



# Assessment of Vision in Children with Disabilities

Day 2, afternoon

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ICF  
ICF-CY

ICF

International  
Classification of  
Functioning,  
Disability  
and  
Health



World Health Organization  
Geneva

9 activites

WHO/FBL/93.27  
Distr.: Limited  
Original: English

# Management of low vision in children

Report of a WHO Consultation  
Bangkok, 23-24 July 1992



Hosted by the  
International Council  
for Education of the  
Visually Handicapped



World Health Organization

4 activites

# ICF<sub>2001</sub> and ICF-CY<sub>2007</sub>

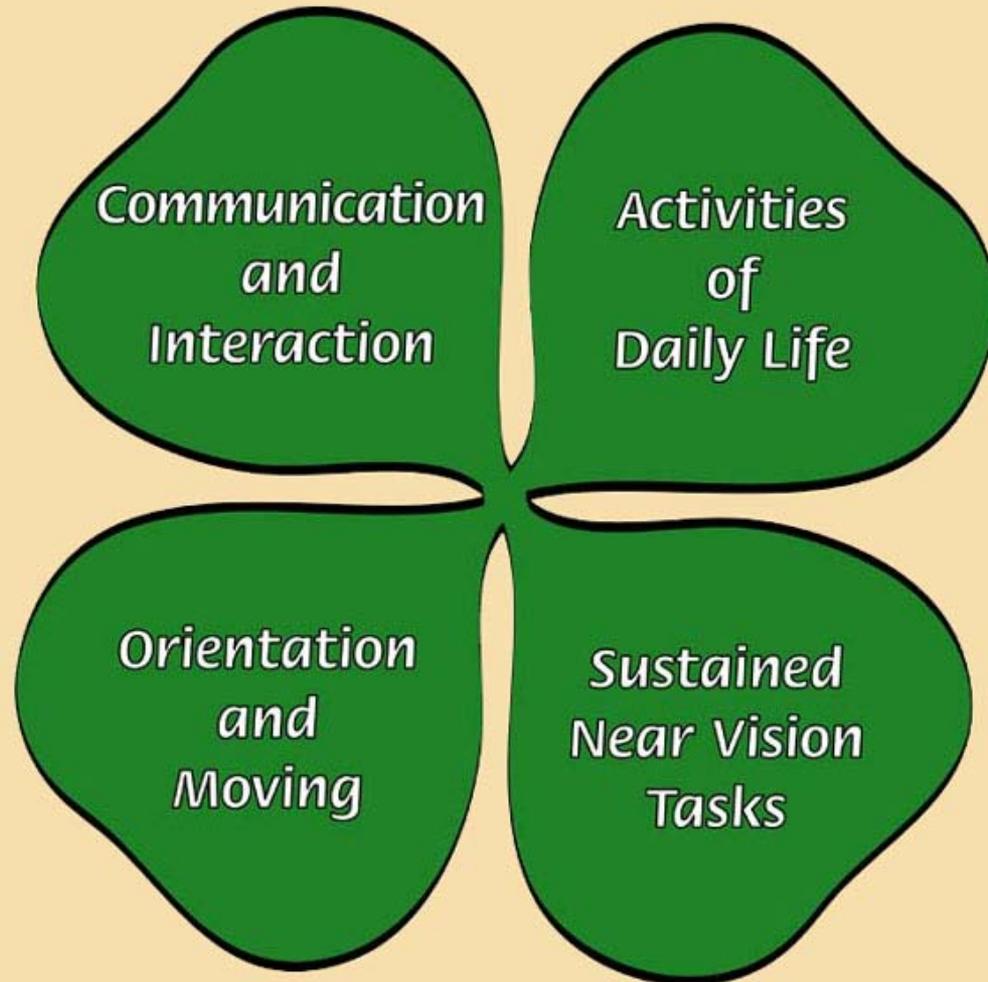
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## Nine domains:

- 1) learning and applying knowledge
- 2) general tasks and demands
- 3) communication
- 4) mobility
- 5) self-care
- 6) domestic life
- 7) interpersonal interactions and relationships
- 8) major life areas
- 9) community, social and civic life

# Visual Functioning

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# Ocular motor functions

# Ocular motor functions

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- Fixation of gaze:  
central, eccentric, stable, unstable, lacking (small picture, penlamp)
- Shift of gaze and saccades:  
exact, fast/slow, irregular, lacking
- Following movements and tracking:  
smooth, composed of saccades, lacking, compensated with head movements
- Accommodation:  
normal, insufficient, lacking, spastic, tonic
- Convergence:  
normal (to the tip of the nose), insufficient, eye loses fixation at \_\_cm
- Alignment:  
ortotropia (“straight eyes”), eso/exotropias, -phorias, alternation.
- Nystagmus:  
amplitude and direction

