# Master of Optometry

# Master of Optometry

## Eligibility for admission:

Bachelor of Optometry or equivalent from a recognized university with minimum 5.5 CGPA/ 50% Marks

## Duration of the course

The M.Optom post graduate degree program is of two years duration.

Duration of the course: 2 years or 4 semesters.

**Total hours –2310 (including clinical and research)**

## Medium of instruction:

English shall be the medium of instruction for all the subjects of study and for examination of the course.

## Attendance:

A candidate has to secure minimum-

1. 75% attendance in theoretical
2. 80% in Skills training (practical) for qualifying to appear for the final examination.

## Assessment:

Assessments should be completed by the academic staff, based on the compilation of the student's theoretical &clinical performance throughout the training programme. To achieve this, all assessment forms and feedback should be included and evaluated.

**Credit details:**

| | |
|---|---|
| 1 hour lecture per week | 1 credit |
| 2hours of tutorials per week | 1 credit |
| 2 hours of clinics per week | 1 credit |

## Curriculum Outline

### First Semester-

| Sl. No. | Course Titles | Hours/week | | | IA* | UE** | Total marks (IA+ UE) | Total Credits |
|---|---|---|---|---|---|---|---|---|
| | | L | P/ C/ R | Total contact hours | | | | |
| **MOP101** | Epidemiology & Community eye care | 30 | | 30 | 50 | 50 | **100** | **2** |
| **MOP102** | Research Methodology & Biostatistics | 45 | | 45 | 50 | 50 | **100** | **3** |
| **MOP103** | Ocular Diseases and Diagnostics I | 75 | | 75 | 50 | 50 | **100** | **5** |
| **MOP104** | Research Project-I | | 12 | | 50 | 50 | **100** | **6** |
| **MOP105** | Clinic-1 (General ) | | 16 | | 50 | 50 | **100** | **8** |
| **TOTAL** | | **10** | **28** | **150** | **250** | **250** | **500** | **24** |
| **Total clinical+ Research hours: 420 hours**<br>**Total Hours for First semester: 420 + 150 = 570 hours** | | | | | | | | |

### Second Semester

| Sl. No. | Course Titles | Hours/week | | | IA* | UE** | Total marks (IA+ UE) | Total Credits |
|---|---|---|---|---|---|---|---|---|
| | | L | P/ C | Total contact hours | | | | |
| **MOP201** | Ocular Diseases and Diagnostics II | 45 | | 45 | 50 | 50 | **100** | **3** |
| **MOP202** | Advanced Contact lens I | 30 | | 30 | 50 | 50 | **100** | **2** |
| **MOP203** | Pediatric Optometry & Binocular vision | 45 | | 45 | 50 | 50 | **100** | **3** |
| **MOP204** | Low Vision and Geriatric optometry | 30 | | 30 | 50 | 50 | **100** | **2** |
| **MOP205** | Research Project-II | | 12 | | 50 | 50 | **100** | **6** |
| **MOP206** | Clinics-2 (General ) | | 6 | | 50 | 50 | **100** | **3** |
| **MOP207** | Clinics-1 ( S pecialty) | | 10 | | 50 | 50 | **100** | **5** |
| **TOTAL** | | | **28** | **150** | **350** | **350** | **700** | **24** |
| **Total Clinical+ Research hours: 420 hours**<br>**Total Hours for First semester: 420 + 150 = 570 hours** | | | | | | | | |

## Third Semester

| Sl. No. | Course Titles | Hours/week | | | IA* | UE** | Total marks (IA+ UE) | Total Credits |
|---|---|---|---|---|---|---|---|---|
| | | L | P/ C | Total contact hours | | | | |
| **MOP301** | Advanced contact lens II | 30 | | 30 | 50 | 50 | **100** | **2** |
| **MOP302** | Low vision care and rehabilitation | 30 | | 30 | 50 | 50 | **100** | **2** |
| **MOP303** | Vision Therapy | 30 | | 30 | 50 | 50 | **100** | **2** |
| **MOP304** | Research Project-III | | 12 | | 50 | 50 | **100** | **6** |
| **MOP305** | Clinics-3 (general) | | 6 | | 50 | 50 | **100** | **3** |
| **MOP306** | Clinics-2 (Specialty) | | 12 | | 50 | 50 | **100** | **6** |
| **TOTAL** | | | **30** | **90** | **300** | **300** | **600** | **21** |
| **Total clinical+ Research hours: 450 hours**<br>**Total Hours for First semester: 450 + 90= 540 hours** | | | | | | | | |

