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Sub : _____

School / Collage : _____

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Proptosis

History

Chief Complaints

Protrusion of Eyeball
Loss of vision
Diplopia
Restricted Ocular Motility
Redness
Pain
Discharge

HOP1

- Age of onset
- Nature of onset
 - Sudden
 - Gradual
- Progression — slow continuous
Rapid Progression
Intermittent
 - ↑ @ URTI
 - On Crying
 - Bending forward
 - Valsalva
- Pain
- Laterality
- Pulsation

Past H/O

Systemic disease — Thyroid
Sarcoidosis

Malignancy — Lungs
Breast
Prostate

Trauma
Periocular Tx

Exam

General

fever disease
sarcoidosis

Any Malignancy

Any Infective loci

Ocular Exam

1) Visual acuity

2) eyeball

a) inspection

-

Head posture

Facial asymmetry

Shape of skull

Protrusion of eye

Naffziger's - For

Horn eye - below view

Direction of Proptosis

L

Medial

Down & Out

Down & In

Upward

Outward

Laterality

Ocular motility

eyelid - Lid signs

Peri-orbital inflammation

Nose & roof of mouth/Neck

Valsalva.

Lagophthalmos

Bell's phenomenon

Exposure Keratopathy

b) Palpation

—

Reopulsion

Orbital Thrill/Pulsation

True R&A
Transmitted R.

Swelling/Mass around eyeball

size

site

shape

consistency

fixity

sign of inflammation

overlying skin changes

Regional LN

Orbital Margin/Rim

Mass
Erosion
Irregularity

Reducibility of mass

Infraorbital/supraorbital Anesthesia.

c) Auscultation

d) Transillumination

Bruit

< +
< -

Bright
Equal

Intermediate
Dark.

e) Exophthalmometry

—

Hedde
Naugle
Gonion
Hertel
Simple ruler

Diff in P.

3) Lids & Aponeura

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5) Conjunctiva — Dilated tortuous B.V / corkscrew shape
 Chemosis
 Dilated lymphatics
 Vascular Malformation
 Inflammation
 Hyperaemia over insertion of Rect Msl
 Subconj Mass

6) Cornea Exposure Keratopathy
 Fluorescein staining
 Corneal sensation

7) Sclera/Iris Signs of Inflammation
 Nodules

8) Pupil RAPD

9) Vitreous IntraOcular Tx

10) Fundus Venous Engorgement
 Choroidal folds
 Papilloedema.
 Optic Atrophy
 Opticoiliary shunts
 CST — Retinal edema
 Exudates
 Engorged RV

10p — Upgaze
Downgaze

Measurement of globe dysopia
Limbus test of Motility of Kestenbaum

2) Evaluation of eyelid defect

4

1) Eyelid Involved — Upper
— Lower

Depth — superficial
deep
full thickness

Lid Margin/ Non lid Margin defect

Size of defect

Shape of defect — Horizontal
Vertical
Irregular

Location — Medial
Lateral
Central

Age of patient

Elasticity of Lids

Condition of opposing eyelids

Medial & Lateral Canthal Involvement

Lacrimal apparatus Involvement

Condition of conjunctiva.

Involvement of lamellae

Tissue Loss.

History

Poor cosmetic appearance

Repeated extension of prosthesis

Previously fitting prosthesis now not fitⁿ
of child — w/o undeveloped socket

HOP1

- Age of Onset — Cong vs Acq
- Preceding Sx — Type of Sx done & details
- Progression — Implant fitting
Prosthesis fitting

w/o Past

Ocular insult like chemical / Radiation Inj
Panophthalmitis — Evisceration
Severe O. Ischaemic Disease
Cicatrizing Conj Disease
Chronic Inflammation & Infection
Mutilating Trauma

Surgical w/o

w/o prior Sx — Enucleatⁿ
Evisceratⁿ
Multiple socket reconstructⁿ
Details of procedure

w/o systemic illness

HTN
DM
CVA

Exam

Gen - To rule out systemic Mts of Rb esp Nervous system

Ocular -

Eyelid - Notches

LL stretching

eyelid closure

LL laxity

Lash position

Lid Margin position - Entropion

General appearance as compared to other side

Area Assessment - depth - noting length to which blunt L. probe inserted

Volume Assessment - Rel depth as compared to other eye

- Inject saline deep & deep till overflow

- Ptosis & Sulcus deformity

Socket -

wet/dry

discharge

dry fibrotic base - poorly vascularized socket

Movements - Oculi move

Tone of Orbicularis.