# Fixation

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# Fixation, convergence, accommodation

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# Accommodation

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# Compensating accommodation

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# Facilitation

head control, fixation and accommodation problems

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# Accommodation & Fixation

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too little of capacity

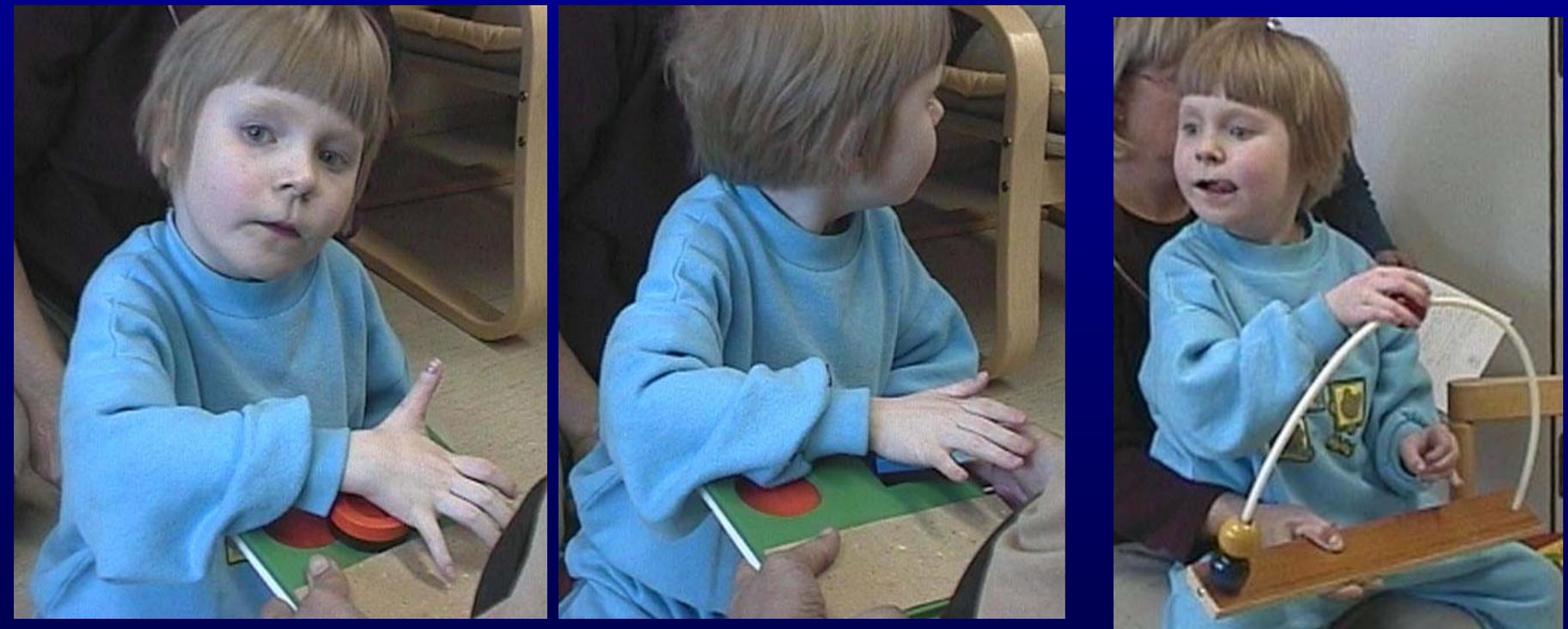
# Damping of nystagmus

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# Tactile exploration, no use of vision

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Lack of visual control of movements

# Grating acuity 4cpd

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# Accommodation

dynamic retinoscopy

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# Fixation and following movements

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# Fusion

Beren's 3 picture test

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# Visual Acuity

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Detection acuity, objects

Detection and discrimination GrA

Optotype acuities

near & distance

Optimal reading acuity

# ”Same – not same”

training with the LEA Puzzle

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eye-hand-coordination



comparison: picture with cut-out

# Visual acuity

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”koirankoppi”/ dog house  
VA = 0.04 (6/150)

