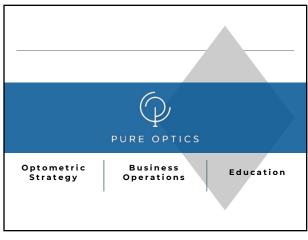




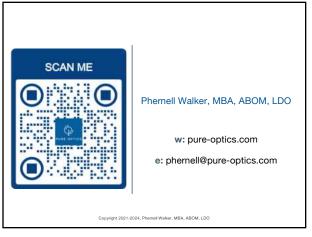


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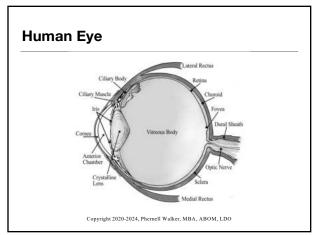


1. Refraction the process of bending light.

2. The process of measuring the refractive state of the eye.

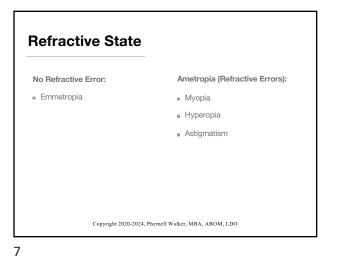
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#### **Gullstrand's Model Eye**

- Allvar Gullstrand (Sweden)
- 1862 1930
- Cornea: +43.00 D (ct = .5 mm)
- Crystalline Lens = +19.00 D
- Index of Refraction: Cornea: 1.376n Crystalline lens: 1.416n Aqueous/ Vitreous: 1.336n Abbe Value: 45

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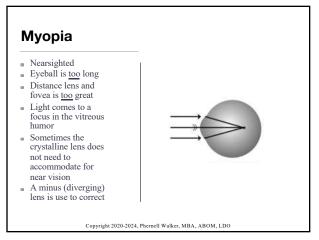
Axial length: 24 mm

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#### Emmetropia

- 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

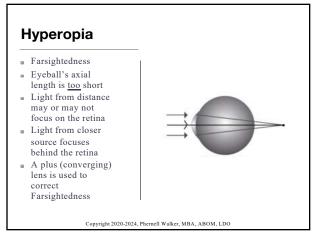
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Myopia	Distance Acuity
-1.00D	20/80
2.00D	20/200
3.00D	20/400
4.00D	less than 20/400

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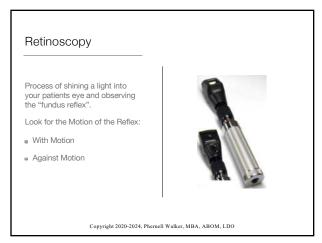
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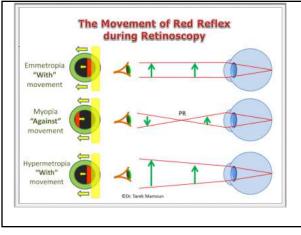
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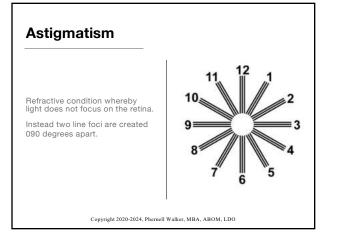
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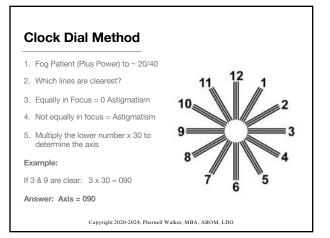




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## Jackson Cross Cylinder (JCC)

- Jackson Cross Cylinder is a combination of two cylinders (minus & plus power) 090 degrees apart
- JCC Power = +/- 0.25 or -/+0.50
- Red Dots = Minus Power
- White Dots = Plus Power



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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
- ${\scriptstyle \bullet }$  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)

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### **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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### **Lighting Conditions**

Indirect lighting should be used when performing a refraction.

Total darkness, nor bright light should be used. Light with a dimmer switch works best.



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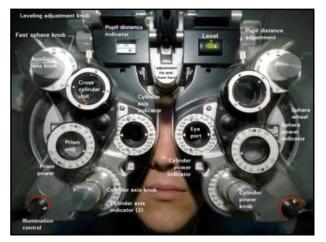
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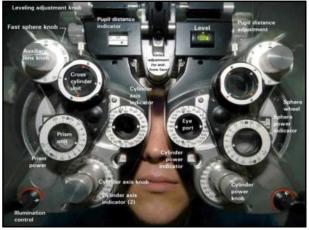
#### Phoropter

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.

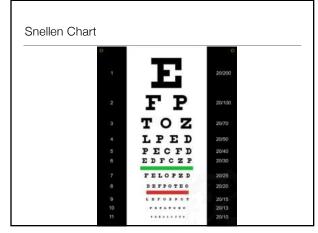
It contains many plus, minus, cylindrical and prism lenses secured in a "lens bank".

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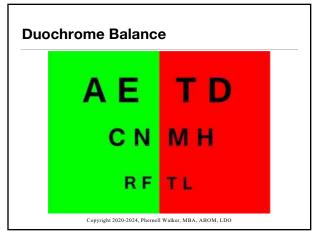


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#### **18 Step Refractive Sequence**

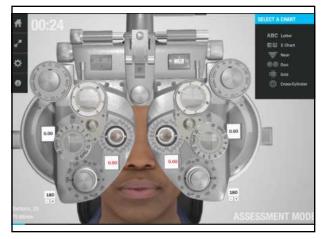
- Occlude OS (while OD is open) 1.
- Check for patient's ability to read 20/30 or more (use starting point: AR, HBx, or Ret) Once 20/30 visual acuity is achieved, show only ½ the 20/30 line Add plus power (blur patient) to relax accommodation, until they tell you to stop Dial 3 clicks or +0.75 D (4 clicks if using 20/40 line) Refine the sphere power (which is better 1 or 2) Check for any induction in the 0.045 00, 125 or 0.150 merciation
- 3.
- 4. 5.
- 6.