Cicatricial bands & degree of contracture within socket

Any Bony Contracture

Signs of Inflammation - Excess Mucous
GPC in UL
Pyogenic granuloma

Palpation of socket — Presence & position of Implant 6

Prosthesis — Type
Size
Smoothness
Cleanliness
Movⁿ @ prosthesis

History

Chief Complaints —

Irritation
Redness
Epiphora
Dryness
Photophobia
FoB Sensation

H/O —

Trauma
Cicatrical Skin Disease
Cancer
Actinic Damage
Ichthyosis
Resolved Bell's palsy
Previous lid Sx

Exam

Scar tissue

Lid Mass

Facial Asymmetry

Exposure Keratitis

- Pinch / eyelid distraction test
- Snap Back test
- Medial Canthal laxity
- Lateral Canthal laxity
- Position of Lower punctum
- Condition of Conjunctiva
 Fornix ← Thickness
Hyperaemia
- Cicatricial Skin Changes
- Position of Lacrimal puncta

History

♀

drooping of upper lid [Unil/Bil
↑ even.
After exs (upgaze)
sleep
Progressive
Recurrent

Narrowing of IPA
Inability to lift upper lid
Raised eyebrow
Prominent forehead furrow
Elevation of chin
Jaw Winking
Diminished vision
Diplopia

Onset — Cong — Simple — Acute
Acq. Complicated gradual

H/O ↓ sweating
Difficulty in deglutition
Associated Recurrent Allergic conjunctivitis

Pa

Past H/O

Contact Lens wear
Drug intake — steroid, Neostigmine
Recurrent attack
Trauma
Medical condition — Thyroid
Spectacle use
Amblyopia Rx

Treatment H/O

Peribulbar block
Cataract Sx
Squint Sx
Previous Ptosis Sx

Birth H/O
family H/O

Forceps injury
BLS

Exam

general — Neurological
Muscular] mal dysmorph
Respi
CVS

VA — ? Amblyopia
Head position — chin elevation



Lids & Apertexa — Telecanthus
epicanthal folds
PFH
Frontalis Overaction

MRD 1
2
3] Rel to Exs
Cold test
Sleep test

PFH

PFH width

LPS

frontalis suppression < Beuke Method
Puttemann

Children — Sliff test

Iris

Pupil

Signs of Corneal exposure

Corneal sensation

Conj —

dry eye

Status of Tarsus

Sup fornix → Cicatrix
Masses

Lagophthalmos

9

Bell's phenomenon

Fundus Exam

Jaw Winking Ph.

Cogan Twitch

Squint Markup

Speed of Saccades

Upper lid closure position

Protic Lid. — On lat gaze
down gaze

Old Photographs.

- Schimper's
Conceal Sensation.

] CI for δx .

Keratoconus

10

NOV

Uni/Bil

Trauma

VKC

Down

Repeated rubbing of eyes.

systemic -

Down's

Marfan

OI

Blue Sclera

Aniridia

LCA

RP

Atopy

Puppy eyelids

CTD - MVP

Monocular Diplopia

Halos

Ghost images

Myopic Astigmatism — Not correctable with glasses

H/O Hydrops — Pain

Photophobia

↓ Vision

— Improve
decrease

PMMA use

Requent change of glasses

- Ocular Sx in past

- 3 generatⁿ Pedigree

Obesity

Retinoscopy - Scussoring Reflex

Munson Sign.

Hoppy Eyelid Syndrome

Oculo digital sign

Vogt's striae

Fleischer Ring

Oil droplet sign

features s/o KC

- Papillae

Trantas dot

Limbal Nodule

Pigmentation

Ropy discharge

Cornea -

Thinning

Ectasia

Scarring

Prominent Corneal Nerves

Sup & Deep C. opacities

Sub epithelial fibrous lines

C. hyalosthesia

Rizzutti phenomenon

Beaks in SM

DDO -

Chauleux Singh.

Corneal Dystrophy

Age
Unil/Bil

Blurring of vision — Progression
Photophobia Early Morning
Glauc
FoB sensations
Coloured Hprocs
Glauc
Recurrent corneal erosions

Systemic +/o → Dry itchy skin
Laxity of facial skin
Edema over feet
Breathlessness
Severe Mask like facial paresis
Facial drooping
Protruding lips
Pendulous ears

Past +/o — Surgical — PKR / PKP / DALK
Medical — HTN, DM, Cardiac
Renal failure
Skin disease
Neuropathy

Cataract &x

Family — Pedigree chart

Exam

Systemic — dry itchy skin
Laxity of facial skin
Intermittent proteinuria
Severe mask like facies — facial deepening
Cranial & Peripheral neuropathy — protruding lips
Carpal tunnel syndrome — pendulous ears
Autonomic disturbances

Ocular

VA

Lagophthalmos

Lids

Conj

Cornea —

Size

Shape

Opacity

Epithelium / Steema / Endothelium

On Retroillumination

Intervening Steema.

Peripheral cornea

Cornea Sensations

Corneal Vasculization

C. Thickness.

Nystagmus — CHED2

Tonometer

Post Segment

Exam of other eye.

Post keratoplasty / Rejection Cases 12

Young Age

Redness
Sensitivity of light
Hazy lids
Pain
Routine Exam.

Past H/O

— Time of surgery
H/O Ocular surface disease
Dry Eye
Chemical Burn
Radiation
OCP
SJS

Herpes in past
glaucoma drugs

Details of surgery

— Vascularization + nt
Vitrectomy done
PAS
Endothelial count

Past medical H/O — DM, HTN, peptic ulcer, TB.

