



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 activities

WHO/TBL/93.27
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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

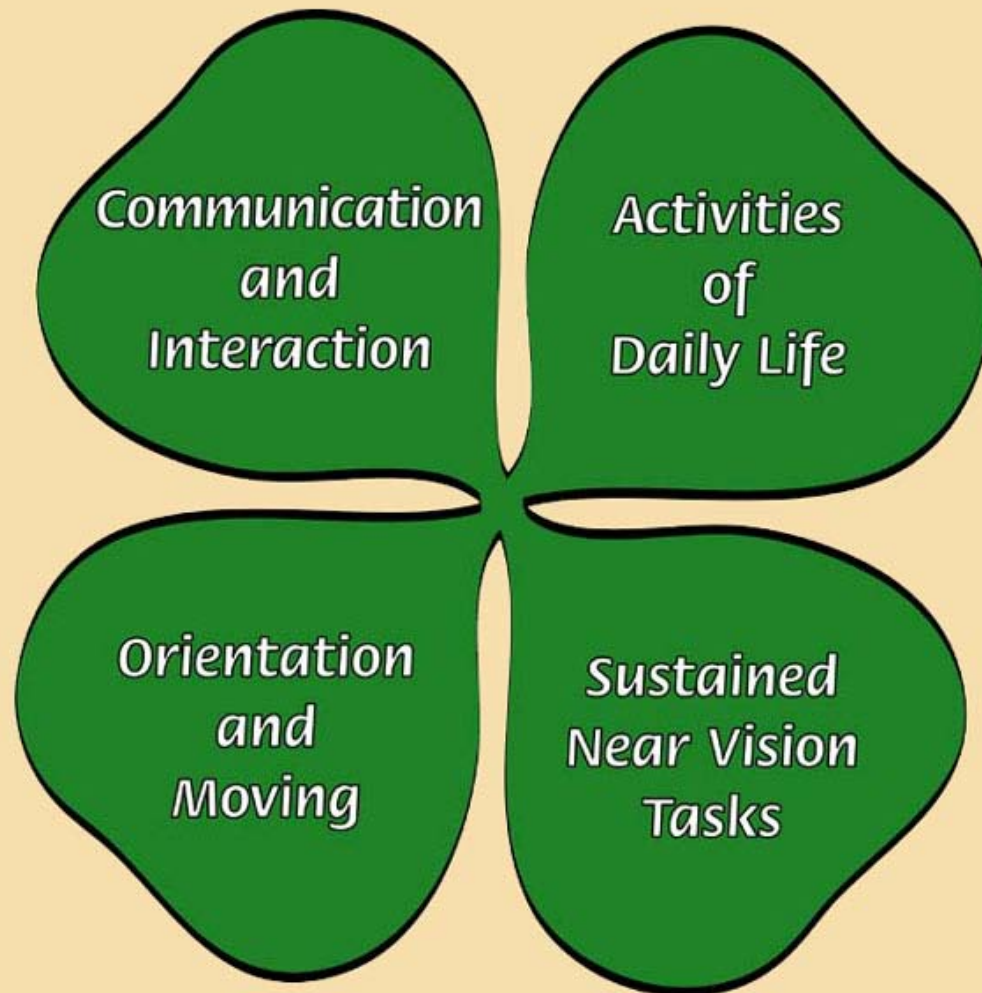
4 activities

ICF₂₀₀₁ and ICF-CY₂₀₀₇

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



Ocular motor functions

Ocular motor functions

- 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



Fixation, convergence, accommodation



Accommodation



Compensating accommodation



Facilitation

head control, fixation and accommodation problems



Accommodation & Fixation

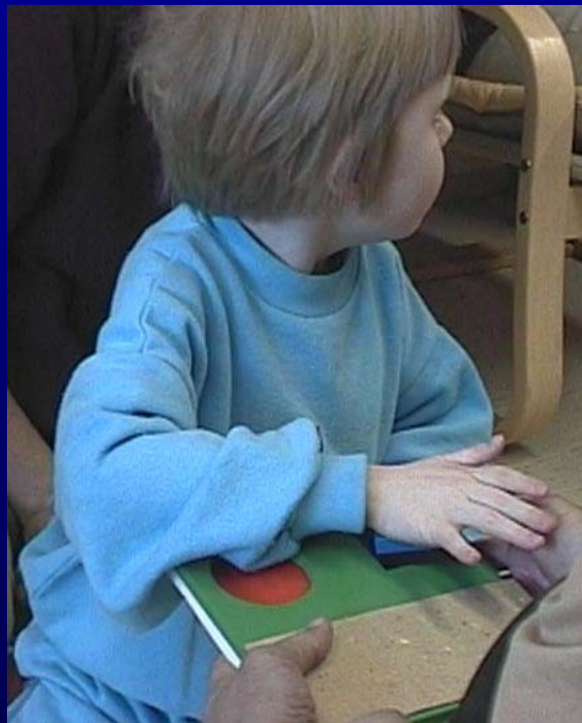


