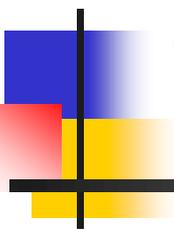


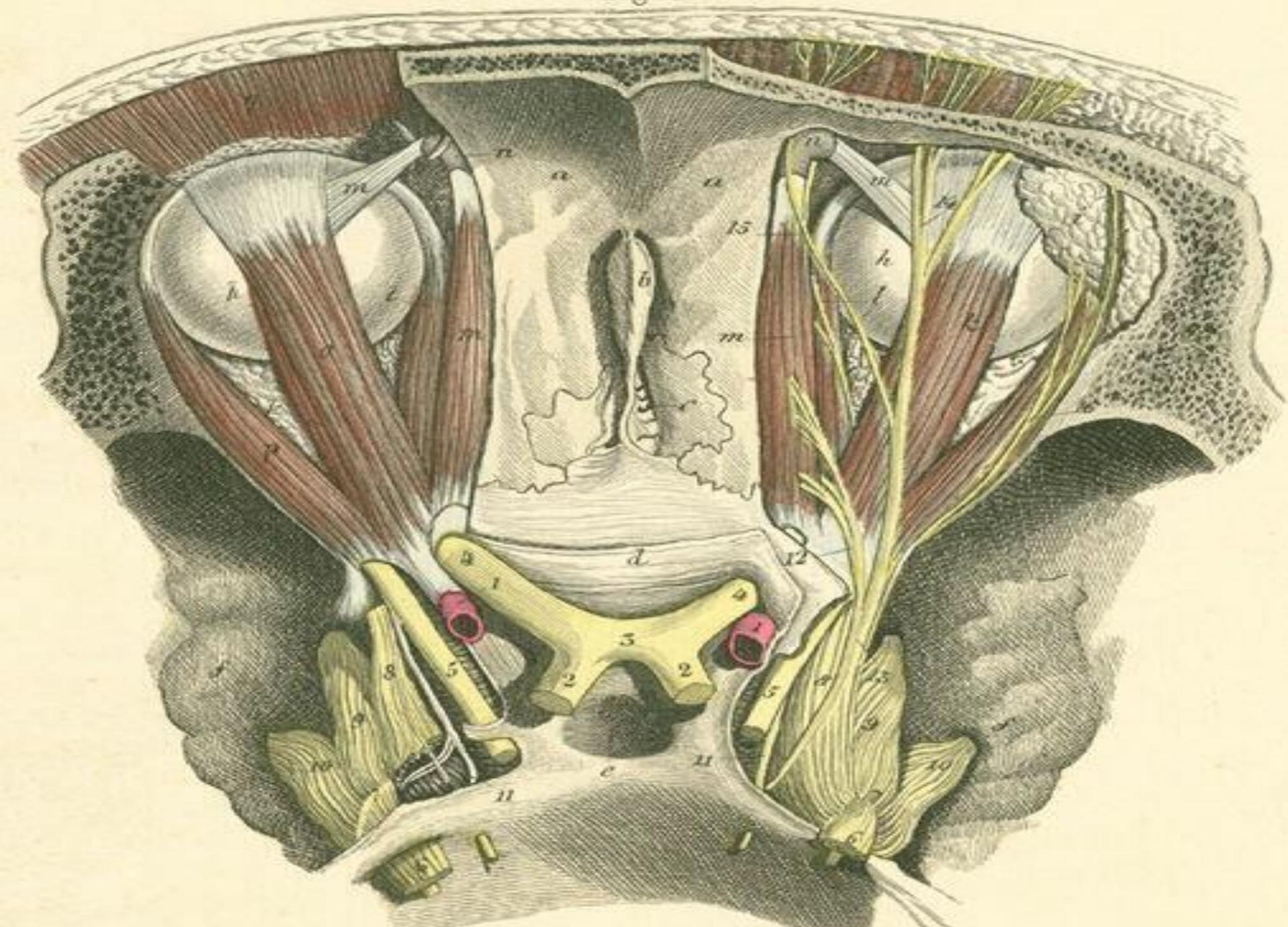
History & Physical examination

Ophthalmology

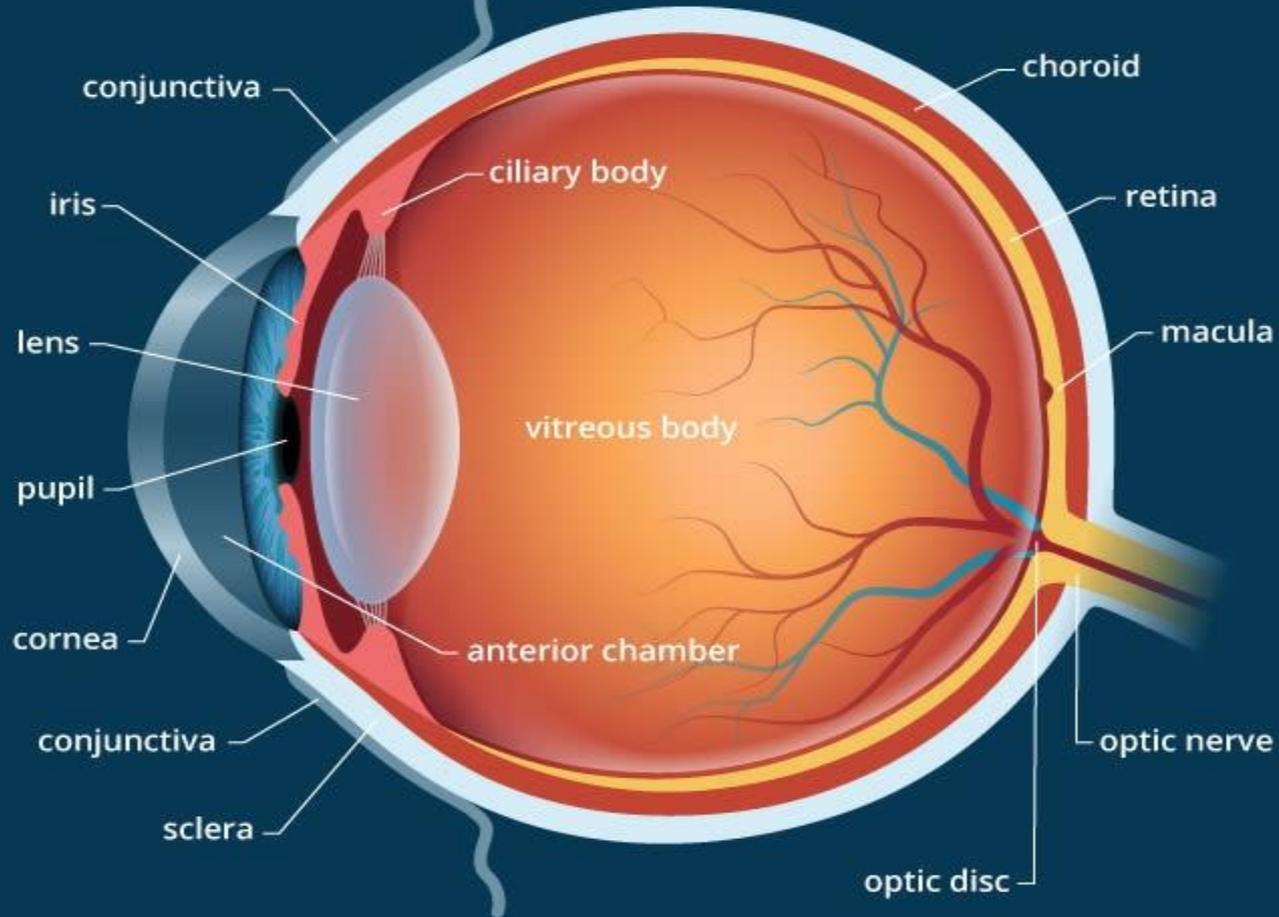


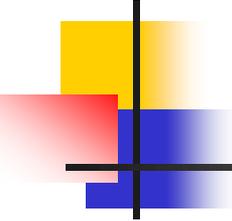
Deaa albtoosh

Fig. 19.



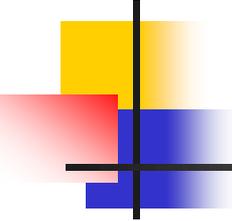
Eye Anatomy





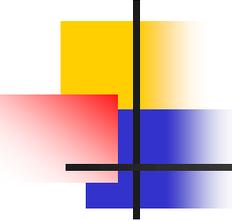
History components

- Patient Profile
- Chief complaint
- History of present illness
- Past ophthalmic history
- Past medical history
- Drug history
- Family history
- Social history



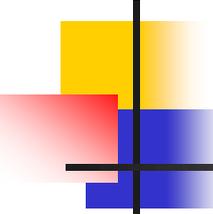
Chief complaint

- Symptom and duration



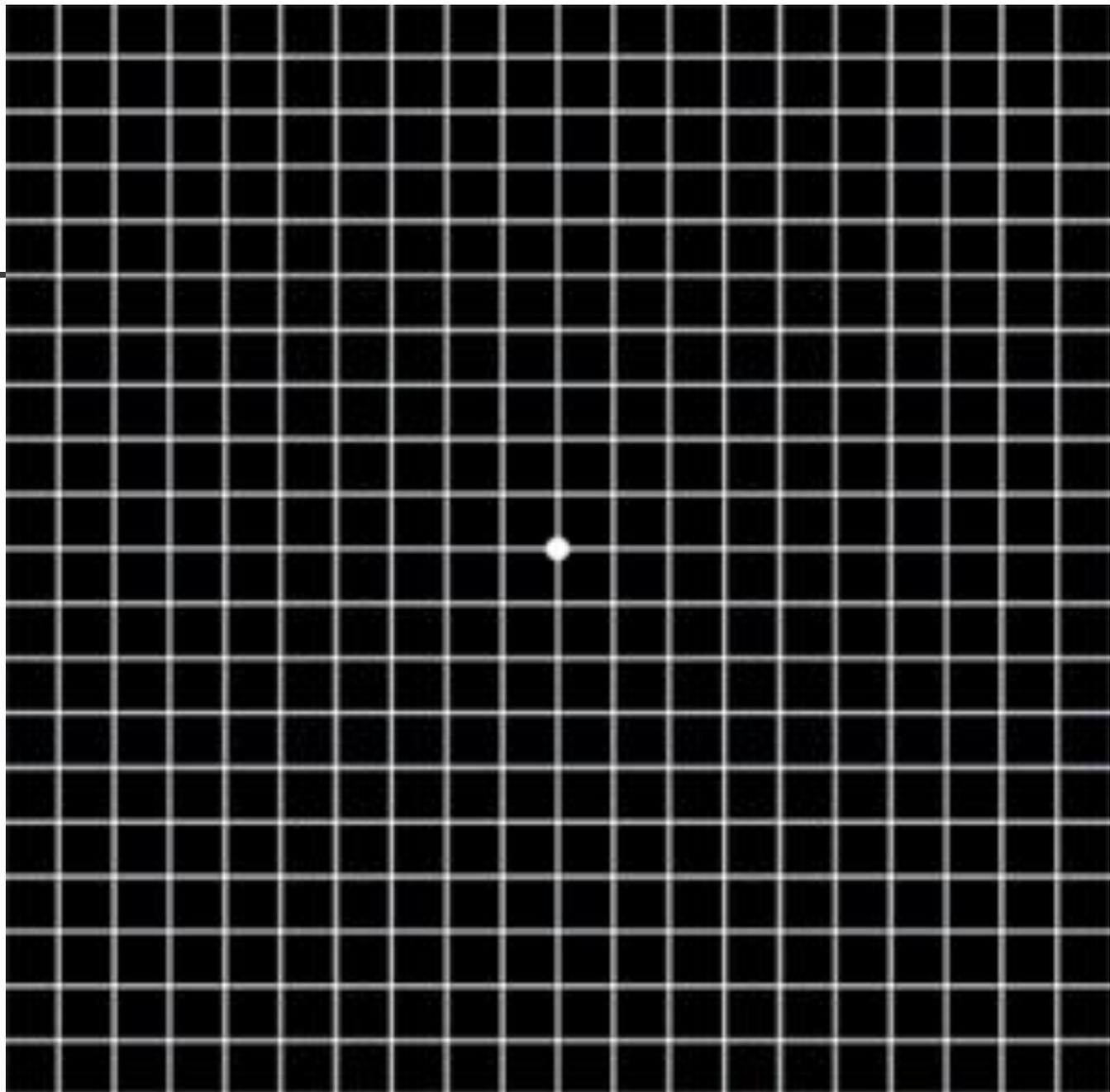
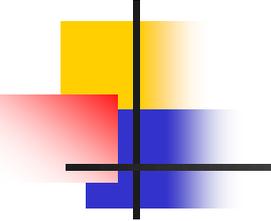
Symptoms