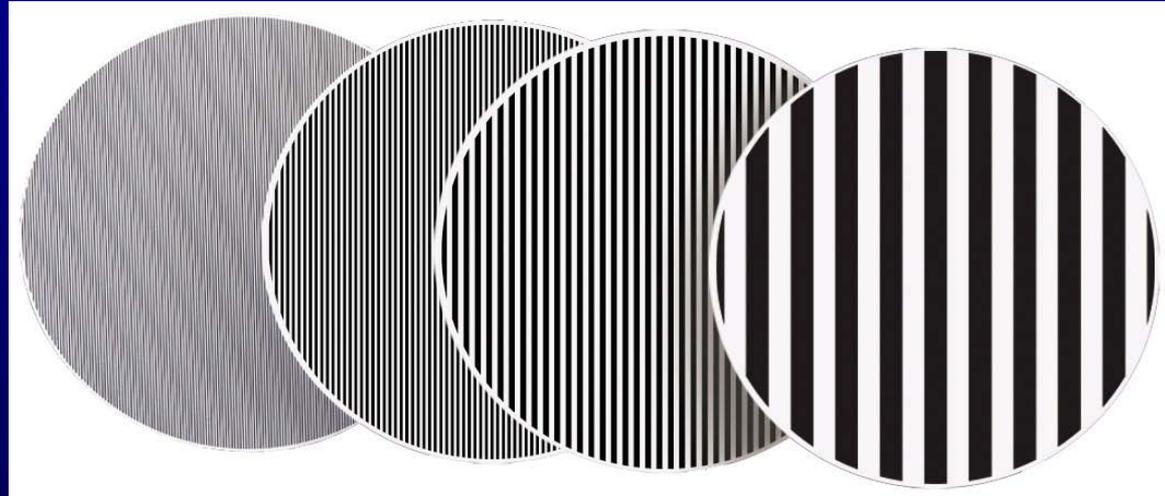
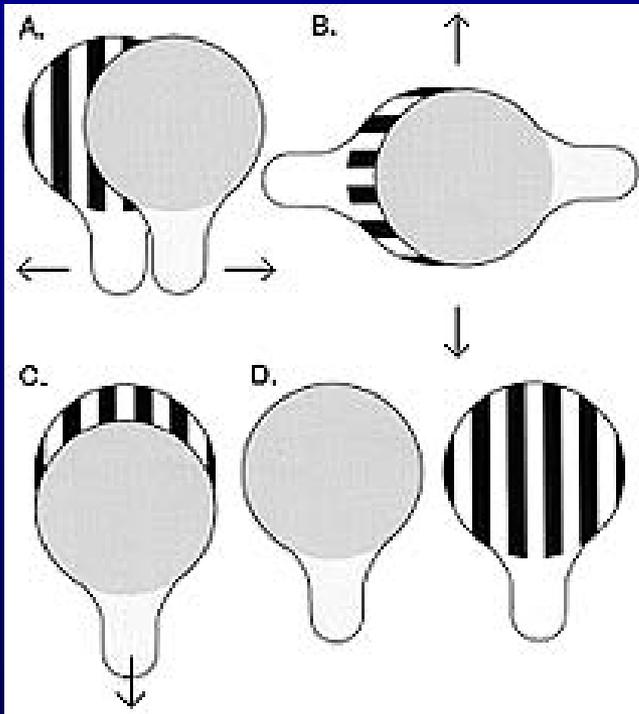


