<table>
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<th>OCULOMOTOR FUNCTION ASSESSMENT</th>
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<td>Client: ______________________</td>
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<td>Date: ________________________</td>
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**VISUAL HISTORY**

Date of last eye exam: ____________________
Good vision prior to injury?  ____ yes  ____ no  Describe: __________

Eyeglasses:  ____ yes  ____ no  Correction:  ____ distance  ____ near  ____ bifocal

Are eyeglasses worn all of the time?  ____ yes  ____ only for reading  ____ only for distance/driving
How long have eyeglasses been worn?  ____ since childhood  ____ as an adult  ____ since injury

History of:
-  ____ congenital strabismus
-  ____ corrective eye surgery [age: ____________ ]  ____ eye patching  ____ eye exercises
-  ____ eye trauma
-  ____ in conjunction with brain injury  ____ prior to brain injury [date: ____________ ]
-  ____ surgical intervention [type of surgery: ____________ ]

**Comments:**

Subjective complaints of diplopia:

-  ____ disappears when one eye is closed  ____ remains with closing of one eye
-  ____ lateral  ____ near  ____ constant  ____ primary gaze  ____ left gaze
-  ____ vertical  ____ far  ____ intermittent  ____ right gaze  ____ all gaze directions

Area of fusion: distance from face: ____________________  ability to maintain: ____________________

Neck range of motion:  ____ within normal limits:  ____ restricted:  ____ right  ____ left  ____ up  ____ down

**Comments:**

Functional complaints:

-  ____ blurring of print when reading  ____ eye fatigue/eye pain/headache with sustained focusing
-  ____ unable to keep objects in focus  ____ difficulty maintaining concentration with sustained focus
-  ____ balance difficulty  ____ nausea/blurring vision with head movement
-  ____ past pointing/reaching  ____ blurring of vision when changing focal distance

**Comments:**

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GENERAL APPEARANCE

Instruct the client to focus on a distant target; observe pupil size and symmetry, function of eyelid, nystagmus, presence of a deviated head position; record deviations on the eye diagram and on the form.

Pupils: symmetrical asymmetrical

Pupil size: R normal constricted dilated
L normal constricted dilated

Eyelid function: R normal impaired
L normal impaired

Eye position R normal deviated
L normal deviated

Head position: chin down head turned head tilt

Comments:

CORNEAL REFLECTION

Instruct the client to focus on a distant target, hold penlight centered in front of the client's face; observe the corneal reflection in each eye and record the position of the reflection on the eye diagram and on the form.

Reflection: ____equal both eyes ____ deviated in left eye (out in up down) ____deviated in right eye (out in up down)

Comments:

EYE MOVEMENTS

SMOOTH PURSUIT Instruct the client to focus on the penlight; move the penlight slowly in an arc 20 inches from the face through the 9 cardinal directions of gaze. Record deficiencies/deviations in eye movement on the eye diagrams.
**CONVERGENCE** Instruct the client to focus on the penlight (held vertically). Beginning at 20 inches, slowly move the penlight towards the bridge of the client’s nose. Observe convergent eye movements. Record the distance from the nose at which the client breaks fixation in 1 or both eyes. Record deficiencies/deviations in eye movement on the eye diagram. Also note pupillary response, effort, and ability to sustain convergence.

Near point for convergence: (in inches)____________

Comments:

**DIPLOPIA TESTING**

**COVER/UNCOVER TEST** Instruct the client to focus on a distant target held at eye level behind the examiner. Quickly cover the eye which appears to have intact oculomotor function with the occluder. Observe the uncovered eye to see if it moves to take up fixation on the target. If eye movement occurs, record the direction of the eye movement on the eye diagram.

**PRIMARY GAZE**

Testing left eye

Testing right eye

Comments:

**ALTERNATE COVER TEST** Instruct the client to focus on a distant target held at eye level behind the examiner. Quickly switch the occluder back and forth between the eyes leaving the occluder over the eye for 2 seconds before switching. Observe whether the eye under cover moves to take up fixation once the cover has been removed. If eye movement occurs, record the direction of the eye movement on the eye diagram.

**PRIMARY GAZE**

Testing left eye

Testing right eye

Comments: