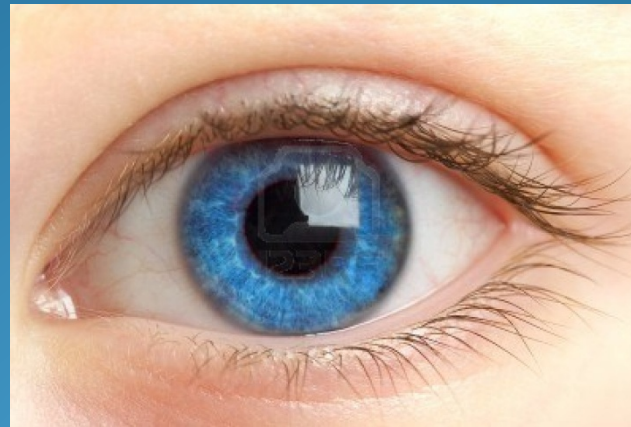


Advanced Anatomy and Physiology of the Eye

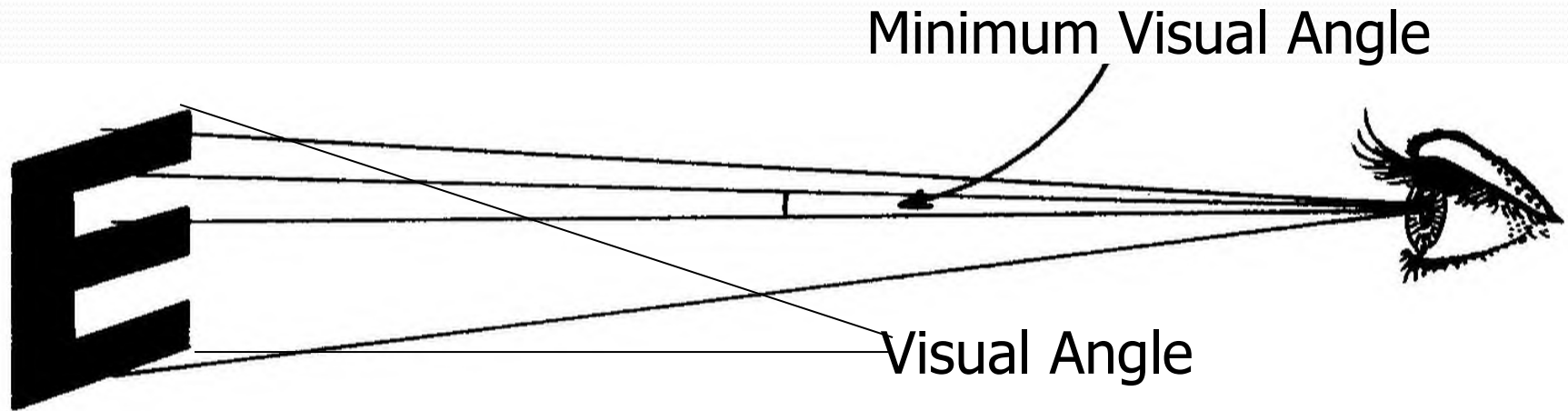


By Diane F. Drake, LDO, ABOM, NCLEM,
FNAO

Introduction

- Terminology
- Anatomy
- Refractive Errors
- Spherical Correction
- Cylindrical Correction
- Presbyopia
- Muscle Imbalances
- Unequal refractive errors
- Visualizing the Rx

Visual Angle and Minimum Visual Angle

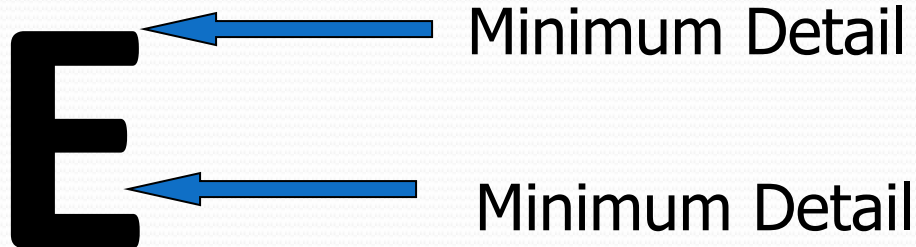


Subtend

- To extend under or to be opposite to
- The angle which is opposite the object being observed

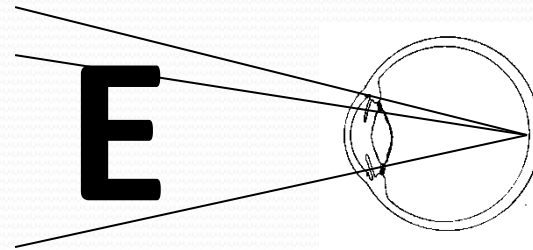
Minimum Detail

- The detail that must be detected on an object to positively identify or distinguish the object



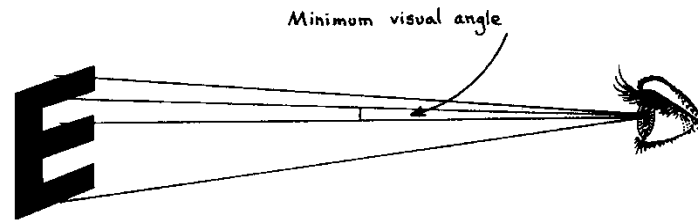
Resolution

- The ability to detect minimum detail
- The resolving power of the normal eye is a minimum visual angle of 1 minute
- The minimum visual angle of the letter is 1 minute
- The visual angle of the letter is 5 minutes



Visual Acuity

- The measure of the angle subtended by the outer limits of rays of light coming from the minimum detail of an object as they enter the eye
- 20/20 or 6/6

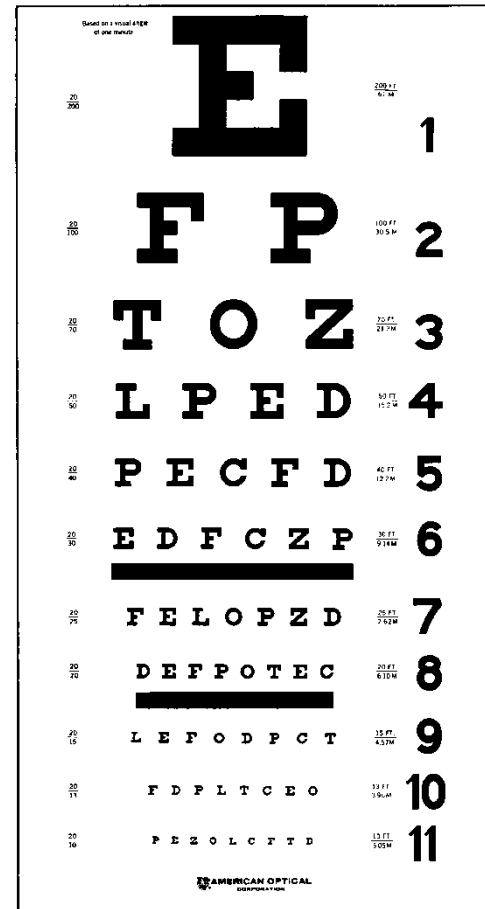


Snell's Law of Refraction

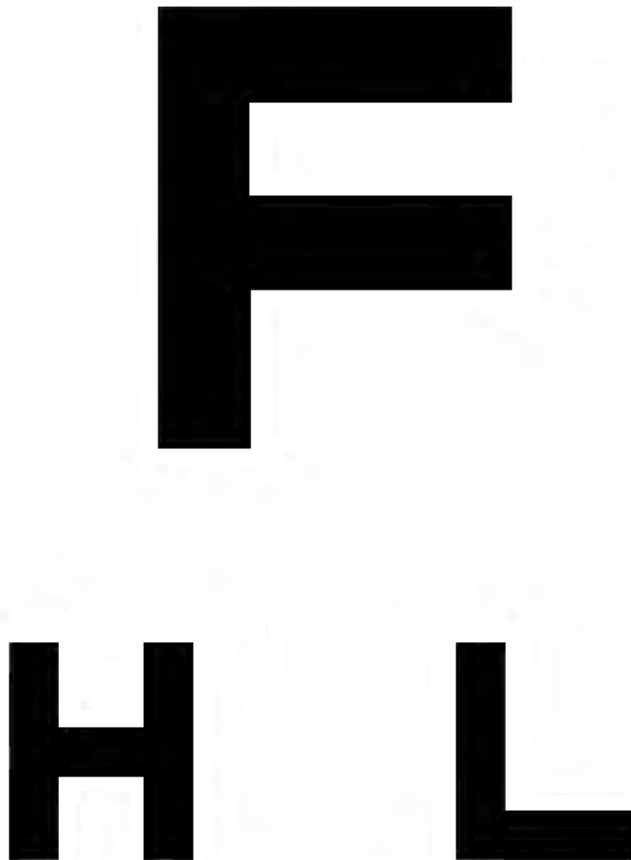
- $n_1 \sin i = n_2 \sin r$

The Snellen Fraction

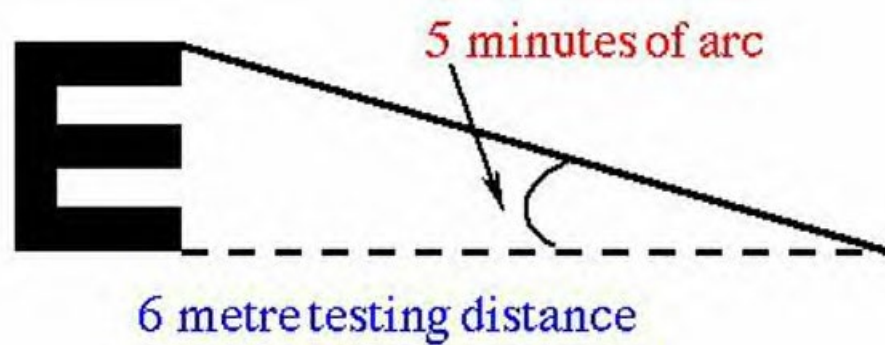
- The distance at which the test is made divided by the distance at which the smallest letter read subtends an angle of 5 minutes



