

## **Medical history taking**

### Preparation of the patient and equipment for the study:

- 1) say hello to the patient;
- 2) name yourself;
- 3) ask how to contact him;
- 4) offer comfortable sitting down;
- 5) prepare the necessary medical documentation;
- 6) provide during the conversation isolation from the effects of various irritants (extraneous conversations, phone calls, etc.);
- 7) sit next to the table.

### Medical history:

- 1) find out passport data (last name, first name, middle name, age, marital status), as well as the profession and working conditions, living conditions, and enter them in the appropriate columns;
- 2) collect a medical history according to the following scheme:
  - a) the onset of the disease;
  - b) the course of the disease;
  - c) the presence of general disorders

Complaints and data on the course of the disease should be entered in the appropriate section of the medical documentation.

- 3) to collect an anamnesis of life (heredity, development, diseases transferred in childhood and adulthood, bad habits, living and nutritional conditions, allergic reactions, blood transfusion, health of relatives, close relatives, children) and enter the data in the appropriate section of the medical documentation

### Assessment of anamnestic data:

- 1) highlight the main complaints that dominate the history
- 2) establish the relationship of complaints, that is, combine symptoms into syndromes
- 3) determine the nature of the course of the disease (acute, chronic);
- 4) name the probable causes that could cause the disease.

## **Determination of the visual field by the control method**

### Preparing the patient for the study:

- 1) say hello to the patient;
- 2) name yourself;
- 3) ask how to contact him;
- 4) explain the expediency of the examination;
- 5) obtain consent to its implementation;
- 6) offer to sit on a chair with his back to the light;
- 7) pay the patient's attention to the fact that you need to sit upright, not squint, do not tilt your head in one direction or another and look directly in front of you.

### Examination performance:

- 1) ask the patient to cover tightly with the palm of his left eye;
- 2) ask the patient so that both his eyes (covered with a palm and not covered) were open and not moving;
- 3) sit opposite the patient at a distance of 1 m;
- 4) cover your right eye with your own palm of your right hand;
- 5) ask the patient to look fixedly at the open left eye of the examinant, which should be directed to the right eye of the patient;
- 6) take his straightened left hand to the left, taking a pencil in his hand and slowly move his hand in a plane in the middle of the distance between the patient and the doctor, perpendicular to the patient's visual line;
- 7) perform movements in four main directions (vertical, horizontal and two oblique)
- 8) ask the patient to indicate the moment the pencil appeared in the doctor's hand;
- 9) compare your own feelings of the appearance of a pencil with the sensations of the patient;
- 10) evaluate the result of the study;
- 11) in a similar way, examine the field of view of the patient's left eye, covering the right eye with his right palm, and his left eye with his left; studies should be carried out with the free right hand with a pencil in it;
- 12) evaluate the result of the examination

## **Direct ophthalmoscopy (dummy)**

### Preparation of equipment for examination:

- 1) sit in front of the dummy at a distance of 50 cm, take an ophthalmoscope in your right hand, turn it on,
- 2) holding an electric ophthalmoscope in his right hand, position it to his right eye, slightly resting against the upper edge of the orbit;
- 3) send a light beam with an ophthalmoscope, following the pupil of the right eye pupil of the dummy through the opening in the ophthalmoscope (conduct an ophthalmoscopic examination) to assess the state of transparency of the optical media of the eye;
- 4) at the moment when the pupil begins to glow in red, approach the right eye of the dummy to a distance of 5.0 cm, mentally directing sight into the distance;
- 5) in the absence of a clear vision of the fundus and with the transparency of the optical media of the eye by rotation of the refractive disk or tape, find a lens in which the fundus will be clearly visible;
- 6) examine the fundus in the following sequence: optic nerve disk, arcade vessels, equatorial zone, retinal periphery, macular zone;
- 7) describe the seen picture of the fundus;
- 8) turn off the ophthalmoscope.