Signs of Acute rejection — Late graft failure
Steeple Endoph
Epithelial downgrowth
Recurrent Herpesic keratitis

VA

eyelids

Conj - CCC

Cornea — Cellular infiltrates
Epithelial line — Krachmer line
Kaye's line
KPs
Keratic precipitates
Differential edema
Vascularization
Staining of cornea

GC — Cells
flame

10P

20d

Painless Mass (Cosmetic deformity)
 FB sensation / Irritation
 Dryness of eyes
 Diminution of vision
 Diplopia

Mass
 Facial asymmetry
 Hearing loss
 CUS
 Infection
 Trauma
 Ocular inflammatory disease.

Previous H/O 10 & X.

cus abn

facial hemiatrophy

Areas of EAM

NF

Beauvicular appendages

Pretargal fistula

VA .

Strabismus Astigmatism

Amblyopia

Eye ball

—

Nucleo-sphincter

Ano. ophthalmos

Upper eyelid Coloboma

Lower " "

Lacrimal System

EOM .

Describe Sclera

Scler

Ant Staphylococci

As Syngenesia

Lens "Involve"

IO P .

Gonioscopy

Fundus

—

Hypoplastic Disc

IF Coloboma

Race, Age, gender

irritation

Watering

Redness

Keratitis/Regr. Eye Infections

P.B. Sensations

differentiate Am. Epiblepharon.

Past H/O

— Ocular Trauma

facial burn

BJS

H/O Ocular Surface Irregularity.

Complex
irregularity

A
9

detached

neovascularization
secondary glaucoma

gap a better prognosis of cicatrized entropion

entropion of 1/2 to 2/3

entropion is most likely to retract because of the force of inferior fornix

to have least a 1/2 of the inferior fornix to retract because of the force of inferior fornix

Lid Margin → grading of Ectropion.

Lid Laxity — Pinch test

Snap back test

Medial Canthal laxity

Lateral Canthal laxity

Bell phenomenon.

Orbicularis Ml tone

Digital eversion test to diff — Cicatricial

Weakness of LL retractors

Pull lids superiorly — $x > 2\text{mm}$ abv limbus
↓

sufficient Post lamellae

Slit lamp Exam

Schirmer

Lo. patency.

Symblepharon

Lagophthalmos

— Probe test

A
P

Complete

Incomplete

Kemp & Collin grading of Cicatricial Ectropion

Weakness of LL retractors →

- ↑ eyelid resting in 1° gaze
- failure of lid to retract down on downgaze
↑ depth of inferior fornix
- Presence of white inferotarsal band of retractors separated from lower tarsal border by reddish orbicularis band.

Mass/Node of lid Margins

└ progression
 feel
 pain.
 colour
 Location

Chronic Blepharitis

└ Irritation
 Redness
 FoB sensation

Recurrent Chalazion

Chronic Blepharitis with loss of cilia
 Skin / conj. Ulcer.

eyelid Mass = destruction of Marginal Cilia
 Lid architecture.

Proptosis. due to local invasion.
 Dilated B.V

Past H/O

Onset
 Progression

Diplopia
 frozen globe

(S.C.C) R/F →

Recurrent Chalazion

Previous Radiotherapy

Chronic Blepharitis

Immunosuppression

Asian Race

Prolonged use of Thiagide

Older Age

female Sex.

Rof

UVB

Ionizing Radiatⁿ

Deserik

PUVA

HPV

Genetic dis

(Albumin

Xeroderma)

systemic features of Mels

eyelid — Tarsal involved
Location
Crust/deposit
diffuse thickening
Inflamed skin
Small telangiectasias
Loss of eyelashes