too little of capacity

Damping of nystagmus



Tactile exploration, no use of vision



Lack of visual control of movements

Grating acuity 4cpd



Accommodation

dynamic retinoscopy



Fixation and following movements



Fusion

Beren's 3 picture test



Visual Acuity

Detection acuity, objects

Detection and discrimination GrA

Optotype acuities

near & distance

Optimal reading acuity

”Same – not same”

training with the LEA Puzzle



eye-hand-coordination



comparison: picture with cut-out

Visual acuity



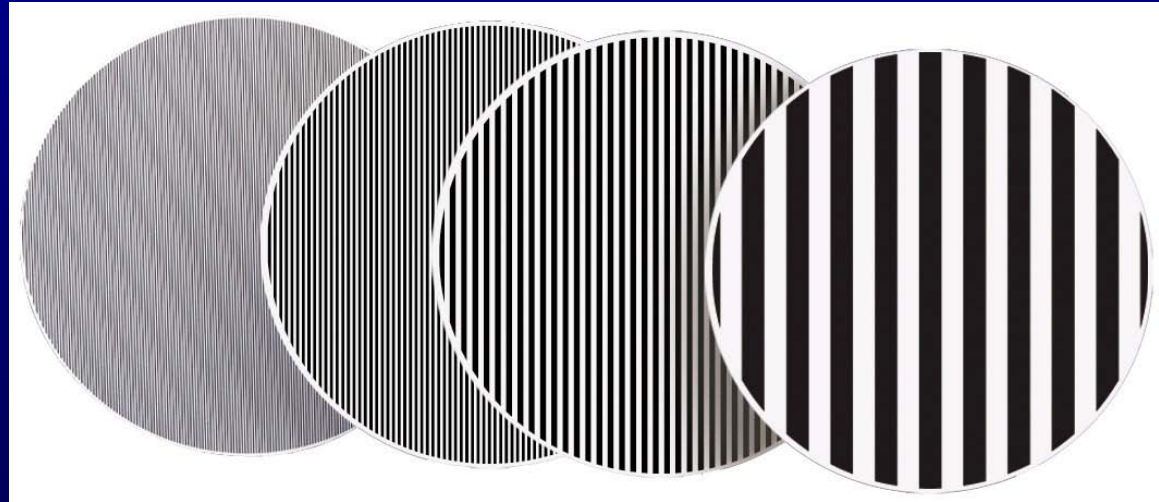
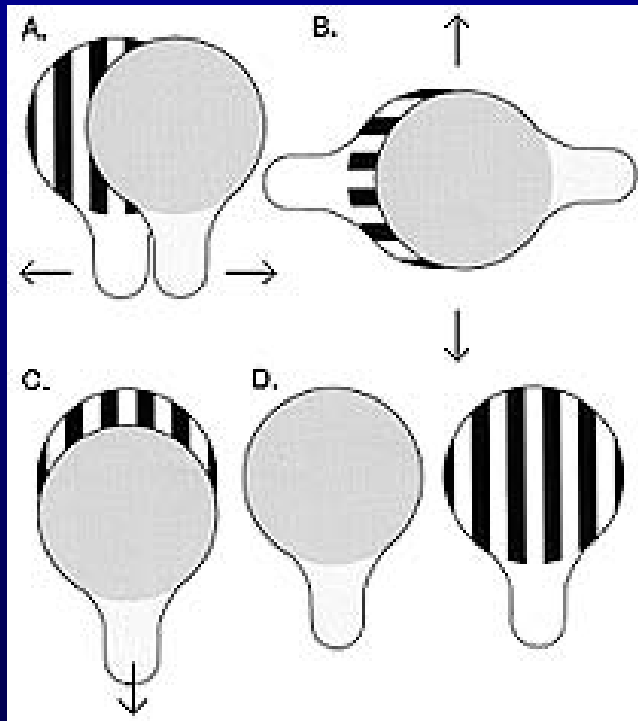
”koirankoppi”/ dog house
 $VA = 0.04$ (6/150)