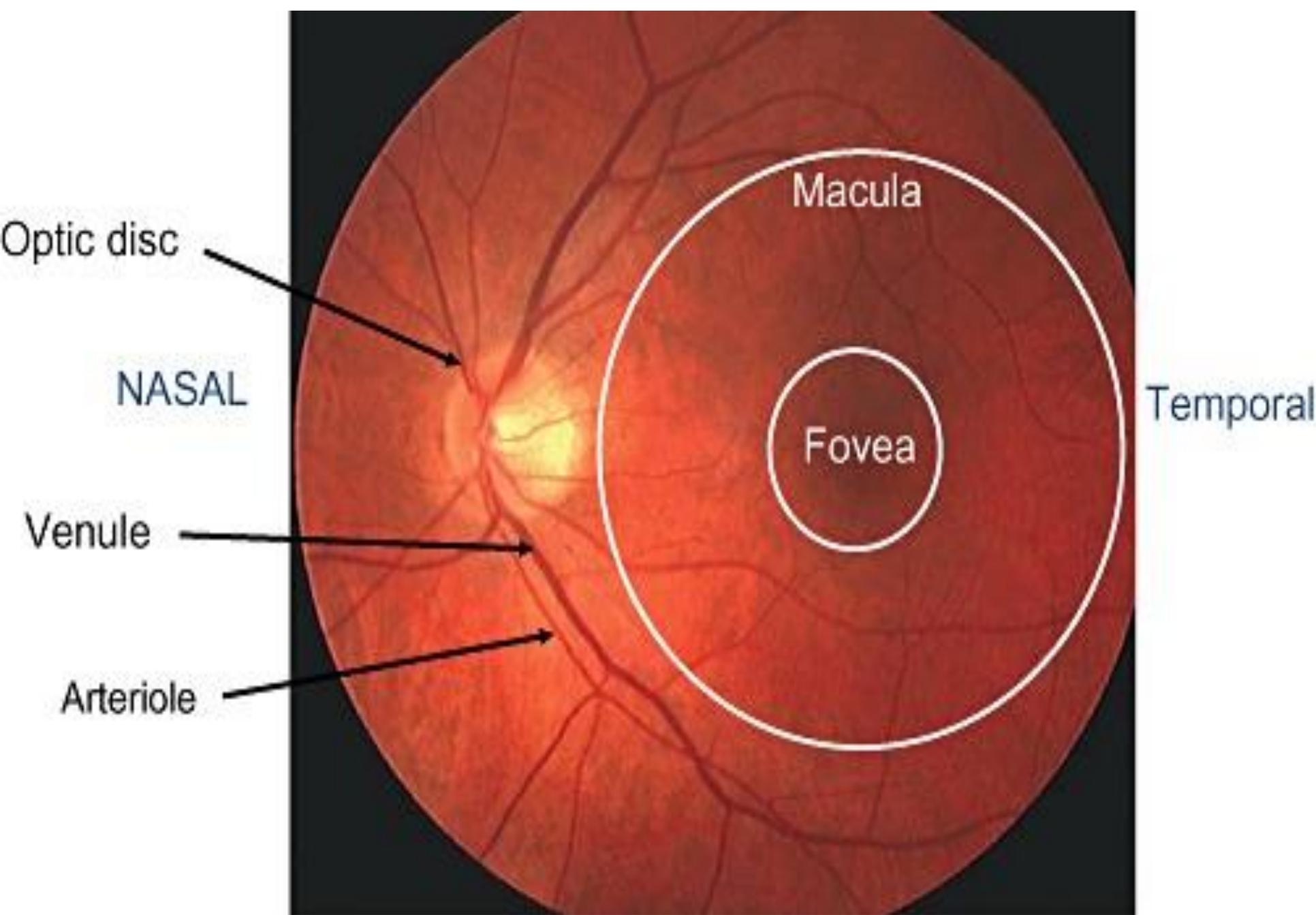
- Vision related
- Pain and discomfort
- Lacrimation and discharge
- Ocular motility symptoms

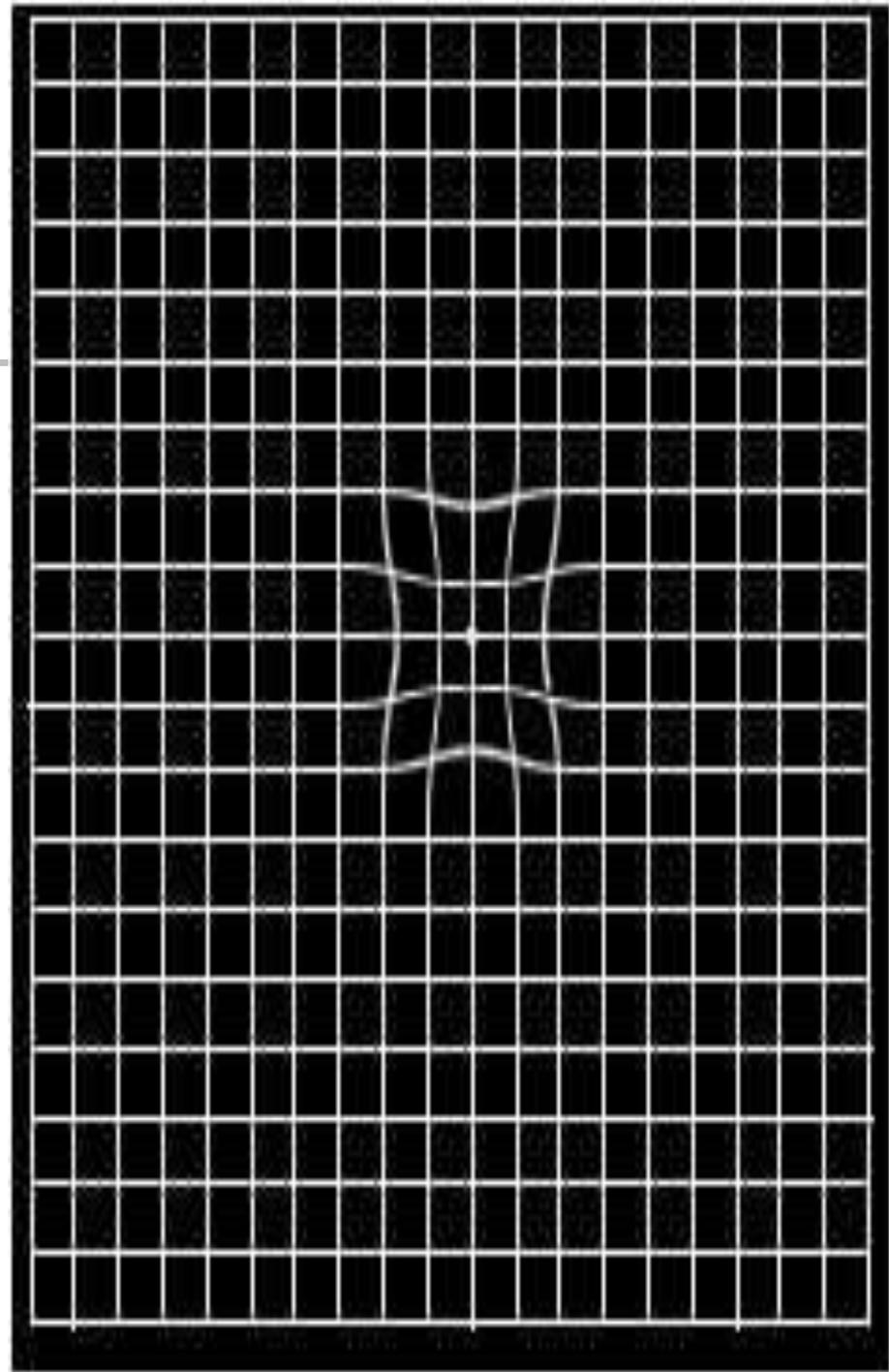
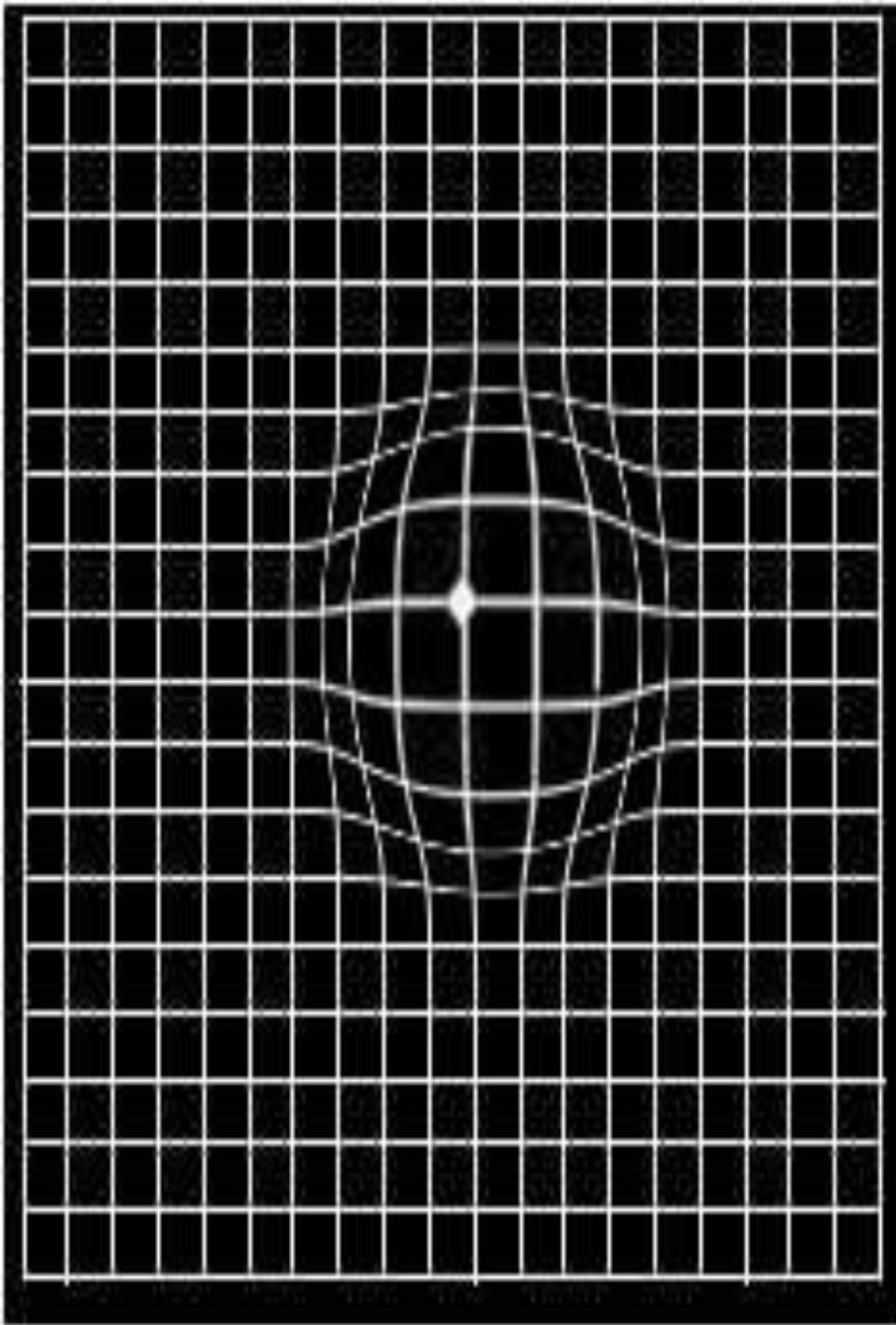