If the measurement is disturbed  
the child’s reaction shows it-

# Grating Acuity Tests

Detection and Discrimination tests

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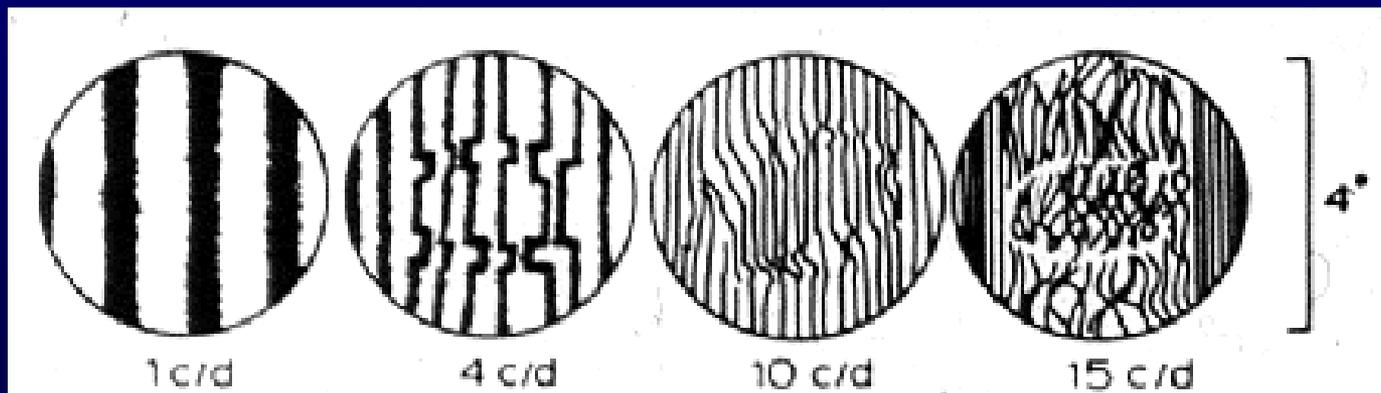
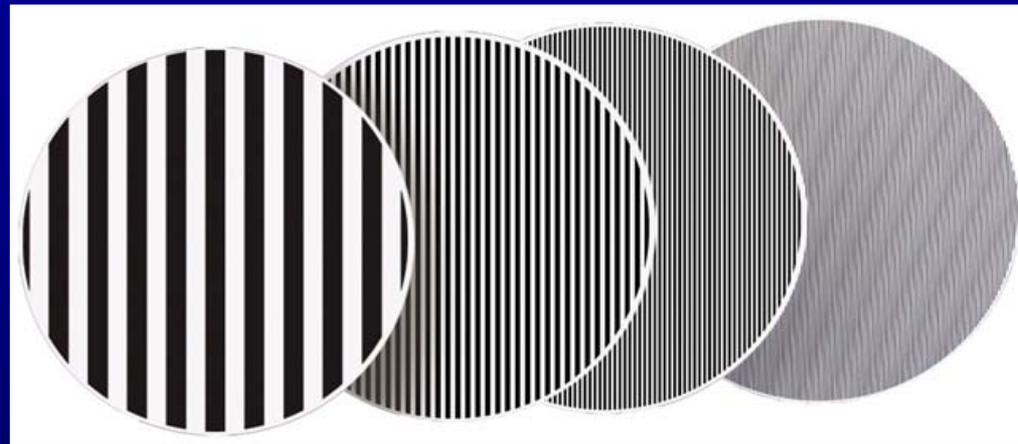
cycles per degree, cpd

Grating acuity values **MUST NOT** be converted to optotype acuity values.

# LEA Grating Acuity Test

Discrimination acuity test

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Discrimination is possible even if the lines are distorted.

# Grating Acuity Test



Grating acuity 4cpd

Optotype acuity 0.004; 3/750 (not 0.12; 6/50)

# Special instrument

for observation of reading strategies

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Child's face and the text are reflected to the camera.



Text on clear film.



# Oculomotor functions

recorded with a special camera system

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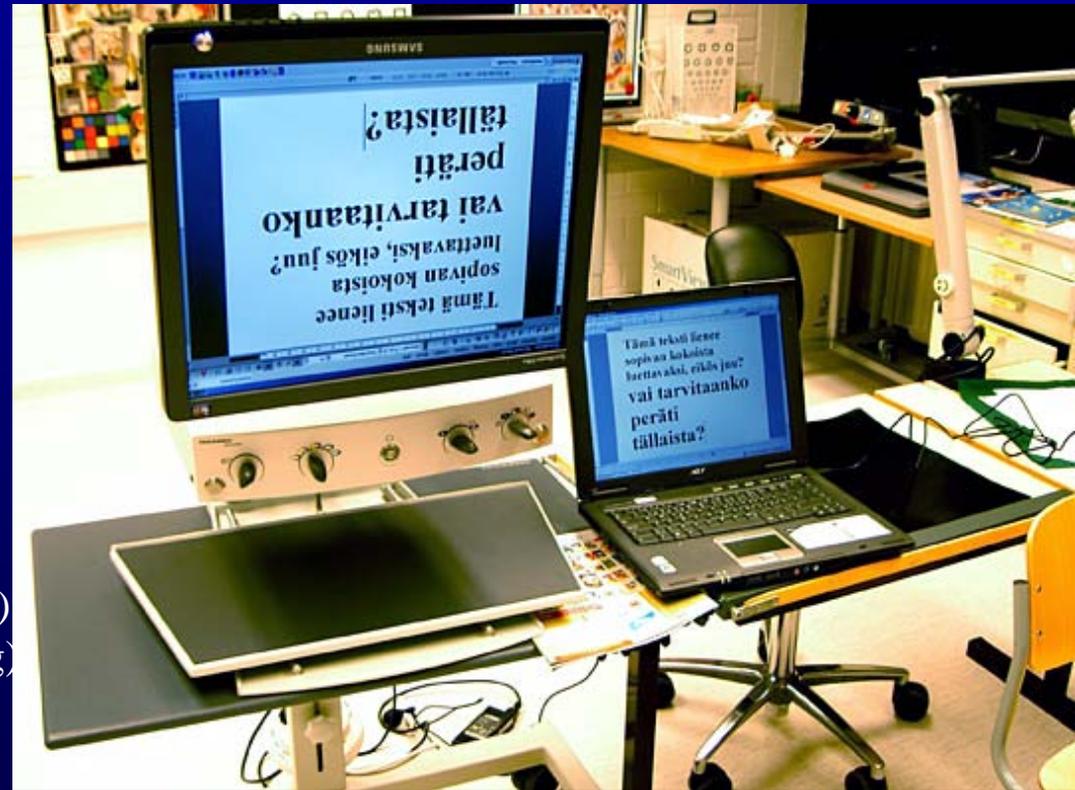