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

Grating Acuity Tests

Detection and Discrimination tests

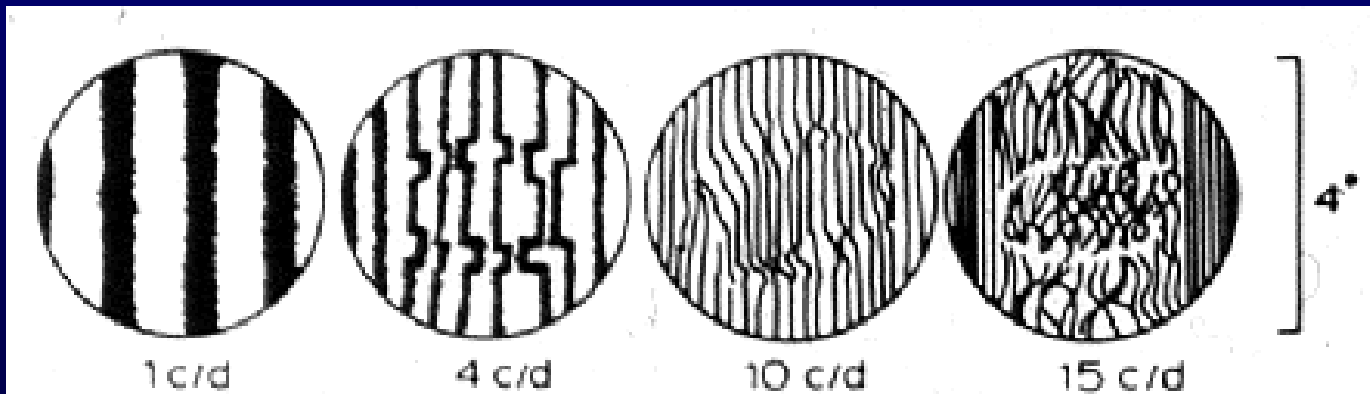
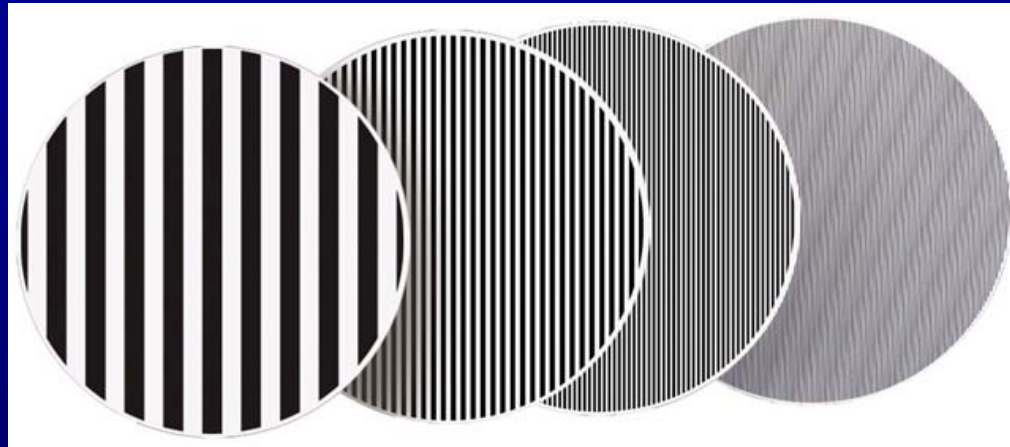