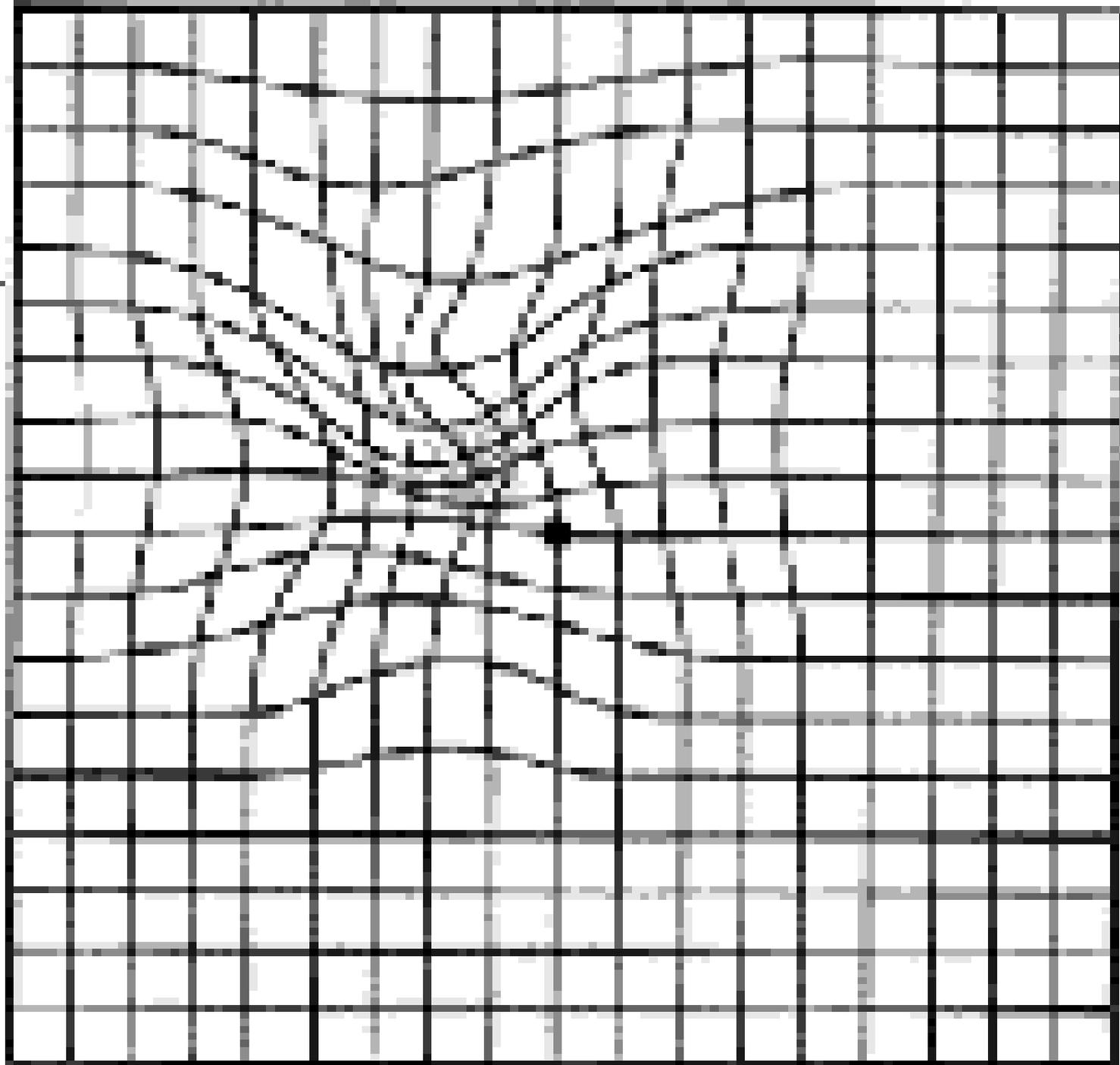
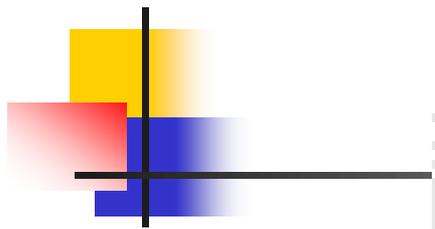
Vision related symptoms

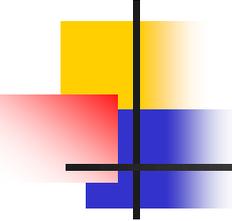
- Decrease visual acuity
- Floater
- Photopsia
- Micropsia and macropsia
- Oscillopsia
- nyctalopia
- Color vision abnormalities
- Hallows
- Glare
- Others





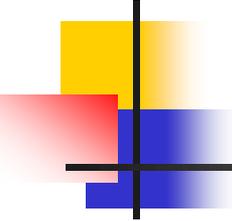






Pain and discomfort

- can be serious
- Range from mild discomfort to severe irritating pain as in Scleritis



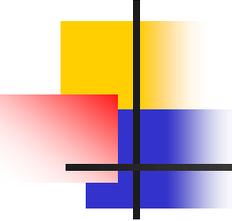
Ocular Pain Associations

Redness

Discharge

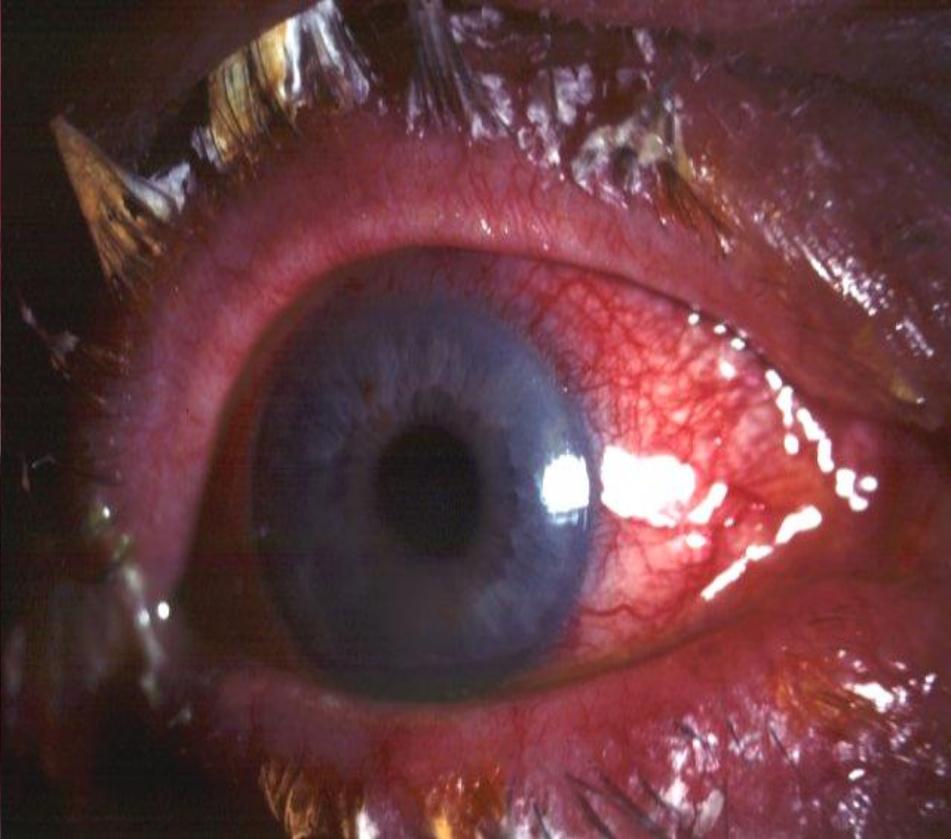
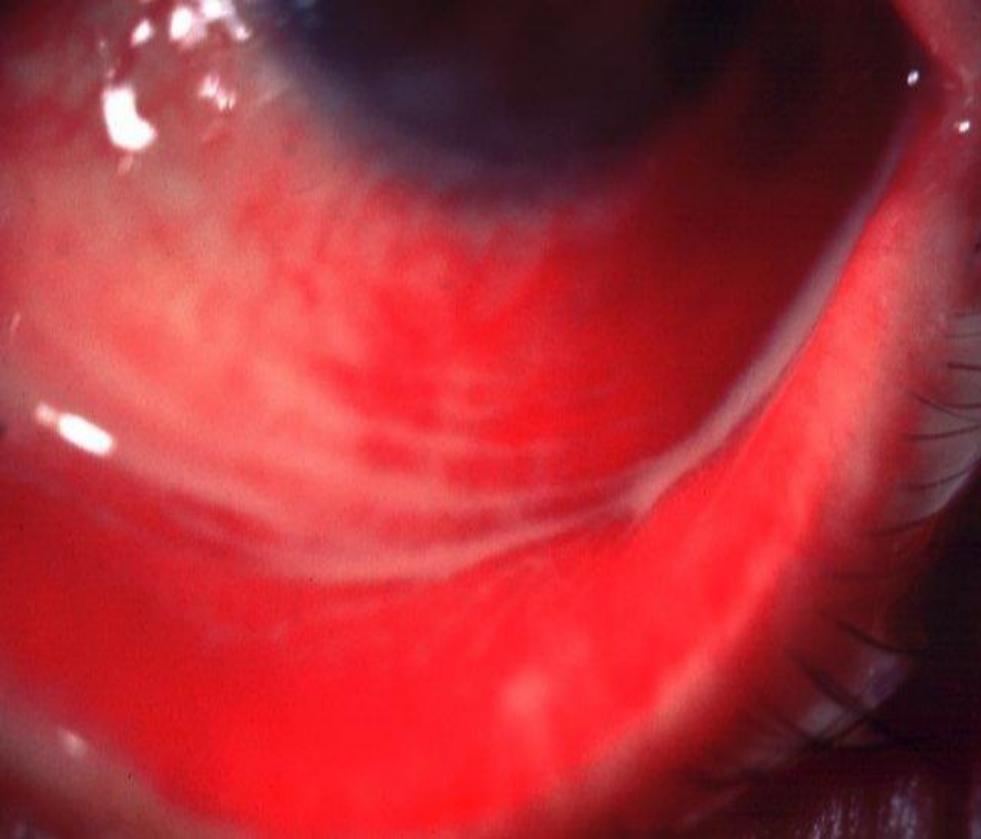
Visual disturbances

