

OCULAR MOTILITY WORKSHEET

\*Exam and the reporting results MUST conform with the instructions on the back of this form.\*

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1. PERTINENT HISTORY:

2. DISTANT VISUAL ACUITY: OD 20/ OS 20/	3. MANIFEST REFRACTION: OD _____ Corrected to 20/ OS _____ Corrected to 20/
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4. CYCLOPLEGIC REFRACTION (as needed): OD _____ 20/ OS _____ 20/	5. HABITUAL RX: OD _____ OS _____ Prism (if any in specs): _____
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6. CORRECTION USED FOR REMAINDER OF EXAMINATION:

HABITUAL	MANIFEST	NONE
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7. COVER TEST:

FAR: (ALL GAZES)	R	<table border="1" style="border-collapse: collapse; width: 60px; height: 60px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										L	NEAR: (ALL GAZES)	R	<table border="1" style="border-collapse: collapse; width: 60px; height: 60px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										L

8. EXTRAOCULAR MOTILITY:	9. MADDOX ROD OR VON GRAEFE PRISM DIOPTERS:	10. STEREOPSOS (VERHOEFF, RANDOT, OR TITMUS) ARCSECONDS:
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11. WORTH 4 DOT @ 20 FEET:	12. VECTOGRAPH (if available):	13. RED LENS TEST:
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14. 4Δ DOT @ 20 FEET:	15. OTHER TEST RESULTS (as applicable):
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16. IMPRESSION:	17. IS PATIENT NOHOSH? <div style="text-align: right;">YES      NO</div>
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18. PROVIDER:	19. DATE:	20. PROVIDER PHONE:
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21. PATIENT NAME:	22. PATIENT DODID:
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23. RANK/ RATE:	24. UNIT AND UNIT ADDRESS:
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## INSTRUCTIONS FOR OCULAR MOTILITY WORKSHEET

\* If you have any questions, please call the NAMI Eye Department at (850) 452-3227/2933. \*

**PERTINENT HISTORY:** i.e. "scored 7 esophoria on AFVT" or "strabismus surgery age 6 years."

**REFRACTION:** SNAs and SNA applicants need a cyclopentolate 1% cycloplegic refraction recorded, all others require a manifest refraction only. SNAs and SNA applicants who see less than 20/20 unaided also require a manifest refraction recorded.

**HABITUAL RX:** Record the subject's habitual Rx here if different from the manifest. If none is used, or the subject wears contact lenses, please note on the form.

**ALTERNATING COVER TEST:** Report **numerical** prism diopter values. Do horizontal and/or vertical as applicable to the case. Horizontal limits are approximately 45 degrees to the left and right of center. Vertical limits are approximately 25 degrees above and 35 degrees below center. Limits may need to be modified as dictated by the size of the nose and brow.

**EXTRAOCULAR MOTILITY:** Give description, such as "Smooth and full."

**MADDOX ROD/VON GRAEFE:** Report **numerical** prism diopter values for **both** horizontal and vertical phorias. Fixation target must be at 20 feet.

**STEREOPSIS:** Verhoeff, done at 1 meter in a normally lit room. Neither the device nor the patient should move during the test. Randot or Titmus stereo testing acceptable, do not allow head movement. Report in Arcseconds.

**WORTH 4 DOT:** Perform at **both** distance and near. Report "fusion," "diplopia," or "suppression OD (or) OS."

**RED LENS TEST:** (If available – Required for USAF) Test all 9 positions of gaze, just like the cover test. Report any diplopia. If no diplopia is reported, state so.

**4 Δ BASE OUT TEST:** Prism introduced over either eye to look for suppression. Can augment the diagnosis of microstrabismus. This test is not always applicable and may be left blank if not used.

**NOHOSH/NOTOSP = No Obvious HeteroTropia or Symptomatic HeteroPhoria.** Answer this question if the subject is NPQ (Not Physically Qualified for SNA (Student Naval Aviator) but would consider applying for the SNFO (Student Naval Flight Officer) program.

**PROVIDER PHONE NUMBER/EMAIL:** Indicate **both** DSN (military overseas) and commercial.

**ACRONYMS/ DEFINITIONS:**

NAMI: Naval Aerospace Medical Institute (Pensacola, FL)

AFVT: Armed Forces Vision Tester

SNA: Student Naval Aviator

SNFO: Student Naval Flight Officer

Verhoeff: Specialized manual stereo-vision tester

NOHOSH: No Obvious Heterotropia or Symptomatic Heterophoria