EYE EXAM 101

Exam. Just the word can bubble up fear and past test-taking failures. But, take it from us – eye exams aren't about making patients feel like failures. The different tests are all there for a reason – and your only failure would be in avoiding the exam to begin with.

Nice to meet you. If you're a new patient, you'll probably fill out an eye and medical history form, including any symptoms you're having. The doctor will review it and talk with you more about any risks for vision problems, eye disease or concerns with other medical conditions. Here's a rundown of what to expect.



An oldie but a goodie –
the Snellen Chart. Named for the eye doctor who invented it, the Snellen Chart is the classic icon of eyecare. With its letter-filled rows ranging in size from chunky to

seemingly microscopic, this chart has graced many a medical office's hallway. It's a simple test to assess your visual sharpness. The doctor will watch to see the smallest row you can make out.



One or two? This is the test known as refraction.

Your doctor uses a tool called a retinoscope or a computerized vision-testing instrument. He or she will shine light into your eyes and

get a read on your vision and estimate your prescription strength. After that comes the classic fine-tuning process, where your doctor uses a series of slightly different lenses in front of your eyes to check which subtle differences make you see better.



First the left, then the right.
Your eyes are a team. To see how well they work together, the doctor needs to see how each one performs on its own. You'll most likely use a little paddle known as

an occluder (it's like the eye doctor's stethoscope) to block vision in one eye first, and then the other.



Color time. Color vision is a basic building block of seeing well. But, millions of Americans – mostly men – have a color vision deficiency. It's mostly around not being able to see green

or red. In this test, you'll look at special cards with colored dots that make up numbers. If you see the numbers, your color vision is fine. If there's a problem, you may have a hard time seeing the number, or it might be completely invisible.



The puff test. This is the most common test for glaucoma and measures the fluid pressure inside your eyes. It just takes a split-second puff of air in each eye.



A closer look. Your doctor may dilate your eyes with drops that make your pupils bigger. This allows your doctor to take a closer look in your eyes and look for eye and health conditions.



Zoom in. A slit lamp, or biomicroscope, lets the doctor get a magnified view of the front and inside of your eyes. It helps your doctor check off a number of conditions, like cataracts,

macular degeneration and diabetic retinopathy.

source: VSP vision care



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眼睛檢查 101

由於不了解,許多人對各種檢查會產生不必要的恐懼或不安。 其實對眼睛檢查不需要有顧慮,不同的眼科檢查都有它的原因,不應迴避。 這裡向您簡單介紹一下眼睛檢查的一般程序:

如果您是一位新病人,您可能先要填寫一份醫療 及眼睛病歷表,包括您有的任何相關症狀。醫生 復閱後,會就您的視力問題,眼部疾病或其他醫 療情况與您討論相關的健康風險。



1. Snellen 視力表 - 以其發明的 眼科醫生的名字命名,是眼睛保健的經典圖標。此圖憑藉其大小不等(從矮矮胖胖到看似微細)的字體,為醫療辦公室的走廊增色

不少。Snellen 視力表是對視力淸晰度的一個簡單 測試。醫生會測試您最小能看見哪一行字體。



2. 驗光測試-檢查中醫生使用 的工具稱為檢影鏡或電腦 視力檢測儀器。醫生通過檢視儀器 將光綫射入您的眼睛,然後對您的 視力及眼鏡(或隱形眼鏡)的度數

作出專業評估。接下來是傳統詳盡的微調過程, 醫生會在您的眼前設置一系列略為不同的透鏡, 觀察哪些細微的差別讓您看得更清楚。



3. 先左後右-您的雙眼就如同 . 一個團隊。要看他們能否相互配合工作,醫生需要觀察每 一隻眼睛如何獨自工作。醫生很可能先用一個小獎狀的光綫阻擋器

(遮光板,它就像眼科醫生的聽診器)阻擋其中一隻眼睛的視力,然後對另一隻眼睛進行檢查。



4 色覺測試-色覺是擁有良好 視力的一個基本組成部份。 但是,數以百萬計的美國人-大部份為男性-患有色覺缺失, 主要是不能夠辨別綠色或紅色。

在這個測試中,您需要觀看一些由色點組合成數字的特殊卡片。如果您能看到這些的數字, 代表您的色覺正常。如果您的色覺有問題, 您可能很難看到,或根本看不到這些數字。





6. 醫生會把眼藥水滴入您的眼睛,讓瞳孔放大。這樣醫生可以仔細觀察您的眼睛的健康狀況。



7. 放大-醫生使用裂隙燈 (或稱生物顯微鏡)可以看到您的眼睛前部和內部的放大圖像, 並可檢查出一些基本的眼部問題, 如白內障,黃斑變性,糖尿病性 視網膜病變。

source: VSP vision care



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