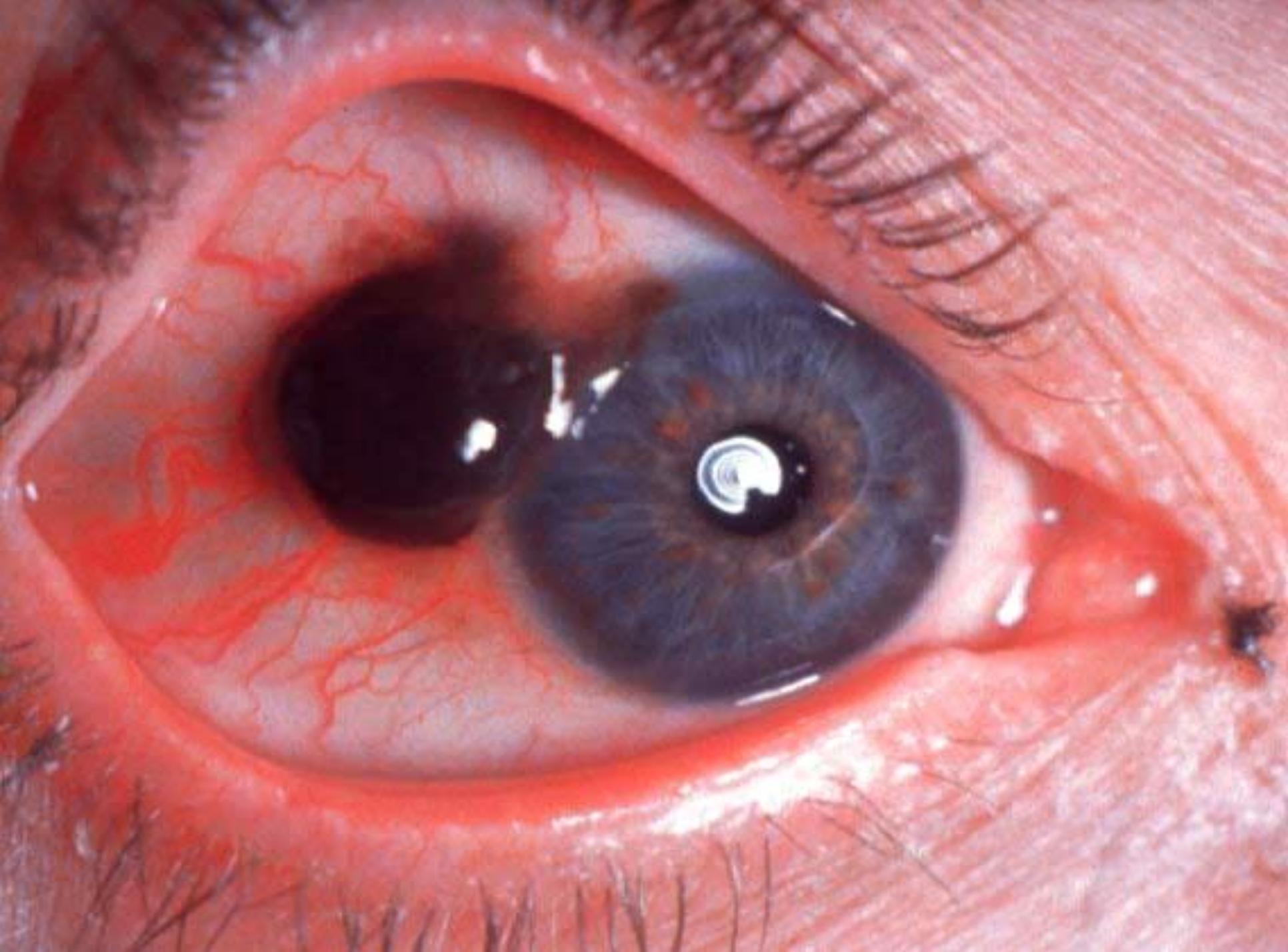
Ocular motility pain

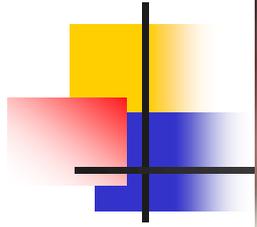
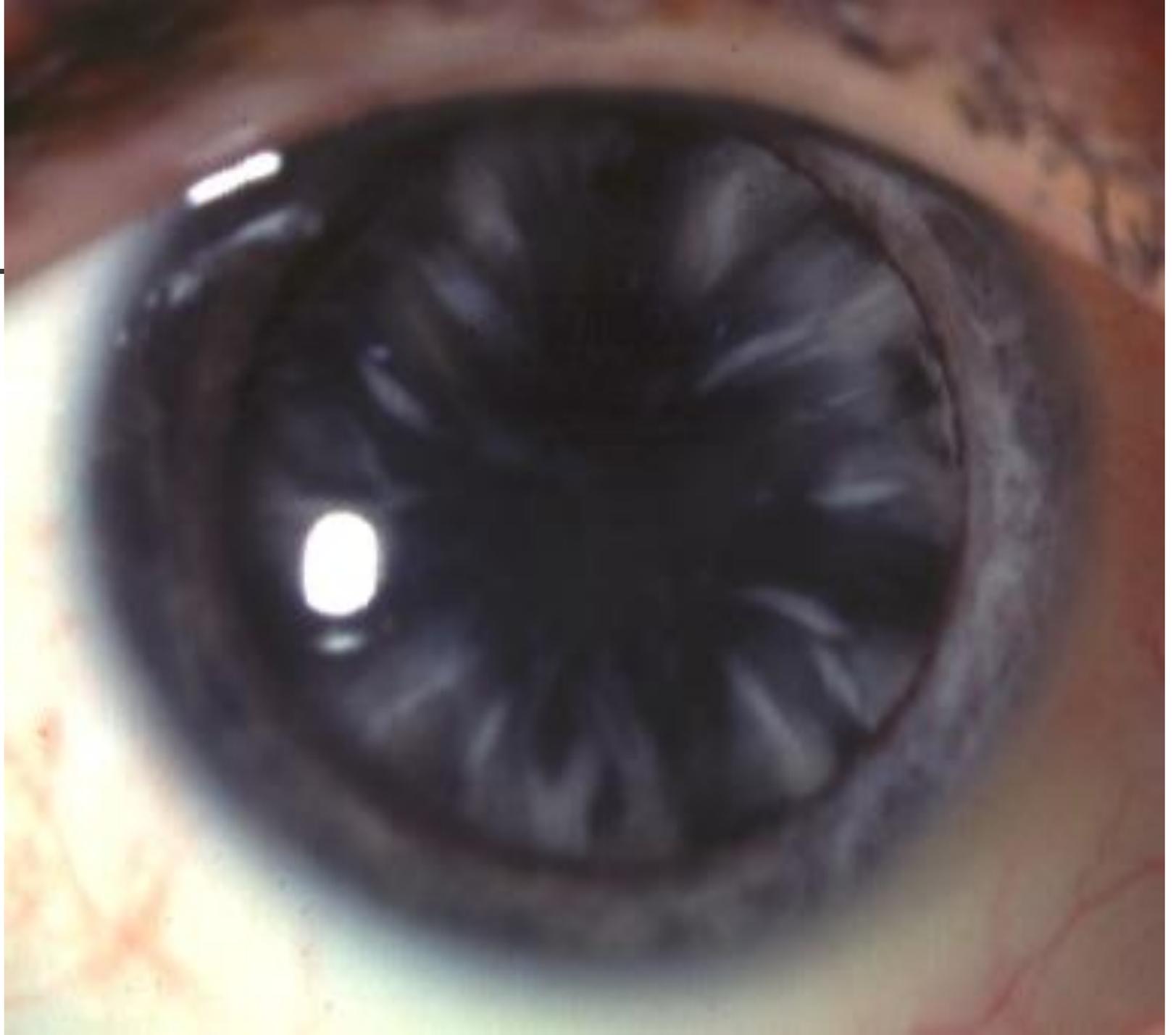


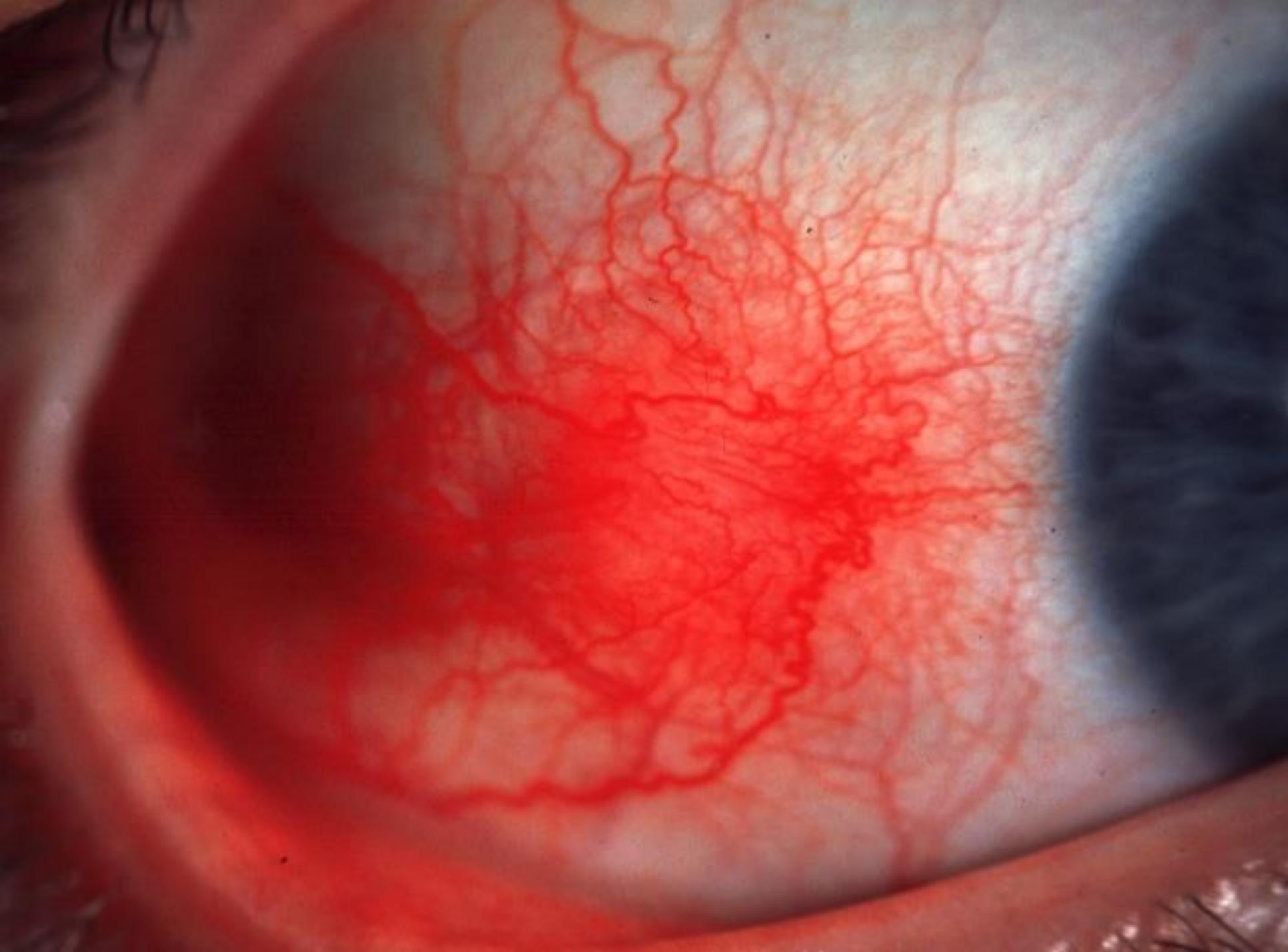
Pain with redness

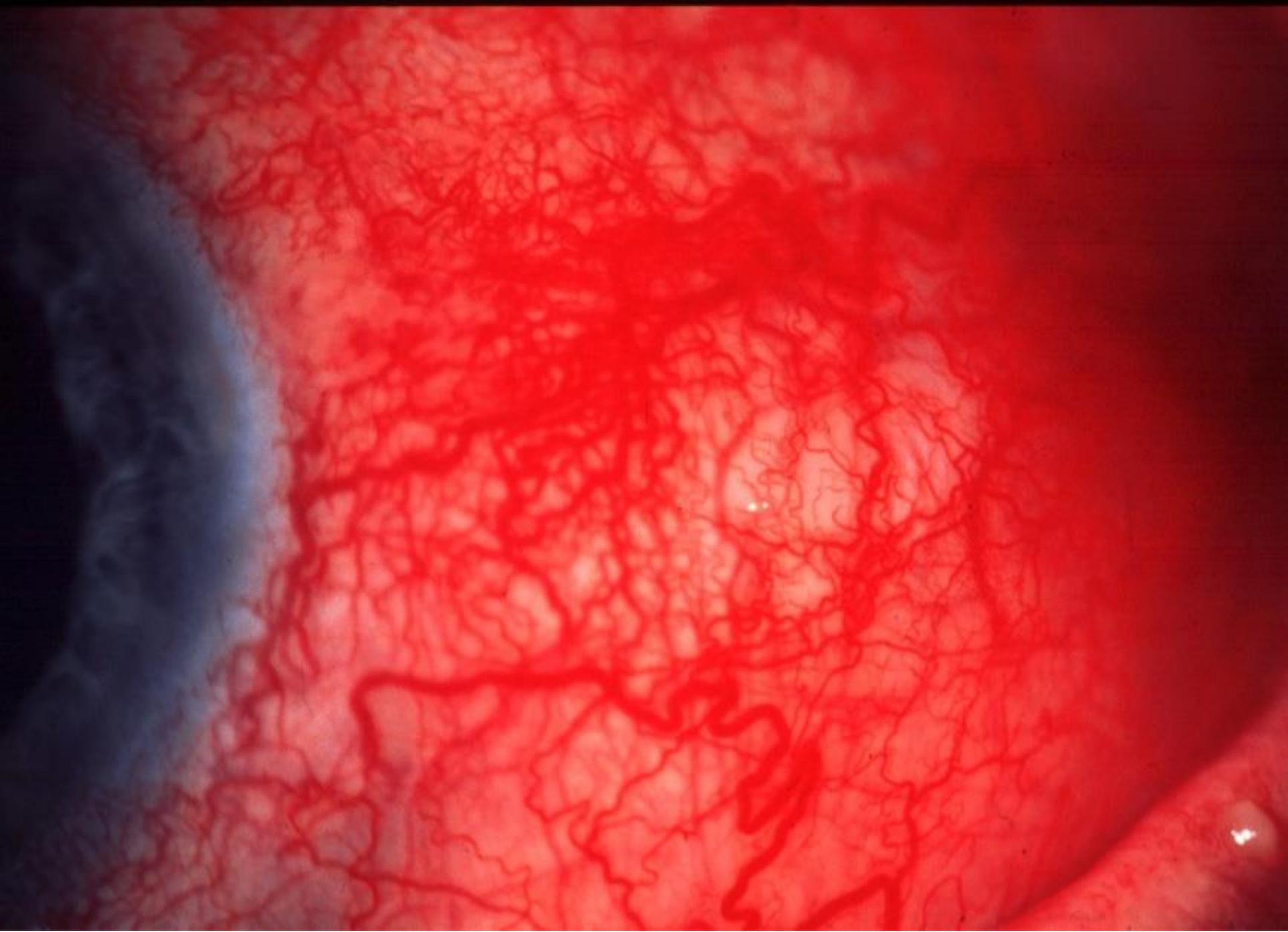
- Acute angle closure Glaucoma
- Uveitis
- Scleritis (red, painful eye with movement)
- Conjunctivitis

