THE COLLEGE OF OPTOMETRISTS

Stage Two

Overarching case scenario 31

AGE AND GENDER. **73** year old male

ETHNIC BACKGROUND Afro Caribbean

OCCUPATION AND HOBBIES. Retired dental lab technician, enjoys painting and attending local history society group.

PRESENTING SYMPTOMS AND HISTORY

Diagnosed with diabetes 25 years ago. Over the last 6 years vision has been getting worse due to diabetic complications.

Attends diabetes clinic every 6 months had PRP therapy for the RE, but had a detachment in the LE and now has a dense cataract.

Lives alone, has difficulties with chores around the house, doesn't have any outside help.

Registered severely sight impaired.

Has an existing magnifier that he has brought with him, but it is very scratched, so he wants a replacement, or something better.

GENERAL HEALTH AND MEDICATION Diabetes type 2 diagnosed 25 years ago, high blood pressure, angina. Not sure which medications he is taking apart from insulin.

PRESENT Rx, CENTRATION AND ACUITIES:

R +5.00/-2.25 x150 6/60. Near Add +4.00 N 24

L +5.50DS < 6/60 NIPH

PD/NCD 70/66 mm

VISION R 6/120 L < 6/60

PINHOLE VISION R 6/36+1 L NIPH

REFRACTION

R +5.50/-2.50x150 6/60. Near Add +4.00 N24

L +5.50DS balance lens (no lens improves VA)

Would like to try improving vision with LVA, need to order a selection in to demonstrate.

BINOCULAR STATUS with and without Rx LE exotropia distance and near

MOTILITY Full with no diplopia

PUPIL REACTIONS D, C and N full but slow R & L. No RAPD seen

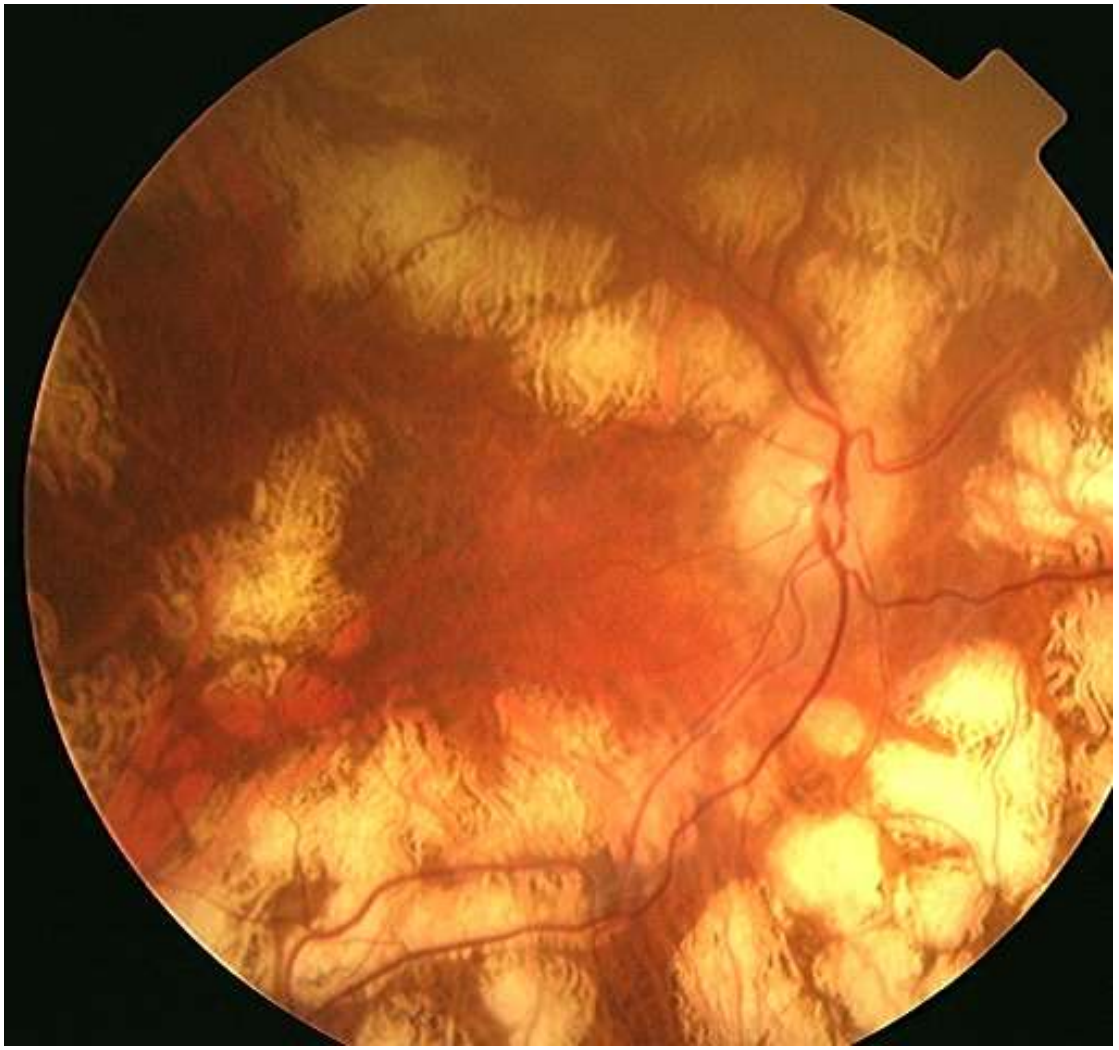
FUNDUS EXAMINATION: see attached for RE; no view of L fundus due to cataract