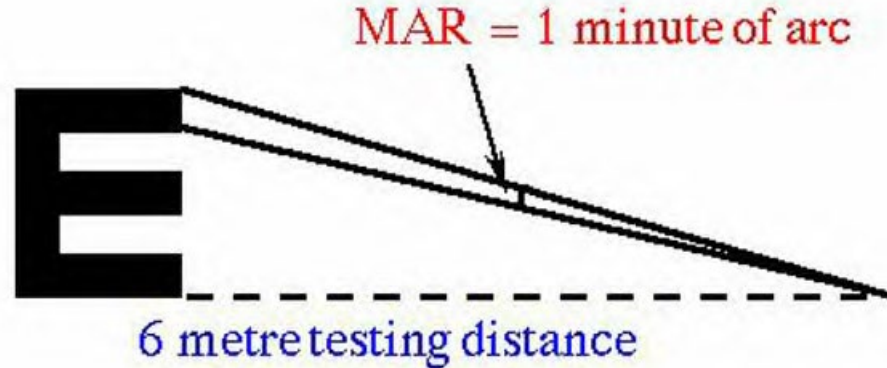
Snellen Letters



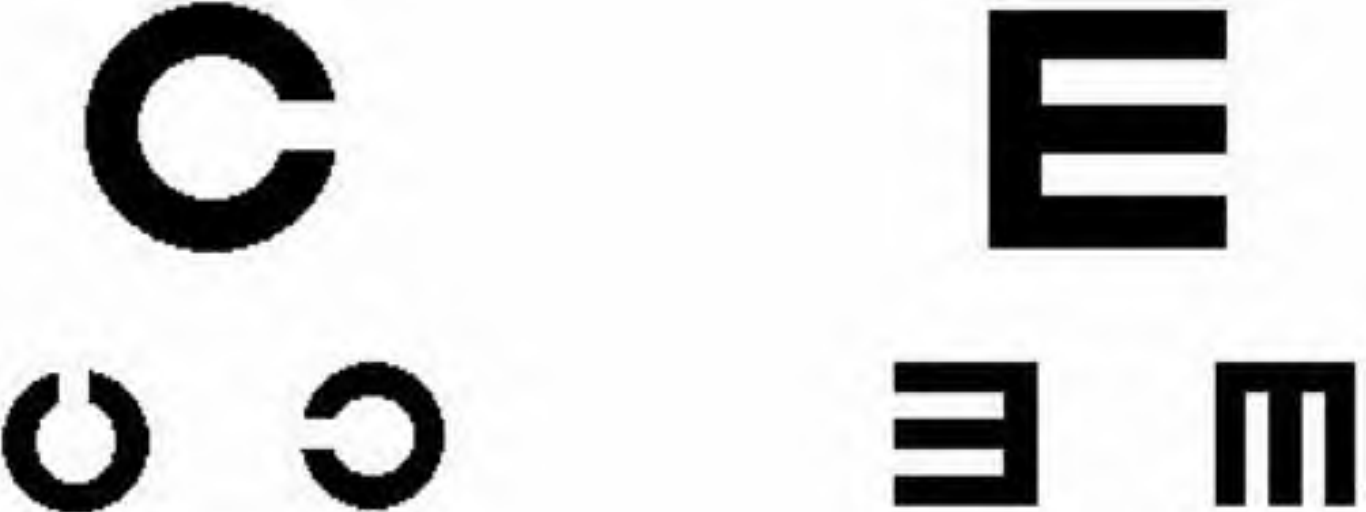
Snellen Letters

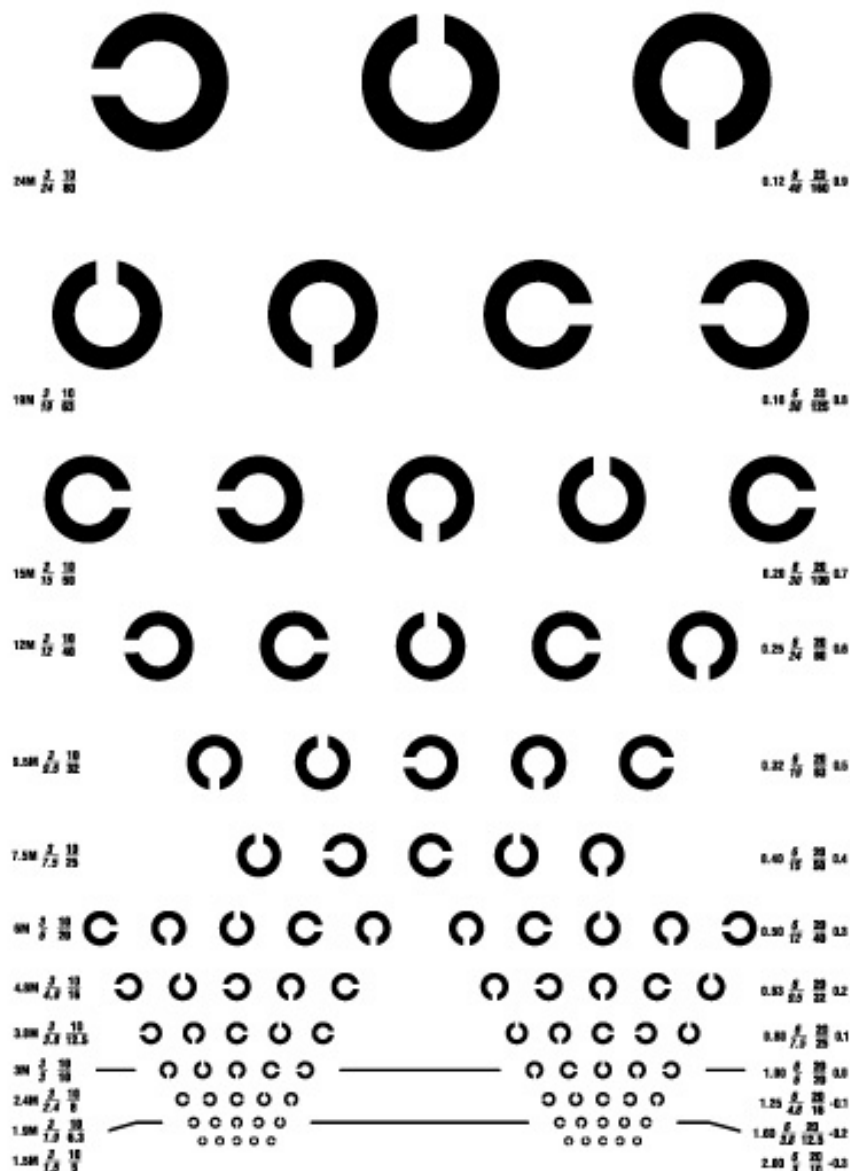


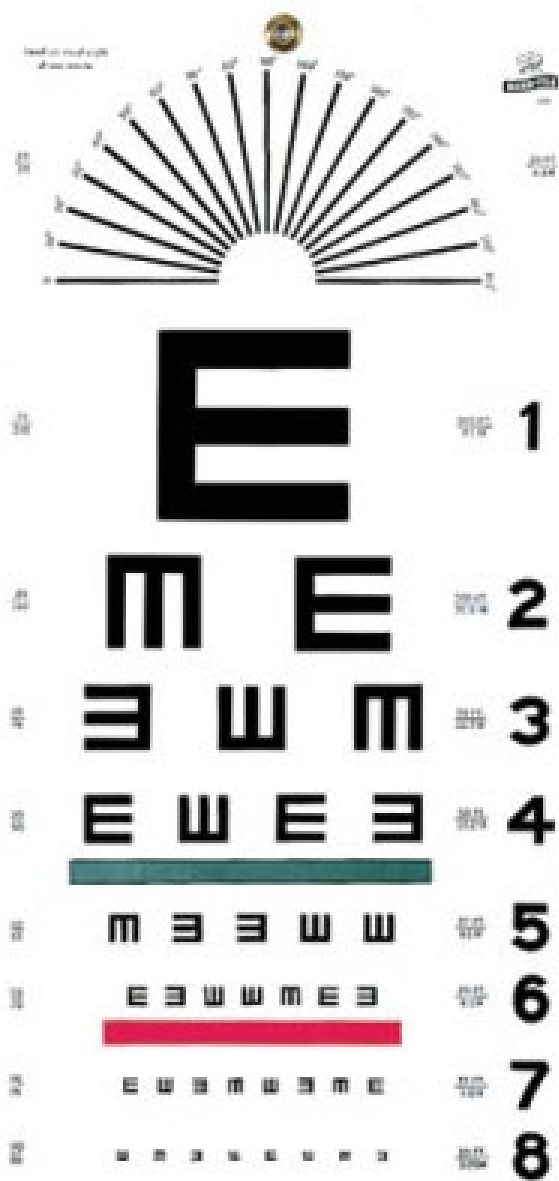
Minimum Angle of Resolution



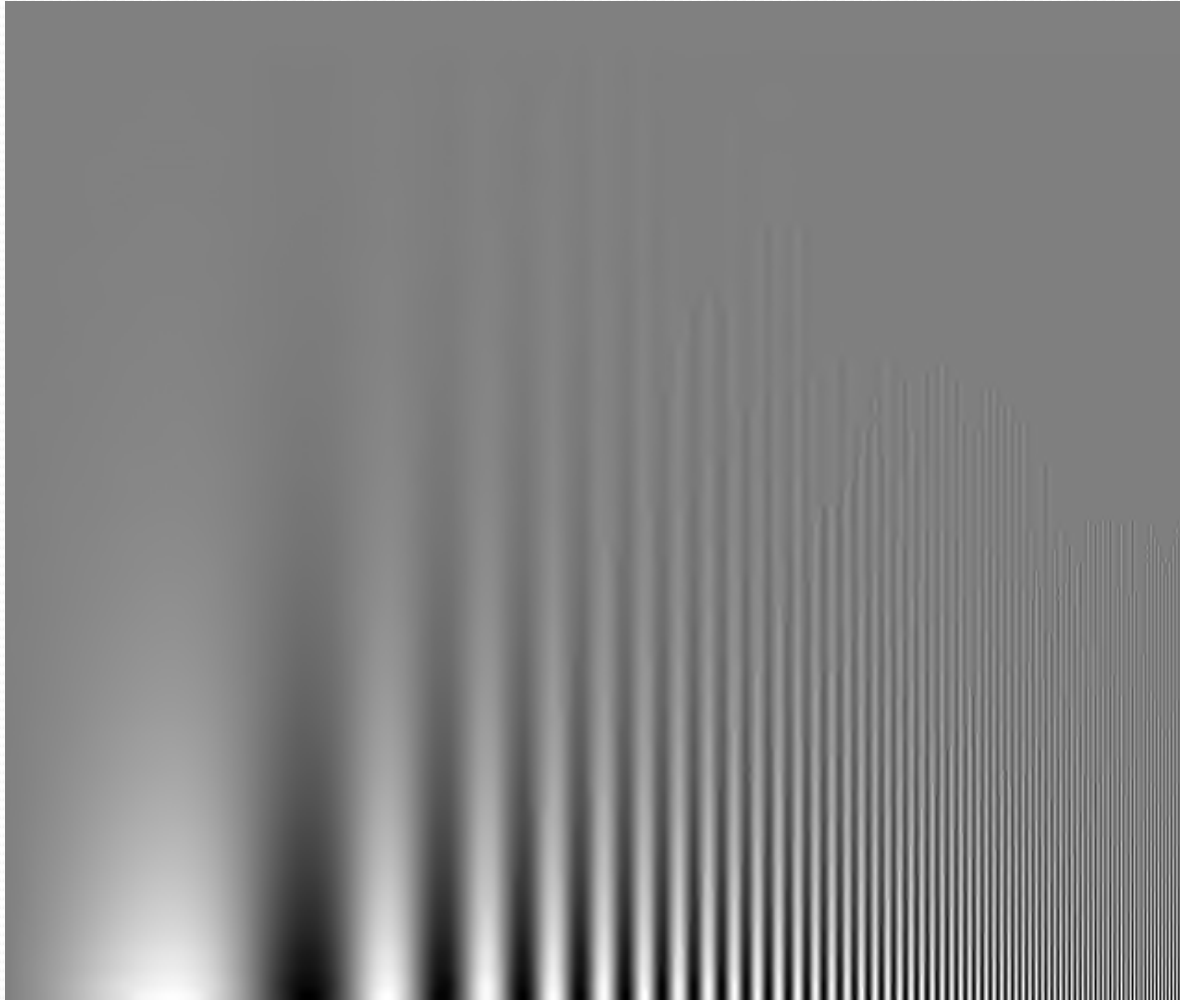
Landolt Ring (C) and the Illiterate E







Contrast Sensitivity



Terminology

- Emmetropia
- Ametropia
- Myopia
- Hyperopia

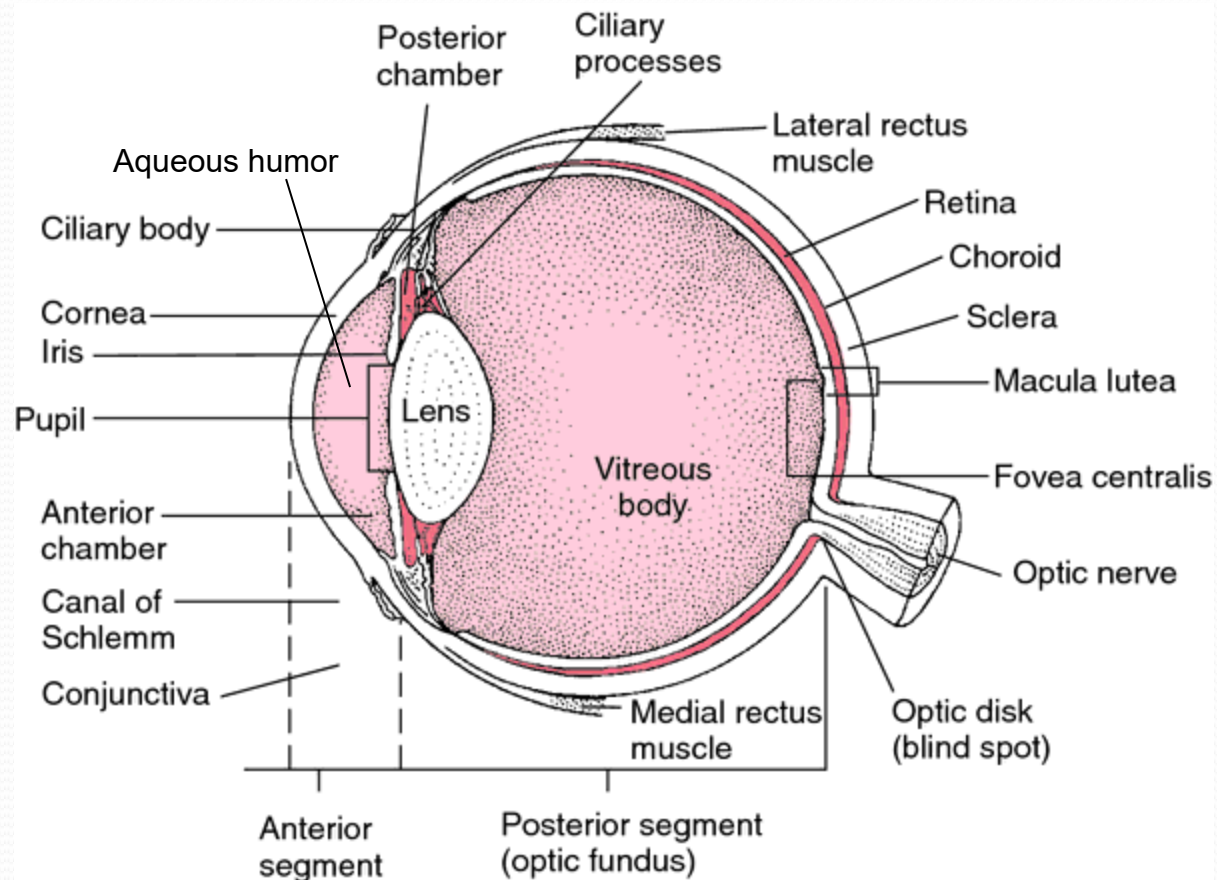
Terminology

- Astigmatism
- Corneal astigmatism
- Lenticular astigmatism
- Regular astigmatism
- Irregular astigmatism
- Simple myopic astigmatism
- Compound myopic astigmatism
- Simple hyperopic astigmatism