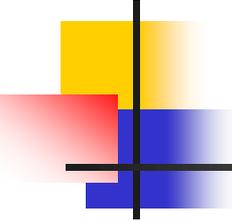






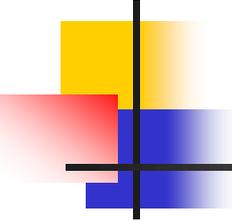






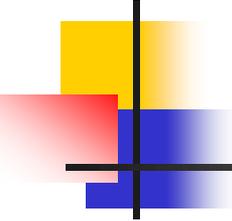
Lacrimation and discharge

- Lacrimation
- Epiphora
- Discharge (color and nature)



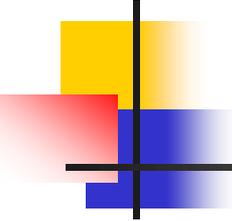
Ocular motility symptoms

- Limitation
- Squinting
- Ptosis
- Diplopia
- Abnormal head posture



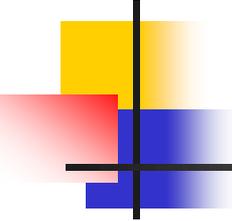
History of present illness

- Illustration of the symptom onset ,duration and propagation
- Severity and nature
- Associated and related symptoms



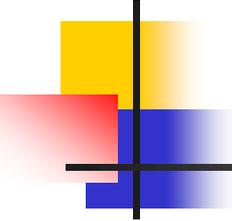
Past ocular history

- History of surgery
- Trauma
- Amblyopia
- Patching
- Glasses
- Glaucoma drugs



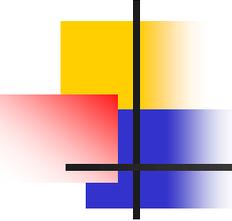
Past medical history

- Systemic diseases as DM ,HTN and IHD
- Connective tissue disease SLE and RA



Drug history

- Insulin
- HTN treatment
- Chlorquine
- Isoniazide
- Steroids



Physical examination

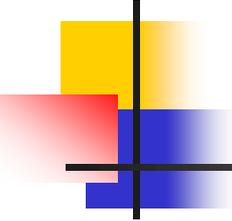
- General appearance
- Visual acuity
- Pupils
- EOM
- SLE
- IOP
- Funduscopy
- Visual field
- Special tests





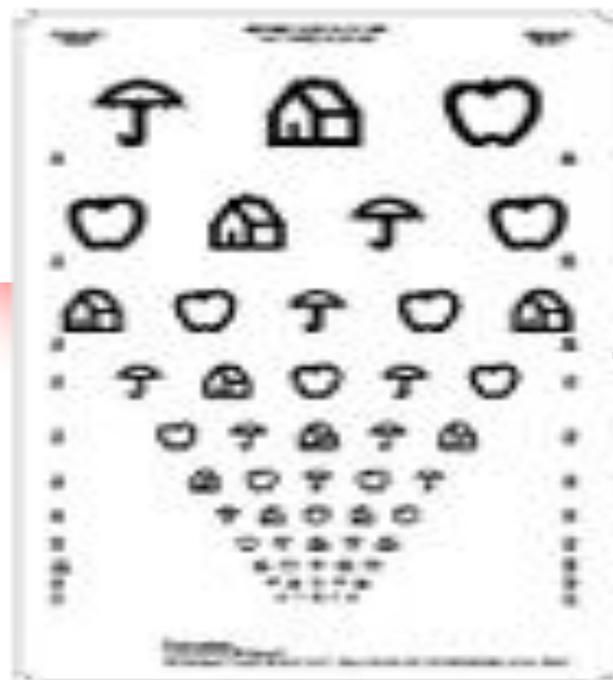






Visual Acuity (VA)

- With and without correction
- With and with out pin hole
- Pine hole significance
- Charts (Snellen and others)
- Non-verbal child



ACTUAL ACUITY
40/100 30/100 20/100

LOGARITHMIC VISUAL ACUITY CHART
WITH SOLUTIONS FOR TESTING AT 6 METERS (20 FEET)

EQUIVALENT VALUES
100 50 25 12.5 6.3 3.15 1.6

H V Z

200 4/10 10

0.75 4/10 10 4.5

N C V K

100 4/10 10

0.25 4/10 10 0.7

C Z S H N

100 4/10 10

0.75 4/10 10 0.5

O N V S R

12.5 4/10 10 4.5

0.25 4/10 10 0.5

K D N R O

100 4/10 10

0.45 4/10 10 0.4

Z K C S V

100 4/10 10

0.35 4/10 10 0.5

D V O H C

0.50 4/10 10

0.25 4/10 10 0.5

O H V C K S D Z V H

100 4/10 10

0.45 4/10 10 0.5

H Z C K O D K V C N

100 4/10 10

0.35 4/10 10 0.5

N C K H D N H S Z C

100 4/10 10

0.25 4/10 10 0.5

Z H C S R R S V N O

1.25 4/10 10

0.25 4/10 10 0.5

S Z R O O R N O K

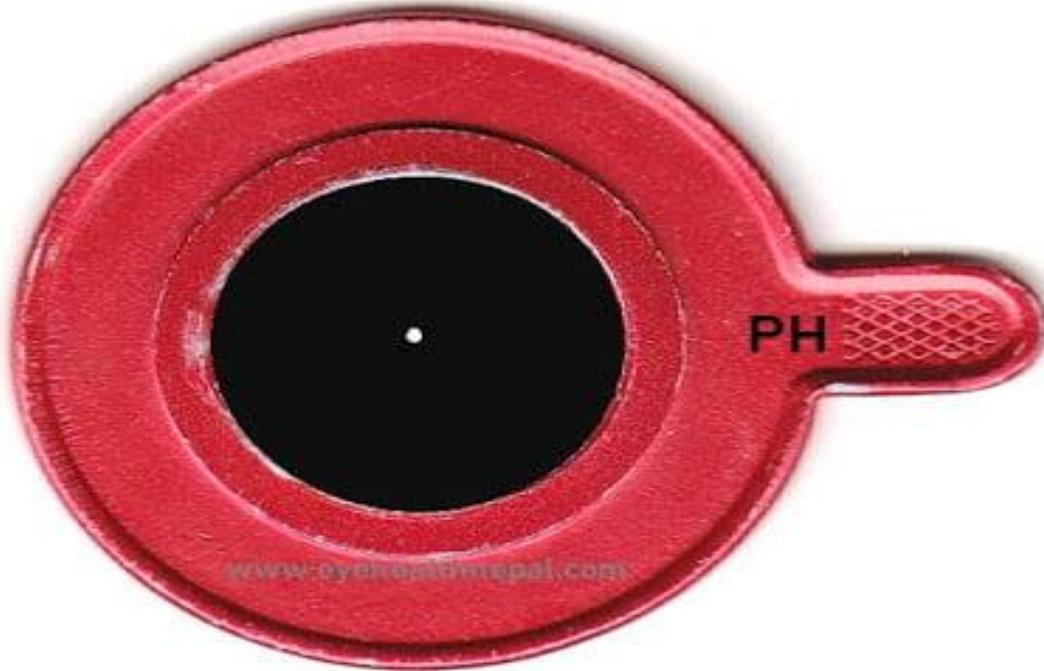
100 4/10 10

0.25 4/10 10 0.5

Precision Vision

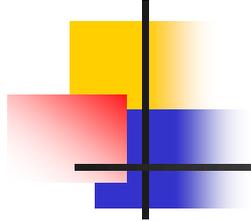
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email: precision@precisionprinting.com • www.precision-vision.com

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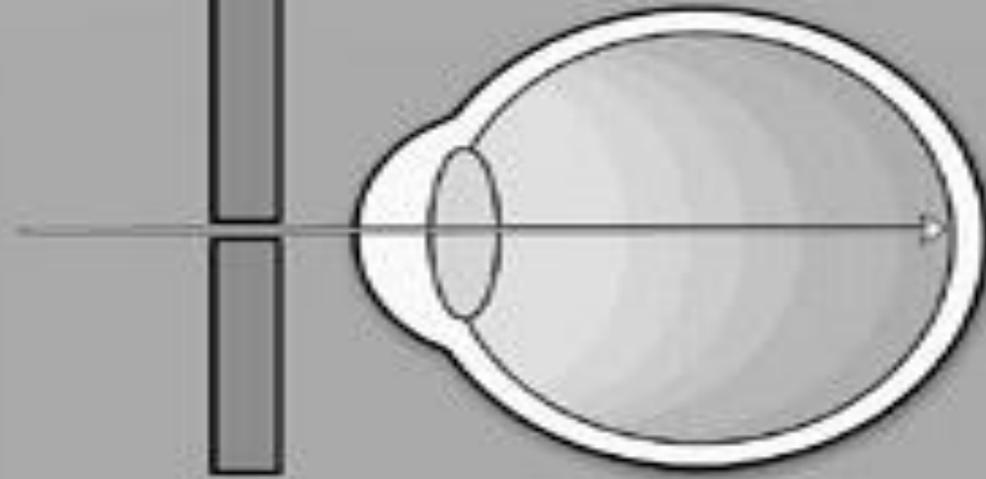
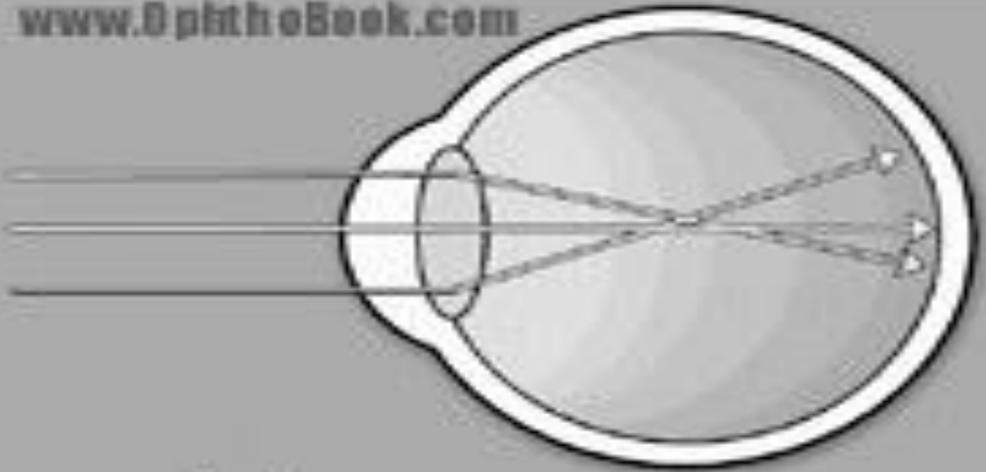


