TIP SHEET # 6

Commonly Used Ophthalmic Abbreviations Found on Eye Reports

When you get an eye report for a student, are you sometimes confounded by all the abbreviations? This tip sheet has been designed as a quick reference sheet for all those abbreviations, and hopefully will make it easier for you to read and understand eye reports that are a part of your students' records.

Medical History

FHx: family history HA: headache Hx: history

NKA: no known allergies PMH: past medical history

PH: past history

POH: past ocular history

Sx: surgery

Vision Testing

Prism: a lens that displaces the image- used to treat muscular imbalance. The position of the base determines where and how an image will be moved.

BO: base-out prism
BU: base-up prism
BI: base-in prism
BD: base-down prism

cc: with correction HM: hand motion

HOTV: a particular vision test used in testing

preschool children

Ish: Ishihara - test for red-green color deficiencies *J1*, *J2*, *J3* etc. : recording from the Jaeger test

for near vision *LP*: light perception

M: manifest- indicates potential visual acuity with

best prescriptive lenses

N: near vision

NLP: no light perception

NP: near point

npa: near point accommodation *npc*: near point convergence

OD: right eye

OS: left eye
OU: both eves

PC: present correction

R: refraction- done to determine what prescription for glasses would be best

sc: without correctionVA or V: visual acuity, visionW: present glasses prescription

Diagnosis and Treatments

APD: afferent pupillary defect

Cat: cataracts

Cat. ext: cataract extraction CME: cystoid macular edema

COAG: chronic open angle glaucoma

DM: diabetes mellitus DBR: diabetic retinopathy

Dx: diagnosis

FTP: full time patching FTG: full time glasses

F/u: follow-up gl: glaucoma

LTG: low tension glaucoma
OAG: open angle glaucoma
PSC: post sub-capsular cataract
PVD: posterior vitreous detachment

RD: retinal detachment

R/o: rule out

RP: Retinitis Pigmentosia ROP: Retinitis of prematurity

RTO: return to office RTC: return to clinic

R&R: recess and resect- muscle surgery

Medications

b.i.d.: twice a day

gtts: drops
q.d: once a day
q.h: every hour
q.h.s: at bedtime

q.i.d.: four time per dayq.o.d.: every other dayq 3 h: every three hourst.i.d.: three times per day

Muscles

EOM: extraocular muscle

Each of the following abbreviations may be preceded by an R or L depending on which eye is being referred to. Example: LIR = left inferior rectus muscle

IR- inferior rectusIO: inferior obliqueLR: lateral rectusMR: medial rectusSO: superior oblique

SR: superior rectus

Esotropia- inward turn of eyes

Each of the following abbreviations may be preceded by an R or L depending on which eye is being referred to. Example: RET1 - right esotropia at near

ET: esotropia

ET1: esotropia at near

E(T)- intermittent esotropia in distance E(T)1: intermittent esotropia at near

Hypotropia- a misalignment of the eyes (strabismus), where the visual axis of one eye is lower than the fellow fixating eye.

Each of the following abbreviations may be preceded by an R or L depending on which eye is being referred to. Example: RHT1 - right hypotropia at near

hT- hypotropia in distance

h(T)- intermittent hypotropia in distance

hT1- hypotropia at near

h(T)1- intermittent hypotropia at near

Hypertropia- a misalignment of the eyes (strabismus), where the visual axis of one eye is higher than the fellow fixating eye.

Each of the following abbreviations may be preceded by an R or L depending on which eye is being referred to. Example: RHT1 - right hypertropia at near

HT- hypertropia in distance HT1- hypertropia at near

H(T)- intermittent hypertropia in distance H(T)1: intermittent hypertropia at near

Esophoria- an inward deviation of the eyes

E: esophoria

E': esophoria at near

Exotropia- outward turn of the eyes

XT: exotropia

X(T): intermittent exotropia

XT1: exotropia at near

X(T)1: intermittent exotropia at near

Exophoria- outward deviation of the eyes

X: exophoria

X1: exophoria at near

∴ Prism diopter power

References:

<u>Dictionary of Eye Terminology</u> 3rd ed. By Barbara Cassin and Sheila A. B. Solomon, Melvin L. Rubin, MD, Editor

$For \ more \ information, contact$



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