

The Role of the Orthoptist

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Laura Roberts, Specialist Orthoptist

Alex Landells, Community Lead Orthoptist

Aims of Today

- To be aware of which patients to refer.
- The patient journey through the Orthoptic pathway.



Learning Objectives

- Know what an Orthoptist is and our role in the eye clinic.
- The service we offer
- How to access our service

The Eye Clinic

- Ophthalmologist
- Optometrist
- Orthoptist
- Nursing staff
- Medical Photographer

What is an Orthoptist?

- Allied Health Professional.
- Working in a hospital or community healthcare setting.
- Investigate, diagnose and treat defects of binocular vision and abnormalities of ocular motility.
- Adult and Child patient base.

What we deal with.

- Children
 - Critical period from birth to age 7
 - Delayed Visual Maturation
 - Strabismus
 - Ptosis
 - Nystagmus
 - Head postures

Strabismus

- A condition where the eyes are misaligned. Also known as a squint.
- Manifest or latent
- Convergent or Divergent
- Constant or intermittent

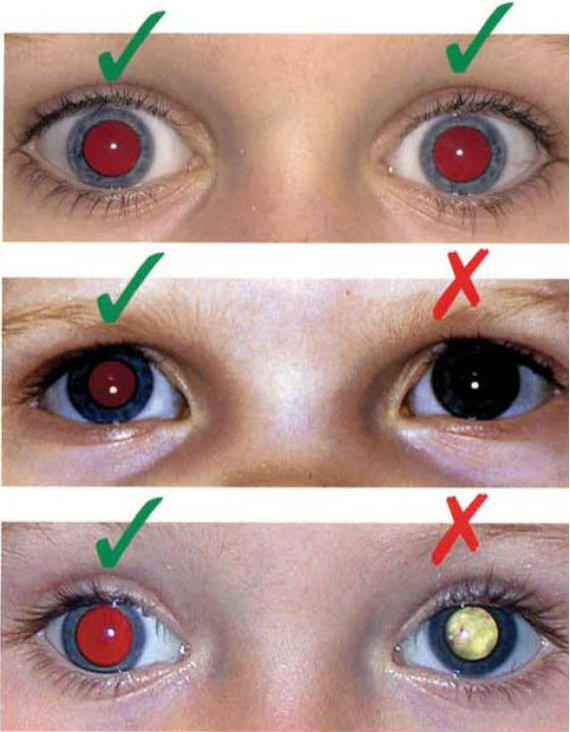
Strabismus



Pseudo- Squint



Red Reflex



Ptosis

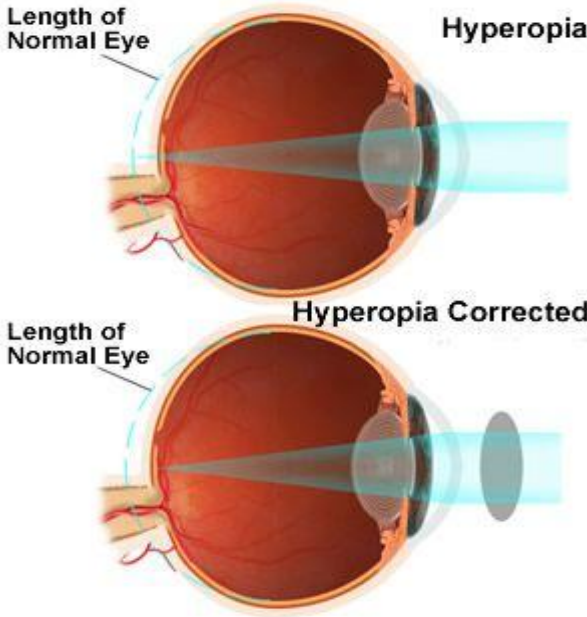
- Droopy eyelid
- Can be congenital or acquired
- Managed by an Orthoptist and Ophthalmologist.
- Risk of disrupting visual development



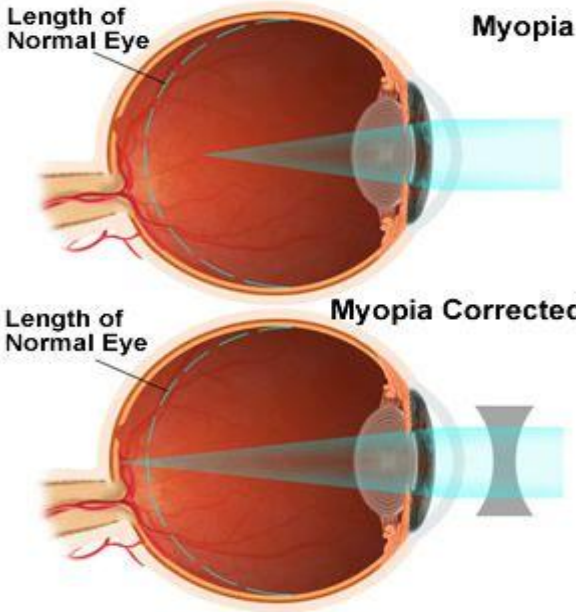
Nystagmus

- A rhythmic involuntary oscillation of the eye(s)
- Can be congenital or acquired.
- May not find a cause
- Albinism
- Reduction in vision likely
- Head posture

Refractive Error; Hypermetropia



Myopia



Astigmatism



Anisometropia

- Unequal refractive power.
- Hypermetropic, myopic or astigmatic in nature.

Treatment

- Fundus
- Refraction
- Glasses given for F/T wear if needed.
- Occlusion if needed.
- Atropine.

Adult patients

- Diplopia (double vision)
- Reading difficulties
- Ocular motility problems
- Longstanding squints.

Diplopia

- Acute or gradual onset
- Constant or intermittent
- Horizontal, vertical or torsional
- Prisms or occlusion

Reading difficulties

- Presbyopia
- Convergence insufficiency
- Accommodative insufficiency
- Tracking difficulties

Ocular motility

- Thyroid patients
- Restrictions due to orbital injury.
- Myasthenia Gravis

Longstanding Squints

- Constant squint
- Nil symptoms
- Cosmetic/ social concerns
- Referral to HES

How to access us?

- Access to HES via GP referral;
 - GP observed a manifest squint by corneal reflections.
 - Nystagmus
 - Watery eyes, recurrent infections etc..
 - Optometrist referrals
 - Orthoptic letters from community recommending onward referral.

- Access to Orthoptic community screening clinics via Health visitor or Nurse;
 - Parental concerns due to family history or squint, lazy eye, glasses wear in childhood.
 - Parental concerns of a squint but on assessment in surgery corneal reflections are symmetrical.
 - Epicanthic folds
 - Children must be older than 6 months old and younger than 8 years old.

Community clinics

- Once child has been assessed in the community clinic, there are 4 possible outcomes;
 - Discharged as screening passed.
 - Recalled if not enough information gathered.
 - Sent to a local optician for refraction with Orthoptic follow-up.
 - Requires onward referral to HES for Ophthalmologist opinion- Orthoptic letter requests GP to do.

- All Orthoptic adults must be referred to HES.
- Sudden onset diplopia and/or Nystagmus; on-call Ophthalmologist for opinion.

Summary

- All adult patients to be referred to the hospital.
- All children with a visible problem, those under 6 months and those over 7 years please refer to the hospital.
- Children with a “vague” problem +/- family history maybe referred to the community via their HV or school nurse. Please be aware, we may need you to refer into the HES if we detect a problem.
- Sudden onset squints, diplopia, nystagmus and white pupil- contact the on-call ophthalmologist urgently.



Any Questions?

Thank you for listening...

MERRY CHRISTMAS!