- Compound hyperopic astigmatism

Terminology

- Presbyopia
- Greek
 - Presby = Old
 - Opia = Sight

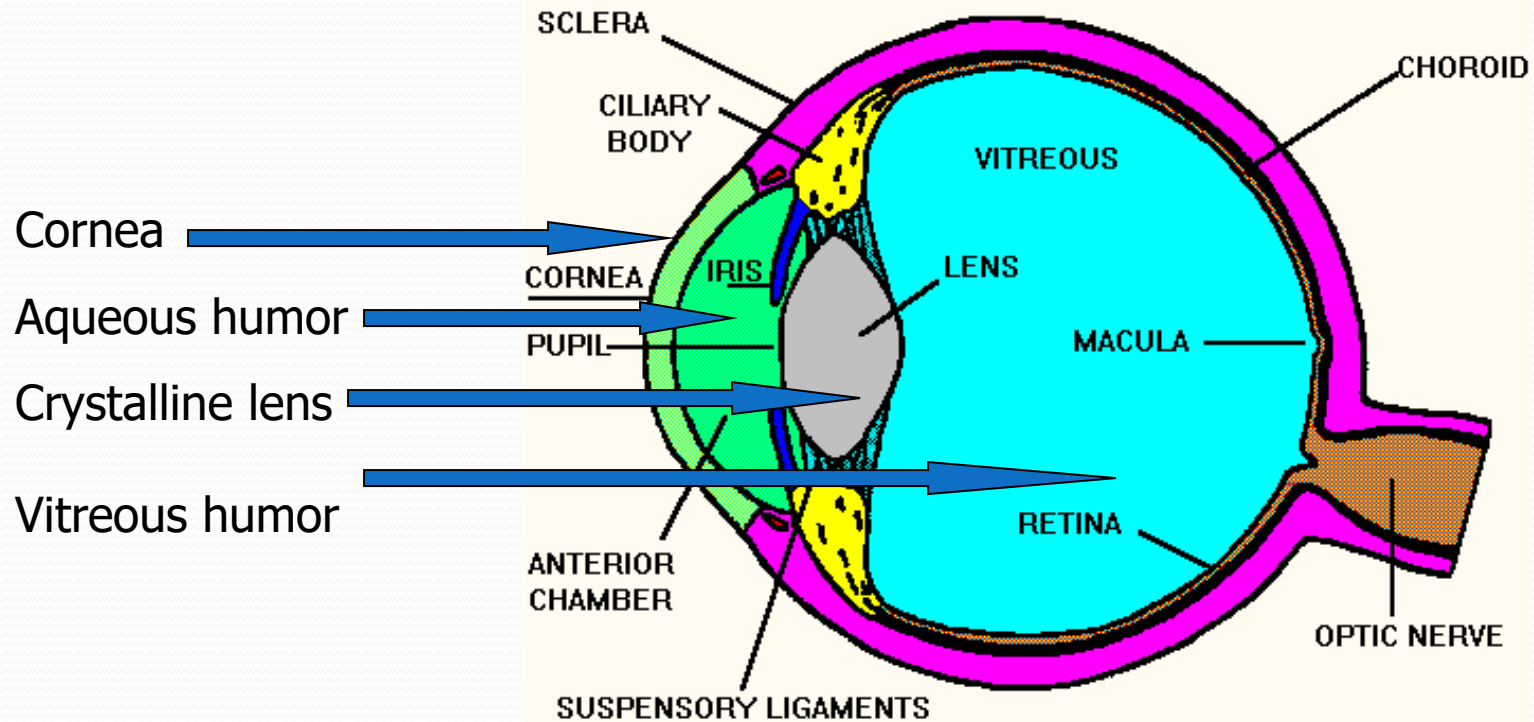
Anatomy



Four Refractive Mediums of the Eye

- The cornea
- The aqueous humor
- The crystalline lens
- The vitreous humor

Anatomy



Index of Refraction

- Cornea = 1.37
- Aqueous humor = 1.33
- Crystalline lens = 1.42
- Vitreous humor = 1.33

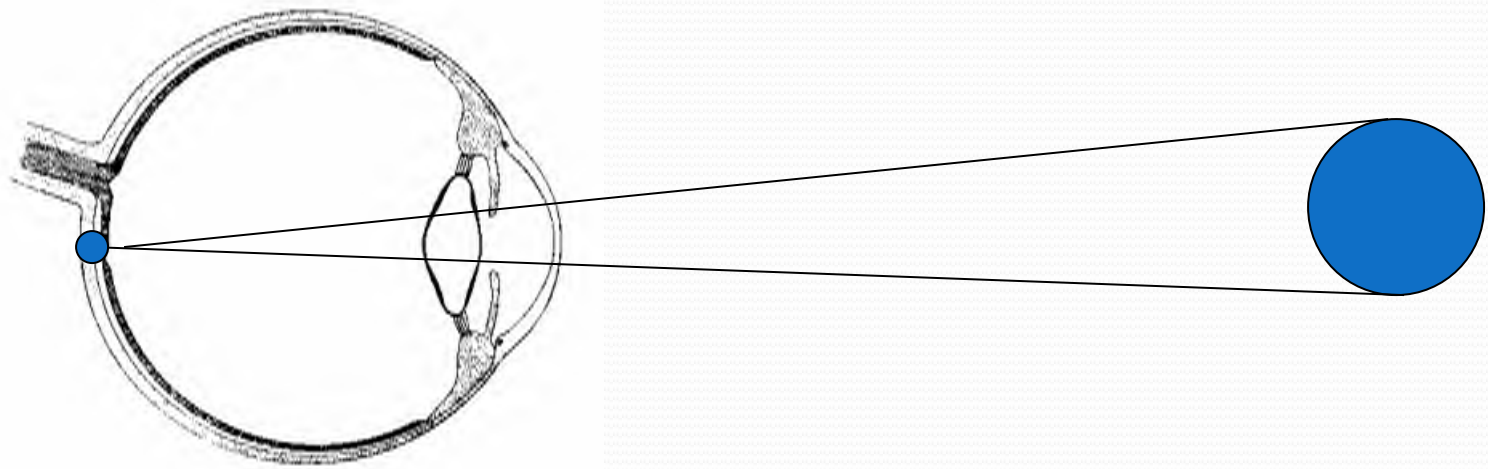
Dioptric Power

- Cornea
 - +42.00D to +45.00D
 - Performs about 80% of the refraction or bending of light rays within the eye
- Crystalline Lens
 - +12.00 to +15.00D
 - +20.00 D
- Depending on textbook

