Optometry V652
Clinical Optometry 2
Fall Semester 2006

Course Syllabus

Instructor: David A. Goss, O.D., Ph.D.

This course provides knowledge on the analysis of basic binocular vision and accommodative disorders. The primary goal of the course is to give the student a systematic approach to the diagnosis and management of non-strabismus binocular vision and accommodative problems.

Class meeting times: Tuesday 1:00 to 1:50 p.m., room 105
Thursday 12:00 to 12:50 p.m., room 105

Required text: *Ocular Accommodation, Convergence, and Fixation Disparity: A Manual of Clinical Analysis* by Goss (2nd edition)

Tentative schedule:

Date	Lecture topic	Required reading
Aug. 29	Introduction to case analysis	pp. 1-8 (chapter 1)
Aug. 31	Measuring and plotting phorias	pp. 9-20 (chapter 2)
Sept. 5	ACA ratios	pp. 9-20 (chapter 2)
Sept. 7	Zone of clear single binocular vision (ZCSBV)	pp. 21-33 (chapter 3)
Sept. 12	Characteristics of ZCSBV	pp. 34-39 (chapter 4)
Sept. 14	Definitions	pp. 40-46 (chapter 5)
Sept. 19	Sheard's criterion	pp. 47-52 (chapter 6)
Sept. 21	1:1 rule	pp. 47-52 (chapter 6)
Sept. 26	Percival's criterion	pp. 53-61 (chapter 7)
Sept. 28	Morgan's norms	pp. 62-66 (chapter 8)
Oct. 3	Fixation disparity	pp. 67-75 (chapter 9)
Oct. 5	Fixation disparity	pp. 76-93 (chapter 10)
Oct. 10	**Examination #1**	
Oct. 12	Prescription guidelines	pp. 94-119 (chapter 11)
Oct. 17	Prescription guidelines	pp. 94-119 (chapter 11)
Oct. 19	Presbyopia	pp. 120-134 (chapter 12)

Date	Lecture topic	Required reading
Oct. 24	Presbyopia	pp. 120-134 (chapter 12)
Oct. 26	Accommodative disorders	pp. 135-149 (chapter 13)
Oct. 31	Accommodative disorders	pp. 135-149 (chapter 13)
Nov. 2	**Examination #2**	
Nov. 7	Introduction to vision training	pp. 150-163 (chapter 14)
Nov. 9	Introduction to vision training	pp. 150-163 (chapter 14)
Nov. 14	Accommodation and convergence interactions	pp. 164-184 (chapter 15)
Nov. 16	Other systems of case analysis	pp. 185-194 (chapter 16)
Nov. 21	No class	
Nov. 28	Vertical imbalances	pp. 195-198 (chapter 17)
Nov. 30	Case reports	
Dec. 5	Case reports	
Dec. 7	Case reports	
Week of Dec. 11-15th	**Final exam**	

Note: The numbers before the dash in the course packet page numbers correspond to chapter numbers in the textbook.

Grading: Grades will be assigned based on performance on two hourly examinations, a final exam, and a written case report project. The hourly exams and the final exam will be comprehensive, and may test anything covered in the lecture or reading material prior to the date of the exam. The final course letter grade will be determined from:

Two hourly exams, 100 pts. each.....	200 points
Final examination	100 points
Written case report project	40 points
Total	340 points

The grading scale will be:

A	93 to 100%
A-	90 to 92.9%
B+	87 to 89.9%
B	83 to 86.9%
B-	80 to 82.9%
C+	77 to 79.9%
C	73 to 76.9%
C-	70 to 72.9%
D+	67 to 69.9%
D	63 to 66.9%
D-	60 to 62.9%
F	less than 60%

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Written Case Report Project

Due: Thursday, November 16, 2006

Students will work in pairs. Each pair will perform eye and vision examinations on each other. Work with someone who is not in the same Diagnostic Procedures 2 lab section as you are. The two of you will work together to analyze the results and will submit one report detailing the findings, analysis, and recommended treatment for each patient.

Test findings should be recorded on practice clinic forms which will be distributed in class. Minimum testing should include: case history; subjective refraction; cover test; versions; accommodation and convergence amplitudes; distance, near, and gradient von Graefe phorias; near modified Thorington phoria; fusional vergence ranges at distance and near; vertical phorias at distance and near; NRA and PRA; MEM dynamic retinoscopy, accommodative facility with +2/-2 flippers OD, OS, OU; and Mallett unit associated phorias at distance and near.

The written report for each patient should include:

(1) examination form with test results
(2) graph of findings
(3) calculation of ACA ratios
(4) identification of case type with brief discussion of reason for that diagnosis
(5) discussion of the appropriate treatment plan and spectacle prescription

Each pair should work together in analyzing test findings and composing the report. The report, consisting of two case write-ups, will be given one grade (out of a possible 40 points). The report should consist of the completed exam form, graph, calculations, diagnosis, a summary of how the two of you arrived at that diagnosis, treatment plan, and a summary of why the two of you decided on that particular treatment plan. Be specific in presenting the treatment, e.g., give the lens prescription and/or the prism power. In evaluating the reports, the following will be considered:

(1) Was the graph plotted correctly?
(2) Were the calculated and gradient ACA ratios determined correctly?
(3) Were diagnostic rules of thumb, such as Sheard's criterion, calculated and evaluated appropriately?
(4) Was the case type identified correctly?
(5) Was an appropriate rationale given for the diagnosis and treatment plan?
(6) Was the proposed therapy appropriate?
(7) Did analysis of the case proceed in an organized fashion?

(Any persons who are monocular or have constant strabismus do not have to serve as patients and should be the third member of a group. As third members of groups, they are expected to contribute equally to completion of the report.)

Hand in two copies of the report. One copy will be returned to the first person listed on your report.

Comments:

You are in a professional program acquiring the knowledge, skills, and attributes required to provide care for optometry patients. Therefore, I expect a higher standard of effort, dedication, and decorum than what is expected of undergraduate students.

I do not take roll in lecture because it is a waste of valuable class time, and because part of the responsibility of being a student in a professional program is consistent attendance. If that responsibility is not met, additional writing projects may be assigned or unannounced quizzes may be administered. Attendance is required on the days case reports are discussed.

There should be no competition between classmates. The optometric profession and optometry patients benefit the most if everyone does well.

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