FIELDS see plot for RE, not possible for LE

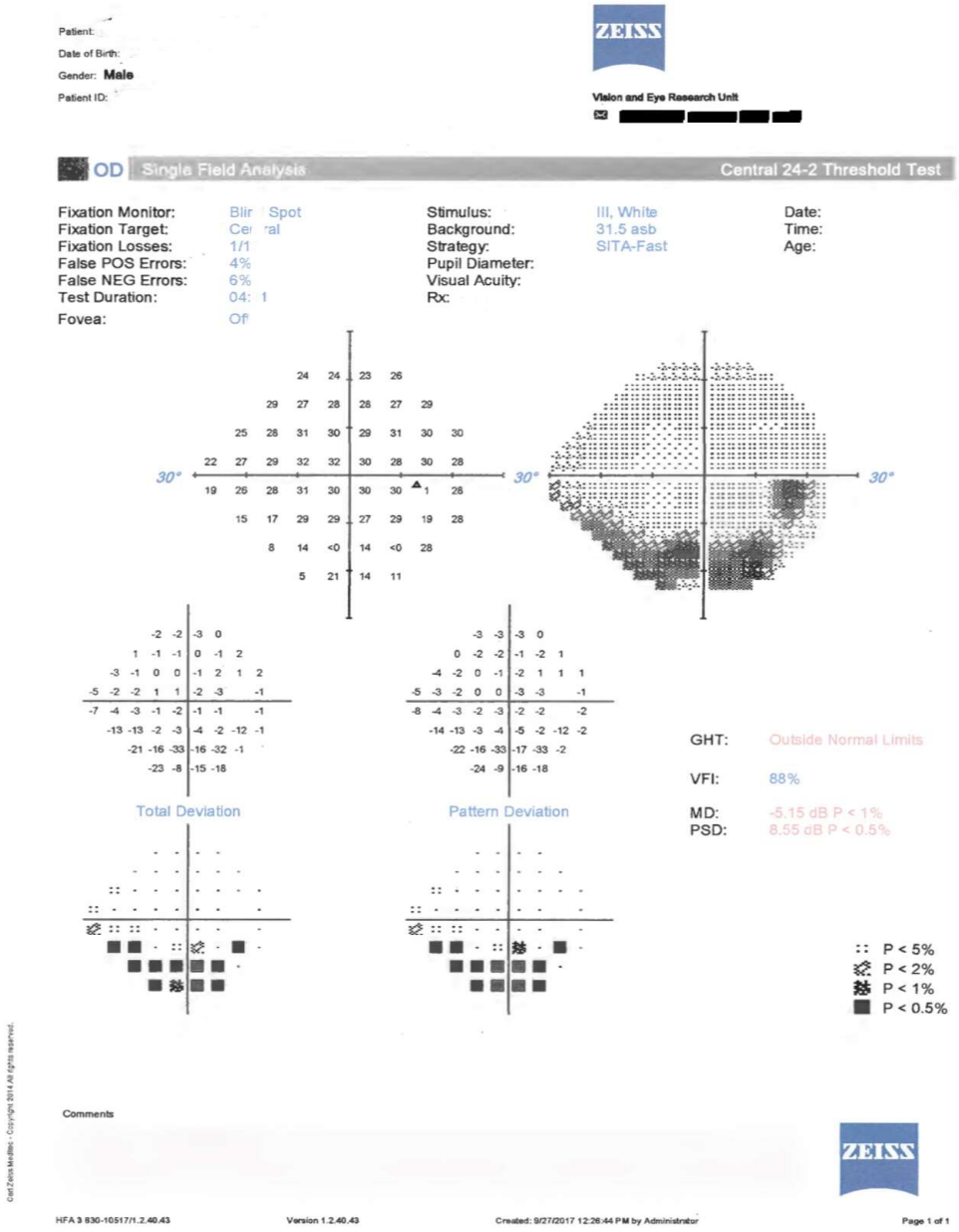
IOP R 18mmHg L 15mmHg @ 9.45am using Goldman

EXTERNAL EYE EXAMINATION: all healthy

Fundus Image (RE only)



Field Plot RE



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