## Fourth Semester

| Sl. No. | Course Titles | Hours/week | | | IA* | UE** | Total marks (IA+ UE) | Total Credits |
|---|---|---|---|---|---|---|---|---|
| | | L | P/ C | Total contact hours | | | | |
| **MOP401** | Clinics-4 (General) | | 8 | | 50 | 50 | **100** | **4** |
| **MOP402** | Clinics-3 (Specialty) | | 20 | | 50 | 50 | **100** | **10** |
| **MOP403** | Research Project (Dissertation) | | 14 | | 50 | 50 | **100** | **7** |
| **TOTAL** | | | **42** | | **150** | **150** | **300** | **21** |
| **Total clinical+ Research hours: 630 hours** | | | | | | | | |

# *Third Semester*

## ADVANCED CONTACT LENSES – II

**INSTRUCTOR IN CHARGE**:M.OPTOM/PhD/FIACLE

**COURSE OBJECTIVES**: Upon completion of the course, the student should be able to understand the corneal oxygen requirements and recommend the best suitable contact lens for a particular condition. Management of ocular complications with contact lenses. Understand contact lens fitting for compromised corneas and keratoconus. The student should also be able to understand the fitting philosophy of orthokeratology and myopia control.

**COURSE COMPETENCIES:**

1. Ability to fit specialized contact lenses
   - 1.1 Keratoconus
   - 1.2 Rose'Klenses
   - 1.3 Mini scleral lenses
   - 1.4 Hybrid lenses
   - 1.5 Orthokeratology
   - 1.6 Scleral lenses: Dry eyes, SJS, Post PK, Post C3R, Post LASIK ectasia
2. Ability to fit custom made ocular prosthesis
3. Ability to fit pediatric contact lenses

**TEXT/ REFERENCE BOOKS:**

1. IACLE MODULES
2. CONTACT LENSES – STONE AND PHILIPS

**COURSE PLAN: (Total: 30 hours)**

1. Extended and Continuous wear Lenses
2. Scleral Contact lenses
3. Bifocal and Multifocal contact lenses
4. Orthokeratology
5. Keratoconus
6. Post keratoplasty contact lens fitting
7. Post refractive surgery contact lens fitting
8. Pediatric contact lens fitting
9. Cosmetic and prosthetic contact lens fitting
10. Contact lens for abnormal ocular conditions
11. Contact lens and Myopia control
12. Legal issues and contact lenses
13. Contact lens manufacturing
14. Modifications procedures

## LOW VISION CARE AND REHABILITATION

**INSTRUCTOR IN CHARGE**: M.Optom/PhD

**COURSE OBJECTIVES**: Upon completion of the course, the student should be able to understand the best suitable low vision and functional assistive device for a particular condition and rehabilitation. This course gives both in-depth theoretical knowledge and clinical exposure in low vision care. The outcomes of this course are: Thorough understanding of the causes of the low vision, its functional and psychosocial consequences. Help visually impaired individuals to utilize their residual visual skills optimally and rehabilitate.

**COURSE COMPETENCIES:**

1. Ability to diagnose and manage patients with vision impairment
2. Ability to perform specialized diagnostics for patients with low vision with multiple disabilities
3. Ability to train for eccentric viewing and steady eye techniques
4. Ability to rehabilitate patients with VI with vocational counselling and activities of daily living

**TEXT/ REFERENCE BOOKS**: The lighthouse handbook on vision impairment and Vision rehabilitation: Barbara Silverstone, Mary Ann Lang, Bruce Rosenthal, Faye.

