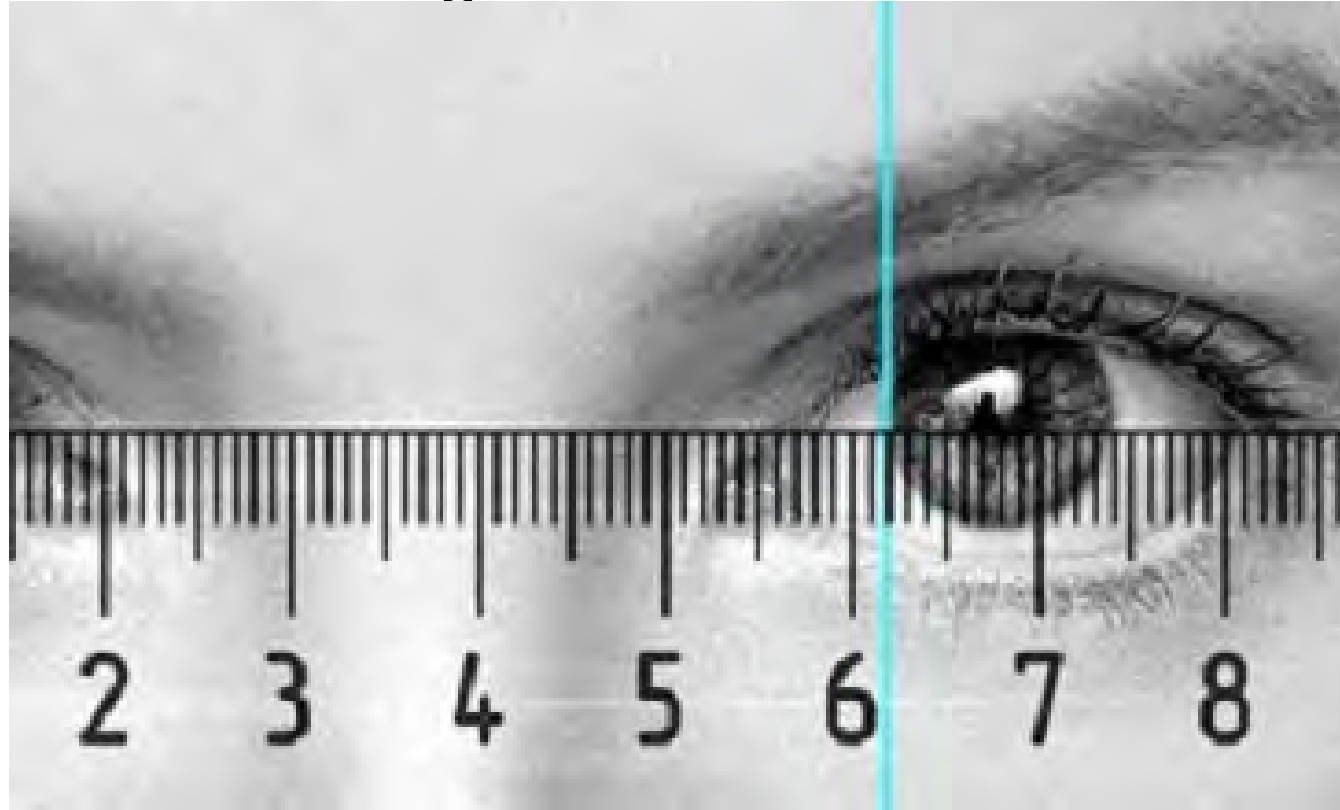- Why? Much easier to SEE & MEASURE! (meaning "more accurate")

PD = 62mm

PD MEASUREMENT (cont.)

- Instruct Pt "Look at my LEFT eye" (it will be the ONLY eye you have open!)
- Line up the ZERO mark with Pt's R. Lateral Limbus

- With Pt **still looking at your LEFT eye** (the only one you have open), you look over at the Pt's LEFT eye & get the **NEAR PD** reading from their Left Nasal Limbus

In this case, their **NEAR PD** would be 62mm

PD MEASUREMENT (cont.)