cycles per degree, cpd

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

LEA Grating Acuity Test

Discrimination acuity test



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

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



Text on clear film.



Oculomotor functions

recorded with a special camera system

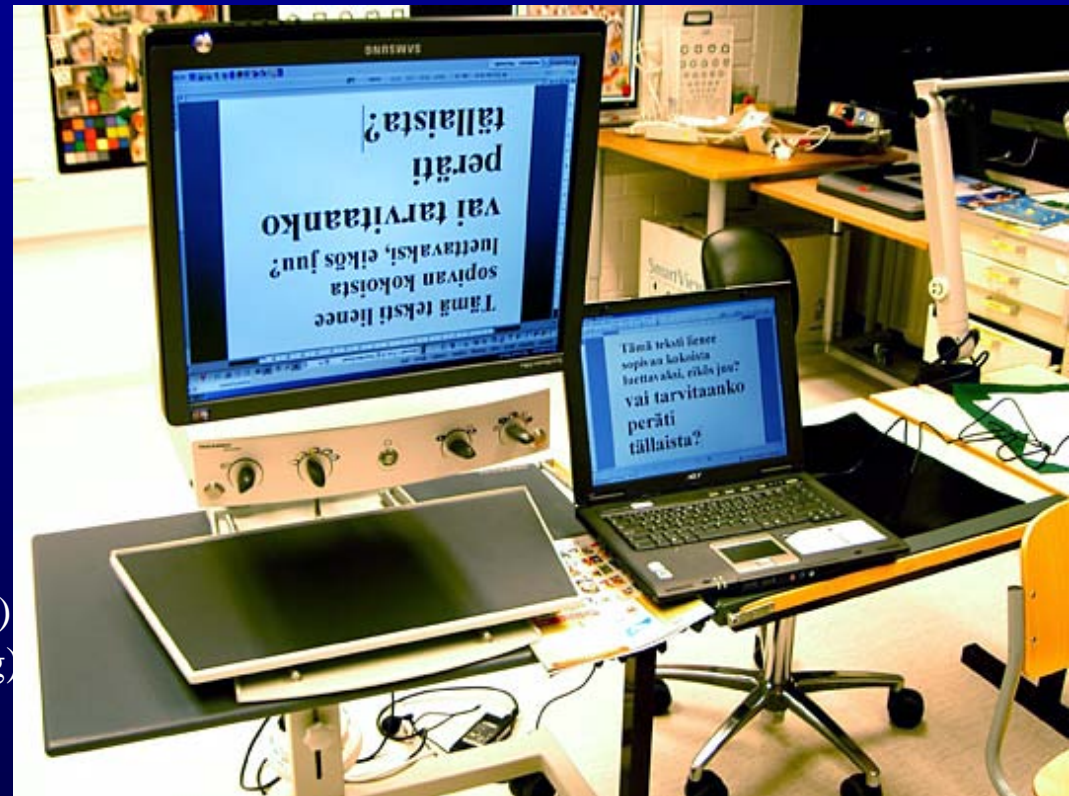


This boy learned to speak 6 months before this video was taken; letter "V" is difficult and blocks the use of vision and control of eyes and head movements.