conj — Inflammation
SLK
Pagetoid spread

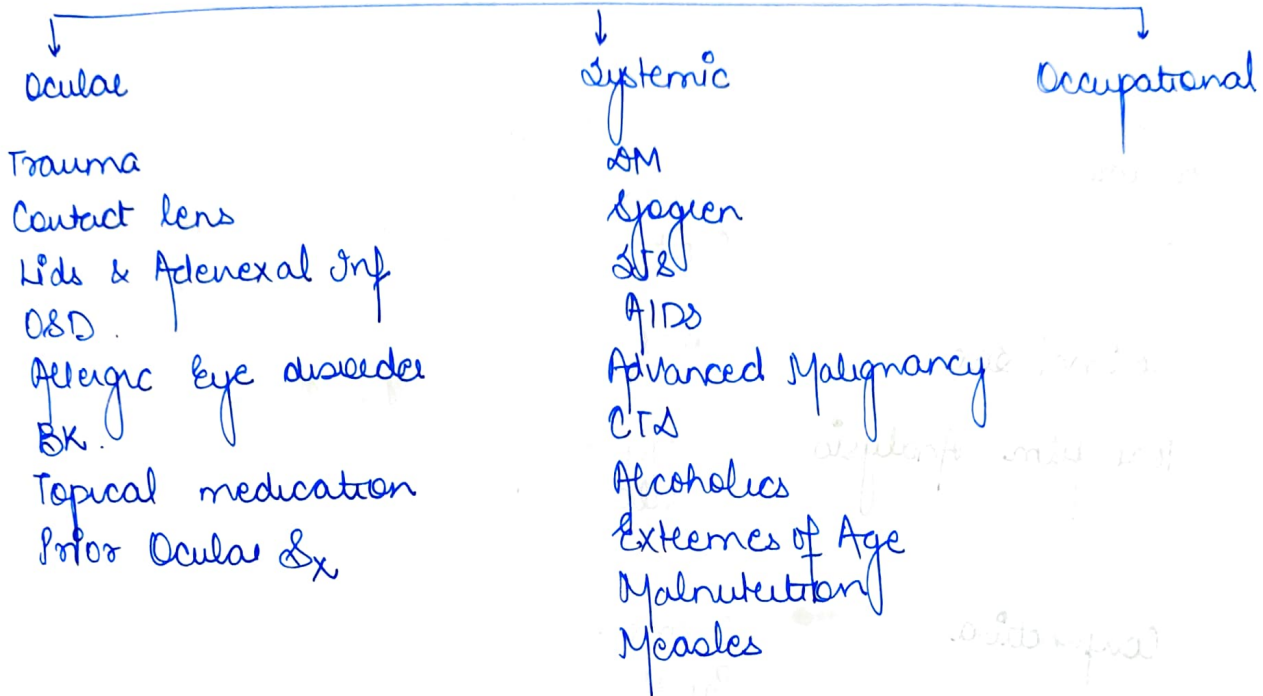
Cornea — Superficial keratitis

scleral invasion & globe integrity

// Enlarged LN

TNM classification

- Pain
- Redness
- ↓ UA
- Onset of disease
- Predisposing factors



Exam

facial etc

Blister of HZV & HSV
Presence of facial palsy
Abn. Blink Rate
Excessive Corneal / Conj Exposure

Visual acuity

Applanation Tonometry

eyelids

Lid swelling
Circumferential Congestion
Evert the eyelid

Lacrimal sac

ROPAS

Tear film Analysis

Meniscus
filaments

Conjunctiva

Chemosis
Papillae
Prominent limbal vessels
Type of discharge

Cornea

Location →

Shape

Margins

Size & depth of Ulcer

Infiltrate Extent

Stromal Involvement

Epithelial defect

Epithelial Edema

Sensations

Surrounding Cornea

Vascularization

Thinning / Perforation

Anterior Chamber

shallow/deep
IOP

flame
cells

Hypopyon

Height
fixed.

iris

Synechiae

NVI

Iris Prolapse

Pupil

Lens

Scleral involvement

~~18~~ Lagophthalmos

18

Inability to close the lids
FoB sensation.
↑ tearing
Photophobia
Pain » Maining
Blurry vision
C. ulcers.

HDP1

—

Trauma
Surgery
Past infections
OSA.
Thyroid disease

Systemic illnesses

—

Diabetes.

Neurological

CVA

Polio
GBS
Leprosy

Exam

Systemic

Ocular

—

VA

Eyeball

Lids

—

Blink Rate

Bell's

Scars

Conjunctiva

—

Conjestion

Cornea

—

Sensitivity

Fluorescein

TBUT

Epithelial defects

Schum's

Pupil

Ant seg

Post seg

Swelling/Mass in Orbit/Eyelid

19

Rapidly growing Mass
Bleeds on minor touch

Pain.

Proptosis

Exophthalmos

Proptosis

↓ VA

Size & chewing
Mass

H/O

Minor Trauma

Sx

Chalazion.

Microbial inf.

Stenogium

Chemical burns

Nerve paresis

Onset / Since both
Progression / few wks.
As pain
Color of Mass
↑ size
↑ c. lying

VA .

Proptosis

Mars —

Consistency

Margins

Pain

Mobility

Number

Location .

Colour

Texture

↑ Crying
Valsalva

Motility

eyelid - Ptosis

IOP

fundus

Palpation .

Auscultation

eyelid ecchymosis / PeriOrbital hemahoma

SO₂ emphysema

Prophosis

Exotropia, Pain, LOV

Diplopia

Dyskopia / Enophthalmos

HOP1 — Mech of injury

Past — Poor Vision
Sx done

Systemic H/O

DM

HTN

Bleeding disorder

Neurological problems

transverse fracture

displaced, open, infected
wound

some of the joints

fractured

Systemic — life threatening ∴ Battle sign
Ocular — VA

Orbit — Palpate Sun
Cepitus
Step deformity
Malar eminence
Trismus
Sensory loss
Ocular Mobility * *

eyelid — Laceration
Scar
Pseudophthis

Conj — Subconj Hmg
Conj chemosis

Cornea — Abrasion
C. laceration

Iris & AC — Iris
hyphaema

RAPD

Traumatic Cataract
Fundus.