This boy learned to speak 6 months before this video was taken; letter "V" is difficult and blocks the use of vision and control of eyes and head movements.

# Reading text upside down



Saccades L to R poor, VA 0.01 (50% crowding)  
Saccades R to L good, VA 0.05 (50% crowding)  
Insufficient accommodation, myopia  
0.01= 1/100=10/1000. 0.05= 10/200  
visual acuity later 0.1 (= 10/100) at 60cm (2')  
(LEA Symbols line test on lightbox)



# Assisted communication

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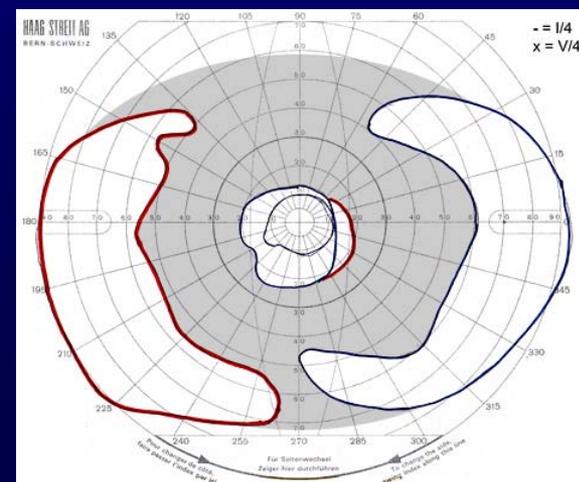


Eight children needed assistance in communication.

# School age

## Visual field for communication and O&M

Visual field, visual acuity, contrast sensitivity, vision in dim light (mesopic adaptation). Schoolchildren can demonstrate functioning of their visual field.



10 cd/m<sup>2</sup>

CONE Adaptation test

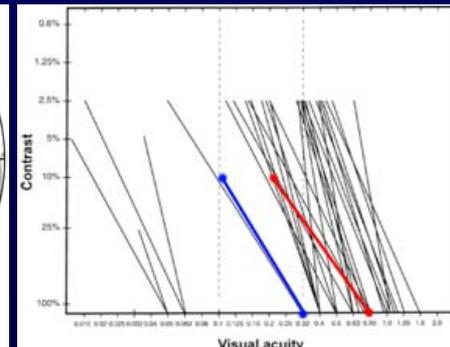
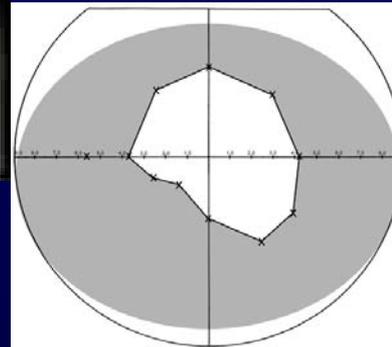
# Constricted visual field

tested by her own therapist in order not to frighten the infant



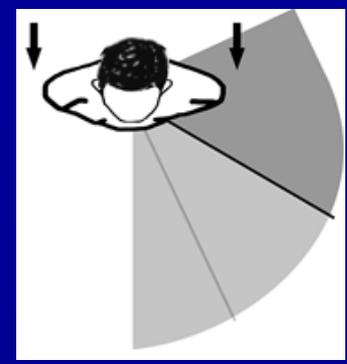
Illuminated ball used by child's own therapist.

