



THE COLLEGE OF  
OPTOMETRISTS

# Stage Two

Overarching case scenario 83

**AGE AND GENDER** 25yr Male

**ETHNIC BACKGROUND** Caucasian

**OCCUPATION AND HOBBIES** Works in a vape shop. Driver (car), spends time training in mixed martial arts.

**PRESENTING SYMPTOMS AND HISTORY** Woke up with double vision. Vertical, both at distance and near. If closes one eye, the double vision disappears. Was training last evening and received a kick to the chin, head was knocked back. Fell to the floor on the training mat.

**GENERAL HEALTH AND MEDICATION** Fit and well as has been training for amateur mixed martial arts regional competition.

**PRESENT Rx, CENTRATION AND ACUITIES** No specs.

**PD** 63/60mm

**VISION** RE 6/7.5 , N6 LE 6/6 +1 , N5

**PINHOLE VISION** RE 6/6 LE 6/5

**REFRACTION** RE +0.00/-0.25 x 90  
LE +0.00/-0.50 x 75

**VA Distance** RE 6/6, LE 6/5, Binoc 6/6  
**Near** RE N6 / N6 LE N5 / N5 Binoc N5 / N5 @ 40 / 60cm

**ACCOMMODATION** RE 0.5D , LE 1D, Binoc 1D

**BINOULAR STATUS** Cover Test DV: RE 15<sup>Δ</sup>Exotropia and hypotropia  
Cover Test NV: RE 18<sup>Δ</sup>Exotropia and hypotropia

**MOTILITY** RE Ptosis, diagonal double vision in all positions of gaze and angle of deviation varies. There is mild pain reported in most extreme positions.

**CONVERGENCE** Not measured

**PUPIL REACTIONS** Pupils are responsive to light and accommodation equally in both eyes.

**FUNDUS EXAMINATION R&L:** CD ratio 0.3, shallow. Disc margins defined. A:V ratio: 2:3, regular caliber, macula – flat, foveal reflex present. Retina: flat and even colouration.

**FIELDS** Not assessed

**IOP** RE 16,16, 15 mmHg LE 16, 16, 16 mmHg, Pulsair @ 9.15am

**EXTERNAL EYE EXAMINATION** see attached photo.

**KERATOMETRY** Not measured

**COLOUR VISION** Not measure

# External eye image

