

My Top 20 Neuro Rules

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2 hours

Course Description

Often the “neuro” or “diplopia” patient is the most dreaded case to see on a day’s schedule.

These cases don’t have to be scary or mystifying. Using My Top 20 Neuro rules, most of these cases can be examined, evaluated, and managed by the average optometrist practicing contemporary optometry.

Course Objectives

- Learn the basic elements of a typical neuro-ophthalmic exam
- Know the basics that should be performed for patients complaining of blurred vision
- Know the diagnostic criteria for optic neuritis and anterior ischemic optic neuropathy including testing to diagnosis Giant Cell Arteritis
- Understand that amblyopia is a specific diagnosis. Determine what to do in cases of bilateral optic nerve edema
- Understand diagnostic criteria of cranial nerve II, IV, and VI palsies and what to do when these are or are not met

I. Neuro-Ophthalmic Exam Basics

- Key elements of exam
 - case history
 - visual acuity
 - refraction
 - confrontation fields
 - motility
 - sensorimotor
 - pupils
 - color vision
 - dilated fundus exam
 - automated perimetry

II. Case-Based Rules (Top 20)

- Rule 1 – Beware the silent neuro patient
- Rule 2 – Be a Sight SaVeR
 - BCVA
 - Fields

- RAPD
- DFE
- Rule 3 – Looking is never enough
- Rule 4 – Unless you match the lore, then you must do more
 - optic neuritis vs AION
- Rule 5 – If chronic and not glaucoma, must find out
- Rule 6 – Amblyopia ≠ Lazy Eye
- Rule 7 – Does the pathology match the vision?
- Rule 8 – Compression defies the laws of visual fields
- Rule 9 – Functional loss can be tricky
- Rule 10 – Swelling = Imaging
 - MRI first, not LP
- Rule 11 – Imaging isn't enough
 - IIH needs LP too
- Rule 12 – Acquired strabismus, do a double take
- Rule 13 – Double vision worth the double check
- Rule 14 – Down and out, send it out
 - Third Nerve Palsy
- Rule 15 – A fourth, a fourth, a fourth
 - Fourth Nerve Palsy
- Rule 16 – Don't look away
 - Sixth Nerve Palsy
- Rule 17 – GCA = GTA of Sight
 - don't miss Giant Cell Arteritis
- Rule 18 – Always order the right test (MRI, MRI, MRI)
- Rule 19 – Know your emergencies
 - life-threatening scenarios
 - sight-threatening scenarios
- Rule 20 – Avoid the Big 3
 - Blindness
 - Disability
 - Death

III. Emergencies and Referrals

- Life-threatening cases
 - Aneurysm
 - Tumor
 - pituitary apoplexy
 - severe MG
- Sight-threatening cases
 - GCA
 - acute glaucoma
 - endophthalmitis

- penetrating injury
- Referral guidelines
 - urgent vs routine

IV. Summary and Wrap-Up

- Summary of 20 rules
- Three common mistakes
 - not suspecting neuro cause
 - not examining thoroughly
 - not referring urgently

V. Closing discussion and Q&A