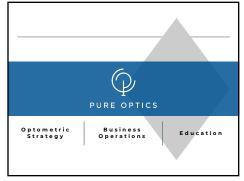


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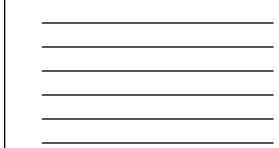


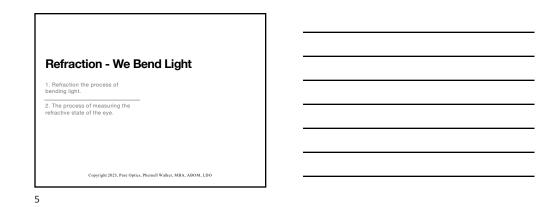


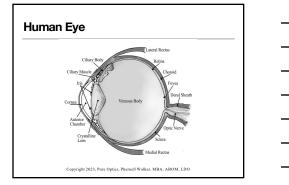


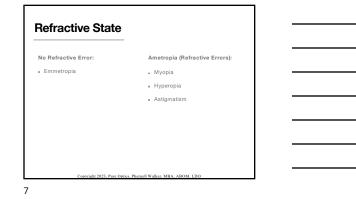


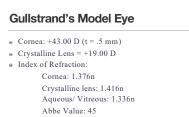












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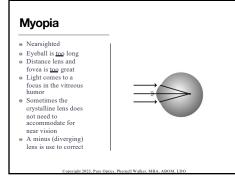
• Axial length: 24 mm

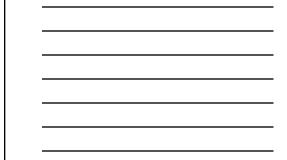
# Emmetropia

8

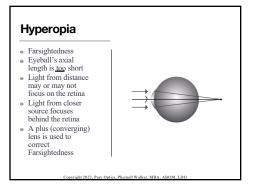
- $_{\ensuremath{\Theta}}$  No refractive error present
- Cornea and lens shaped correctly
- Distance between fovea and lens is correct
- Axial Length
- Light from 20ft. Is focused on the retina
- The eye can accommodate for near objects
- Emmetropia eye needs no corrective lenses

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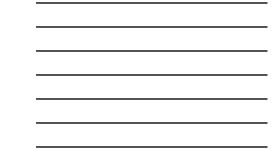


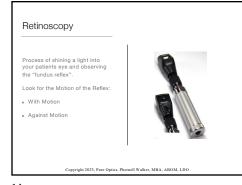
| Myopic VA<br>Approximation |  |  |  |  |
|----------------------------|--|--|--|--|
| Approxir                   |  |  |  |  |
| Myopia                     | Distance Acuity  |  |  |  |
| -1.00D                     | 20/80  |  |  |  |
| -2.00D                     | 20/200   |  |  |  |
| -3.00D                     | 20/400   |  |  |  |
| -4.00D                     | less than 20/400   |  |  |  |
|                            |  |  |  |  |
|                            |  |  |  |  |
|                            |  |  |  |  |
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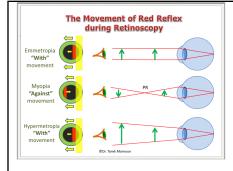




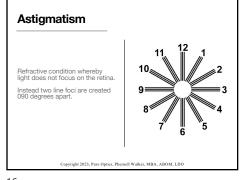


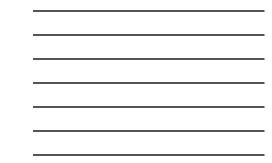


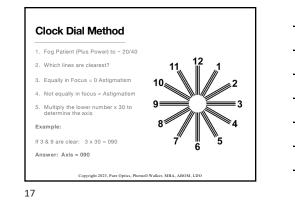


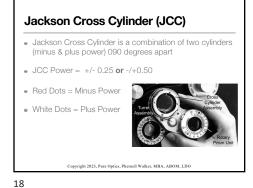












#### Presbyopia

- This is a condition, not a refractive error
- Crystalline lens loses natural ability to focus
- Ciliary loses its elasticity, ability to accommodate
- Accommodation lessens with age
- Multifocal's such as Bifocals, trifocals, progressive, SV near are used to correct

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#### Astigmatism

- The most common refractive error of all
- The cornea is aspherical in the in the central zone
- Light has different focal points in different meridians creating a *line focus*
- Meridians are usually 90 degrees apart
- $\bullet~$  Almost 2/3 of the population has astigmatism
- Spherocylindrical lenses are used correct

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#### Myopia & Near Point

The eye has no need to accommodate, and does not converge...

This is not necessarily a good thing!

The myope has a tendency to <u>under</u> accommodate and <u>under</u> converge.

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### **Uncorrected Myopia**

- Force eyes to converge at near
- Alternate vision
- Eyes turn outward
- Don't use one eye

#### Myopes typically lean towards exophoria

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| Hyperopic Children  |  |
|---|--|
| The young hyperopic child can accommodate at near.                              |  |
| In fact, they over accommodate, and over converge and typically have esophoria. |  |
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#### **Uncorrected Hyperope**

- Ignore one image, develop lazy eye
- Diplopia
- Asthenopia
- Alternate vision
- Eyes can become crossed-eyed
- Typically have esophoria

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# Refraction Methods • Habitual Rx (WRx) • Auto-Refractor (AR) • Manifest Rx (MRx) • Cycloplegic (CRx) (aka Wet) • Final Rx (Rx)

#### **Subjective Refraction**

Subjective refraction is used after the initial objective refraction (used to determine a starting point or for non-communicative patients).