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



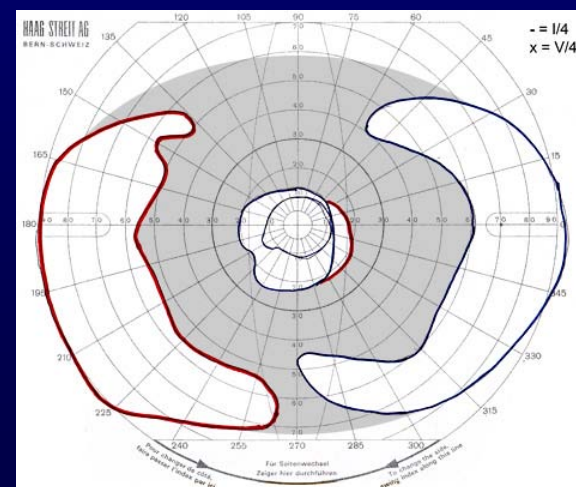
Eight children needed assistance in communication.

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/m²

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

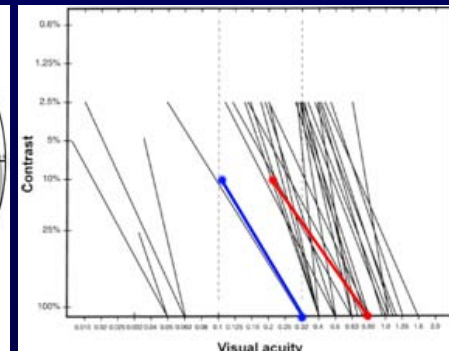
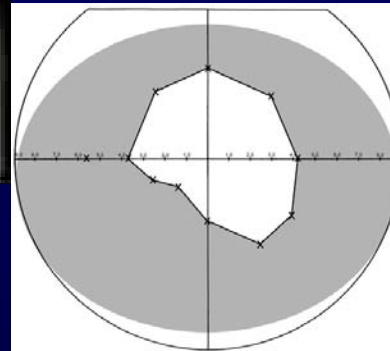
Ocular motor functions

compensated by head movements

VA 0.3 (10/30), at 10% 0.1 (10/100)

