Appendix A

OCULAR EMERGENCY REPORT FORM

Patient Name: __________________________________________________________________________________________

Phone where they are now: _______________________________________________________________________________

Previous patient? _____Yes _____No Call handled by: _________________________________________________________

Time: _______________ Date: _______________ Who called? __________________________________________________

Chief complaint ________________________________________________________________________________________

Did the patient describe any of these situations? If so, circle and tell Dr. IMMEDIATELY:

- flashing lights
- loss of vision
- curtain/veil blocking vision
- lots of floaters
- extreme pain
- sudden double vision
- chemical in eye
- foreign object lodged in eye
- different size pupils

Which eye is affected? _____Right _____Left _____Both

When did it start? _______________________________________________________________________________________

Have you had any injury to the head? _______________________________________________________________________

Is it getting worse or better? ______________________________________________________________________________

Has it happened before? __________________________________________________________________________________

Are you wearing contact lenses now? _____Yes _____No If yes, remove ASAP.

Have you slept with your contacts on? _____Yes _____No If yes, how long? ______________________________________

Type of contacts: _______________________________________________________________________________________

Are you experiencing: If yes, describe:

- Redness ______________________________ Where is it on the eye? _______________________________________________
- Decreased vision? Yes _____________ No ______________
- Sudden or gradual? Yes _____________ No ______________
- Blurry, distorted, or missing? Yes _____________ No ______________
- Pain? Yes _____________ No ______________
- Sensitivity to light? Yes _____________ No ______________
- Double vision? Yes _____________ No ______________
- Burning? Yes _____________ No ______________
- Itching? Yes _____________ No ______________
- Pupils same size? Yes _____________ No ______________
- Tearing? Yes _____________ No ______________
- Discharge, mucus in the eye? Yes _____________ No ______________

What color is it?

- Sensation that something is in your eye? Yes _____________ No ______________
- Swollen eyelids? Yes _____________ No ______________

What have you (patient) done (eyedrops, eyewash, emergency room)? ________________________________________

What action has been taken by staff? ______________________________________________________________________

Follow-up call placed to patient: By: ______________________________ Time: ______________ Date: ___________________

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Schematic Section of the Human Eye
Appendix C - Study Guide

STUDY OUTLINE
This outline is for the content of the CPO– Certified Paraoptometric Examination. The following outline includes a brief explanation of the areas covered in the Study Guide/Workbook and on the examination. You should be familiar with all the terms, meanings, and use of the terms below. All of the questions on the examination are of the objective, multiple choice type.

I. Basic Science (29%)
   A. Anatomy
      1. Definitions of Anatomical Parts
      2. Function
   B. Common Eye Disorders
      1. Definitions
      2. Causes
   C. Terminology
      1. Prefixes
      2. Suffixes
      3. Root Words
   D. Basic Pharmacology

II. Clinical Principles and Procedures (37%)
   A. Eye Examination
      1. Case History
      2. Visual Acuity
      3. Automated Keratometry/Topography
      4. Retinoscopy
      5. Subjective Refraction
      6. Ophthalmoscopy
      7. Binocular Vision
      8. Tonometry
      9. Visual Fields
      10. Biomicroscopy
      11. Fundus Photography
      12. Tomography
      13. Blood Pressure Measurements
   B. Refractive Status
      1. Emmetropia
      2. Myopia
      3. Hyperopia
      4. Astigmatism
      5. Presbyopia
      6. Accommodation
   C. Contact Lenses
      1. Soft
      2. Gas Permeable
      3. Care and Handling
      4. Patient Education
      5. Base Curve Radius
   D. Basic Principles of Patient Care
      1. Ophthalmic Terminology
      2. Definition of Terms
      3. Use of Terms
   E. Patient Education
      1. Education Techniques
      2. Patient Information
      3. Prescriptions
      4. Practice Procedures
      5. Vision Evaluation
   F. Lens Selection
      1. Lens Materials
      2. Lens Specifications
      3. Lens Characteristics
   G. Patient Referrals
      1. Referral Procedures
      2. Referral Criteria
      3. Referral Documentation
   H. Prescription Handling
      1. Prescription Verification
      2. Prescription Storage
      3. Prescription Disposal
   I. Prescription Writing
      1. Prescription Writing Techniques
      2. Prescription Format
      3. Prescription Accuracy
   J. Prescription Review
      1. Prescription Review Procedures
      2. Prescription Review Criteria
      3. Prescription Review Documentation
   K. Prescription Processing
      1. Prescription Processing Techniques
      2. Prescription Processing Format
      3. Prescription Processing Accuracy
   L. Prescription Submission
      1. Prescription Submission Procedures
      2. Prescription Submission Criteria
      3. Prescription Submission Documentation