**COURSE PLAN: (Total – 30 hours)**

1. Rehabilitation of Children and Youth with vision Impairment
2. Rehabilitation of working –age Adults with Vision Impairment
3. Rehabilitation of older Adults with Vision Impairment
4. Functional consequences of vision Impairment
5. Vision evaluation of Infants
6. Educational assessment of visual function in Infants and Children
7. Functional Evaluation of the Adult
8. Functional orientation and Mobility
9. Functional Assessment of Low Vision for Activities of Daily living
10. Psychosocial assessment of adults with vision impairment
11. Assistive Devices and Technology for Low Vision
12. Assistive Devices and Technology for Blind
13. Vision and Reading - Normal Vs Low Vision
14. Clinical Implications of color vision Deficiencies

## VISION THERAPY

**INSTRUCTOR IN CHARGE**: FCOVD/M.Optom

**COURSE OBJECTIVES:** The course is designed to help expand the student's knowledge base in all aspects of behavioural vision care. Advanced competency is expected in the following principles and procedures for each clinical condition.

**COURSE COMPETENCIES:**

Principles and Procedures – The student should be able to define and explain:

1. The unique qualities, scientific, and clinical principles of each clinical condition.
2. The epidemiological and demographic characteristics of each clinical condition.
3. The characteristic history, signs and symptoms for each clinical condition.
4. How to assess each clinical condition, including specific test protocols and their interpretation.
5. The differential diagnosis for each clinical condition.
6. The specific treatment and management of each clinical condition including:
   - 6.1 Prognostic indicators
   - 6.2 Treatment options
   - 6.3 Duration and frequency of treatment
   - 6.4 Treatment philosophy and goals
   - 6.5 Specific lens treatment and therapy procedures including rationale for treatment
   - 6.6 Ergonomics and visual hygiene
   - 6.7 Outcomes to determine successful completion of treatment
   - 6.8 Frequency of follow-up care and patient instructions
   - 6.9 Referral criteria (medical, neurological, educational, etc.)

**TEXT/ REFERENCE BOOKS:**

1. Clinical management of binocular vision Mitchell Scheiman and Bruce Wick
2. Applied concepts in vision therapy: Leonard Press

**COURSE PLAN: (Total - 30 hours)**

1. Clinical Conditions
   - 1.1 Strabismus and Amblyopia
     - 1.1.1 Amblyopia
       - Anisometropic / Isometropic Refractive Amblyopia
       - Strabismic Amblyopia
       - Hysterical Amblyopia
       - Form Deprivation Amblyopia
       - Differential diagnoses in childhood visual acuity loss
     - 1.1.2 Strabismus
       - Esotropia-
         - Infantile
         - Accommodative
         - Acquired
         - Microtropia

- Sensory
- Convergence Excess
- Divergence Insufficiency
- Non-accommodative
- Sensory Adaptations

- Exotropia
  - Divergence Excess
  - Convergence Insufficiency

  - Basic Exotropia
  - Congenital
  - Sensory
  - Vertical Deviations
  - Noncomitant Deviations (AV Syndrome; Duane's Retraction Syndrome; Brown's Syndrome; III, IV, VI nerve palsy, etc.)
  - Differential diagnoses in strabismus
- Special clinical considerations
  - Anomalous Correspondence
  - Eccentric Fixation
  - Suppression
  - Motor Ranges
  - Stereopsis
  - Horror fusionalis/intractable diplopia

1.2 Perception and Information Processing

1.2.1 Neurological / Psychological

- Ambient / focal systems.
- Visual perceptual midline
- Parvo cellular / Magno cellular function
- Perceptual Style (central, peripheral)
- Impact of colored filters
- Attention

1.2.2 Intersensory and Sensorimotor Integration

- Visual-auditory
- Visual-vestibular
- Visual-oral
- Visual-motor
- Visual-tactual

1.2.3 Performance indicators

- Laterality and directionality
- Visual requirements for academic success
- Bilaterality
- Gross and fine motor ability
- Form perception/visual analysis
- Spatial awareness
- Visualization
- Visual memory

- Visual sequential memory
- Form constancy
- Visual speed and visual span
- Visual sequencing