- 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 JCC in front of the eye using -0.50 D
  Refine the axis of the cylinder (follow the red dots) minus power
  Remove JCC, then Duochrome (red green) at 20/30 line
  Occlude OD, open OS show other ½ of 20/30 line
  Repeat the (1-12) sequence for OS eye
  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

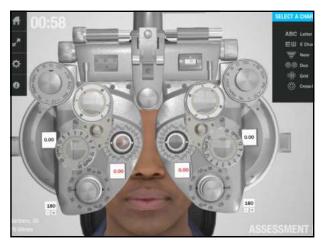


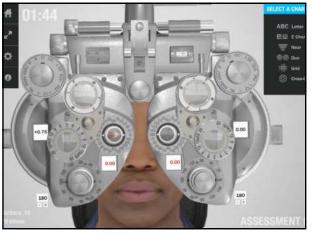


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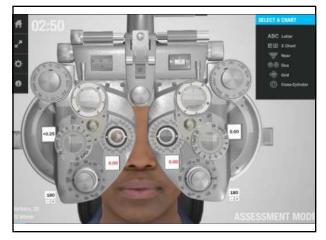
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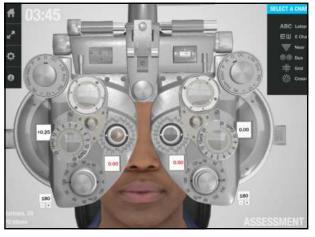
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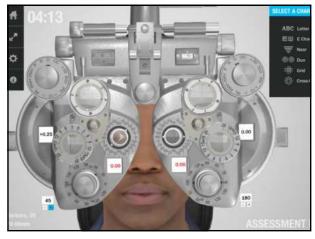




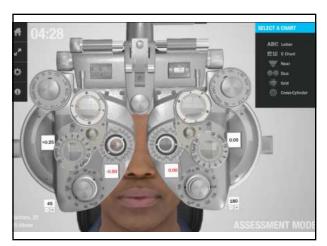




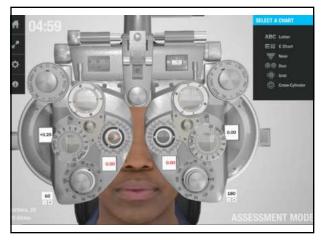
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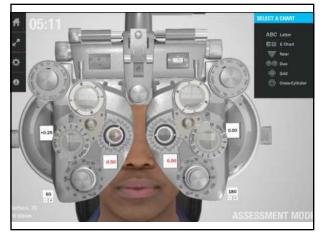




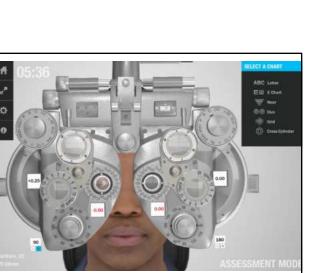




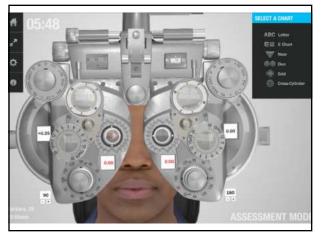
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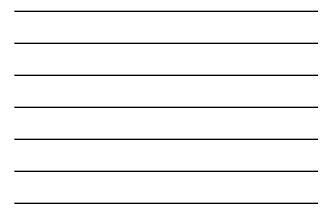


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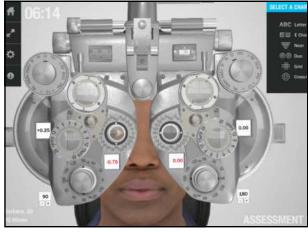


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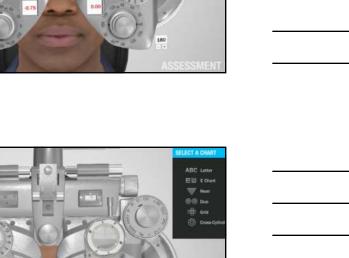




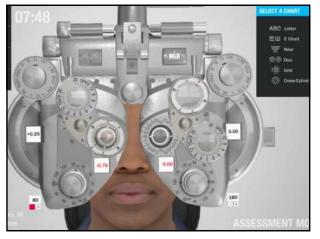
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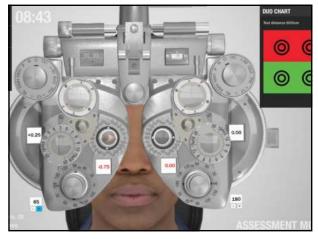








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#### Beware

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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#### 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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Age	Myopia	Emmetrope	Hyperope	(low- high)
34 -38	Х	Х	Х	+0.75
39-40	Х	+1.00	+0.75	+1.25
44-48	+1.00	+1.25	+1.25	+1.75
49-55	+1.50	+1.75	+1.75	+2.25
56-62	+1.75	+2.00	+2.25	+2.50
63	+2.25	+2.50	+2.50	+2.50

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#### **Refraction Goal**

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

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