- Now have the Pt look at your RIGHT EYE (you will close your LEFT eye and OPEN your RIGHT EYE.)
- **You will look at the** Pt's LEFT eye (again) & get the **DIST PD** reading from their Left Nasal Limbus
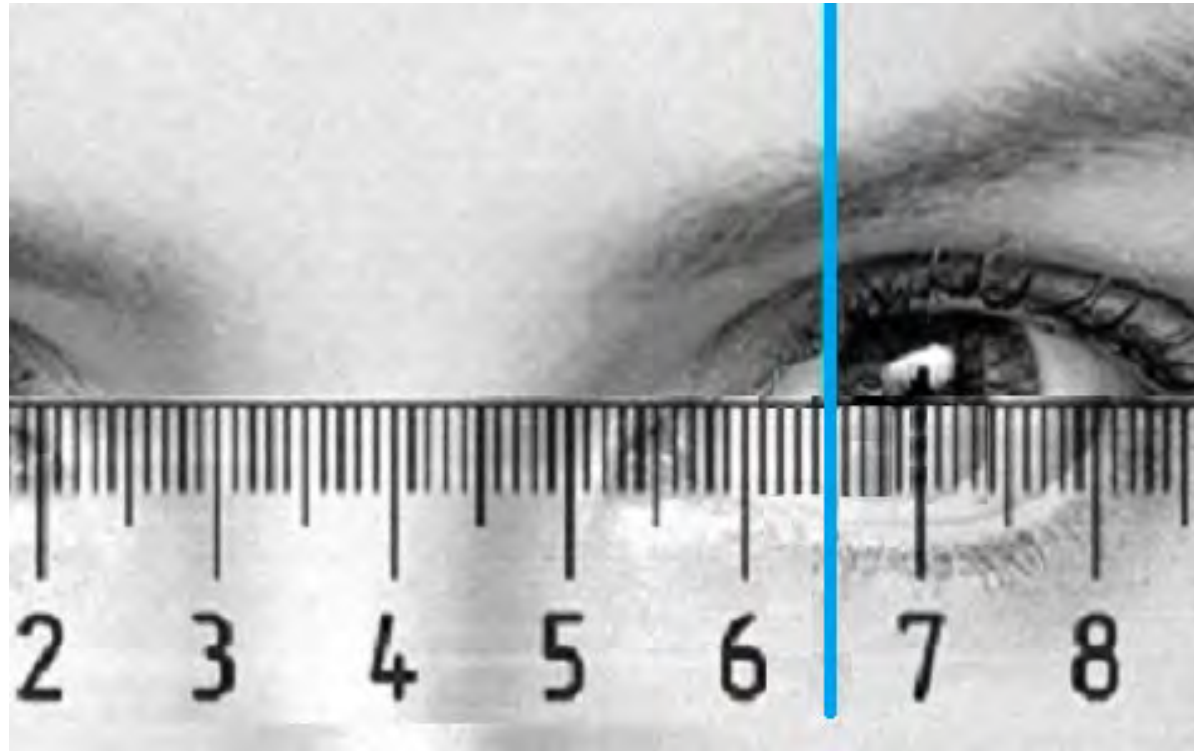
In this case, their **DISTANT PD** would be 65mm

PD MEASUREMENT (cont.)

PUPILLOMETER

- Can set to measure DIST or NEAR

- Pt looks @ object in unit

- Optician slides tabs to put "lines" through Pt's pupils

- Read-out shows you the PD!

- EASY...LOVE IT!

PERFORM SKILLS!

Why We Check BP

People who have high blood pressure are often advised to monitor their blood pressure at home, and now, a new study suggests that blood pressure measured in the morning may be a better predictor of stroke risk than blood pressure measured in the evening.

Blood Pressure …why is this important?

- Check blood pressure prior to drops
- Please understand the procedure
- Correct position
    - Do not allow patient's legs to cross
    - Make sure clothing is not tight on arm
- Explain it
- Perform it
- Document it
- No more than 3 attempts

Category	Systolic, mmHg	Diastolic, mmHg
Hypotension	Less than 90	Less than 60
Normal	90 – 119	60 – 79
Prehypertension	120 – 139	80 – 89
Stage 1 Hypertension	140 – 159	90 – 99
Stage 2 Hypertension	160 – 179	100 – 109
Hypertensive Crisis	Greater than 180	Greater than 110

http://www.lifelinescreening.com

What is considered a normal adult blood pressure?