III. Ophthalmic Optics and Dispensing (18%)
   A. Ophthalmic Prescriptions
      1. Components of a Lens Prescription
      2. Add Power
      3. Prism
      4. Optics
   B. Ophthalmic Lenses
      1. Types of Lenses
      2. Lens Materials
      3. Neutralization
   C. Ophthalmic Dispensing
      1. Frame Anatomy
      2. Sizes and Measurements
      3. Basics of Frame Selection
      4. PD/Segment Height
      5. Ordering
      6. Basic Adjustments

IV. Professional Issues (16%)
   A. Eyecare Specialists and Ancillary Personnel
   B. Practice Management
      1. Telephone Techniques
      2. Appointments
      3. Record Filing Systems
      4. Recalls
      5. Fee Presentation
      6. Collections
      7. Third Party Payments
      8. HIPAA
      9. Hygiene and Infection Control
      10. Ethics
   C. Business Skills
      1. Computer Applications
      2. Basic Business Technology
      3. Health Information Technology (HIT)
      a. HIT Definitions

CPO Study Guide

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**Glossary**

**Accommodation** – The ability of the eye to focus from distance to near

**Ametropia** – Refractive condition in which, when accommodation is relaxed, parallel light rays entering the eye do not focus on the retina. Examples would be myopia, hyperopia, and astigmatism

**Aphakia** – Absence of the crystalline lens

**Aqueous humor** – Clear fluid that is produced in the ciliary processes and fills the space from the posterior cornea to the anterior vitreous; maintains the intraocular pressure; nourishes the cornea, iris, and lens

**Asepsis** – the practice to reduce or eliminate contaminants (such as bacteria, viruses, fungi, and parasites) from entering the operative field in surgery or medicine to prevent infection

**Astigmatism** – Optical defect in which the light entering the eye does not form a single point focus, but forms two focal points; corrected by use of cylindrical eyeglasses or contact lenses (spherical or toric)

**Base curve** – Measurement of the back curvature of a lens

**Bifocal** – A lens that provides both distance and near correction

**Binocular** – Simultaneous use of both eyes

**Biomicroscope** – Instrument used for observing a fit of contact lenses, checking for foreign bodies in the eye, and looking at all parts of the front of the eye

**Bulbar** – Conjunctiva covering the eyeball

**Cataract** – An opacity of the crystalline lens capsule

**Chief complaint** – Patient’s reason for the office visit

**Concave lenses** – A lens that is thinner in the center and thicker at the edges; parallel light passing through this type of lens is diverged, or refracted, away from the midline; also known as a minus lens

**Confrontation fields** – A technique used to screen for visual field defects using the fingers of the examiner

**Convex lenses** – A lens that is thicker in the center and thinner at the edges; parallel light rays passing through this type of lens are refracted by each surface to converge toward the midline behind the lens; also known as a plus lens

**Diopter** – Unit of refractive power; abbreviated “D”

**Disinfection** – To destroy harmful bacteria and viruses

**Edema** – Swelling of tissues due to fluid influx

**Emmetropia** – The power of the cornea and the lens at rest correspond with the axial length of the eye, so parallel light rays are appropriately refracted to focus on the retina

**Fluorescein** – A dye used topically to evaluate corneal integrity and intravenously to evaluate blood vessel integrity. The tear film quality is best observed when a fluorescein drop is used