At school 2010:  
Nystagmus, head turn to block  
Ocular motor functions  
compensated by head movements  
VA 0.3 (10/30), at 10% 0.1 (10/100)  
GrA 24cpd, 10% contrast: 7cpd  
Visual field with 10Hz flicker





# Visual ergonomics

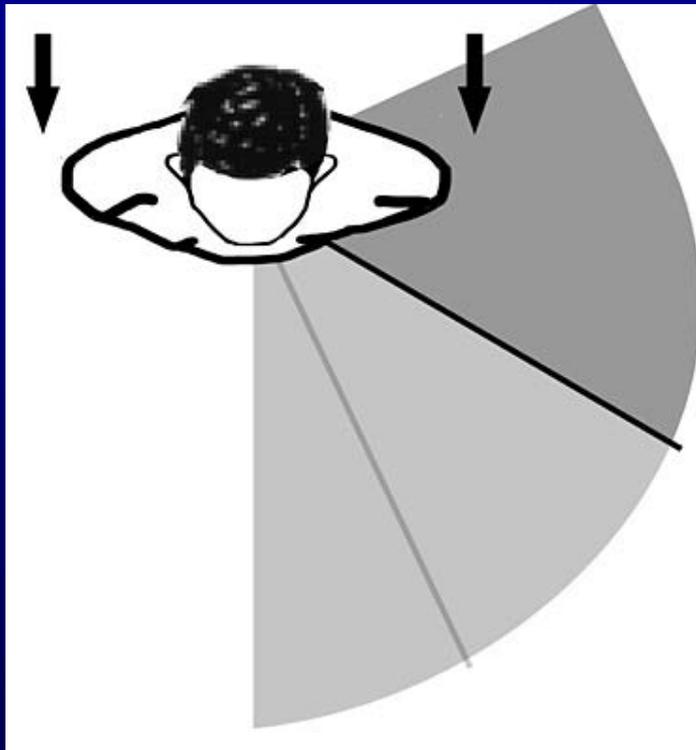


Testing ergonomics at the resource centre, JNK 2008  
Condition after removal of a brain tumour in the left occipital area.

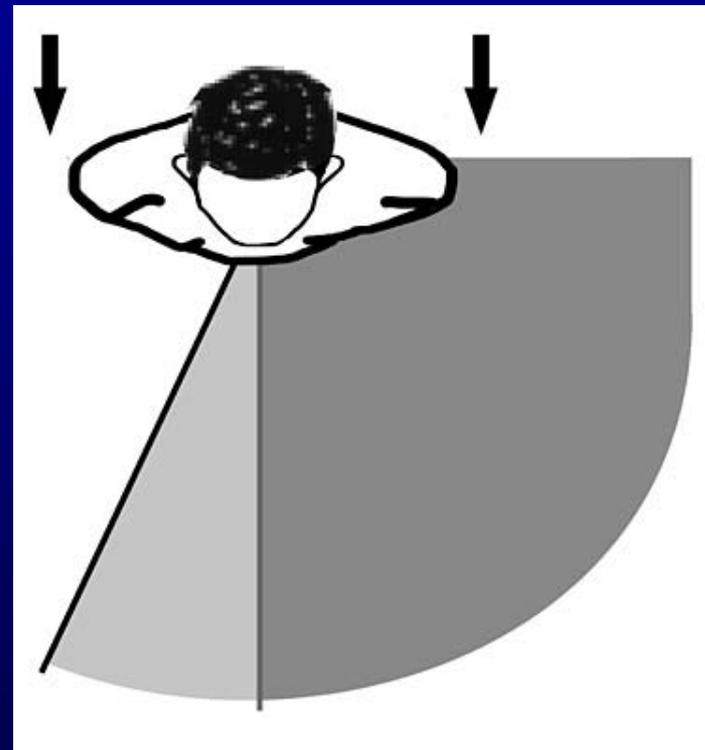
# Visual field

right eye or left eye fixating

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Right eye fixating



Left eye fixating

# Visual Ergonomics

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11.1.2012 morning

# Comparing basic colours

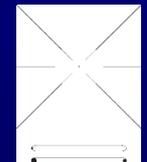
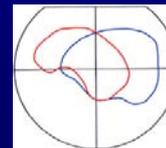
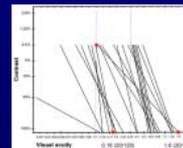
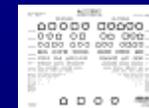
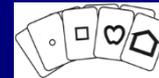
Concept “same”

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# Clinical examinations

- Ocular motor functions
- Grating acuity
- Recognition acuity, single, line, crowded
- Contrast sensitivity
- Visual field
- Colour vision
- Visual adaptation, filters
- Motion perception



Tests need to be repeated at day care and school -  
train the educational personnel to test and observe.

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# Video sequences

for training of the personnel  
to observe

to repeat test situations

to record with video camera

to analyse sequences

# Right exotropia

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Finger on the fixation-object (face). Left eye fixates, right eye moved outward.

# Cover test

with hand

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Difference in fixation behaviour.



Fiksaatio valoon on hyvin lähellä mustuaisen keskipistettä.

# Fixation at penlight varies

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# Exentric fixation at detail

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**Kuvaa katsoessa silmä kääntyy nenään päin eli fiksaatio siirtyy pois foveasta.**

# LEA Puzzle

B&W side

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Correct direction is not  
yet important.