1.3 Refractive conditions and visual skills

1.3.1 Refractive Conditions

- Developmental influence on refraction & emmetropization
- Aniseikonia
- Myopia
- Astigmatism
- Hyperopia

1.3.2 Ocular Motor Function

- Eye movements and reading
- Pursuit dysfunctions
- Nystagmus
- Saccadic Dysfunctions

1.3.3 Accommodation

- Role in myopia development
- Role in computer-related asthenopia

1.3.4 Fusion in Non-Strabismic Conditions

- Fixation disparity
- Motor fusion
- Sensory fusion

1.4 Special clinical conditions

1.4.1 Acquired brain injury (traumatic brain injury {TBI} and stroke)
1.4.2 Developmental disabilities (Down Syndrome, Developmental delay, etc.)
1.4.3 Visually induced balance disorders
1.4.4 Motor disabilities (Cerebral Palsy, ataxia, etc.)
1.4.5 Behavioral disorders
1.4.6 Autism spectrum disorders
1.4.7 ADD / ADHD
1.4.8 Dyslexia and specific reading disabilities
1.4.9 Learning Disabilities
1.4.10 Computer Vision Syndrome

2. Vision Therapy Concepts to Consider
    2.1 Peripheral awareness:
        2.1.1 focal / ambient roles
        2.1.2 Significant findings which are good or poor prognostic indicators of vision therapy and lens application
        2.1.3 Development, rehabilitation, prevention, enhancement
        2.1.4 Behavioral lens application
        2.1.5 Yoked prism rationale for treatment and application
        2.1.6 The relationship between the visual and vestibular systems
        2.1.7 SILO/SOLI
        2.1.8 Visual stress and its impact on the visual system
        2.1.9 Role of posture in vision development, comfort and performance
        2.1.10 Disruptive therapy: Discuss this type of therapy and how it can be used as a clinical therapeutic tool.
        2.1.11 Relationship of speech-auditory to vision
        2.1.12 How television, reading, video gaming might restrict movement, computer work, nutrition, etc., impact vision?
        2.1.13 Perceptual Style, e.g., spatial/temporal, central/peripheral

## RESEARCH PROJECT:

Data Collection, Literature search , Presentation of the progress of the project to the guide.

## CLINIC: GENERAL

**OBJECTIVES:** The objective of clinics in this semester is to be able to examine the eye and understand the all eye procedures with clinical management.

An approximate of guided 240 hours needs to be completed in this semester. The students will be by rotation go to community clinics, Campus clinics, and associated hospital and optical / optometric clinics.

The logbook has to be maintained and case sheets of each subject in the semester with complete management and follow up are mandatory for submission at the end of the semester

The log book needs to be signed by the supervisor during every visit. No case record will be considered without the supervisor's signature

## CLINIC: SPECIALITY

**OBJECTIVES:** The objective of clinics in this semester is to be able to gets hand-on experience related to diagnosis, interpretation of the reports/findings and management.

An approximate of guided 240 hours needs to be completed in this semester. The students will be by rotation go to community clinics, Campus clinics, and associated hospital and optical / optometric clinics.

The focus will be on the specialized subjects studies in this semester.

The logbook has to be maintained and case sheets of each subject in the semester with complete management and follow up are mandatory for submission at the end of the semester

The log book needs to be signed by the supervisor during every visit. No case record will be considered without the supervisor's signature

# *Fourth Semester*

## RESEARCH PROJECT:

Literature search, Data analysis, Interim Analysis, Thesis write-up, Presentation of the research work in front of the experts, and manuscript write –up for journal (optional)

## LINIC: GENERAL OPTOMETRY

## OCULAR DISEASES AND DIAGNOSTICS - I

### COURSE COMPETENCIES:

1. Ability to perform clinical decision making for Ocular abnormalities
2. Ability to perform and interpret corneal diagnostics including
   - 2.1 Topography/Pentacam/Orbscan
   - 2.2 Specular microscopy
   - 2.3 Pachymetry
   - 2.4 Abberometry
   - 2.5 AS OCT UBM
3. Ability to perform pre and post Lasik evaluation
4. Ability to interpret glaucoma diagnostic reports
   - 4.1 OCT
   - 4.2 HRT
   - 4.3 GDx
   - 4.4 Gonioscopy
   - 4.5 ONH evaluation
5. Ability to perform anterior segment photography and ophthalmic imaging
6. Ability to manage and co-manage therapeutics for anterior segment