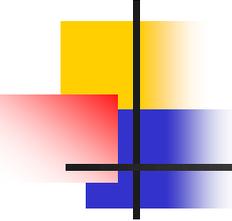
PH

www.aynhaatimopai.com



www.DphthoBook.com





Pupils

- Round, Regular and Reactive (RRR)
- Dark and light
- Relative Afferent Pupillary Defect (RAPD)

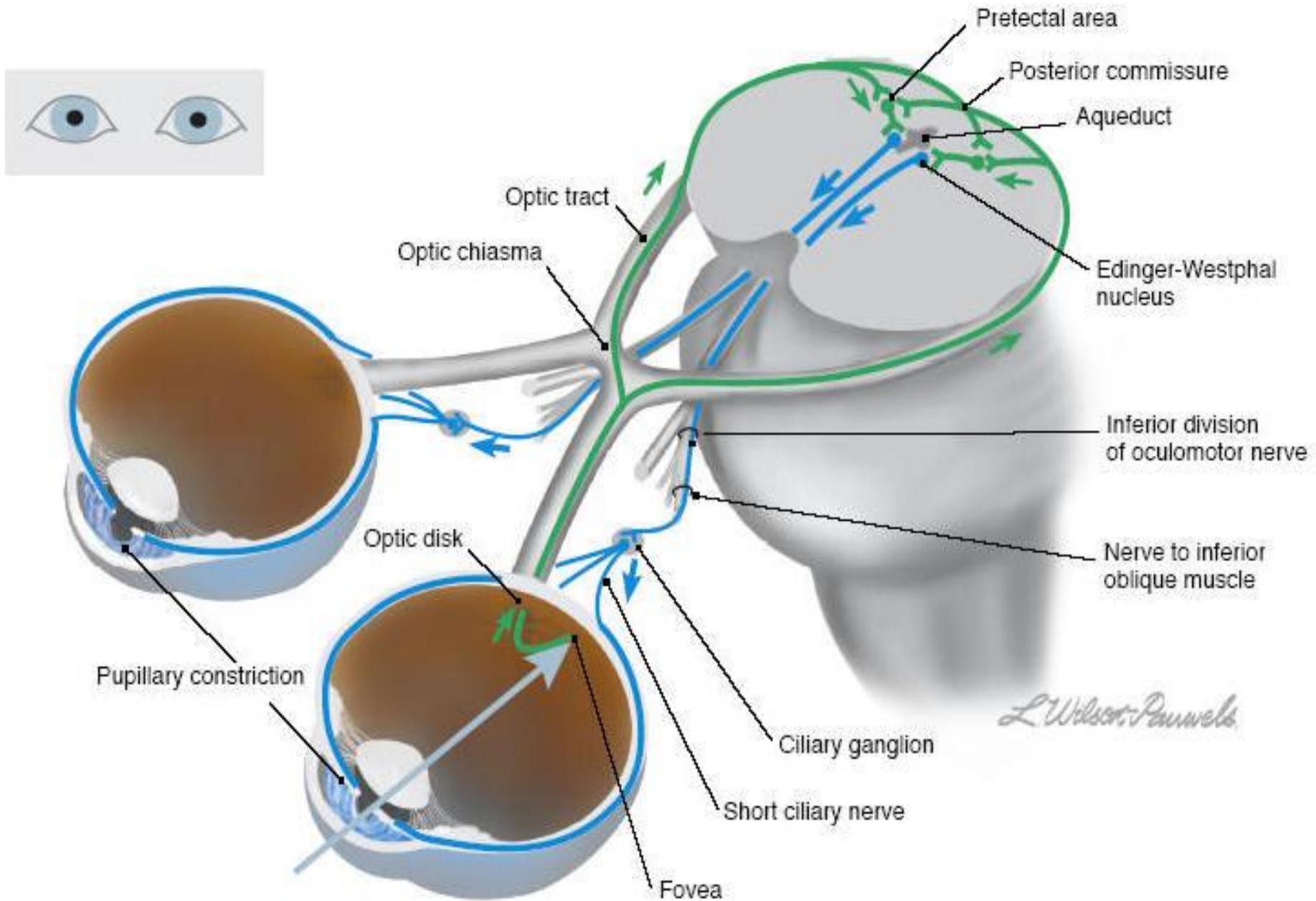
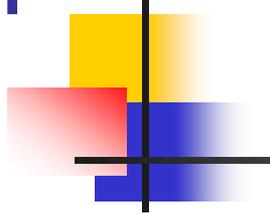


Figure III-14 Pupillary light reflex. Light shone in either eye (left illustrated) causes direct (ipsilateral) and indirect or consensual (contralateral) pupillary constriction.

Horner's syndrome presentation



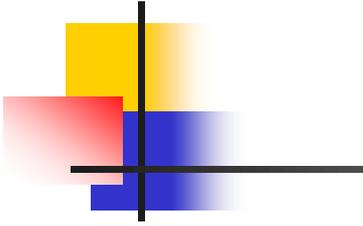
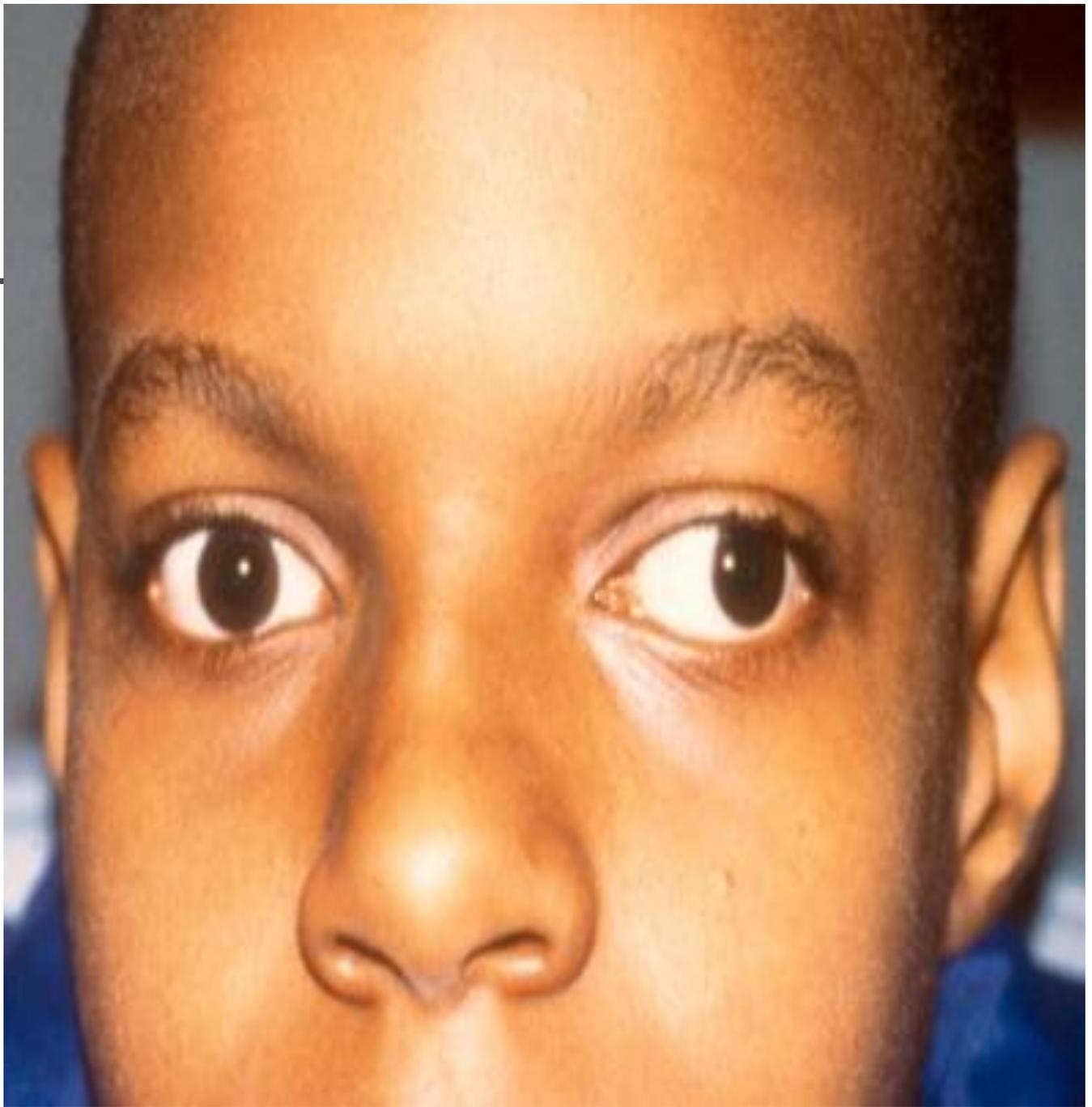
- Meiosis : small pupil on the affected side which is more prominent in dark due to dilatation of the opposite pupil
- Mild ptosis
- Anhydrosis (decreases sweating) which depends on the level of the lesion .
- Enophthalmos ?????

Extra Ocular Motility

EOM

- Technique of exam
- Limitation and over-action







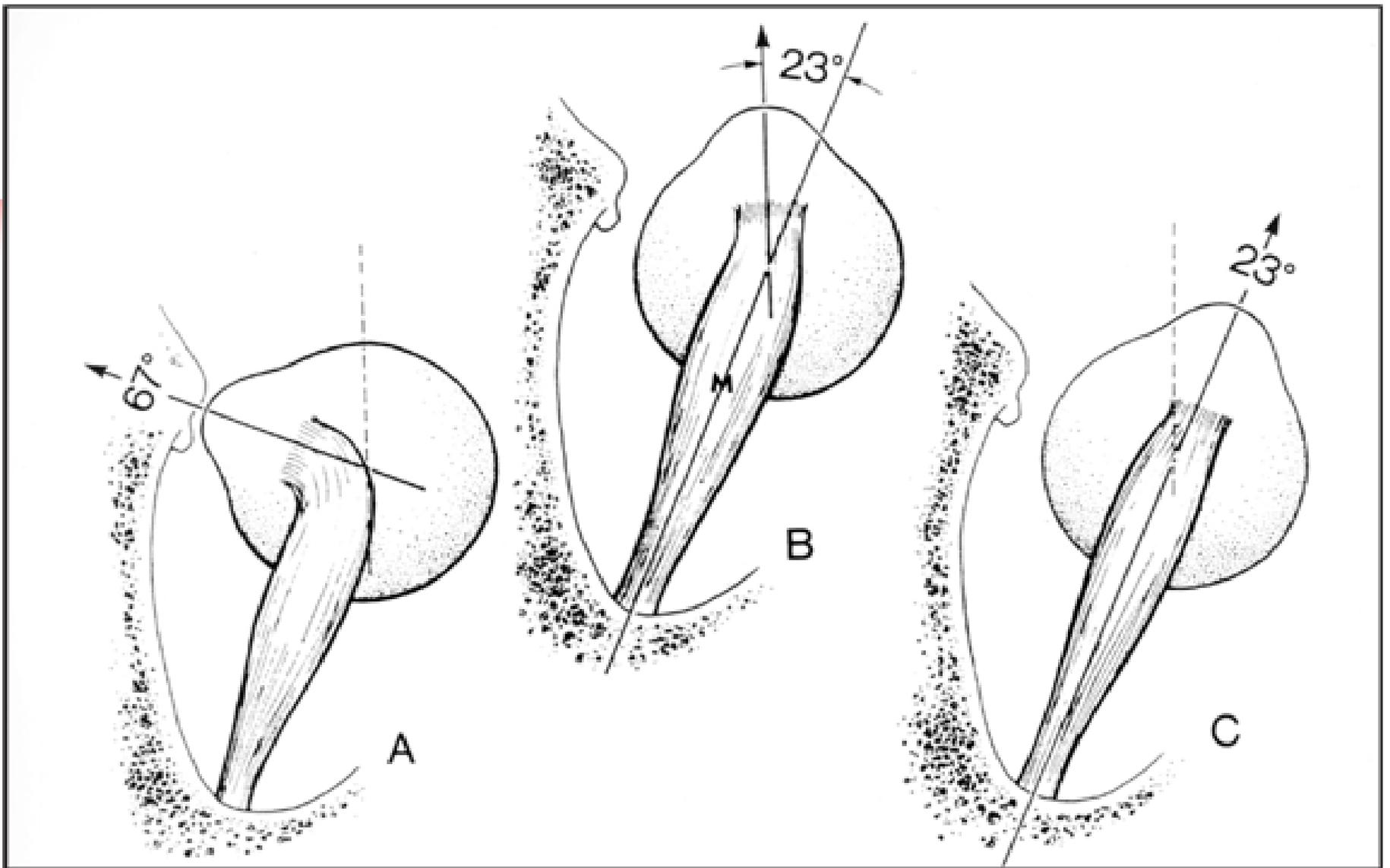


Figure 2. The superior rectus at different starting positions. A: 67 degrees of adduction. B: primary position. C: 23 degrees of abduction. M: midline of muscle belly with eye in primary position.