**Fovea** – Central (1.5 mm) area of the macula; responsible for the sharpest vision, fine discriminations, and high visual acuity. The area of highest concentration of cone cells and no blood vessels; also called fovea centralis

**Fundus** – Interior portion of the eyeball that can be seen on ophthalmoscopy or photography. Includes the retina and optic disk

**Glaucoma** – Intraocular pressure disease

**Hyperopia** – A refractive condition in which, when accommodation is relaxed, parallel light rays entering the eye focus behind the retina; also known as farsightedness

**Indirect ophthalmoscope** – An instrument used to take stereoscopic views of the fundus

**Intraocular pressure** – Fluid pressure maintained in the eye by the aqueous humor; measured with a tonometer

**IOP** – Intraocular pressure

**Keratometer** – Instrument used to measure the corneal curvature

**Lensometer** – Instrument used for determining the power of an eyeglass or contact lens

**Limbus** – The area of the eye dividing the cornea from the sclera

**Macula** – Central portion of the retina surrounding the fovea; responsible for acute central vision

**Macular degeneration** – A disease of the eye, involving loss of structure and function of the macula

**Minus lenses** – A lens that diverges light

**Monocular** – Use of only one eye

**Myopia** – A refractive condition in which, when accommodation is relaxed, parallel light rays entering the eye focus in front of the retina; also
Glossary

known as nearsightedness

**Ocular Adnexa** - Part of the external part of the eye examination to rule out any abnormalities or ocular conditions in the adjacent structures of the eye, such as eyelids, lashes, eyebrows, lacrimal apparatus, tarsal plates, orbit, extraocular muscles and conjunctiva

**Ophthalmoscope** – An instrument used in examining the interior of the eye

**Palpebral** – Conjunctiva that lines the inside of the eyelids

**Pantoscopic angle or tilt** – The angle the frame front makes with the temples when viewed from the side; lower rims are closer to the face than the upper rims (see ex. of retroscopic angle or tilt)

**PD** – See Pupillary distance

**Perimetry** – The study of the visual fields

**Peripheral vision** – The visual fields representing side vision

**Phoropter** – An instrument used for determining the refractive state of the eyes

**Photophobia** – Symptom causing pain on viewing a light; light sensitive

**Plus lenses** – A lens that converges light

**Polymethylmethacrylate (PMMA)** – A clear plastic material used for rigid contact lenses; first material used after glass

**Presbyopia** – The condition in which lost elasticity of the lens leads to the inability to accommodate

**Prism** – A lens that bends light

**Pseudophakia** – Term used for aphakic correction after a lens implant

**Pupillary distance** – The distance between the centers of the pupil of each eye

**Radiuscope** – An instrument that measures the curvature of a contact lens

**Refraction** – Altering of the pathway of light as it passes from one medium to another

**Retinoscope** – An instrument used to perform refraction

**Retroscopic angle or tilt** – The angle the frame front makes with the frontal plane of the wearer’s face when the lower rims are farther from the face than the upper rims

**Seg height** – The vertically measured distance from the lowest point on the lens or lens opening to the level of the top of the seg

**Slit-lamp examination** – Examination of the eye performed using a biomicroscope

**Sphincter** – A ring-like band of muscle fibers that constricts a passage or closes a natural orifice

**Triage** – System of sorting and prioritizing

**Trifocal** – A lens that provides correction for distance, intermediate, and near

**Vertex distance** – The distance from the back surface of the lens to the front of the eye

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**CHECK IT OUT…**

**TAKING TEST TIPS**

- Get plenty of rest the night before
- Arrive early for the test
- A little anxiety is OK – it makes us perform better
- Know the time limit to take the test and be aware of time throughout the test
- Manage your time wisely
- Read the directions carefully
- Realize there may be questions you may not be able to answer right away. There should not be many but we tend to remember them later
- Your first impression for an answer is usually the best
- At the beginning of the test write down the facts you want to remember
- Make a mark in the margin of the test for questions you want to return to later
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