## OCULAR DISEASES AND DIAGNOSTICS - II

### COURSE COMPETENCIES:

1. Ability to perform electro diagnostic procedures and interpret electro diagnostic reports
   1.1 ERG
   1.2 EOG
   1.3 VEP
2. Ability to perform stereoscopic fundus photography
3. Ability to use Ocular photography as as tool for evidence based clinical decision making and progression analysis
4. Ability to perform posterior segment photography
5. Ability to manage and co-manage diseases and disorders of posterior segment

## LOW VISION CARE

### COURSE COMPETENCIES:

1. Ability to diagnose and manage patients with vision impairment
2. Ability to perform specialized diagnostics
   2.1 Rudimentary vision
   2.2 Berkeley visual field test
   2.3 Hand disc perimetry
3. Ability to train for eccentric viewing and steady eye techniques
4. Ability to rehabilitate patients with VI with vocational counselling and activities of daily living

## PEDIATRIC OPTOMETRY AND BINOCULAR VISION:

### COURSE COMPETENCIES:

1. Ability to diagnose and manage and co-manage binocular vision anomalies
2. Ability to co-manage visual perceptual anomalies
3. Ability to manage diplopia, suppression and ARC
4. Ability to manage amblyopia

## ADVANCED CONTACT LENSES – I

### COURSE COMPETENCIES:

1. Ability to understand corneal physiology and oxygen needs
2. Ability to diagnose and manage complications due to contact lenses
3. Ability to fit specialized contact lenses
   3.1 Keratoconus
   3.2 Rose'Klenses

Mini scleral lenses

### 3.3 ADVANCED CONTACT

## LENSES – IICOURSE

## COMPETENCIES:

1. Ability to fit specialized contact lenses
   - 1.1 Keratoconus
   - 1.2 Rose'Klenses
   - 1.3 Mini scleral lenses
   - 1.4 Hybrid lenses
   - 1.5 Orthokeratology
   - 1.6 Scleral lenses: Dry eyes, SJS, Post PK, Post C3R, Post LASIK ectasia
2. Ability to fit custom made ocular prosthesis
3. Ability to fit pediatric contact lenses

## VISION THERAPY

## COURSE COMPETENCIES:

1. Principles and Procedures – The student should be able to define and explain:
   - 1.1 The unique qualities, scientific, and clinical principles of each clinical condition.
   - 1.2 The epidemiological and demographic characteristics of each clinical condition.
   - 1.3 The characteristic history, signs and symptoms for each clinical condition.
   - 1.4 How to assess each clinical condition, including specific test protocols and their interpretation.
   - 1.5 The differential diagnosis for each clinical condition.
   - 1.6 The specific treatment and management of each clinical condition including:
     - 1.6.1 Prognostic indicators
     - 1.6.2 Treatment options
     - 1.6.3 Duration and frequency of treatment
     - 1.6.4 Treatment philosophy and goals
     - 1.6.5 Specific lens treatment and therapy procedures including rationale for treatment
     - 1.6.6 Ergonomics and visual hygiene
     - 1.6.7 Outcomes to determine successful completion of treatment
     - 1.6.8 Frequency of follow-up care and patient instructions
     - 1.6.9 Referral criteria (medical, neurological, educational, etc.)