Rosette Cataract

Vossius Ring, Subcapsular
Opacity

7 ring of Trauma

gonioscopy

Corneal Degenerations

Asymptomatic

Blurring of Vision

f.B sensation

Tearing

Photophobia

Past H/O —

UV exposure

C. scar

Dystrophy

glaucoma

trauma

Herpes

Systemic Exam

Local dis
Hyper CO_2^+
Systemic dis
Chemicals
Familial

Eye ball — BRES

eyelid — edema

Conj — Congestion

Cornea — Opacity
Lucid interval

Iris — Veit's sign

PC — oil emulsified

Lens — Cataract

glaucoma

24

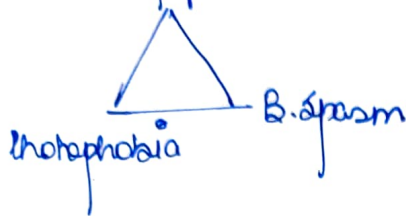
Age

Sex

Region/Ethnicity

Chief Complaints

Epiphora



Incidental finding

Eye pain, redness

Burning

Headache / Heaviness of eyes

Coloured Halos

Frequent change of glasses

HPI

Ix second

H/O ppt factors — readⁿ, TV

Past H/O

Ocular trauma
use of glasses.

H/O seizure — SNS

Sx H/O

Cataract Sx, Retina Sx, Trabeculectomy
PK NVG

H/O systemic illness

HTN

Thyroid

DM

CVD — β blocker

Vasospastic disease (Migraine, Raynaud's)

Hemodynamic Crisis — Bld loss
Endocrine

Aug H/O

Ocular & Systemic Medication
Long term use of steroids
Topiramate
sulpha allergy

family H/O

relatives

long-term use of

prolonged use of

long-term use of

prolonged use of

prolonged use of

Exam

Neurofibromatosis

Sturge Weber

CCF

Thyrototoxicosis

Trauma

Trings of Trauma.

Eye ball

↑ in Child

Sclera - blue

Lids

PG Analogue

hyperpigmentation

Conj

Congestion

Cornea

Stromal edema

Krukenberg Spindle

Haab's striae

Kyops

Pupil

RAPD

AC

VH grading

PEX.

Pigment dispersion

Lens

glaucomaflecken

Iris

NVI, Iris Bombe

Aterophy, Shape

OD findings →

Loss of Crypts

IOP.