Slit Lamb Exam

SLE

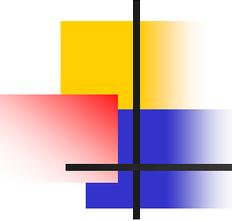
- Lids and lacrimal system
- Conjunctiva
- Cornea and sclera
- Anterior chamber
- Pupil
- Iris
- Lens
- Anterior Vitreous



Intraocular pressure

IOP

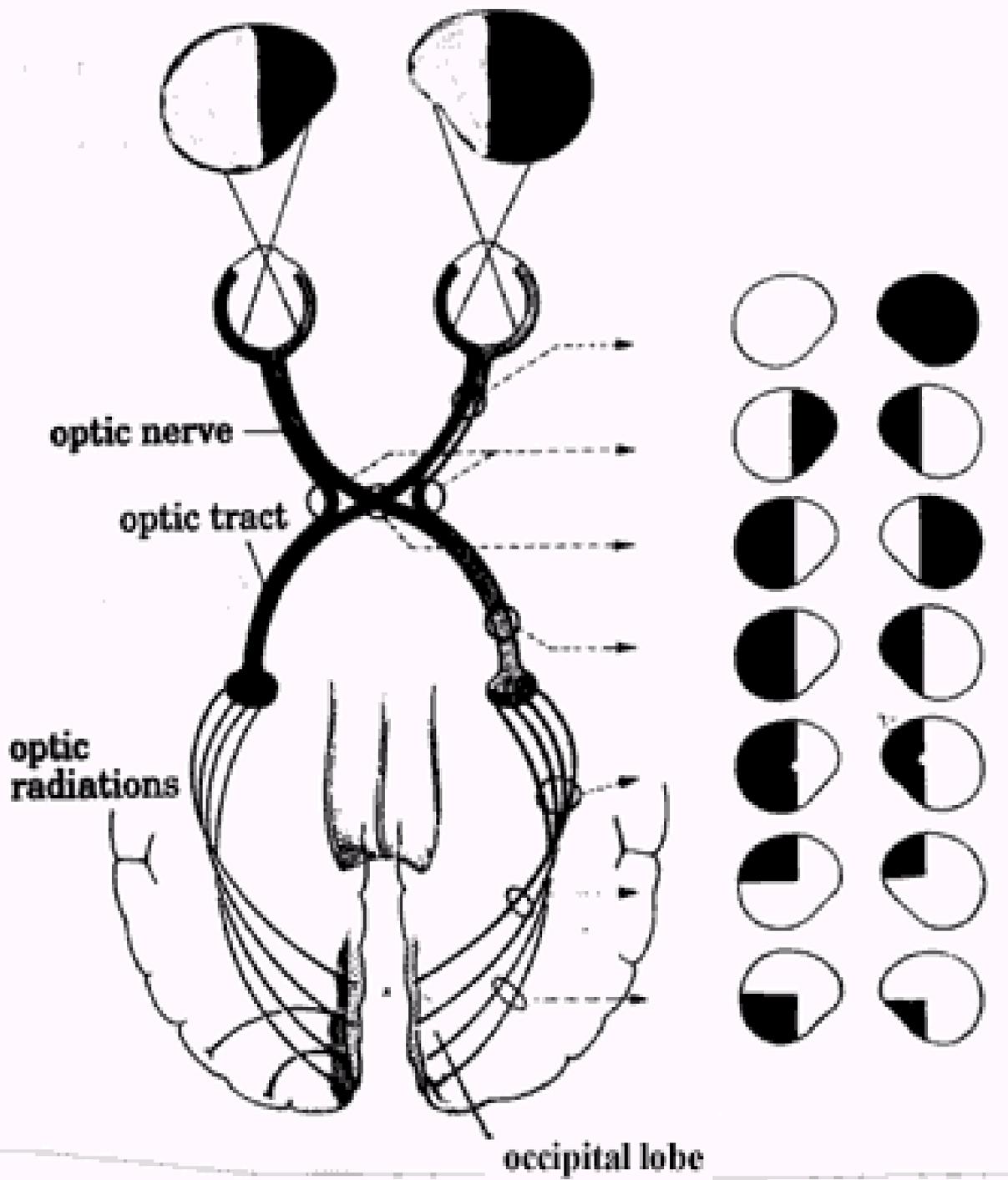
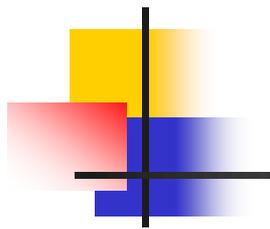
- What is IOP
- Methods of measurement : Applanation
- Devices
- IOP significance

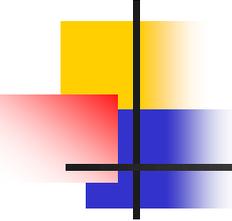


Visual Field

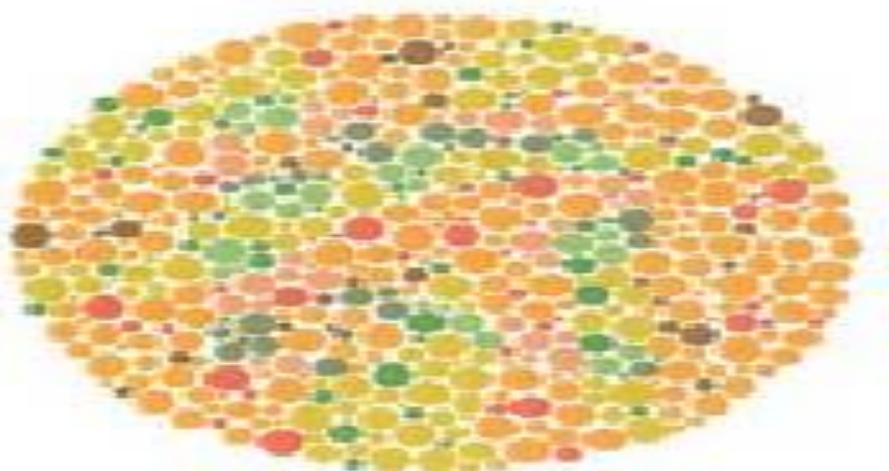
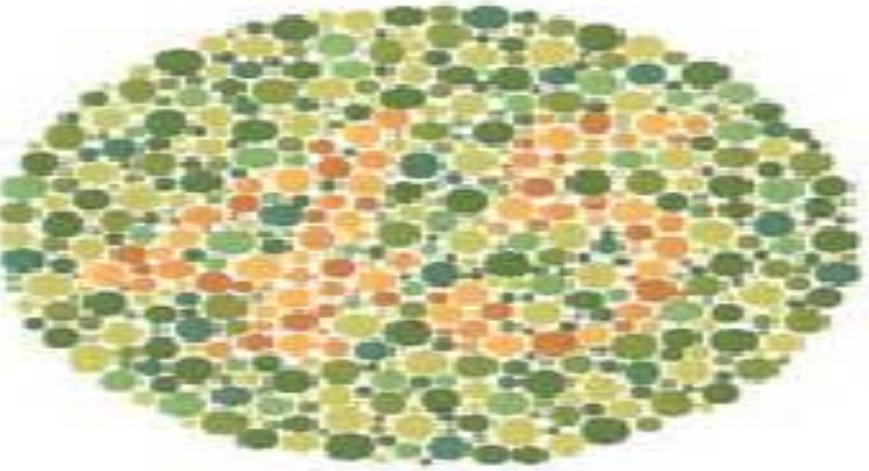
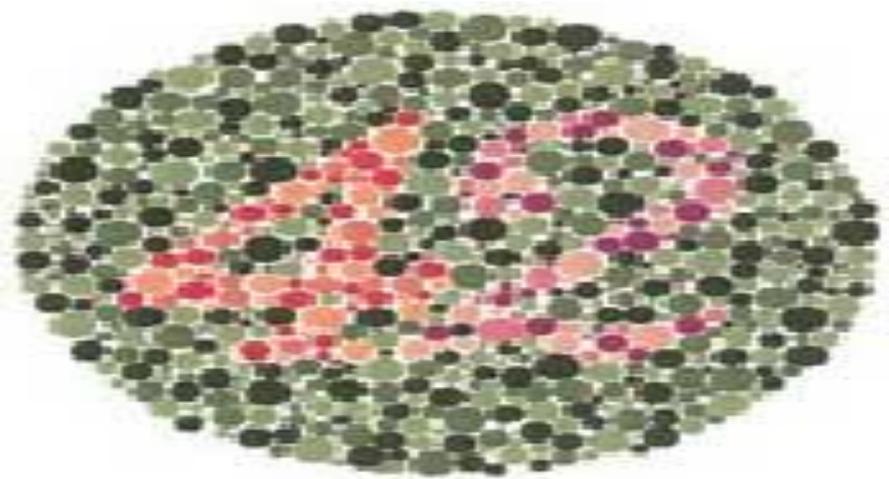
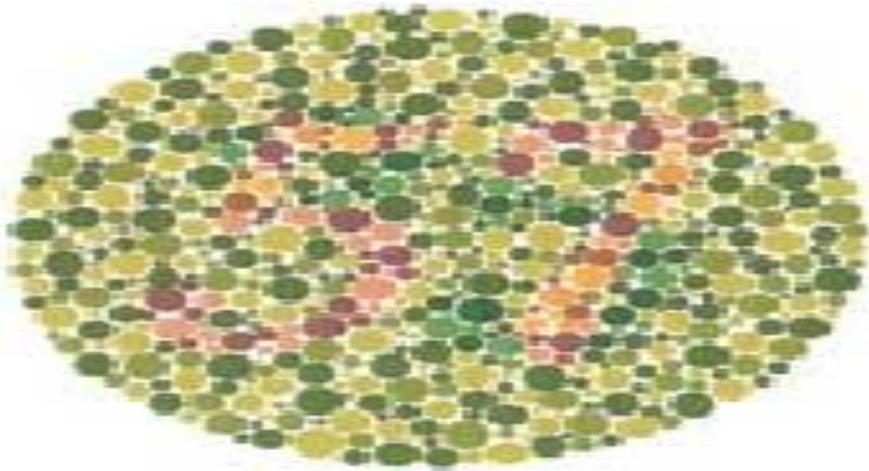
- Definition of visual field
- Confrontation
- Perimeters

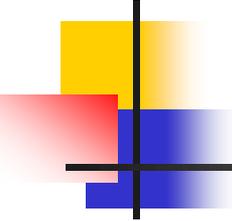






Color vision





Fundoscopy

- Direct and Indirect ophthalmoscopes
- Technique of exam
- Direct ophthalmoscope :

