



Creating excellence in eye and vision care through optometry education and regulation

Best Practice Standards in Optometry

Optometry Council of India (OCI) is a self - regulatory body that has been established in September 2012. It has been registered under the company act 25 A (Not for Profit Company). This organization has been formed with the help of Indian Optometry Federation (IOF) and Association of Schools and Colleges of Optometry (ASCO).

The two key roles of Optometry Council of India are to:

1. Register optometry practitioners
2. Accredit the schools & colleges of Optometry

VISION:

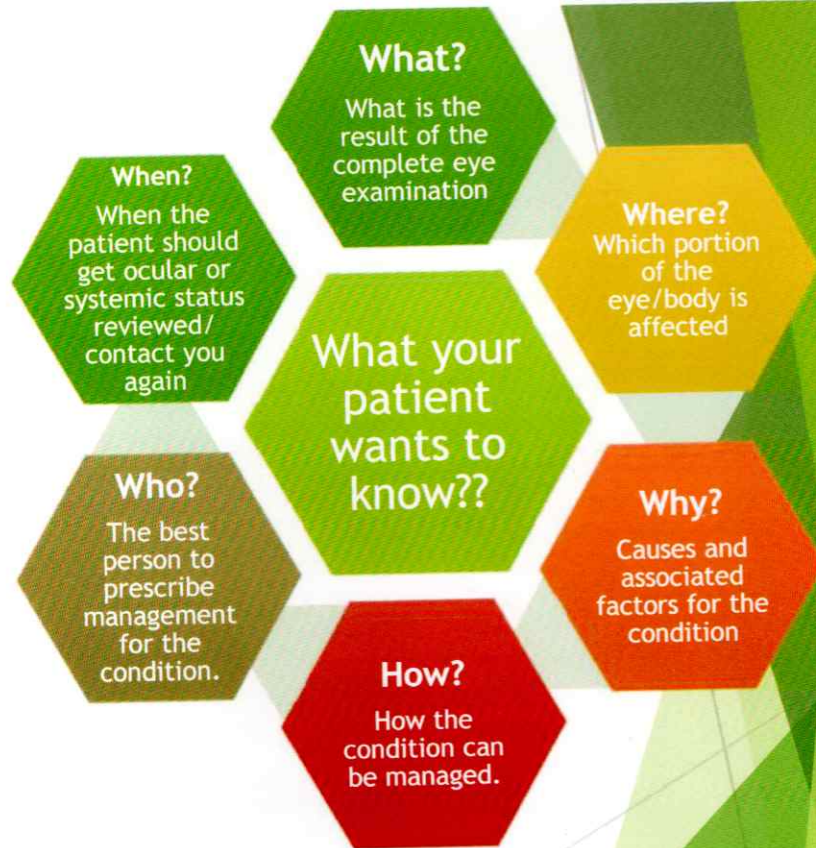
Assuring excellence in optometry education & equitable eye care for India

MISSION:

The Optometry Council of India (OCI) is a professional regulatory body with the responsibility of establishing & maintaining high standards of optometry education & recognition of optometry qualifications in India. It registers optometrists in order to maintain quality, and provide equitable & accountable eye care services for the people of India.

The best practice standard document is an attempt by Optometry Council of India(OCI),self regulatory body to standardize optometry practice in India. Being a self regulatory body ,OCI has taken upon itself the responsibility of standardizing primary eye care services . This document would be further populated in the near future with standard documentation pertaining to specialties such as Low vision aids, Contact Lens, Glaucoma diagnostics etc . Optometry Council of India looks forward to all your support and encouragement in this endeavor.

An optometrist-patient interaction is completely successful only when the optometrist combines expert skill with good communication. It is crucial for patient satisfaction and maintains a healthy relationship between the eye-care practitioner and the patient.



The document is based on/ modified from the recommendations by the Australian Board of Optometrists and American Academy of Optometry best practices guidelines.



Best Practices Guidelines

This document provides

- General guidelines for an optometric set-up (Section A)
- Guidelines for an optometric eye examination (Section B)



Respect your patient

- Be cordial. Make them feel valued.
- Respect their time and yours - provide sufficient time in an appointment for a comprehensive examination keeping room for discussion
- Respect and acknowledge the right of the patient to seek another opinion and choose whom to approach.



Setup

- Provide adequate space and resources in terms of equipment
- For dispensing services, include wide range of eyewear and coatings
- Choose a location that is accessible to everyone.
- The design of the setup should be accessible for people with visual and/or other disabilities - consider alternate entrances or keep a list of such facilities.



Private and confidential

- Respect the privacy of patients and their records
- Patient examination, conversations with the patient and any interaction - including lens handling/teaching must not be in visible/hearing range of other parties
- Records of a patient must not be visible or available to another



Management

- Apply relevant clinical guidelines, and adopt latest evidence based techniques to manage primary eye care health and other visual needs of patients
- Provide patients with information about their ocular condition and the results of optometric examination
- Provide a referral letter with sufficient information about the patient, the condition and the nature of referral.



Referrals

Refer any patient whose management is beyond the scope or expertise of the optometrist/practice. To guide patients when necessary, maintain an up-to-date directory of ophthalmologists, low vision centers, diabetes centers, etc
Also maintain a list of local general health and community services relevant to optometric practice.

Section - A General Guidelines

Optometrists are expected to register with OCI and comply with the registration policy.