Gonioscopy

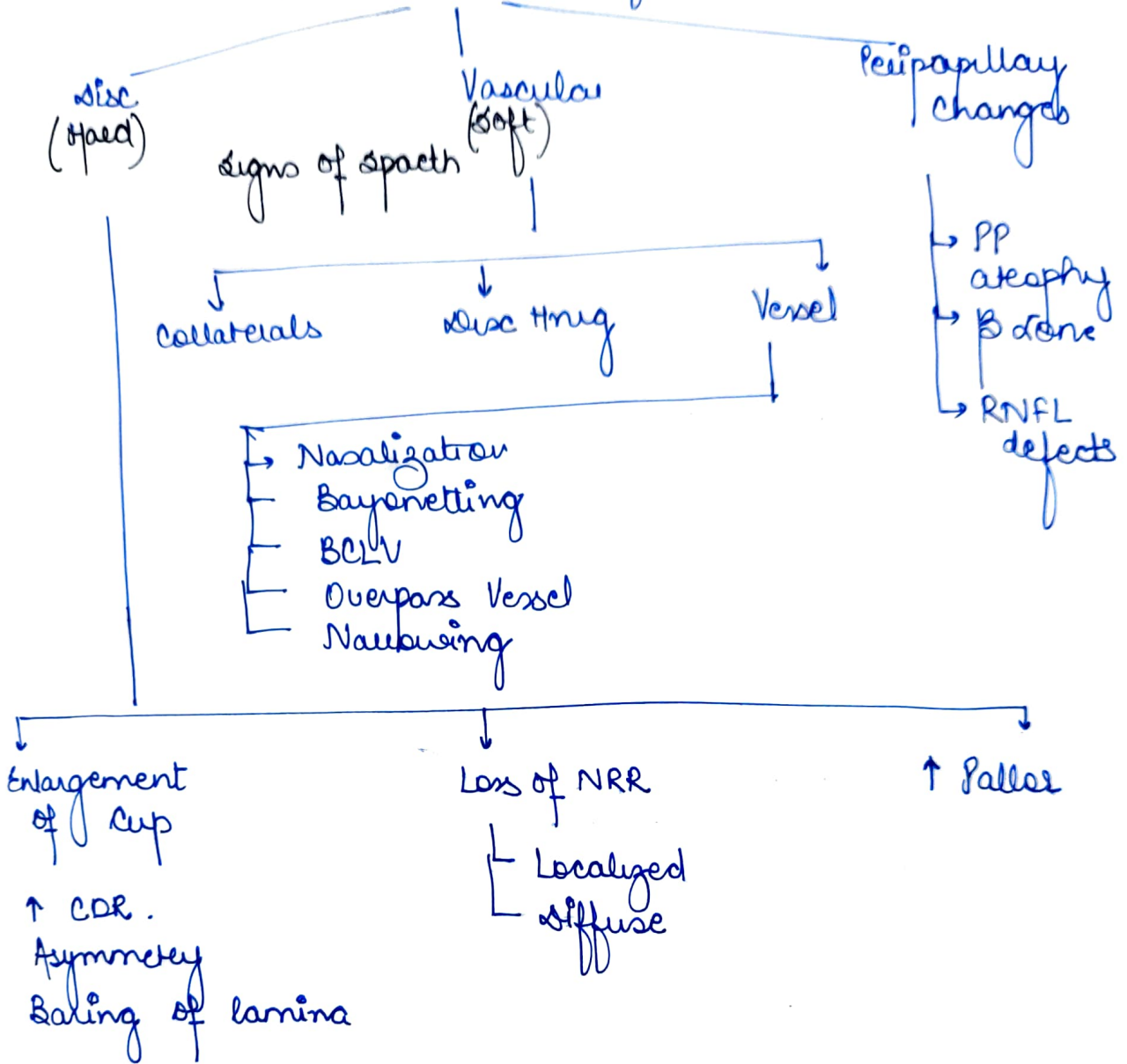
Post seg

Choroidal hemangiomas
features of PDR, CRVO

OB findings

26

① Always look under red free also.



Lens / Cataract

Chief Complaints → child

- Diminution of vision
- Leukocoria
- Nystagmus
- Squint

NOPI

genetics
Vit A def
Maternal Rubella

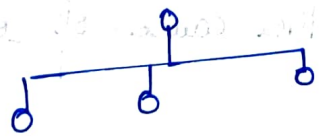
Trauma

Antenatal & Perinatal H/O →

fever & rash in] Mothers
H/O Malnutrition
Drug intake

Malnutrition
Neonatal inf] child

+ve family H/O



Exam

TORCH

galactosemia

Other systemic — microcephaly, deafness, Cardiac Abn

Ocular Exam → Visual acuity — CSM.

Squint

Nystagmus

Micropsia

IOP

Lens — Riders

↓ see in retroillumination.

summing

PCOL position

fundus — salt & pepper Retinopathy

Rule out other causes of Leukocoria.

History

Min vision improvement = glasses

diff Near work.

Intolerance to bright light.

40 P1

Hematuria, deafness, renal insuff (report)
Recent Ex (Cataract → PCO)

Recent Sx (Cataract $\rightarrow$ PCO)

HTN

SNHL — high freq, $\sigma^2 >$

IDP — glaucoma (Lowe's) Oculo Cerebrorenal
L closed — Microspherophakia

→ Oil droplet reflex Retcoillumination

CCC (RPS in juvenile glaucoma)
Cornea — PPCA (Alport's)
Scar of previous Cataract

Lens

PCOL in Bag/Sulcus

PCO (fibrotic / Sommeiling)

Uveous — fish tailⁿ (PPC)

fundus — dot & fleck Retinopathy (Alport)
Post Staphyloma (Majors)
Rule out CME before NYAG

Subluxation of lens

History

- ↓ vision
- Photophobia
- glaucoma
- Monocular diplopia
- ↓ Collectⁿ c Spectacles

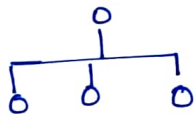
H/O

Time of onset — Sudden (trauma)
Progression
Effect on vision.
frequent change of glasses

Past H/O

Cardiac — (Marfan's)
MR (Aortic regurgitation)

Family H/O



Exam

Look for features of

a) Marfan

Long limbs

Arm span > 1.05

US : LS < 0.86

Scoliosis

Chest wall deformity

Thumb sign

Wrist sign

High arched palate

- CVS

- MR

- Musculoskeletal

VA

IOP.

NVA

Cornea - KC.

Sclera - Bluish hue

AC - deep or irregular

Gonio - To rule out $\angle$ recession

Pupil $\propto$ 1
site of dislocatⁿ

Lens - Phacodonesis Extent in clock hrs
Cataract
Subluxatⁿ $\angle$ Dissection
Zonules condition
Aphakic (if in Vitreous)

Fundus - DDO - Crescent shape reflex
Axial Myopia features.

Chief Complaints →

floaters
blur

Loss of Vision

During routine exam

(1993, 1990, 1990)

1990 - 1990

1990 - 1990

HPI

Past H/O -

• rheumatoid

Sarcoid

TB

M.S

Masquerade

Family H/O -

M.S

1990 - 1990

Exam

gen exam

TB

Sarcoid

which for xol

Ocular

→

VA

(Cataract, CME, ERM)

KPs — Central

spill over Ant uveitis

IOP — ↑ — steroid

PSC + nt

Vitreous haze

Snow Balls

Snow Bank

Phlebitis

NVE

indentation

dots

— Rule out

Choroidal Melanoma

Chief Complaints → Routine Exam
gradual painless vision loss / Scotoma
eye pain
Sudden vision loss — VH
Mets — wt loss, Headache, Bone Pain.

HDP1 → Pain, Bil → » Uveitis ↓ Melanoma
Rule out d.s of Exudative RD
Mass lesion anywhere in the body
Other d.s of C. Melanoma

Exam

features of Mets — Pallor, Icterus, LN pathy
wt loss

Pathological #

Rf for UM — New
Cutaneous Melanocytosis
Pecckles

Ocular

VA

Proptosis, Chemosis, ↓ EOM

Sentinel vessel

C. Edema

Naevus of Ota

Scleral thinning / Uveal show

NVU

iris colour

IOP — ↑

Lens — displaced forward

Vitreous

Fundus — SDO

Some shape / Diffuse / Nodular
size

Height

Break through Bruch's
Location

Pigmented

RPE overlying — Atrophy
Mottling
PED
Pig changes

No Retina — Schwan
CNF

Exudative RD

VM

sub retinal Hmg

DRF ($> VM$ than Vicious)

HSP

Exudative RD

Exudative RD

HSP

Exudative RD

Macular Hole

Asymptomatic
↓ VA
Metamorphopsia
Central Scotoma

HPI

Evolve over a week.
Traumatic

HO Past I

Trauma.
Ocular Ex
Sun gazing
Use of Myopic glasses
OR
RVO
Drugs causing ME.