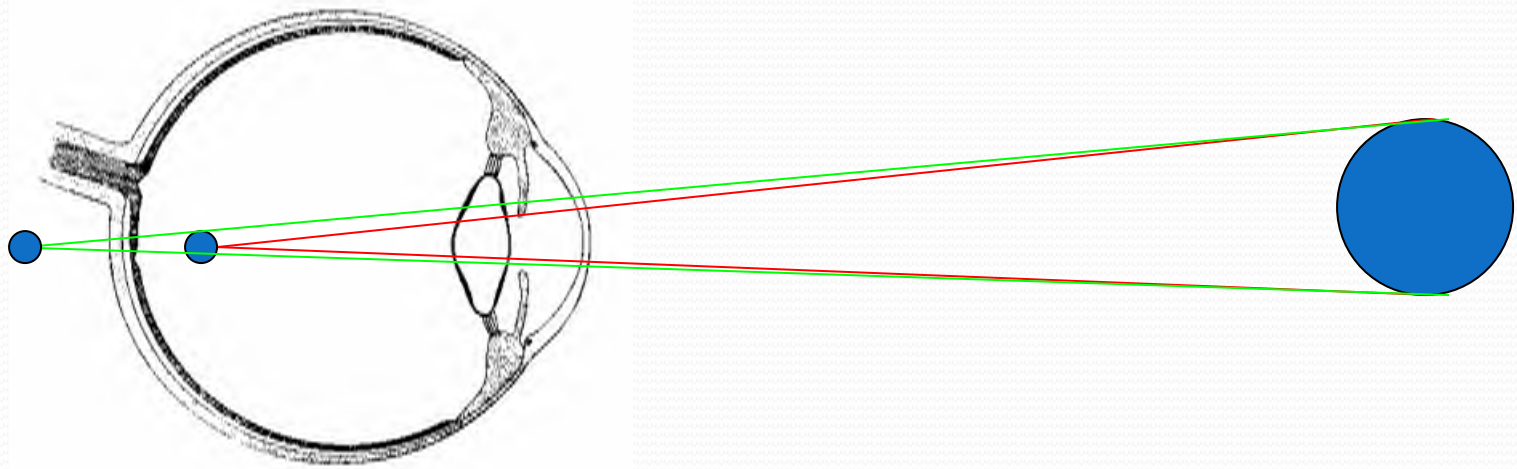
Refraction

- The “bending” of light as it passes obliquely between two different refractive mediums
- A beam of light that enters a refractive medium perpendicularly is not refracted, but merely slowed down and the path of the beam is unchanged