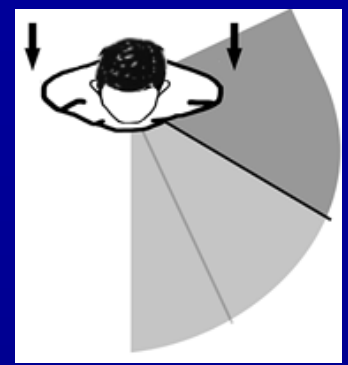
GrA 24cpd, 10% contrast: 7cpd

Visual field with 10Hz flicker





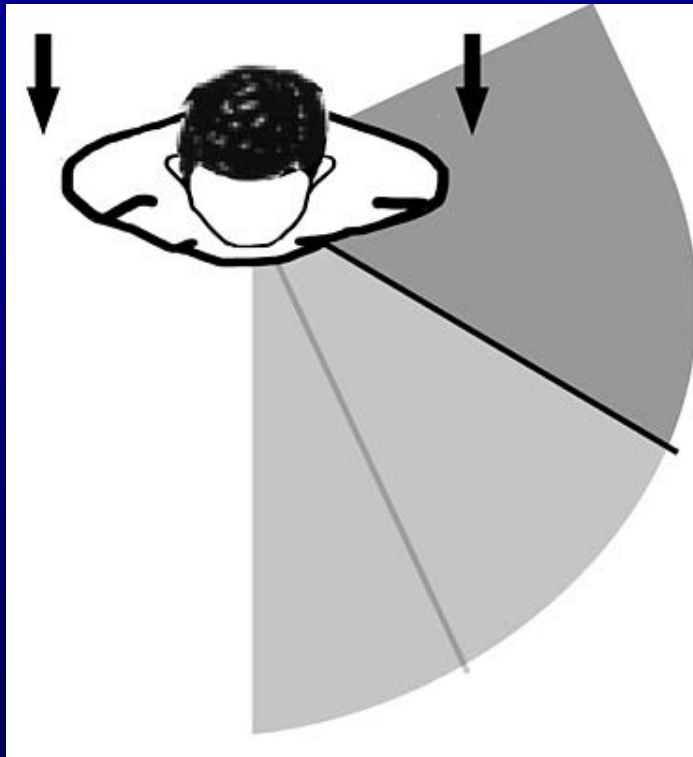
Visual ergonomics



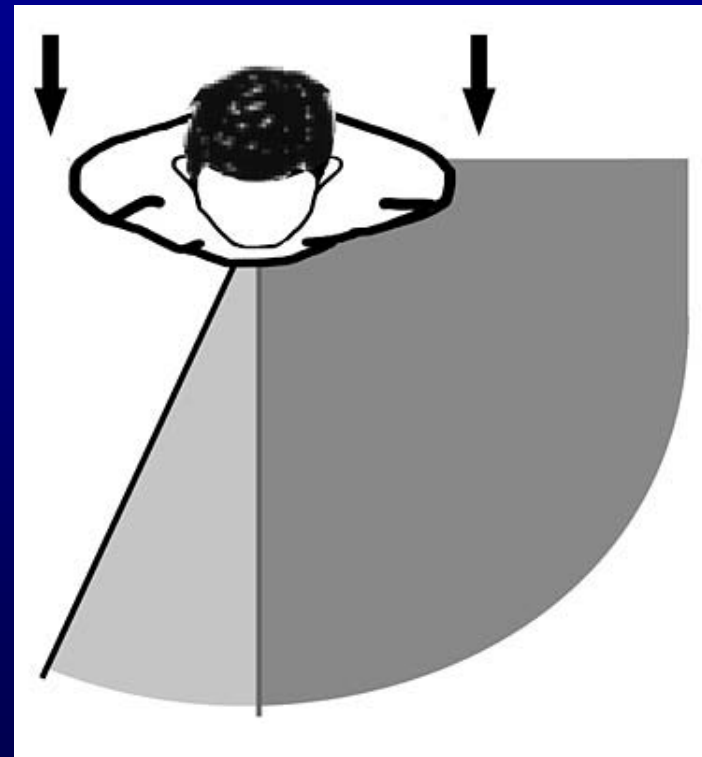
Testing ergonomics at the resource centre, JNK 2008
Condition after removal of a brain tumour in the left occipital area.

Visual field

right eye or left eye fixating



Right eye fixating



Left eye fixating

Visual Ergonomics



11.1.2012 morning

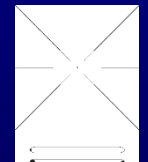
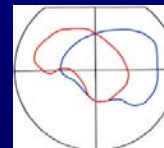
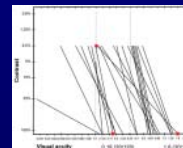
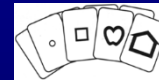
Comparing basic colours

Concept “same”



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.

Video sequences

for training of the personnel
to observe

to repeat test situations

to record with video camera

to analyse sequences

Right exotropia



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

Cover test

with hand



Difference in fixation behaviour.



Fiksaatio valoon on hyvin lähellä mustuaisen keskipistettä.

Fixation at penlight varies



Exentric fixation at detail



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

LEA Puzzle

B&W side



Correct direction is not
yet important.



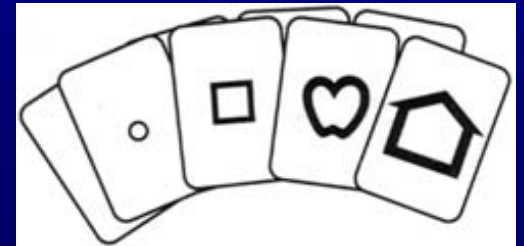
Difference between tight and wide picture



