

# Neuro-ophthalmological examination

The “essential” neuro-ophthalmological [examination](#) includes testing of [visual acuity](#), [visual fields](#), color vision, stereopsis, the external appearance of the eyes and lids, the pupils, ophthalmoscopic examination of the optic disc and retina, and testing of [eye movements](#).

## a) optic nerve function

- if conscious: serial quantitation of vision in each eye is important.

A Rosenbaum near-vision card is ideal, otherwise use any printed material. If patient cannot see this, check if they can count fingers. Failing this, check for hand motion vision and lastly light perception. Children may develop transient cortical blindness lasting 1–2 days, usually after a blow to the back of the head

- if unconscious: check for a efferent pupillary defect, best demonstrated with swinging flashlight test. Indicates possible [optic nerve injury](#).

- fundusoscopic exam: check for papilledema, pre-retinal hemorrhages, retinal detachment, or retinal abnormalities suggestive of anterior optic nerve injury. If a detailed exam is required, pharmacologic dilatation with mydriatics (p.563) may be employed, however, this precludes pupillary exam for a variable period of time, and should be undertaken advisedly

## b) pupil: size in ambient light; reaction to light (direct & consensual)

## c) VII: check for peripheral VII palsy (facial asymmetry of unilateral upper and lower facial muscles)

## [Abducens nerve examination:](#)

## d) VI: [abducens nerve palsy](#) following trauma may occur as a result of ↑ ICP or with clival fractures

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Last update: **2024/06/07 02:52**