Emmetropia

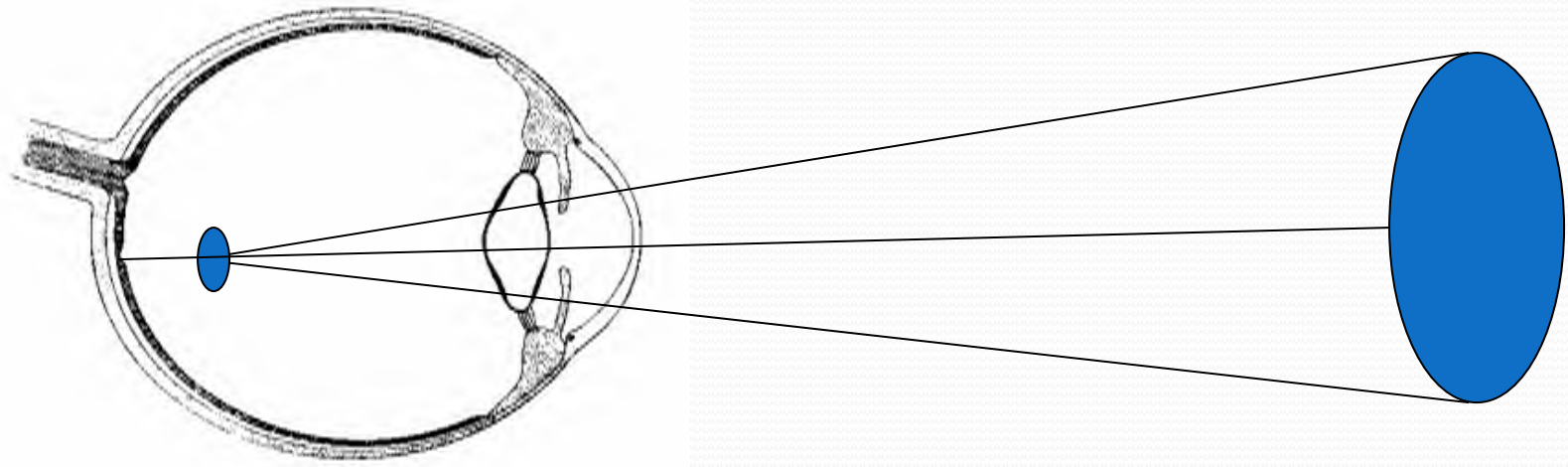


Ametropia

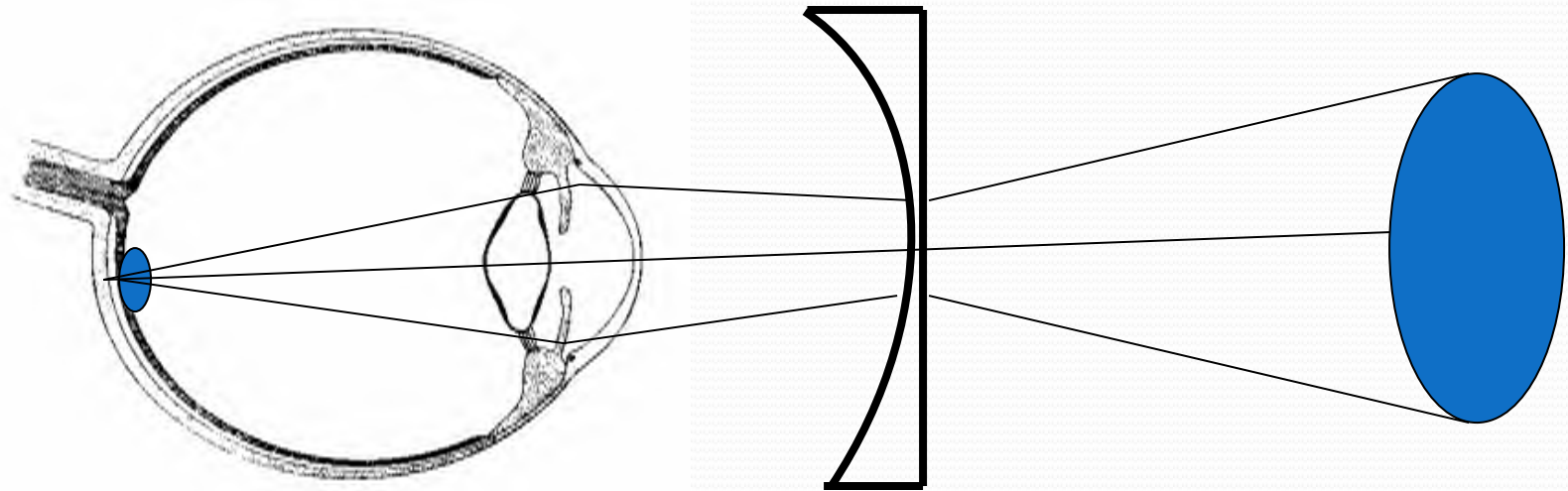


- Myopia
- Hyperopia or Hypermetropia
- Astigmatism

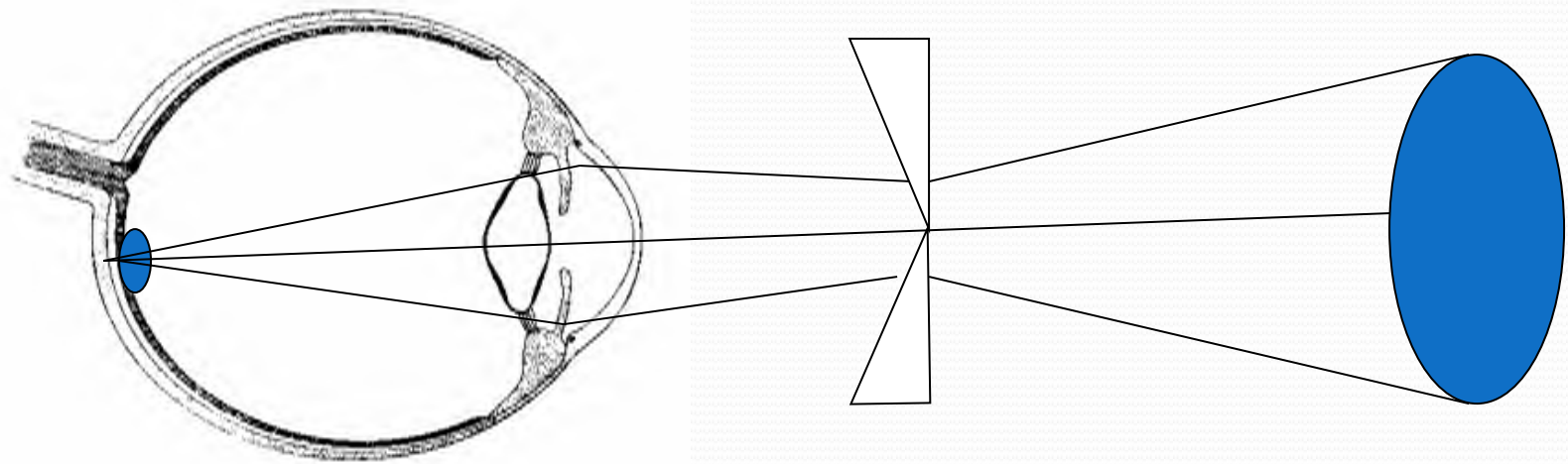
Myopia - Near Sighted - *Short Sight*



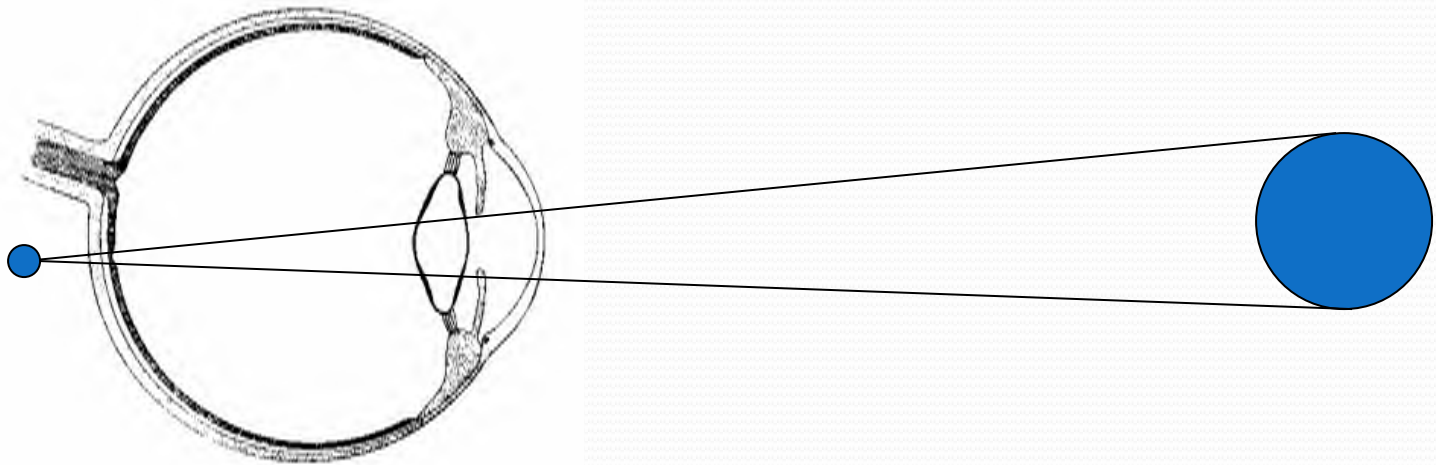
Myopia - Near Sighted - *Short Sight*



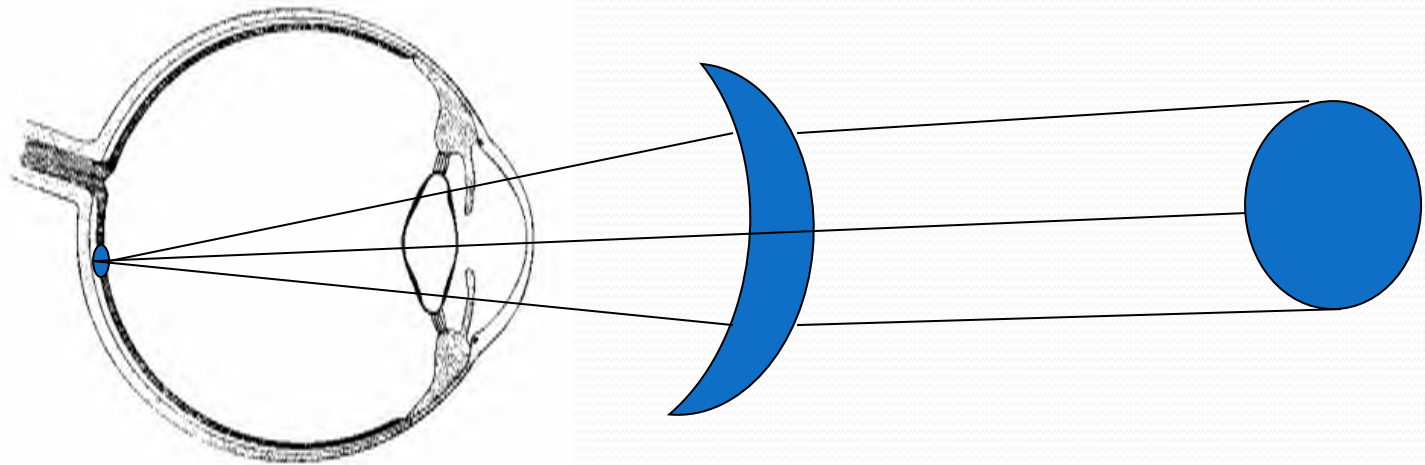
Myopia - Near Sighted - *Short Sight*



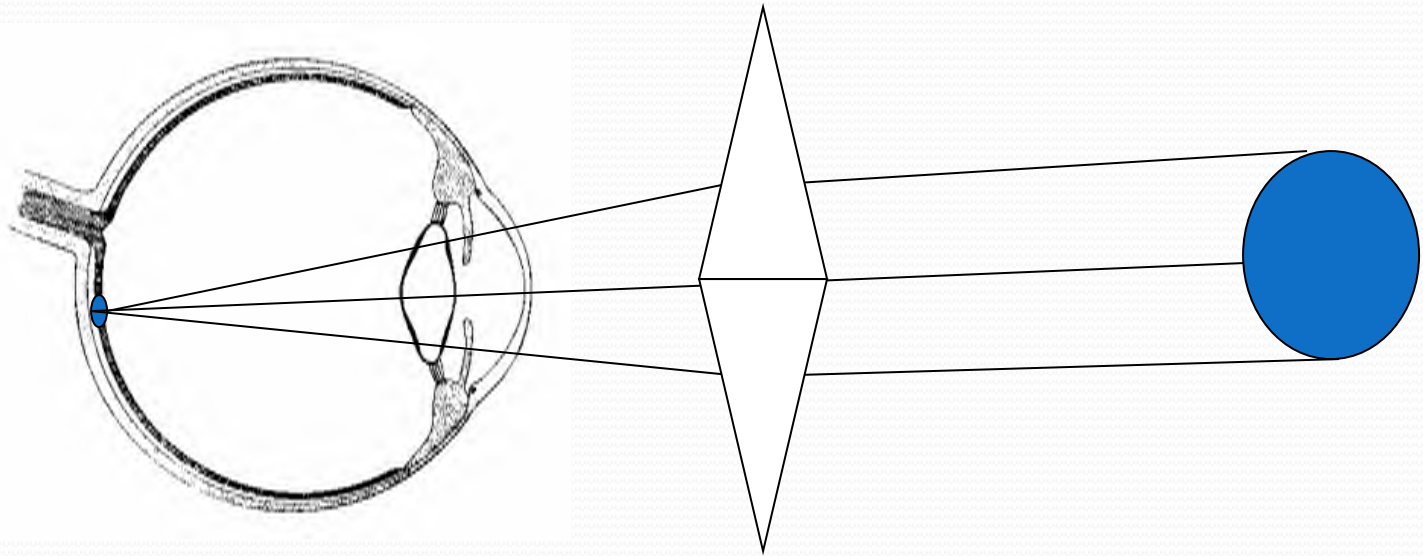
Hyperopia - Farsighted - *Long sight*



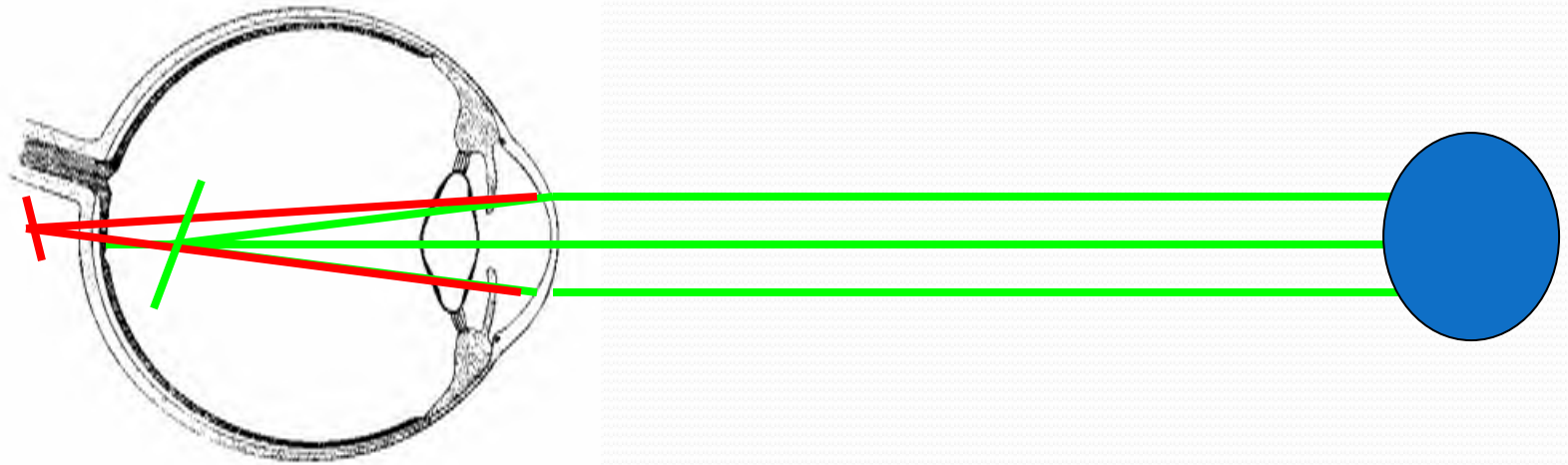
Hyperopia - Farsighted - *Long sight*



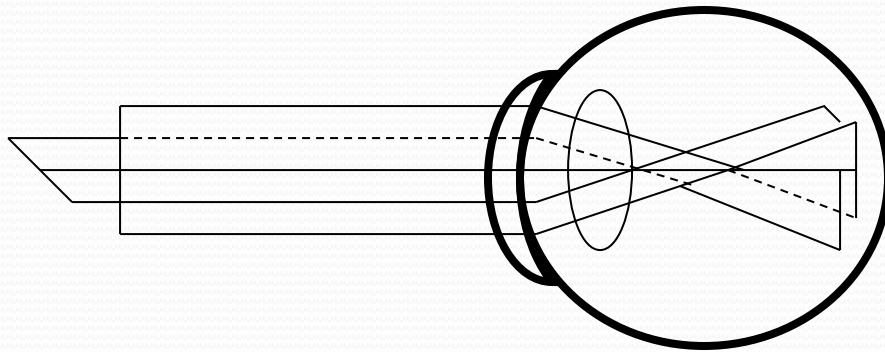
Hyperopia - Farsighted - *Long sight*



Astigmatism



Astigmatism

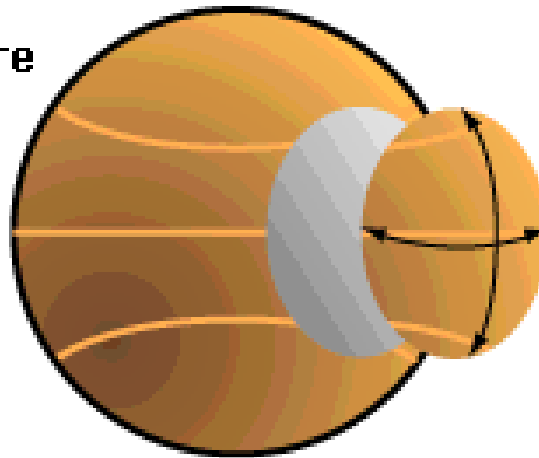


Astigmatism

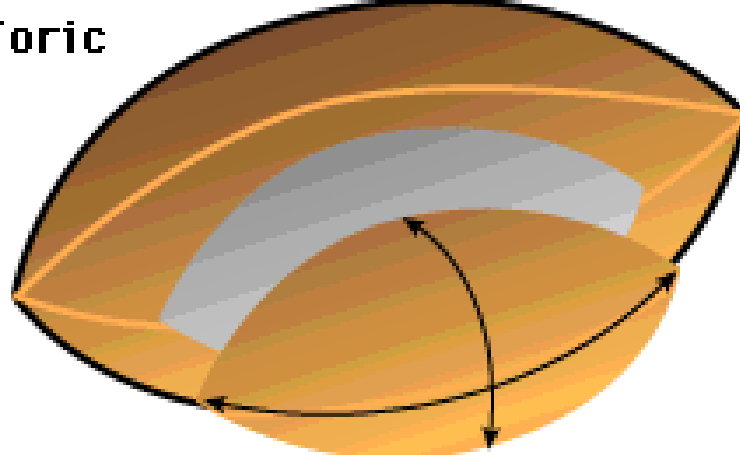
- Corneal astigmatism
- Lenticular astigmatism
- Regular astigmatism
- Irregular astigmatism
- Simple myopic astigmatism
- Compound myopic astigmatism
- Simple hyperopic astigmatism
- Compound hyperopic astigmatism
- Mixed astigmatism