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



LEA Playing cards, big pictures

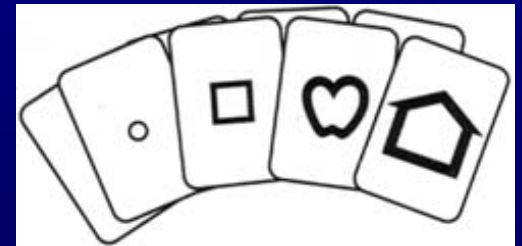


Visus = m/M

LEA Playing cards, small



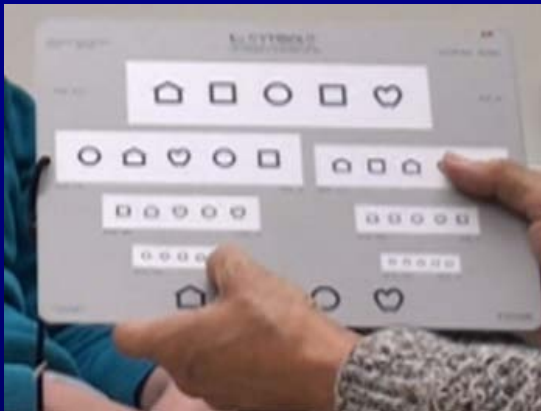
Visual acuity:
distance m/M-size



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

Screening near test

difficult, 1/3 of the value with single symbols



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



Low contrast Heidi test



Test is in upper right corner.

3 month old baby



Low contrast Heidi test



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

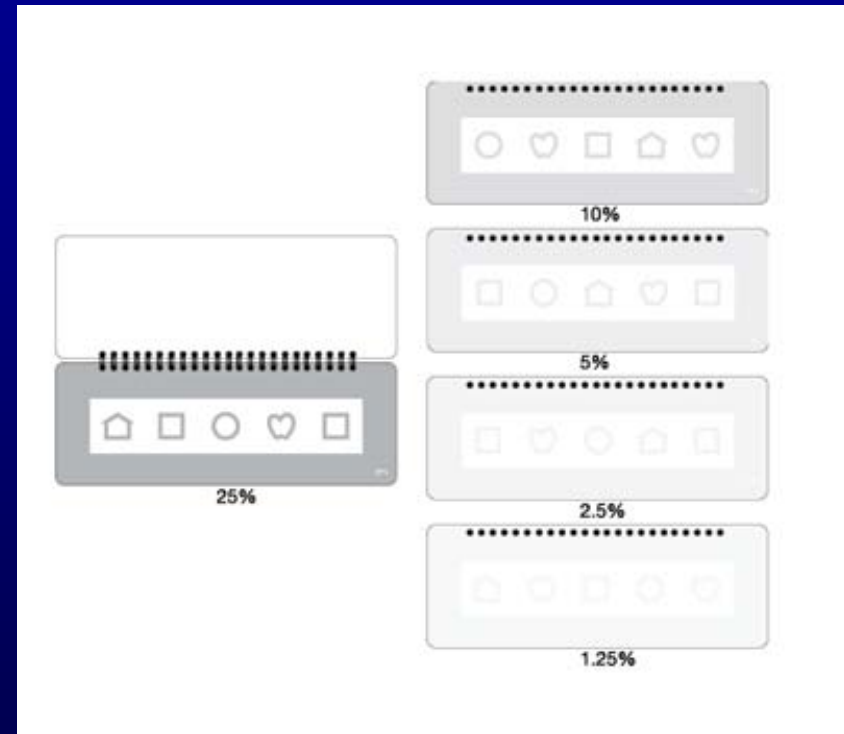
Too large a picture



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



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



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

Pupil reaction



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



Short observation distance

geometric magnification



Training the moving along the lines



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.

Examples on positioning and facilitation

Limited positions



Facilitation



Test caps in a row



Facilitation



Tea

”Nearly blind”

Crying as communication



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



Following movements

test stimulus in the hand of the child



Hole in iris

peripheral iridectomy



Fixation and visual field



Tactile stimulation



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



Only one reaction on the left side.

Toy as an activator

Notice shifting between visual and auditory dominance



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

From crying -> to curious



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



First assessment in Nov. 2011. Movements 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



Difficult to shift attention across midline, own favourite toy.

Chinese meditation ball



Masage ball



+4 lenses and Gogo doll



Presentation of large symbols (LH)



Presentation of large symbols (NN)