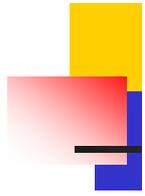
2D

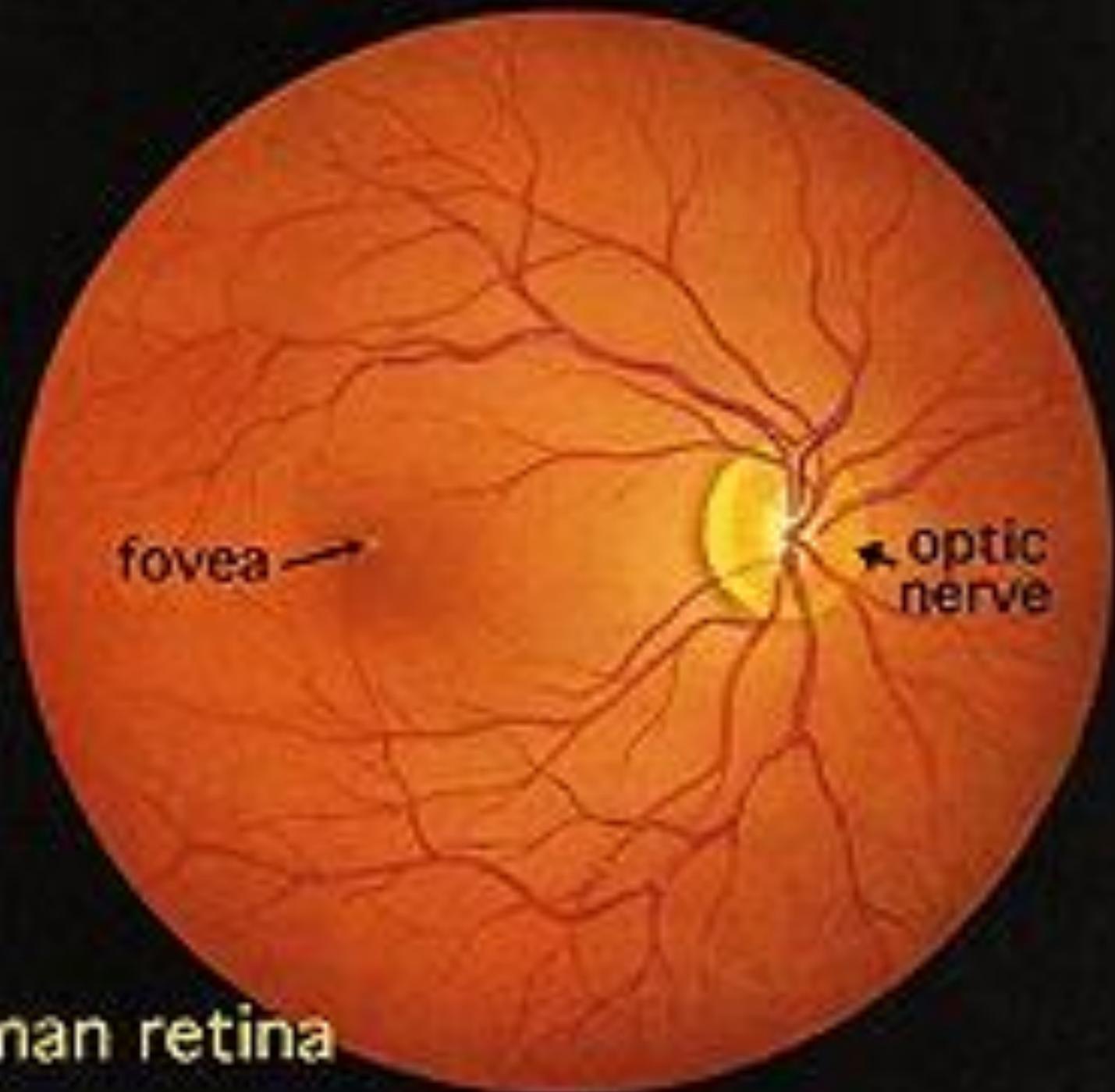
linear magnification =15

Portable

Illumination less

Smaller feild

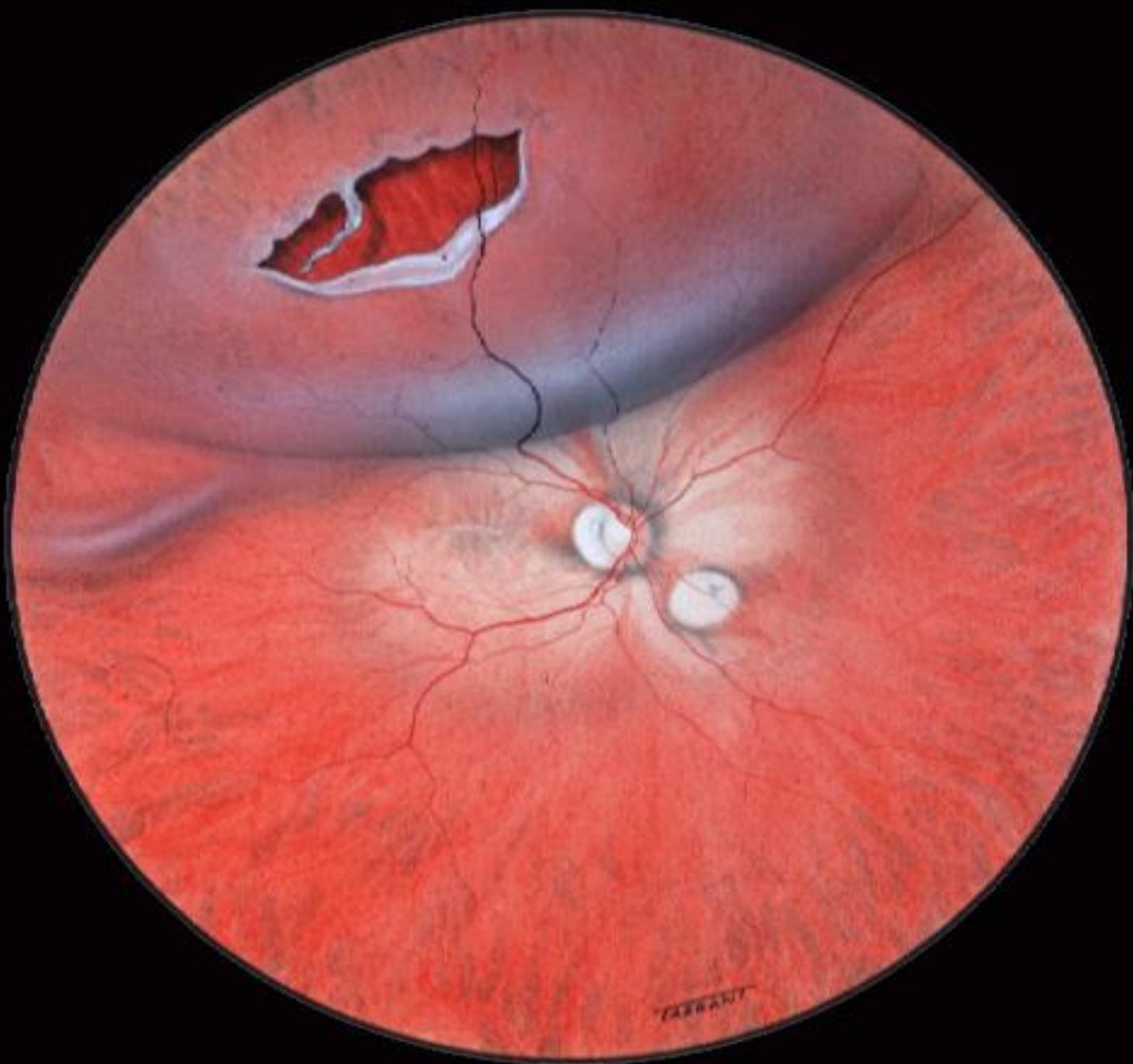




fovea →

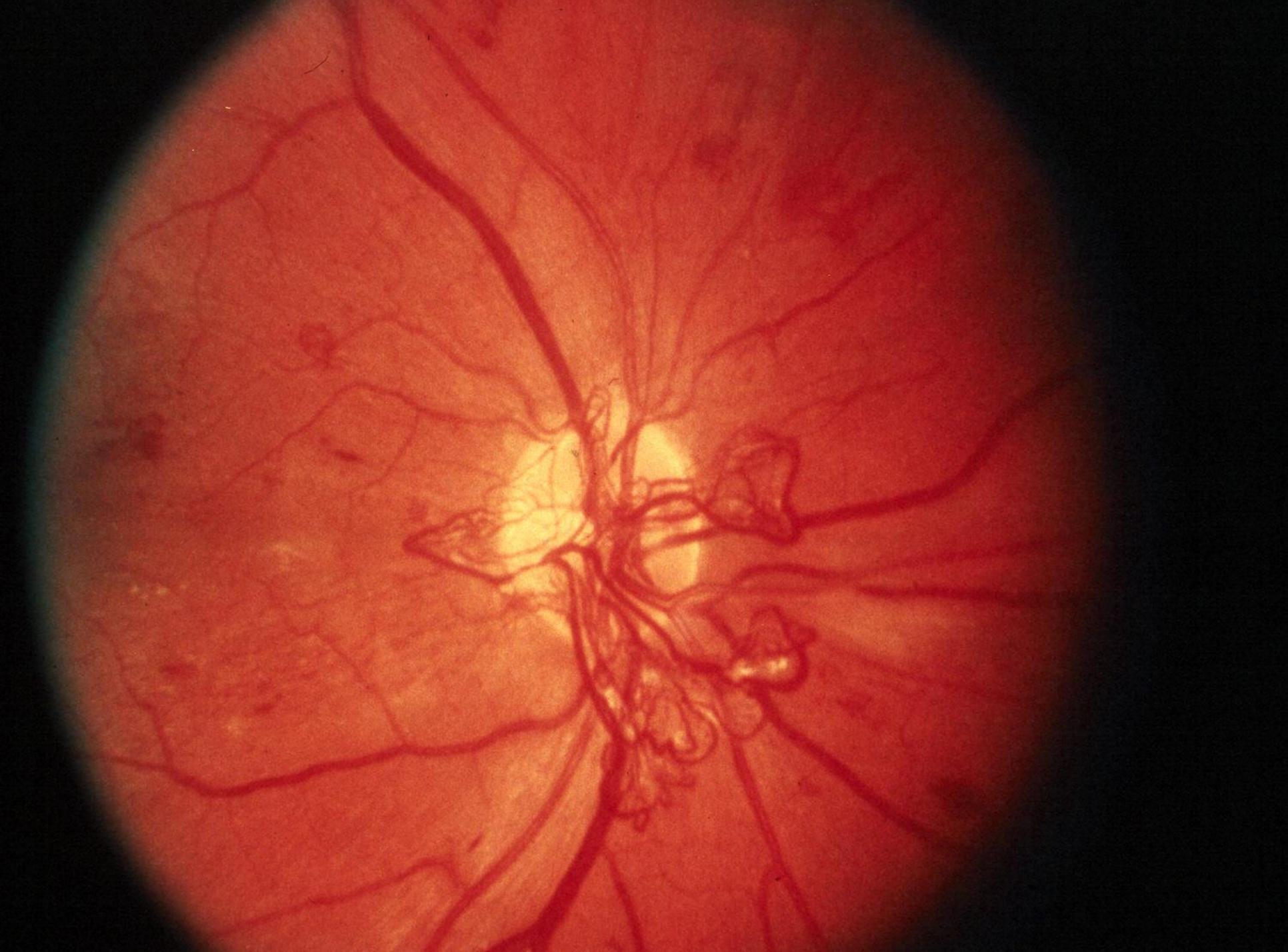
← optic
nerve

Human retina

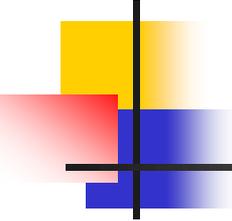


TARRANT









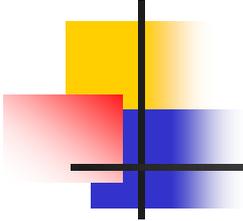
Special Tests

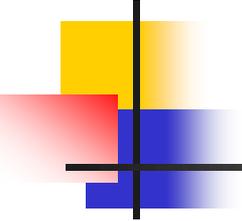
- Proptosis : Hertle exophthalmometry
Ruler

Gonio lenses

Retinoscopy

Keratometry





<https://www.youtube.com/watch?v=leMexvs9HVV>

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=VD700J7C1Q4](https://www.youtube.com/watch?v=VD700J7C1Q4)