Systemic H/O →

DM
HTN
Asthma
Posture related issues.

Exam

VA

full thickness dehiscence size.

foveal pseudocyst

Post hyaloid status

Opaculum

SRF cuff

Dawson like deposit — Chemocyt

Weiss Ring

ERM

Check periphery — for traction
tear.

Test —

Watzke Allen test

Laser Firing Beam test.

Amolei Challenging

• HFF > 0.9

HFI < 0.5

DHI — Tractional

THI > 1.4 — AP.

Retinal Detachment

Flashing lights
floaters
VF defect
Visual loss

HOP1

VL — sudden onset painless
VF — Quadrant.

past H/O —

Trauma — IOFB.
ID & x
UPPER
CMV
Toxo.

family H/O —

High Myopia.
Retinal degenerations
Hereditary conditions.

Systemic H/O —

DM
HTN
TB
Tx

Exam

YA — far
Near
Myopia in fellow eye

signs of trauma

NVI

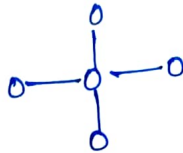
RAPD

Schwartz Matsuo Syndrome (IOP)

Vitreous — VH

Retrolental cells

Vitreous degeneration



IDO.

Fundus drawing

RRD

Extent

fresh/old

No. of Break

grade of AVR.

Macula status.

Risk factor

Vessel overlying

RAPD.



Hypotony

gley reflex

Exudative RD



DOD

History

ARMS

DOV — gradual
Sudden

Age
Race
Hereditary

Shadows
Distorted vision
Colour Contrast
Slow recovery of visual fxn.
Central scotoma

R/f History —
Smoking
HTN, CVS
Obesity, ↑ fat diet
Aspirin
Cataract Sx
↑ Sunlight exposure

Past H/O —
Anti VEGF
LASER
PST

Exam

Ht

Wt

BMI

BP

P

Lids & Adnexa

Brow Ptosis
Dermatochalasis

Cornea

- Arcus Senilis

Sclera

- N

Iris

Blue/Light Iris

Lens

Senile Cataract

Fundus

Drusen

PED

Pigment Epithelial Abn
Geographic atrophy

Dystrophic Calcification

Dry

Honey Comb Dystrophy

Pattern Dystrophy

Cuticular Drusen

Type II MPGN

2.2

RAP

RIP

IPCV

Wet

Ch. Maculopathy

↑ Myopia

Inflamm CNV

Angioid streaks

POH

Classification

dry/wet

Topographic — Extes, Juxta, Subfoveal

AREDS

Clinical

FFA based — Classic / Occult

Type I, II, III (RAP)

Retinal Vein Occlusions

Age Sex

Sudden painless LOV

Redness

Metamorphopsia

Loss of half of vision

> Morning — each CRVO

Amaleosis fugax

Incidental finding

Vf loss

Floaters

Past H/O

POAG

Pseudotumor Cerebri

ION

ONH Swollen

Tilted OS

Hypermetropia

HTN

CVS

Carotid insufficiency

DM

Bleeding/Thrombotic disease

Leukemia

Multiple myeloma

SCS

SLE, HIV, HZ,

family H/O —

Past Sx H/O →

Ocular Sx
CNS Sx

Personal H/O →

Smoking
Alcohol
Tobacco

Drug H/O →

OCP
Diuretics
Hep B Vaccine.

Exam

gen.

Ocular — VA — presentation for final outcome.

Proptosis

Conj — Multiple Hmeq

Cornea — PUK — SEP/PAN

Sclera — Nodular Scleritis

AC — shallow — PCG

KP, Cell, flare — inflammation

Flare — NVI

Undilated gonioscopy — NVA, LCG

Iris — NVI

Pupil — RAPD

Lens — Nuclear Sclerosis
Complicated Cataract

Post seg — Retinal Hmeq — Superficial flame
dot & blot

RV — Tortuous & dilated.

ONH swelling — Optociliary shunts

Cotton Wool spots

Splinter Hmeq

Macular Edema.

Pigmentary changes

ERM

Disc Pallor

NVD/NVE

Atherosclerosis in Retinal arteries
of other eye

Other Eye

— HTN Retinopathy

DR

Vasculitis

gonio

lop

gonio.