# Difference between tight and wide picture

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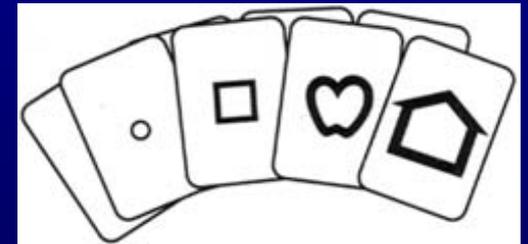


Best recording would be using tight near picture from below and straight on the face.



# LEA Playing cards, big pictures

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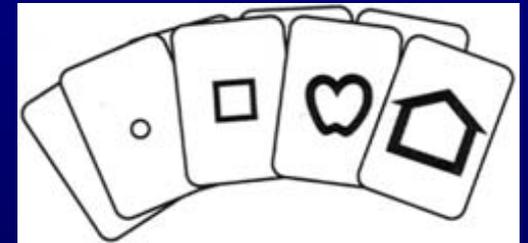
Visus = m/M

# LEA Playing cards, small

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Visual acuity:  
distance m/M-size

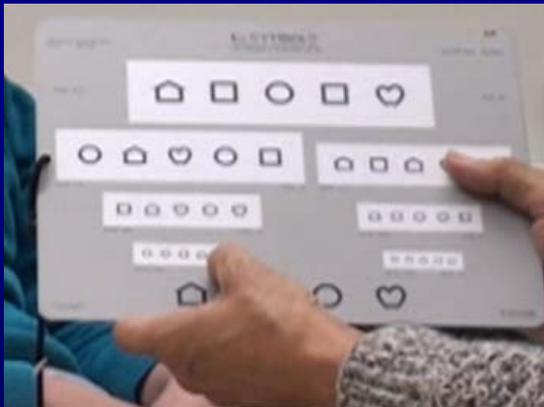


$$0.4 \text{ m} / 2.5 \text{ M} =$$
$$4/25 = 16/100 = 0.16$$

# Screening near test

difficult, 1/3 of the value with single symbols

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Tuloksen näyttäminen viereisessä huoneessa oleville ja kameralle: 2.5M kuviot (0.16) nähtiin yksittäisillä kuvioilla. Seulontalähitesti, rivitesti oli selvästi vaikeampi kuin yksittäiset kuviot: 0.05 - rivi osittain oikein.

# Low contrast Heidi test

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Test is in upper right corner.

3 month old baby



# Low contrast Heidi test

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2.5% contrast at a distance slightly more than a metre is good.  
Enough for communication at close distances.

# Too large a picture

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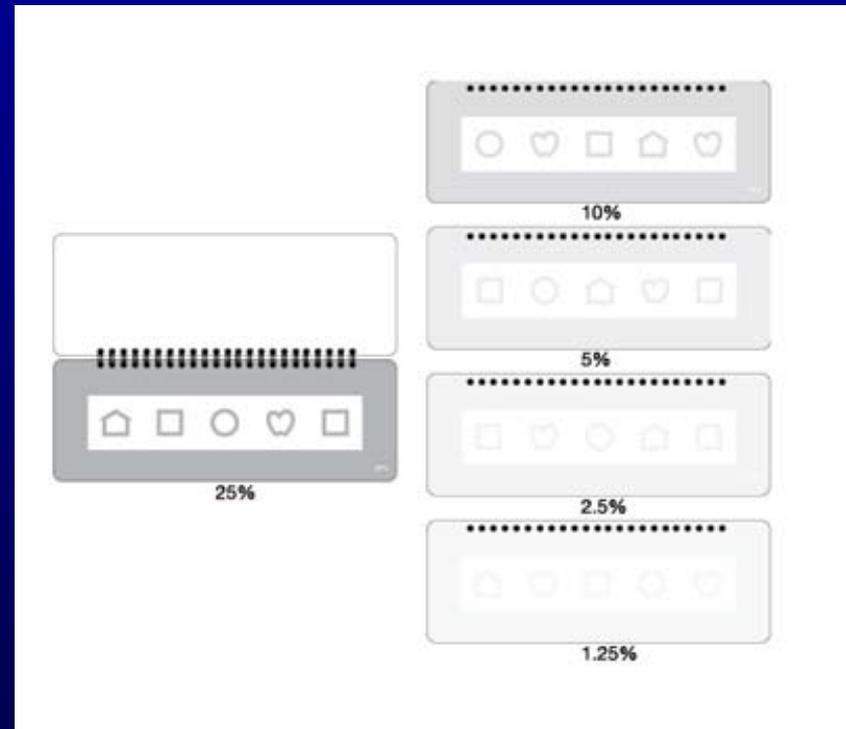


The camera should not be on other persons, except when specifically planned. If the frames are cut, image quality decreases. Compare with the next slide.