## **Determination of intraocular pressure (IOP) by palpation**

### Preparing the patient for the examination:

- 1) say hello to the patient;
- 2) name yourself;
- 3) ask how to contact him;
- 4) explain the expediency of the examination;
- 5) obtain consent to its implementation
- 6) wash hands; Wear examination gloves.

### Examination performance:

- 1) sit opposite the patient;
- 2) ask the patient to close his eyes and look down;
- 3) place the pads of the terminal phalanges of the index fingers of both hands on the soft part of the upper eyelid of the right eye, above the upper edge of its cartilage, and alternately pressing the eyeball through the eyelid to determine the degree of its density;
- 4) evaluate the intraocular pressure of the right eye:
  - T n - normal IOP
  - T + 1 moderate increase in pressure compared to normal
  - T + 2 significant increase in pressure, slight scleral depression is observed
  - T + 3 eyes hard as a stone, even with intense pressure it is impossible to press the sclera,
  - T-1 eye moderately mild, IOP moderately reduced
  - T-2 eye soft, IOP low
  - T-3 when pressing the eye, the finger does not feel support, IOP is significantly reduced
- 5) conduct a similar study of the left eye.

## **Determination of visual acuity**

### Preparing of the patient and equipment for the examination:

- 1) say hello to the patient;
- 2) name yourself;
- 3) ask how to contact him;
- 4) explain the expediency of the examination;
- 5) obtain consent to its implementation
- 6) offer to sit on a chair that stands opposite the table at a distance of 5 m from it;
- 7) connect the Rota apparatus to the electric network;
- 8) pay the patient's attention to the fact that you need to sit upright, not squint, do not tilt your head in one direction or another and look straight ahead.

### Examination performance:

- 1) ask the patient to cover the left eye with an opaque shutter (ocluidor);
- 2) in the absence of complaints of visual impairment, stand next to the table, pick up the pointer, place its tip under the randomly selected optotype of the 10 th row of the table at a distance from the last so that the shadow from the pointer does not fall on the optotype, and ask the patient to name this optotype;
- 3) the duration of the demonstration of the optotype should be 2-3 s;
- 4) the patient is asked to name the letters that he sees with his right eye in the tenth line, if he cannot recognize the letters of the tenth line, then they go up a line above and so on to the line that the patient calls with the minimum number of errors;
- 5) if the patient at a distance of 5 m, does not see the letter in the first line, then visual acuity begins to be checked using portable optotypes (Landolt rings, sticks), determining the distance from which the patient can correctly name them, and given that every half meter corresponds 0.01;
- 6) the ocluder is placed in front of the right eye and the visual examination of the left eye is repeated, according to a similar scenario;

### Assessment and registration of examination results:

- 1) visual acuity corresponds to that indicated on the right next to the line of the smallest signs, which the patient named correctly (one error is allowed in 3-6 lines, and two - in 7-10 lines, but then it is indicated that visual acuity is incomplete;
- 2) the visual acuity of the right eye is indicated by Vis OD =, the left eye by Vis OS =, after the sign "=" indicate the result of the study.

## **Determination of ciliary body painfulness**

### Preparing the patient for the examination:

- 1) say hello to the patient;
- 2) name yourself;
- 3) ask how to contact him;
- 4) explain the expediency of the examination;
- 5) obtain consent to its implementation
- 6) wash the hands; Wear examination gloves.

### Examination performance:

- 1) sit opposite the patient;
- 2) ask the patient to close his eyes and look down;
- 3) place the pads of the terminal phalanges of the index fingers of both hands on the soft part of the upper eyelid of the right eye, above the upper edge of its cartilage, and alternately pressing the eyeball through the eyelid to determine the degree of pain;
- 4) the results are recorded as follows:
  - on palpation, painfulness of the ciliary body is noted
  - ciliary body is not painful on palpation
- 5) conduct a similar study of the left eye.