

Case vnvKWqSdImgwWphbrw62 — Questions

Case Details

Demographics 52-year-old white male; bookkeeper

Chief complaint unhappy with new bifocal glasses

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 1 month ago; wears flat-top bifocals

Family ocular history mother: cataract surgery, father: glaucoma

Patient medical history hypercholesterolemia

Medications taken by patient lovastatin

Patient allergy history NKDA

Family medical history mother: hypertension, father: diabetes

Review of systems

Mental status

Clinical findings

Habitual spectacle Rx polycarbonate, flat-top 28 bifocal

Habitual spectacles with markings and frame measurements: see image 1

External assessment: frame is noted to be properly aligned and adjusted

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Cover test: distance: 4 exophoria, near: 4 exophoria

Confrontation fields: full to finger counting OD, OS

Keratometry

Subjective refraction

Pupillary distance: 61 mm

Slit lamp

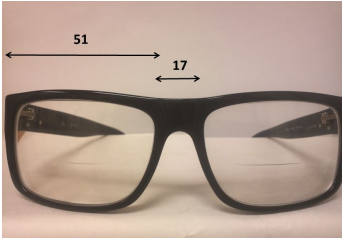
IOPs: OD: 15 mmHg, OS: 13 mmHg @ 10:55 am by Goldmann applanation tonometry

Fundus OD

Fundus OS

- Character/signs/symptoms: experiencing double vision when reading with new glasses
- Location: OU
- Severity: moderate
- Nature of onset: since he picked up his new glasses
- Duration: 2 weeks
- Frequency: constant when reading; no diplopia at distance
- Exacerbations/remissions: none
- Relationship to activity or function: only occurs with new glasses; does not have double vision with old pair
- Accompanying signs/symptoms: headaches
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: denies
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: denies
- Neuropsychiatric: denies
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: -4.00 -1.50 x 090 add: +1.75; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: -7.50 DS add: +1.75; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OD: OD: 45.50 @ 175 / 43.75 @ 085; no distortion of mires
- OS: 44.25 @ 180 / 44.00 @ 090; no distortion of mires
- OD: -4.00 -1.50 x 090 add: +1.75; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: -7.50 DS add: +1.75; VA distance: 20/20, VA near: 20/20 @ 40 cm
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: nasal pinguecula OD, OS

- cornea: 1+ arcus OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: 0.20 H/0.20 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: 0.20 H/0.20 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable



Question 1 / 5

Given the examination findings what is the MOST likely cause of the patient's double vision at near?

- A) Anisometropia; causing a vertical diplopia when reading
- B) The patient's pupillary distance does not match that of the frame; causing horizontal diplopia when reading
- C) Unequal reading segment heights; causing vertical diplopia when reading
- D) Too much frame wrap; causing horizontal diplopia when reading
- E) Too much frame wrap; causing vertical diplopia when reading
- F) Anisometropia; causing a horizontal diplopia when reading
- G) The lens material; causing chromatic aberration and diplopia when reading

Question 2 / 5

If the patient looks 7 mm below the optical centers of the lenses, how much prism is induced?

- A) 5.25 prism diopters base up OD
- B) 5.25 prism diopters base in OD
- C) 2.45 prism diopters base down OS
- D) 3.50 prism diopters base up OD
- E) 2.45 prism diopters base out OS
- F) 1.40 prism diopters base out OS

Question 3 / 5

Which 3 of the following will help to eliminate the patient's complaint of double vision when reading? (Select 3)

- A) Prescribe slab-off prism
- B) Add base out prism to each eye
- C) Prescribe 2 pairs of single vision glasses; one for distance and one for reading
- D) Prescribe reverse slab-off prism
- E) Add base in prism to each eye
- F) Select a frame with a larger A measurement
- G) Prescribe progressive addition lenses (PALs) in lieu of lined bifocals

Question 4 / 5

The patient wishes to know if he would be a good candidate for LASIK to correct his distance vision. Given the examination findings, what is his prognosis?

- A) He is not a candidate for LASIK because his prescription is outside the specified parameters for surgery
- B) His diplopia would be eliminated with LASIK because it is caused by the anisometropia in his glasses
- C) His diplopia would persist following LASIK, and he would still require glasses with prescribed prism to correct his imbalance
- D) He should not undergo LASIK as it will make his diplopia worse

Question 5 / 5

If the pantoscopic tilt of this patient's frame were to be increased, what would happen to the resultant prescription?

- A) Only minus power would be induced
- B) Only astigmatism would be induced
- C) Plus power and astigmatism would be induced
- D) Minus power and astigmatism would be induced
- E) Only plus power would be induced