# 10M low contrast test

24%, 10%, 5%, 2.5% and 1.25%:n test lines

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If only a part of the video frames is used, image quality is poor but the functions can be recognized. Compare with the previous picture.

# Accommodation

In this situation no change toward minus

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Teachers, therapists and doctors had seen the testing through an one-way mirror.

# Pupil reaction

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When the object with interesting details comes closer, the eyes normally converge, Pupils become smaller and the eyes accommodate. None of these functions was Clearly present this time. Pupil became a little smaller a few times.

# Better? A difficult question

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# Short observation distance

geometric magnification

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# Training the moving along the lines

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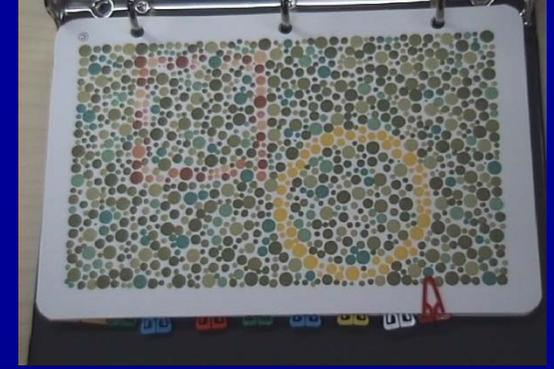


Movement along the broad (1 cpcm) lines good. The (4 cpcm) lines difficult.  
Training with straight and different non-straight lines at school.



# Waggoner

värinäön seulontatesti



Waggoner's screening test for red-green deficiency is a low contrast test. This "Color Vision Testing made easy" uses easy pictures but at low contrast.

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# Examples on positioning and facilitation

# Limited positions

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# Facilitation

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# Test caps in a row

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# Facilitation

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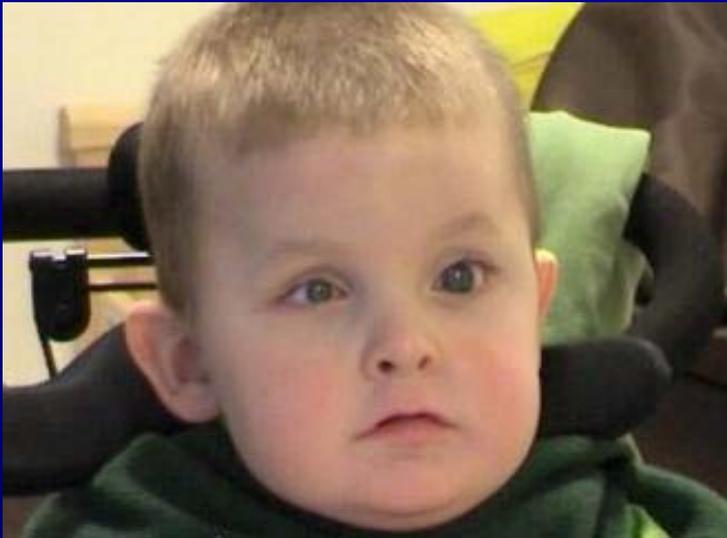
Tea

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”Nearly blind”

# Crying as communication

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RE: phtisis, no pressure  
LE: buphthalmous, lateral  
iridectomy, cataract



# Following movements

test stimulus in the hand of the child

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# Hole in iris

peripheral iridectomy

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# Fixation and visual field

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# Tactile stimulation

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Vibration is pleasant, it relaxes and  
Increases awareness of the structure and functions of the body.  
Light increases child's activity and learning.

# Visual field for flicker at 10 Hz

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Only one reaction on the left side.

# Toy as an activator

Notice shifting between visual and auditory dominance

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Visual information is supported with tactile information and the movements of the hand.

# From crying -> to curious

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The less there is vision the better we should help the child to use it BUT at the same time training of strategies of the blind children.

# Severe teraplegic condition

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First assessment in Nov. 2011. Movemnts in right wrist disappeared during scoliosis operation. Right arm can be lifted to activate switches. Tactile information in hands is good and enjoyable, Chinese meditation balls were fun, several other balls as well.

# Fixation target in child's hand

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Difficult to shift attention across midline, own favourite toy.

# Chinese meditation ball

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# Masage ball

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# +4 lenses and Gogo doll

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# Presentation of large symbols (LH)

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# Presentation of large symbols (NN)

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