## Skills based outcomes and monitorable indicators for Optometrist

1. PATIENT HISTORY
   - 1.1 Communicates with the patient
     - 1.1.1 Modes and methods of communication are employed which take into account the physical, emotional, intellectual and cultural background of the patient.
     - 1.1.2 A structured, efficient, rational and comfortable exchange of information between the optometrist and the patient takes place.
   - 1.2 Makes general observations of patient
   - 1.3 Obtains the case history
   - 1.4 Obtains and interprets patient information from other professionals
2. PATIENT EXAMINATION
   - 2.1 Formulates
     - 2.1.1 An examination plan based on the patient history is designed to obtain the information necessary for diagnosis and management.
     - 2.1.2 Tests and procedures appropriate to the patient's condition and abilities are selected.
   - 2.2 Implements examination plan
     - 2.2.1 Tests and procedures which will efficiently provide the information required for diagnosis are performed.
     - 2.2.2 The examination plan and procedures are progressively modified on the basis of findings.
   - 2.3 Assesses the ocular adnexae and the eye
     - 2.3.1 The structure and health of the ocular adnexae and their ability to function are assessed.
     - 2.3.2 The structure and health of the anterior segment and its ability to function are assessed.
     - 2.3.3 The structure and health of the ocular media and their ability to function are assessed.
     - 2.3.4 The structure and health of the posterior segment and its ability to function are assessed.
     - 2.3.5 The nature of the disease state is determined.
     - 2.3.6 Microbiological tests are selected and ordered
   - 2.4 Assesses central and peripheral sensory visual function and the integrity of the visual pathways
     - 2.4.1 Vision and visual acuity are measured.
     - 2.4.2 Visual fields are measured.
     - 2.4.3 Colour vision is assessed.
     - 2.4.4 Pupil function is assessed.
   - 2.5 Assesses refractive status
   - 2.6 Assesses oculomotor and binocular function.
     - 2.6.1 Eye alignment and the state of fixation are assessed.
     - 2.6.2 The quality and range of the patient's eye movements are determined.
     - 2.6.3 The status of sensory fusion is determined.
     - 2.6.4 The adaptability of the vergence system is determined.
     - 2.6.5 Placement and adaptability of accommodation are assessed.
   - 2.7 Assesses visual information processing

2.7.1 Visual perceptual abilities are assessed.

2.7.2 Visual-motor integration is assessed.

2.8 Assesses the significance of signs and symptoms found incidental to the ocular examination in relation to the patient's eye and/or general health.

2.8.1 Pertinent non-ocular signs and symptoms found incidentally during the ocular examination are identified and considered.

2.8.2 Ensures that significant non-ocular signs and symptoms are investigated.

3. DIAGNOSIS

3.1 Interprets and analyses findings to establish a diagnosis or diagnoses.

3.1.1 Accuracy and validity of test results and information from the case history and other sources are critically appraised.

3.1.2 Test results and other information are analysed, interpreted and integrated to establish the diagnosis or diagnoses.

4. PATIENT MANAGEMENT

4.1 Designs a management plan for each patient and implements the plan agreed to with the patient.

4.1.1 The diagnosis is presented and explained to the patient.

4.1.2 Consideration is given to the relative importance or urgency of the presenting problems and examination findings.

4.1.3 Management options to address the patient’s needs are explained.

4.1.4 A course of management is chosen with the patient, following counselling and explanation of the likely course of the condition, case management and prognosis.

4.1.5 The informed consent of the patient is obtained for the initiation and continuation of treatment.

4.1.6 Patients requiring ongoing care and review are recalled as their clinical condition indicates, and management is modified as indicated.

4.2 Prescribes spectacles

4.2.1 The suitability of spectacles as a form of correction for the patient is assessed.

4.2.2 The patient's refraction, visual requirements and other findings are applied to determine the spectacle prescription.

4.3 Prescribes contact lenses

4.3.1 The suitability of contact lenses as a form of correction for the patient is assessed.

4.3.2 The patient's refraction, visual requirements and other findings are applied to determine the contact lens prescription.

4.3.3 Therapeutic and cosmetic contact lenses are recommended and prescribed.

4.3.4 Contact lenses are correctly ordered and on receipt, parameters are verified before the lenses are supplied to the patient.

4.3.5 Contact lenses are checked on the eye for physical fitting and visual performance.

4.3.6 The patient is instructed in matters relating to ocular health and vision in contact lens wear, contact lens care and maintenance.