Basic Order:

- 1. Find Spherical Power
- 2. Determine Cylinder Axis & Power
- 3. Refine the Sphere
- 4. Binocular Balancing (Dissociated Prism or Duochrome)

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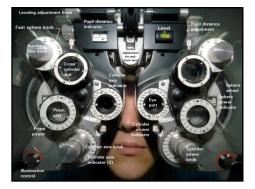
#### Phoropter

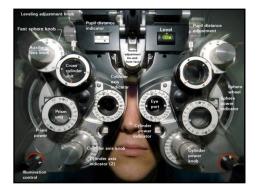
The phoropter is an instrument used to: determine the refractive state of the eye, measures amount of deviation of the eyes with the use of prisms needed to neutralize the imbalance.

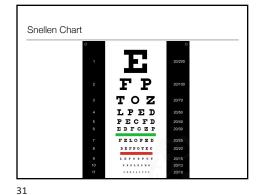
It contains many plus, minus, cylindrical and prism lenses secured in a "lens bank".

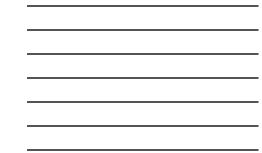
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#### 18 Step Refractive Sequence

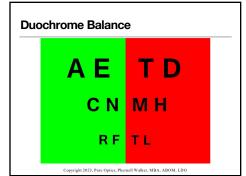
- 1.
   Occlude OS (while OD is open)

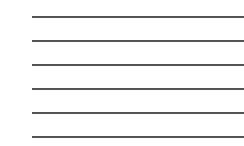
   2.
   Check for patient's ability to read 20/30 or more (use starting point: AR, HBx, or Ret)

   3.
   Once 20/30 visual acuity is achieved, show only ½ the 20/30 line
- Add plus power (blur patient) to relax accommodation, until they tell you to stop
   Dial 3 clicks or +0.75 D (4 clicks if using 20/40 line)

- Dail 3 clicks or 40.75 D (4 clicks it using 20/40 line)
   Refine the sphere power (which is better 1 or 2)
   Check for cylinder in the 0, 045, 90, 135 and 180<sup>th</sup> meridian
   Example: Which is better #1 Plano or #2 which is -0.50 D
   If cylinder exist, place ICC in front of the cyc using -0.50 D
   Refine the axis of the cylinder (follow the red dots) minus power
   Remove ICC, then Duochrome (red green) at 20/30 line
   Occlude OD, open OS show other 'y of 20/30 line
   Denset b4 (1, 1) accounce for QR small

- Coetuae OJ, open OS show once 7: 61 20:00 me
   Repeat the (1-12) sequence for OS ep
   Fog patient (dial down 4 clicks +0.75 D), then open the OD
   Binocular balance (vertical prism: Better top or bottom?) or Duochrome
   Remove fog (dial up 4 clicks -0.75 D), then remove the prism
- Duochrome test OU (R.A.M. or G.A.P.)
   Red Add Minus or Green Add Plus until equally clear





#### Beware

Pseudomyopia: Condition of on-going spasm of accommodation. A hyperope or emmetrope becomes falsely myopic.

Correction: Requires plus lenses Prism Base In – to relieve convergence from the work of overcoming excessive exophoria & relieve acc/ conv. Function Visual Training

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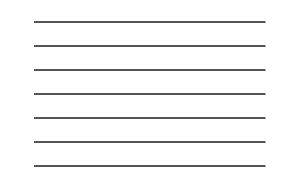
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#### Add Power

- An add or additional plus power is typically prescribed for presbyopes.
- This can be measured with a reading rod or estimated by age.

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| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |                         | pia Emmetrope | Myopia | Age    |
|---|-------------------------|---------------|--------|--------|
| $\begin{array}{cccccccccccccccccccccccccccccccccccc$  | X X X +0./5             | Х             | Х      | 34 -38 |
| 55 +1.50 +1.75 +1.75 +2.25                            | X +1.00 +0.75 +1.25     | +1.00         | Х      | 39-40  |
|   | +1.00 +1.25 +1.25 +1.75 | 0 +1.25       | +1.00  | 14-48  |
| (2) 1.75 1.200 1.205 1.250                            | +1.50 +1.75 +1.75 +2.25 | 0 +1.75       | +1.50  | 49-55  |
| 62 +1./5 +2.00 +2.25 +2.50                            | +1.75 +2.00 +2.25 +2.50 | 5 +2.00       | +1.75  | 56-62  |
| +2.25 +2.50 +2.50 +2.50                               | +2.25 +2.50 +2.50 +2.50 | 5 +2.50       | +2.25  | 3      |
|   |                         |               |        |        |



#### **Refraction Goal**

| The goal of a<br>refraction is too<br>provide the patient<br>with the clearest<br>perceived vision as<br>possible! | Prescribe the most<br>plus power possible<br>for hyperopes and<br>the least minus<br>power to myopes. |
|--|---|
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