Diabetic Retinopathy

History

LOV $\left\{ \begin{array}{l} \text{gradual} \quad \text{--- DME, Cataract} \\ \text{Acute} \quad \text{--- VH, TRs} \end{array} \right.$

H/O floaters

Acute pain, redness, LOV --- NVG
Paracentral scotoma

HOP

Onset
Progression

HOPist

Type of DM

DM control

Duration of DM & severity of $\uparrow$ glycaemia

H/O Nephropathy

Retinal laser

Prior Rx

Drug H/O

Pregnancy

Cardiac

Neurological disease

Surgical H/O

--- Anaemia, ACE inh

Family H/O $\rightarrow$

DM, HTN, Other risk factors for DR

Personal H/O $\rightarrow$

Smoking

Alcohol

Tabacco Chewing

Exam

Systemic

Ht

Wt

BMI

BP

CU

Leop

Peripheral Nervous System

Hypertension

Diabetic foot

Ocular Exam -

VA — Refractive errors

Eye ball — Squint

Ischemic Neuropathy pupil sparing
Xanthelasma
Recurrent hordeolum & Blepharitis

Cornea — C. hypoaesthesia

↓ C. healing

Tear film Abn.

Damage to Endothelial cells

Recurrent erosion / PED

Conj — Conj Bact inf
Microaneurysms

Iris — NVI

Pupil — Ectopic Uvea

↑ Pigments at angle

Difficulty in dilating pupils
APD.

OP — ↑

Lens — ↓ Accomodative ability

Vitreous — Early Liquefaction & PVD
Pseudo hyalosis
Schaffer sign

Fundus — features of NPDR, PDR.
Macula status.
CME.

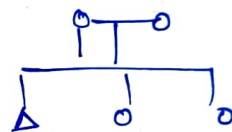
Retinitis Pigmentosa

History

Night Blindness, dark adaptation difficulty
 Deafness, Acq. Coleau defects.
 Late onset of Walking / Ataxia.
 Visual field loss
 Loss of VA
 Difficulty in reading
 Current medication
 Chronic medication — HCO, Phenothiazine
 Nutritional supplements
 Intestinal Sx
 Liver disease
 Hearing Loss
 MR.
 Renal disease. — Urine R/E

family H/O

Consanguinity



systemic H/O

Usher

deafness
Ataxia

Bardet
Biedl

Polydactyl
MR
Taural obesity
Hypogonadism

Lauren
Moon

Neurological
Inverse RP.

~~Renal~~
Kearns
Sayre

Ophthalmoplegia
Retinal deg
Respi distress
Heart Block.

Atypical RP

LCA

RP albescens

Prog Rod / Cone deg

Juvenile Macular deg

Peri Central / Parafoveal / Unil RP

Clumped Pig. deg

Exam

Gen

SNHL

Speech

Ataxia

Sleep disturbance

Ocular

VA

Myopia

fat atrophy — Oculodigital sign

Keratoconus.

Zonular weakness

Pupil — RAPD — absent across Bilateral disorders

IOP → ↑

Lens — PSC

Zonular weakness

Vitreous — dust like particles
Retrolental cells

Fundus — Arterial Narrowing
Bony spicules
ERM

Disc — Waxy pallor

Macula

CME

Squint

Chief Complaints

Age of Onset

Duration

Intermittent/constant

family H/O

date of birth

Previous H/O

Optical glasses

Occlusion

Orthoptics

Operative.

Exotropia

- deviation of eye
- Headache, eyestrain
- blurring of vision
- difficulty in prolonged period of reading
- diplopia, photophobia
- micropsia

BH

- Craniofacial abn
- Marfan's smokⁿ

LBH.

RDP.

Exam.

DVA

AR.

Retinoscopy

SCVA

NVA

Ant seg — Exam.

Fundus. — Torsional element



Refraction
important

Stimulus

Response

1.1

1.2

1.3

test with binocular vision — initial response to test

test with single vision

response

response

1.4

test with — response — single vision

test with — response — single vision

Osthoptic Workup

Head posture - face turn / Head tilt / Chin elevation / chin depression

HBT
Krimsky
Beckwith

Cover test:
Distance
Near

Ocular Movements.

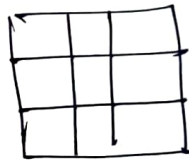
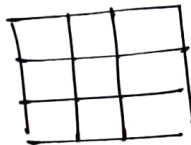
Nystagmus

IPD

NPC

NPA

PBCT — Distance / Near Aided / Unaided fixing / Not fixing eye



AC:A Ratio - If $\Delta D - \Delta N > 10$.

State of Binocular Vision - Bagolini striated glass test
HBT.

Lang 2 pencil test
Synaptophore

Diplopia charting

FDI.

$$\begin{aligned} \text{AC:A Ratio} &= \frac{\Delta \text{c lens} - \Delta \text{c out lens}}{\text{Power of lens}} = \text{gradient} \\ &= \frac{IPD + ND - \Delta S}{3} \quad - \text{Heterophoria method.} \end{aligned}$$

Exotropia spl

Occlusion test of Scobee-Burian

+3.0 DS lens test

New Castle Score

Lat gaze inhibition

DVD

Neurological features

Burian Classification.

$$1 \text{ mm} \frac{\text{cm}}{\text{cm}} = 7^\circ = 14 \text{ PD}$$

Esotropia spl

Head posture

Twins.