Corneal Astigmatism

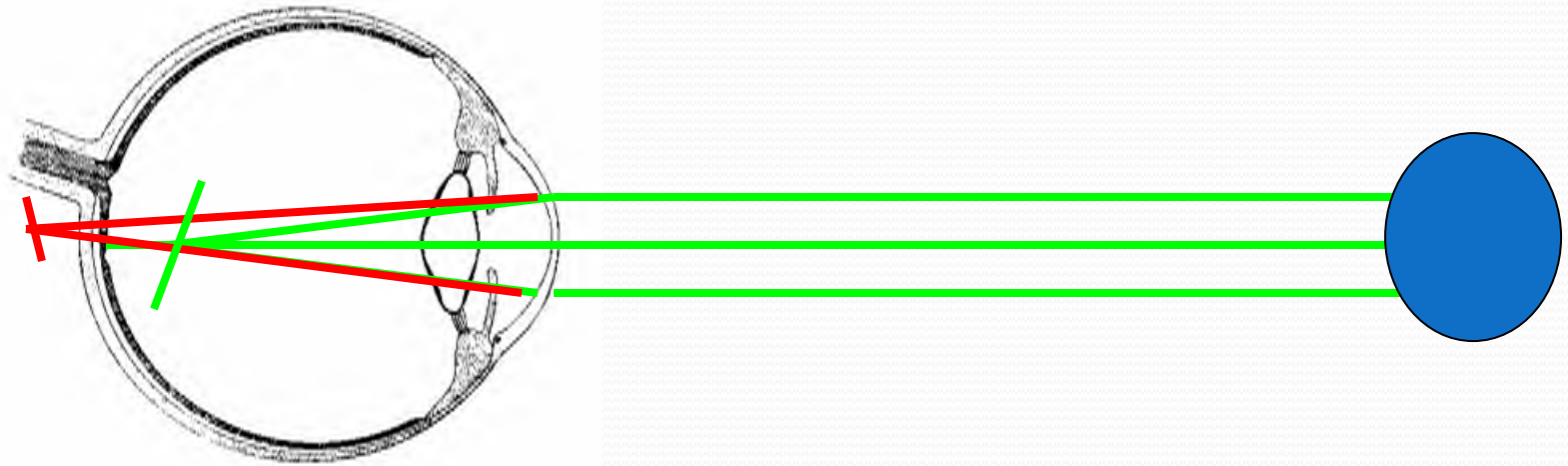
Sphere



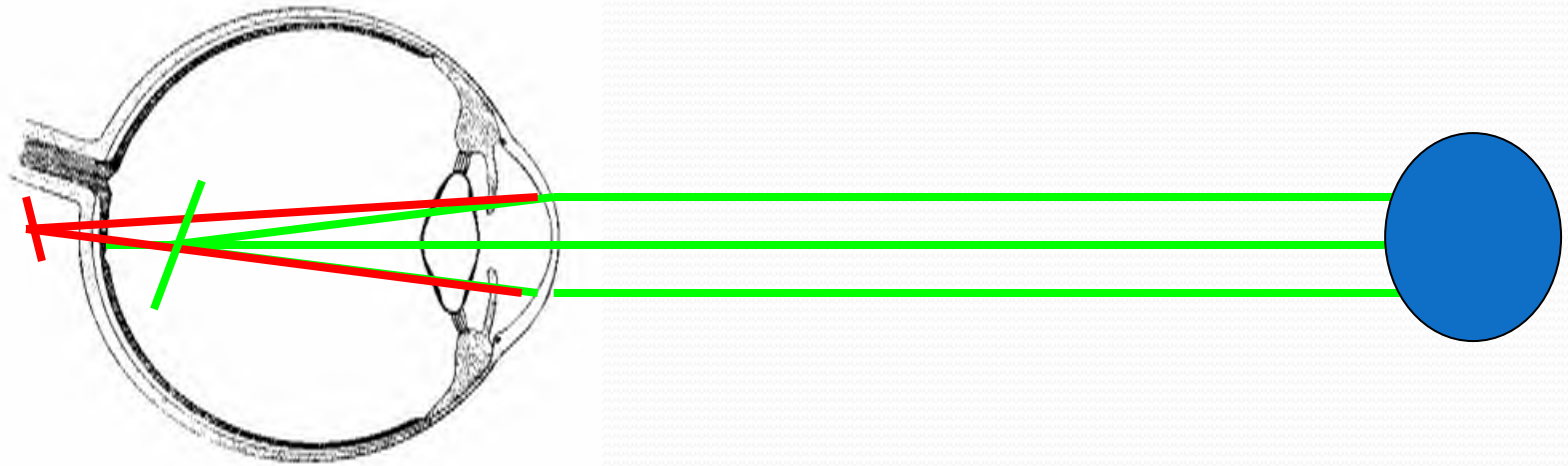
Toric



Lenticular Astigmatism



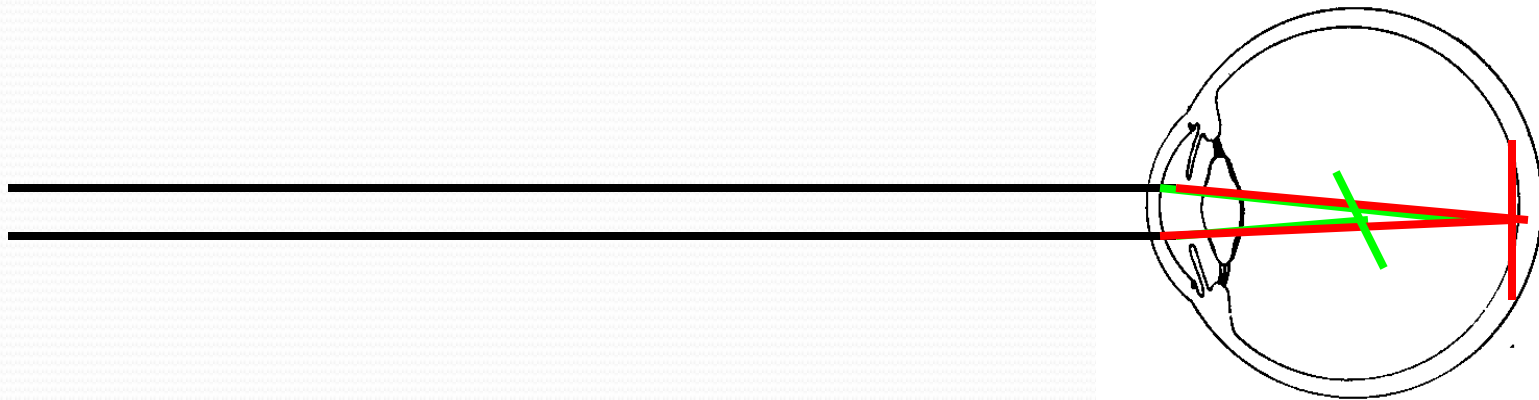
Regular Astigmatism



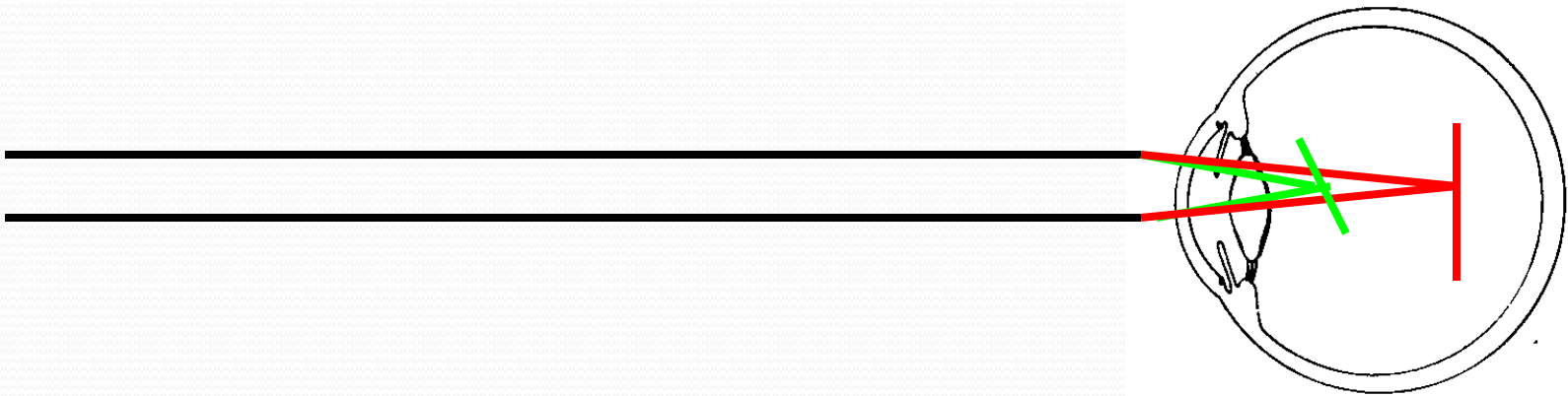
Types of Regular Astigmatism

- Simple myopic astigmatism
- Compound myopic astigmatism
- Simple hyperopic astigmatism
- Compound hyperopic astigmatism
- Mixed astigmatism