Perform Test

SUMMARY & CONCLUSION

- Our **_OBJECTIVE_** was to review:

- **Pre-screening** (basic tests, testing positions, and documentation)

- **Blood Pressure Testing**

- Confrontation Fields

- **Color and Stereo tests**

- **COVER TESTING** / EXTRAOCULAR MOTILITY (**EOMs**)

- **PUPILLARY ASSESSMENTS**

- **PD MEASUREMENT** (PD Ruler vs. Pupillometer)

- **CASE HISTORY (& HPIs)**

Blast from the Past

Do's and Don'ts

Position yourself properly for testing

People not reviewing the pt chart before the patient arrives

Ignoring safety measures

Don't say, "in my old office, we did it differently"

Not listening to the patients

Improper recording/documentation

Questions?

Thank you, Lynn:
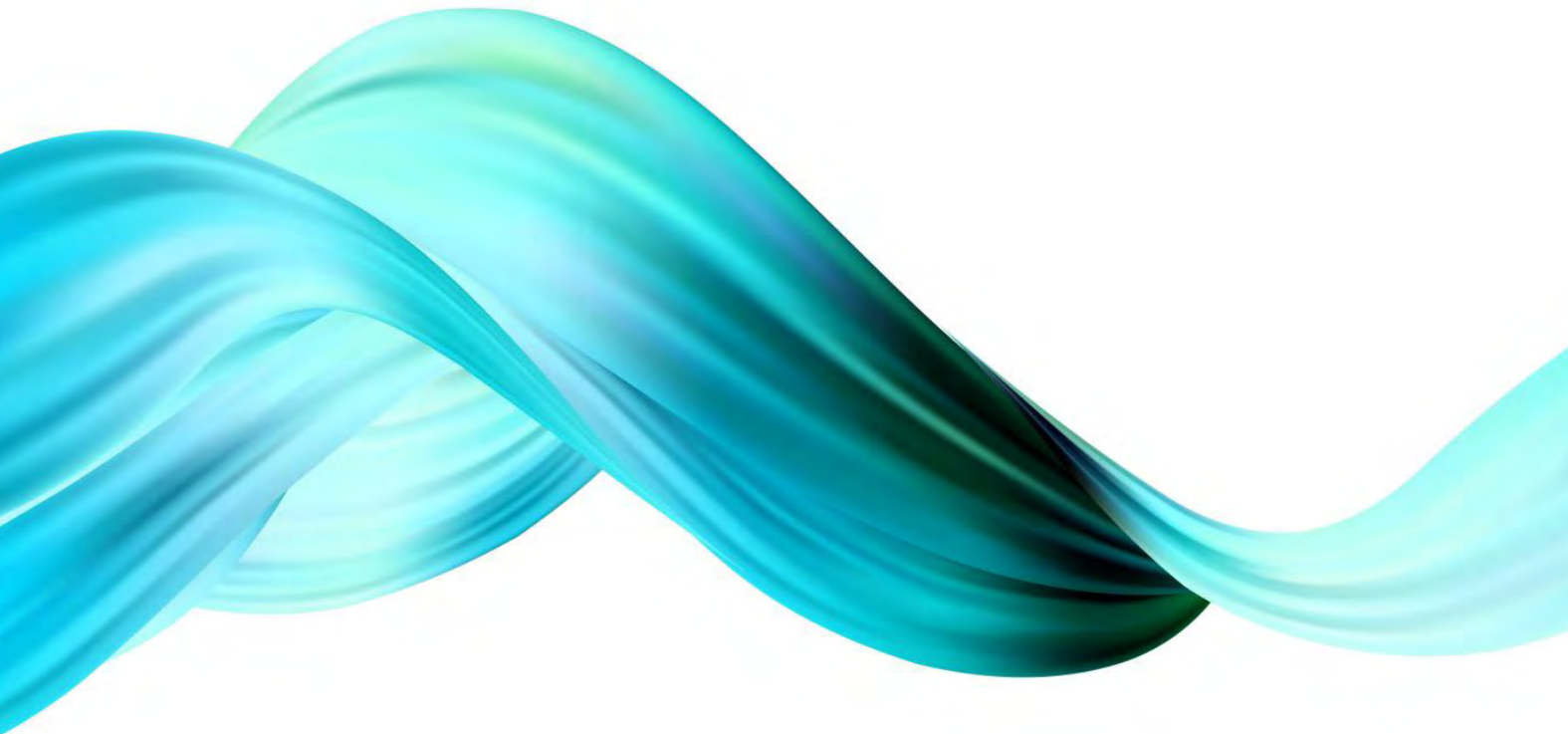martralyn@msn.com