4.3.7 Contact lens performance, ocular health and patient adherence to wearing and maintenance regimen is monitored.

4.4 Prescribes low vision devices.

4.4.1 A range of low vision devices is demonstrated.

4.4.2 Low vision devices suited to the patient's visual requirements and functional needs are prescribed.

4.4.3 The patient is instructed in the use of the low vision device.

4.4.4 The success of the low vision device is evaluated and monitored and additional or alternative devices are prescribed.

4.4.5 The patient is informed of and, if necessary, referred to other rehabilitative services.

4.5 Prescribes pharmacological treatment regimens

4.5.1 Selects appropriate pharmacological agents for the treatment of the patient's condition.

- Microbiological factors are considered in the choice of therapeutic agent(s)
- Pharmacological factors are considered in the choice of therapeutic agent(s)
- Systemic factors are considered in the choice of therapeutic agent(s)
- Ocular factors are considered in the choice of therapeutic agent(s)
- Available delivery systems are considered in the choice of therapeutic agent(s)
- Drug substitution factors are considered in the choice of therapeutic agent(s)

4.5.2 Prescribes therapeutic drugs.

4.5.3 Monitors and modifies treatment regimen.

4.5.4 Instructs/counsels patient on the correct use of the prescribed drugs.

4.5.5 Patients are instructed about precautionary procedures and non-therapeutic management.

4.6 Dispenses optical prescriptions accurately.

4.6.1 The prescription is interpreted and responsibility for dispensing is accepted.

4.6.2 The patient is assisted in selecting an appliance.

4.6.3 Lenses are ordered and fitted to spectacle frames in accordance with accepted standards.

4.6.4 The appliance is verified against the prescription prior to delivery.

4.6.5 The appliance is adjusted and delivered and the patient is instructed in the proper use and maintenance of the appliance and of any adaptation effects which may be expected.

4.7 Manages patients requiring vision therapy.

4.7.1 Treats patients diagnosed with accommodative, vergence, strabismic and amblyopic conditions.

4.7.2 The patient is instructed in the use and maintenance of vision training equipment.

4.7.3 Goals of the vision therapy program and criteria for discharge are set.

4.7.4 Progress of the vision therapy program is monitored.

4.8 Treats ocular disease and injury.

4.8.1 Non-pharmacological treatment or intervention procedures are performed.

4.8.2 Pharmacological and/or other regimens are instituted and therapeutic devices are introduced to treat eye conditions.

4.8.3 The patient is instructed in the use, administration, storage and disposal of pharmaceutical agents.

4.8.4 The effect of treatment is monitored and changes in management are recommended.

4.9 Refers the patient.

4.9.1 The need for referral to other professionals for assessment and/or treatment is recognised and discussed with the patient.

4.9.2 A suitable professional is recommended to the patient.

4.9.3 Timely referral, with supporting documentation, is made to other professionals.

4.9.4 Patients can be jointly managed with other health care practitioners.

4.10 Co-operates with ophthalmologist in the provision of pre- and post-operative management of patients.

4.10.1 Provides pre-operative assessment and advice.

4.10.2 Provides post-surgical follow-up assessment and monitoring of signs according to the surgeon's requirements and the procedure undertaken.

4.10.3 Provides emergency management for observed post-surgical complication.

4.10.4 Arranges appropriate referral for further post-operative treatment or assessment of complications.

4.11 Provides advice on vision in the workplace.

4.11.1 Visual screenings for occupational or other purposes are provided.

4.11.2 Advice is provided on eye protection, visual standards and visual ergonomics in the workplace.

4.11.3 Individuals are counselled on the suitability of their vision for certain occupations.

4.11.4 Certification of an individual's visual suitability for designated occupations or tasks is provided.

5. RECORDING OF CLINICAL DATA

5.1 Ensures that data is organised in a legible, secure, accessible, permanent and unambiguous manner.

5.1.1 All relevant information pertaining to the patient is recorded in a format which is understandable and useable by the optometrist and his/her colleagues.

5.1.2 Patient records are kept in a readily retrievable format and are physically secure.

5.2 Maintains confidentiality of patient records.

5.2.1 Understands the need to ensure that access to records is limited to authorised personnel.

5.2.2 Information from patient records and/or obtained from patients is released only with the consent of the patient.