Part II

History

Objective: Obtain specific information about the patient's visual status and important background information on related medical issues.

Helps to identify and assess problems
Opportunity to become acquainted with the patient, establishing a relationship of confidence and trust.

Major components of history

Collection of demographic data
Nature and history of the presenting problem, including chief complaint
Visual and ocular history
General health history, including a social history and review of relevant systemic diseases such as diabetes, hypertension, etc
Family ocular and health histories
Medication usage, including prescription and nonprescription drugs; documentation of medication allergies
Vocational and avocational visual requirements
Names of and contact information for the patient's other health care professional.

Visual Acuity

Measured monocularly and binocularly,
With and without the patient's most recent spectacle or contact lens correction,

Procedures involved

Distance visual acuity (DVA)
Near visual acuity (NVA)
Pinhole acuity, when indicated
Visual acuity at identified vocational or avocational working distances
Color Vision
Contrast Sensitivity (if applicable)

Refraction

Measurement of the patient's most recent optical correction

Procedures involved

Objective measurement of refractive status, including cycloplegic refraction, if needed
Subjective measurement of refractive status.

Section - B Procedural guidelines.

This section provides a general guideline for the optometric examination of an adult patient. The examination components described are not intended to be all-inclusive. Professional judgment and individual patient symptoms and findings may significantly influence the nature and course of the examination.

Ocular Motility, Binocular Vision, and Accommodation

Objective:

Evaluate ocular movement in the cardinal directions

Assess the ability to coordinate vision from both eyes especially in the presence of squint or with and/or without glasses

Ocular and Systemic Health Assessment

Evaluation of the ocular anterior segment and adnexa

Measurement of the intraocular pressure (IOP)

Evaluation of the ocular media

Evaluation of the ocular posterior segment

Visual field testing

Supplemental Testing

Additional testing may be indicated to:

- Confirm or rule out differential diagnoses
- Enable more in-depth assessment
- Provide alternative means of evaluating patients who may not be fully cooperative

Section - B Procedural guidelines.

This section provides a general guideline for the optometric examination of an adult patient. The examination components described are not intended to be all-inclusive. Professional judgment and individual patient symptoms and findings may significantly influence the nature and course of the examination.

Procedures involved

- (Any/all tests mentioned)
- Stereopsis**
 - Test for Suppression**
 - Assess ocular motility**
 - Assess ocular alignment**
 - Cover test
 - Cover / Uncover
 - Prism Base cover test
 - Maddox/Thorington rod
 - Von-Graefe method

Assess Vergence

- Near Point of Convergence
- Vergence ranges and facility (if applicable)

Assess Accommodation

- Near point of Accommodation
- Accommodation range and facility
- Cycloplegic refraction

Procedures involved

- (Any/all tests mentioned)
- Pupillary evaluation
 - Slit lamp examination
 - Tonometry
 - Fundus examination
 - Visual field testing (where indicated)

Procedures involved

- (Any/all tests mentioned)
- Examples include
- Optical coherence tomography [OCT],
 - Visual Field Testing,
 - Gonioscopy,
 - Fundus Photography,
 - Keratometry, Pachymetry,
 - Glare Testing,
 - Contrast sensitivity testing,
 - Biometry
 - Dry eye assessment
 - Cranial Nerve Assessment
 - Ptosis Evaluation
 - Syringing/NLD evaluation

Part III

Developing a Management Plan

Diagnose the condition
Consider suitable treatment options
Correlate with other systemic and ocular features
Discuss the condition and available options for management

Steps involved

1. Document diagnosis (both definite and tentative)
2. Provide appropriate prescription for refractive errors (Recheck appropriateness for children and correlate adult Rx with age and working distance)
3. Consider occupational needs and relevant prescriptions
4. Confirm that relevant supplemental tests have been performed for age or health related conditions. (Eg. Glaucoma for individuals >40 years of age, Assessment for DR in diabetics, AMD diagnosis for elderly, dry eye or computer vision syndrome evaluation for computer users, etc)

Dispensing the appropriate prescription

Write out a clear prescription with all relevant information
Take measurements required for precise fitting of spectacle lenses
Confirm any measurements for contact lens prescriptions

Steps involved

Write/Print a clear and legible prescription
Make sure there is no ambiguity in prescription
Mention Refractive error
Corrected acuity, Working distance (if appropriate), type of use (Regular/reading), Lens material, Lens treatment (tint/photochromic/ARC), Miscellaneous information (protective, etc)
Measure IPD, Segment Height, Pantoscopic tilt, etc
Quality Check glasses prior to dispensing
Discuss requirements for best contact lens modality
Provide manual about spectacle/contact lens care/visual hygiene & FAQ

Miscellaneous

Discuss treatment plan and ideal period for review
Set a telephone/email/in person appointment for short followup/feedback
Refer appropriately

One step further with patient care..

Discuss the condition and management in detail
Set up the next appointment date – even for long term
Follow up patients to reassure about comfort/ensure adherence to orthoptic treatment plan/confirm outcome of referral
Refer for supplementary management
Ex.:
Ophthalmologist opinion, contact lens fitting (specialized), orthoptic evaluation and management, low vision and rehabilitation, Medical opinion/evaluation for systemic conditions

Section - C Guidelines for Developing a Treatment Plan

This section provides a general guideline for the factors to consider in the management of an adult patient. The components described are not intended to be all-inclusive. Professional judgment and individual patient symptoms and findings may significantly influence decision making and management



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