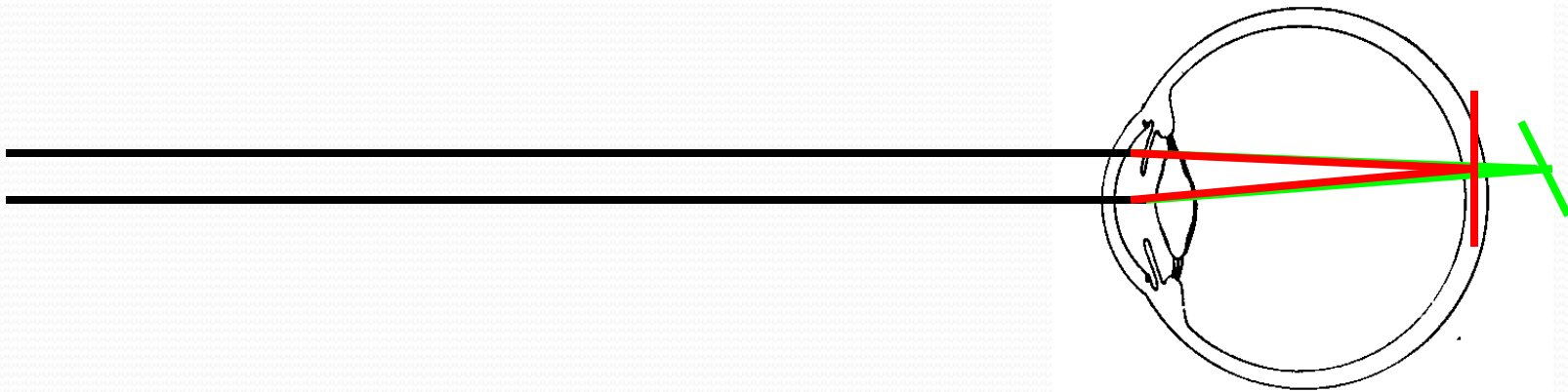
Simple Myopic Astigmatism



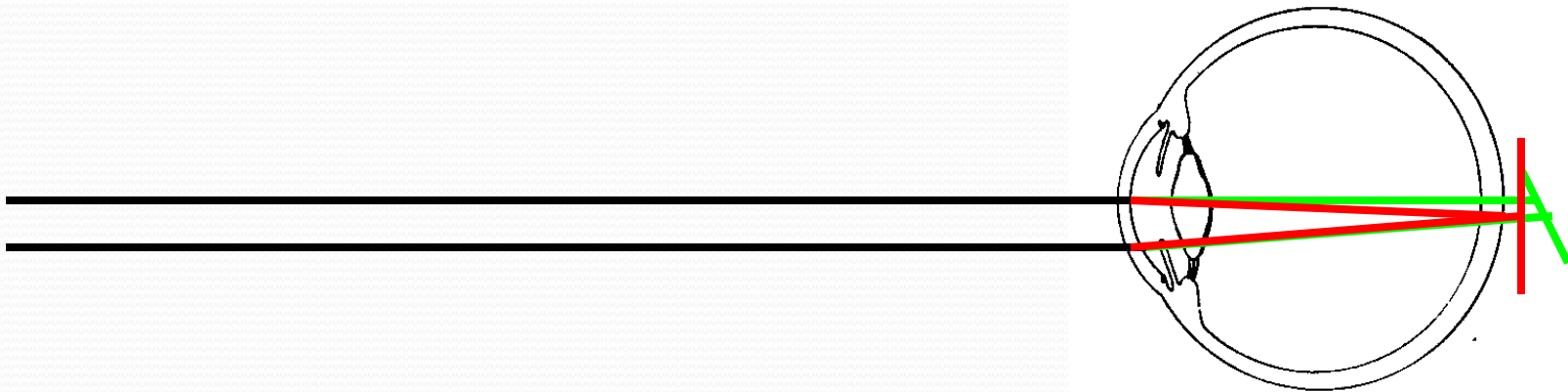
Compound Myopic Astigmatism



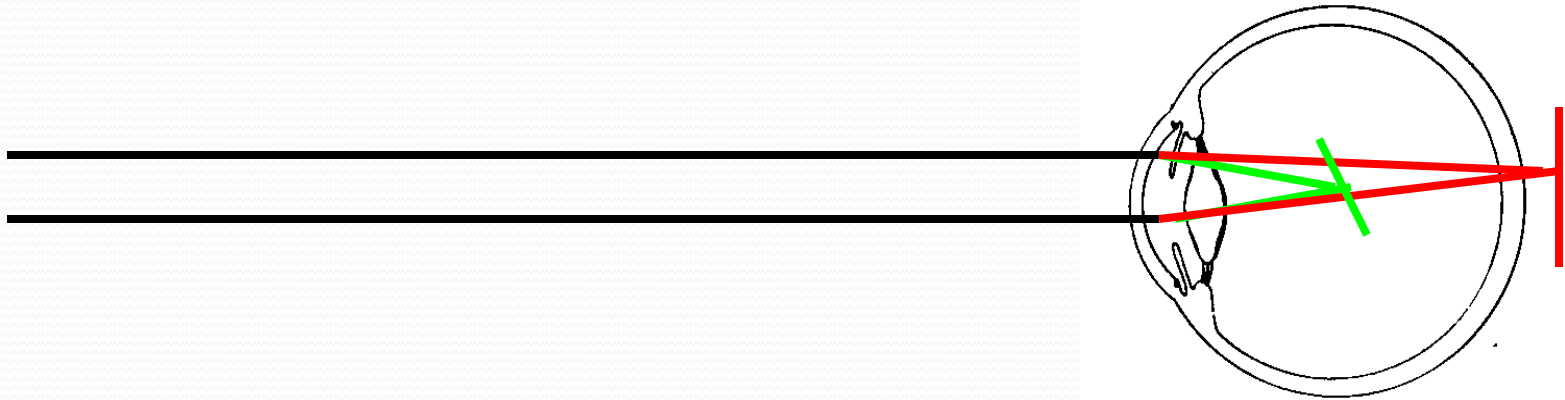
Simple Hyperopic Astigmatism



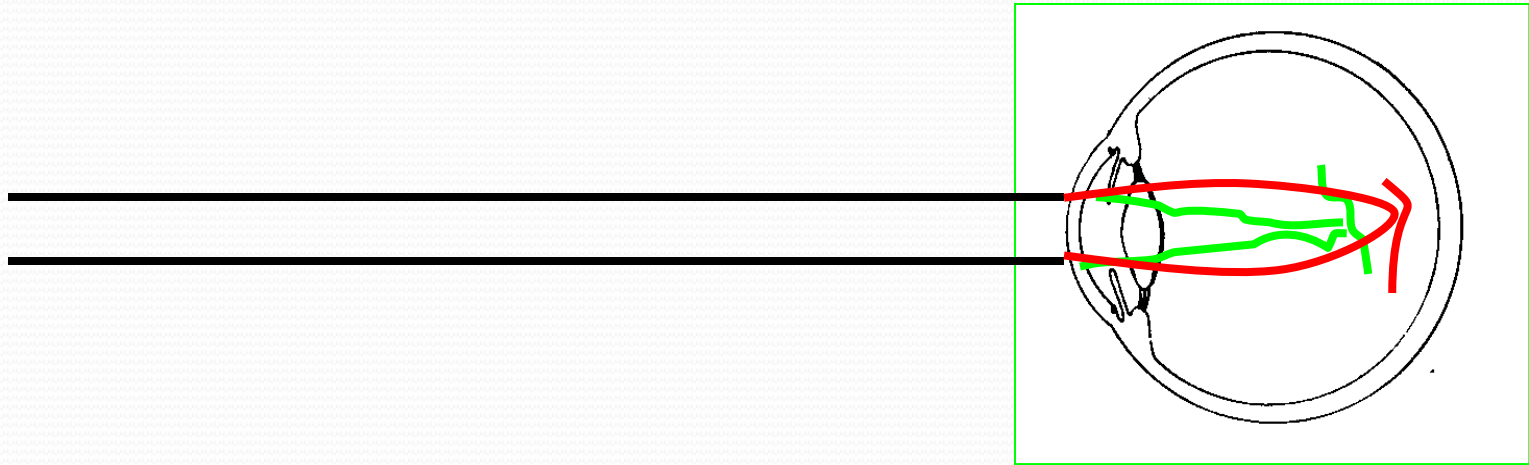
Compound Hyperopic Astigmatism



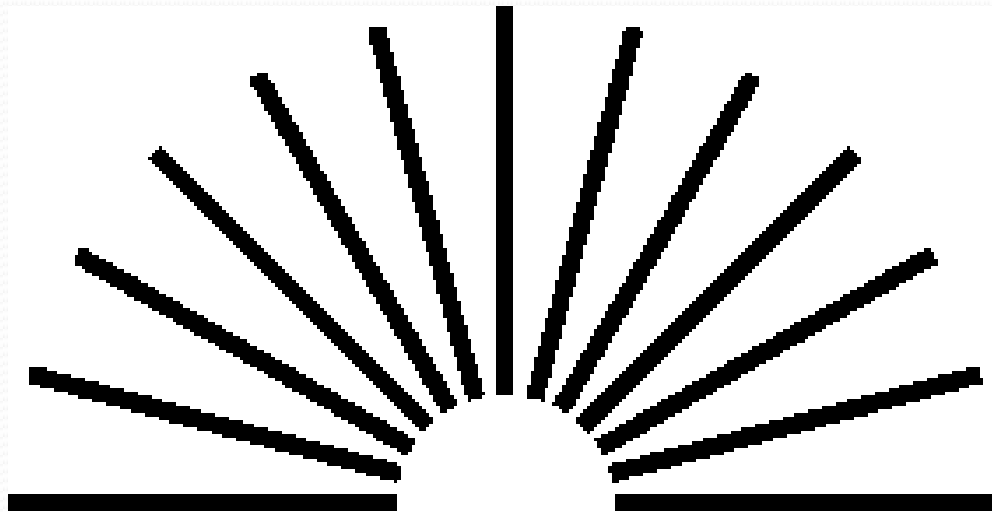
Mixed Astigmatism



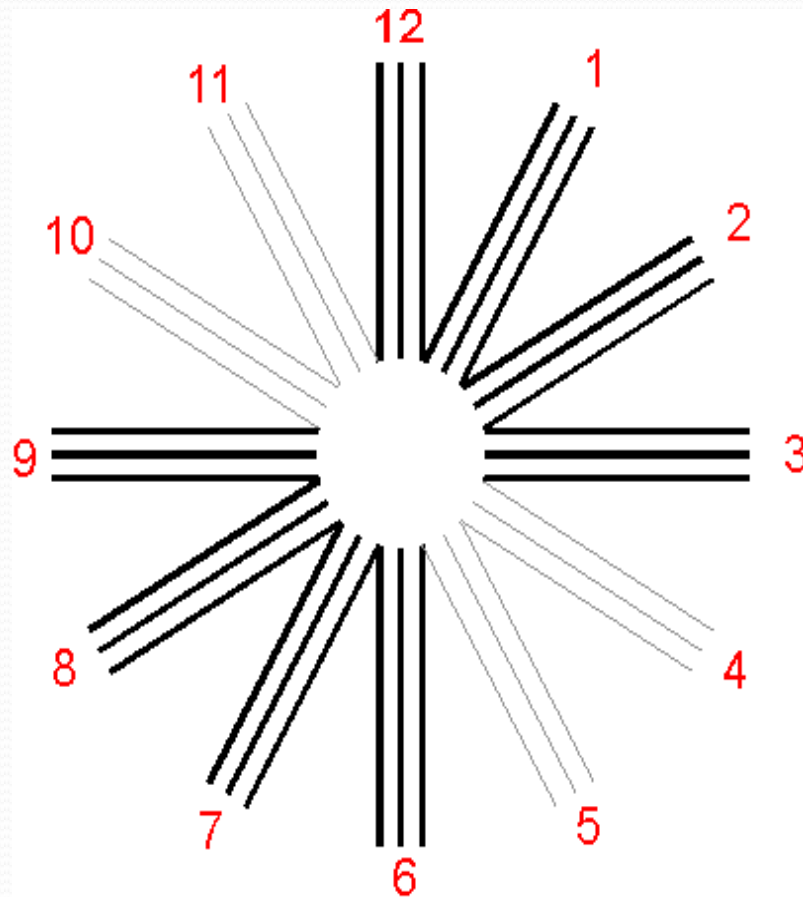
Irregular Astigmatism



Astigmatism



Astigmatism



Cylindrical Lenses

- Cylinder Lenses
- Toric Lenses
- Sphero-Cylindrical Lenses
- Flat and Toric Transposition
- Spherical Equivalent
- Contact Lenses

Terminology

- Presbyopia
- Greek
 - Presby = Old
 - Opia = Sight

Presbyopia

- Causes
- Treatment
 - Spectacles
 - Contact Lenses

Understanding Presbyopia

- Age-Related Vision Changes

As we age, our visual system undergoes major changes

- Decline of accommodation
- Senile miosis
- Loss of visual acuity
- Lowered contrast sensitivity
- Increased lighting sensitivity
- Slower speed of visual processing

Change in the Mean Amplitude of Accommodation With Age

Age (Years)	Amplitude (Diopters)
10	10.6 - 13.5
15	10.1 - 12.5
20	9.5 - 11.5
30	6.6 - 8.9
35	5.8 - 7.3
40	4.4 - 5.9
45	2.5 - 3.7
50	1.6 - 2.0
55	1.1 - 1.3
60	0.7 - 1.0

Measured by moving the target toward the subject until first blur is reported (Borish 1970; Turner 1958)

Corrections for Presbyopia

- Rx reading glasses
- OTC readers
- PAL's
- Segmented lenses
- Contacts (*Soft and Rigid*)
 - Mono
 - Bifocals
 - Modified
- Surgery
 - Explain limitations to your patients
- Others

Muscle Imbalances

- Terminology
- Muscles of the Eye
- Possible Corrections

The bony orbit

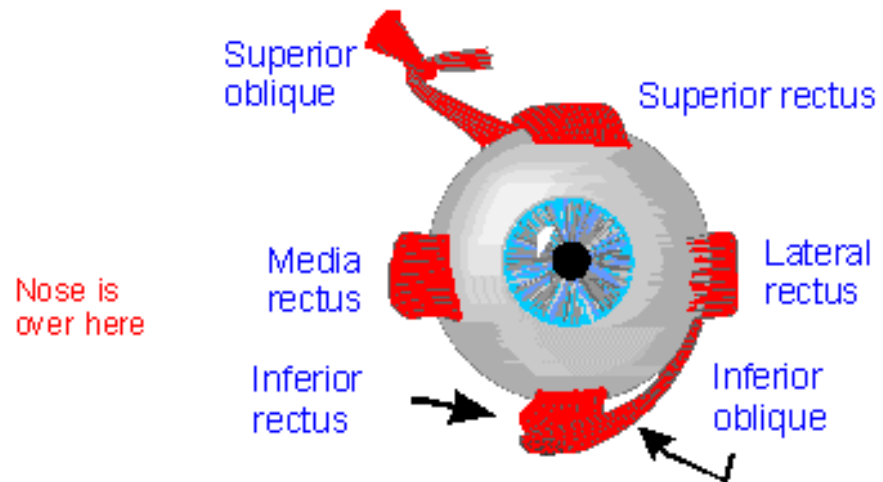
- Quadrilateral pyramid
- Influenced by age, trauma, as well as chronic sinus infections.
- Bed ridden, non-mobile person
- Contain the muscles of the eye

Extraocular Muscles

- **Medial rectus (MR)**—moves the eye toward the nose
- **External rectus (ER)**—moves the eye away from the nose
- **Superior rectus (SR)**—primarily moves the eye upward and secondarily rotates the top of the eye toward the nose
- **Inferior rectus (IR)**—primarily moves the eye downward and secondarily rotates the top of the eye away from the nose
- **Superior oblique (SO)**—primarily rotates the top of the eye toward the nose and secondarily moves the eye downward
- **Inferior oblique (IO)**—primarily rotates the top of the eye away from the nose and secondarily moves the eye upward

Extraocular Muscles

- Superior Rectus
 - Moves the eye up
- Superior Oblique
 - Rotates the eye so that the top moves toward nose
- Medial Rectus
 - Moves eye toward nose
- Lateral Rectus
 - Moves eye away from nose
- Inferior Rectus
 - Moves the eye down
- Inferior Oblique
 - Rotates the eye so that the top of eye moves away from nose



The Left Eye

Muscle Imbalances - Terminology

- Eso-
- Exo-
- Hyper-
- Hypo-
- -phoria
- -tropia

Muscle Imbalances - Terminology

- Tonicity
- Fusion
- Diplopia

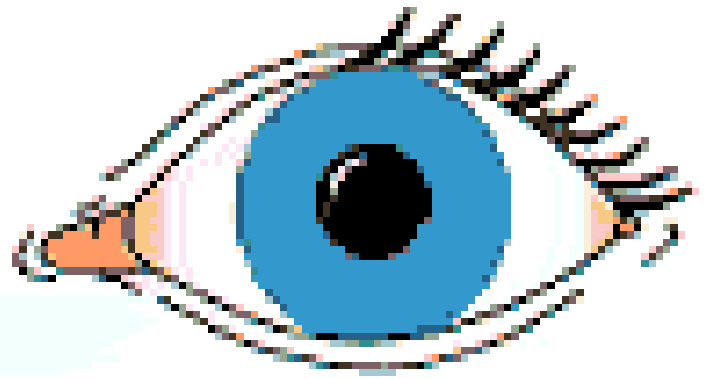
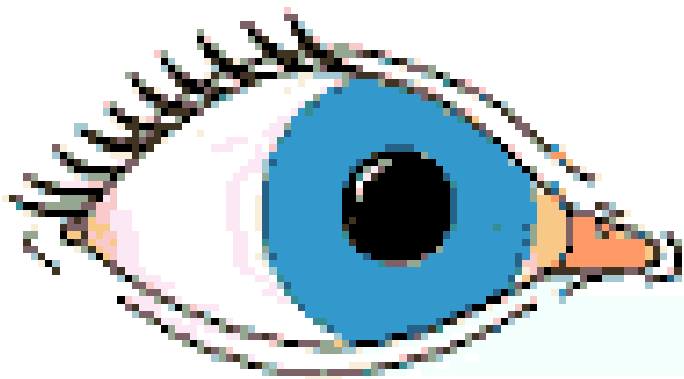
Muscle Imbalances - Terminology

- Orthophoria
- Heterotropia
- Strabismus - Can lead to Lazy eye or Amblyopia

Treatment

- Glasses
- Patching
- Surgery
- Vision Therapy

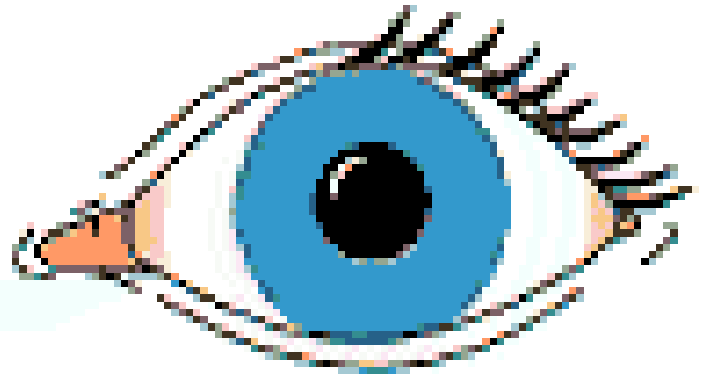
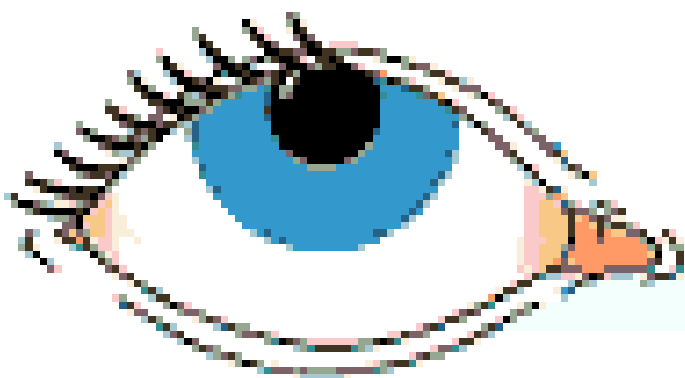
Esotropia (convergent squint) Eye turned in Cross-eyed Boss-eyed



Exotropia (divergent squint) Eye turned out Wall eyes



Hypertropia (vertical) Eye turned up



Hypotropia (vertical) Eye turned down



Anisometropia

- “unequal measure”
- The condition when the two eyes require a different degree of correction (1.00 or more) but the same kind of correcting lens (+ or -)
- The condition may cause vertical prism imbalance at near or cause a difference in the retinal image sizes between the two eyes

Anisometropia

- Example Rx:
OD -7.00 D. sphere
OS -3.00 D. sphere
- Example Rx:
OD +7.25 sphere
OS +5.25 sphere

Antimetropia

- “opposite measure”
- The condition when the two eyes require opposite kinds of corrective lenses (+ or -)
- The condition may cause vertical prism imbalance at near or cause a difference in the retinal image sizes between the two eyes

Antimetropia

- Example Rx:
OD +1.75 sphere
OS -1.00 sphere
- Example Rx;
OD -2.25 sphere
OS +1.50 sphere

Aniseikonia

- “unequal images”
- Anisometropia or antimetropia may result in the condition whereby two unequal images are sent by the eyes to the brain
- More prevalent due to refractive surgeries
- Meridional Aniseikonia
 - Normal or less aniseikonia in one meridian and more in another due to high astigmatism in that meridian

Iseikonic lenses

- A lens or pair of lenses used to correct aniseikonia
- The following variables are used:
 - Base curve
 - Thickness
 - Vertex distance
 - Index of refraction

Analyzing and Interpreting the Rx

- Concave Lenses
- Convex Lenses
- Contact Lenses



Visualization of Rx

- What we see
- What the patient sees

Your Prescription

	Sphere	Cylinder	Axis
OD	-2.25	-1.50	180
OS	+3.75	+1.50	090

ADD OU +2.25



Conclusion

Thank you