

Recorded Lectures - Multiple Choice Answers

Aiding Vision – Making the Most of Optical Aids

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Six of the following questions were presented online following a recorded lecture video to entrants to comply with the General Optical Council's best practice specification for this type of CET.

Q1. Which of the following statements best define Low Vision?

- a) 'Low Vision' is defined as visual acuity of less than 6/18 but equal to or better than 3/60
- b) 'Low Vision' is defined as a visual acuity of less than 6/18 in both eyes
- c) 'Low Vision' is defined as a visual acuity of less than 3/60 but equal to or better than 6/18
- d) 'Low Vision' is defined as a visual acuity of less than 3/60

a is the correct answer. The World Health Organisation defined low vision in their Vision 2020 Report as: *'low vision' is defined as visual acuity of less than 6/18 but equal to or better than 3/60, or a corresponding visual field loss to less than 20°, in the better eye with the best possible correction. 'Blindness' is defined as visual acuity of less than 3/60, or a corresponding visual field loss to less than 10°, in the better eye with the best possible correction.*

https://www.who.int/blindness/Vision2020_report.pdf

Q2. Which categories of patients that we see in practice might be affected by Low Vision?

- a) Patient's over 70 years of age
- b) Children with pre-existing health conditions
- c) Patient's with low incomes
- d) All patient categories have the potential to be affected by Low Vision.

d is the correct answer. The RNIB state that *"sight loss can affect you whatever your age or circumstances"*. There are, however, some groups of people are at greater risk of losing their sight.

<https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf>

Q3. The main causes of sight loss in the UK are:

- a) Diabetic eye disease (DED) and Age-related Macular degeneration (ARMD)
- b) Cataract, ARMD, DED and Glaucoma
- c) Uncorrected refractive error, Cataract, ARMD, DED and Glaucoma
- d) ARMD and Glaucoma

c is the correct answer. RNIB states that the largest cause of sight loss is uncorrected refractive error (39%), followed by ARMD (23%), Cataract (19%), Glaucoma (7%) & Diabetic eye disease (5%).

<https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf>

Q4. Low Vision practitioners when assessing Visual Acuity use which type of test chart?

- a) Snellen Chart
- b) LogMAR Chart
- c) Pelli Robson Chart
- d) Tumbling E Chart

b is the correct answer. The LogMar chart helps ensure consistency and accuracy in testing with its 5 letters on each line and a greater number of larger type letters which help increase positivity for the person being tested.

<https://www.rcophth.ac.uk/wp-content/uploads/2015/11/LogMAR-vs-Snellen.pdf>

Q5. Who in practice can dispense Low Vision Aids and give advice to patients with a Certificate of Visual Impairment (CVI)?

- a. Any suitably trained member of staff
- b. Only the optometrist
- c. Any GOC registered optometrist or optician
- d. Only a Low Vision optician

c is the correct answer. A GOC registered optometrist or dispensing optician must either dispense themselves or directly supervise someone else (pre-reg or Optical assistant) as patients with a CVI are a restricted category. <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/assessing-and-managing-patients-with-low-vision/#open:125>

Q6. In practice we are called upon to dispense handheld magnifiers to patients with low vision. If a patient can see N24 with both eyes but would like to see text of N8, such as their bank statement, what magnification would be required?

- a) 2 x
- b) 6x
- c) 4x
- d) 3x

d is the correct answer. The calculation to determine what magnification a patient will need is their achieved acuity divided by the desired acuity: in this case $N24 \div N8 = 3x$ magnification. <http://assets.markallengroup.com/article-images/image-library/147/uploads/importedimages/cet-low-vision.pdf>

Q7. Most magnifiers have a figure of how many times magnification they are marked on them: e.g. 2X or 5X. Sometimes a patient may report that their 4x magnifier might not seem as good than their 3x magnifier. Why might this be?

- a) The magnifier has been wrongly labelled
- b) The magnifier is being used incorrectly
- c) It depends on how the magnification is worked out
- d) The magnifier is scratched and worn out

c is the correct answer. Manufacturers of magnifiers may use nominal magnification or trade magnification calculations on their products. Nominal magnification is $F/4$ whereas trade magnification is $F/4+1$. A better way to assess the 'strength' of a magnifier is by its dioptric power.

<http://assets.markallengroup.com/article-images/image-library/147/uploads/importedimages/opt-24-30cetpt5.pdf>

Q8. Higher powered magnifiers tend to have smaller diameters and many patients request a large diameter 'strong' magnifier to help with their near vision tasks. Which of the following is correct?

- a) Higher powered lenses tend to be smaller due to the constraints of manufacturing & weight
- b) A large diameter lens makes things brighter
- c) A large diameter lens is easier to hold
- d) Bigger is always better for patients with low vision

a is the correct answer. The more powerful a lens is the greater the centre thickness, aberrations and in a magnifier a stronger lens also gives rise to a smaller field of view, so it is not possible to give a large, strong magnifier.

<http://assets.markallengroup.com/article-images/image-library/147/uploads/importedimages/opt-24-30cetpt5.pdf>

Q9. In the lecture we were introduced to the '3 B's concept'. The 3 B's stand for:

- a) Big, bigger, biggest
- b) Bold, bolder, boldest
- c) Bigger, bolder, brighter
- d) Bright, brighter, brightest

c is the correct answer. Making objects bigger, bolder and brighter is a quite simple way of helping low vision patients see things clearer.

<https://www.abdo.org.uk/eyecarefaq/low-vision/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404440/>