

THE COMMUNIQUE
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COMMON ERRORS IN CAECANOMETER CHARTING

In order to obtain accurate, reliable, repeatable Caecanometer plotting on a patient, a basic set of rules should be followed. It has been noted that the same incorrect procedures fall into a specific group.

1. The patient is not comfortably and accurately aligned in the instrument.

Fixation becomes more difficult to the patient and a constriction in the peripheral field can be falsely charted due to the edges of the lens holders. The patient should be leaning very slightly forward into the instrument.

2. Failing to realign the patient for each eye separately.

The optical center separation of the Caecanometer is 65 mm. The average patient pupillary distance is also approximately 65mm. In order for the patient to be accurately center on the fixation light, however, in many instances it is necessary for the patient to move his head slightly when the second eye is to be charted since into all patients have the average pupillary distance measurement.

3. Failing to make the patient aware and conscious of what is expected of them.

The patient should be told about the test, the importance of same, the necessity of their concentrating during the charting. The examiner should always run a trial excursion on each eye before actually beginning the test in order to give the patient an opportunity to become familiar with the procedure.

4. The test object is placed too far out from the edge of the expected blind spot.

If the excursion of the test object begins too far from the edge of the blind spot. the patient fatigues or loses awareness before the test object disappears. One-half or ten or twelve millimeters is sufficient distance away from where the test object is expected to disappear.

5. Moving the test object too rapidly or slowly.

This is a difficult problem to answer easily. It is understandable that if the examiner moves the test object too rapidly, they will chart a false constriction. If moved too slowly, the patient is inclined to want to lose fixation and glance toward the test object.

6. Prejudgment on the part of the examiner where the test object should disappear.

It has been noted that many examiners when running a charting slowdown or even stop the test object completely in the area where they expect the test object to disappear. This is particularly true after the first four points have been marked and the examiner is filling in the additional points.

7. Running the same quadrant again when the patient has failed to respond.

If the patient fails to answer at the time the test object disappears and asks the examiner to run it again, it is better to go 180 degrees away from that quadrant and then return to rechart at a later excursion.

8. Examiner leaving their hand on the edge of the charting table.

When the examiner holds the pencil used for marking the chart in his hand and rests it on the edge of the charting table while an excursion is being run with the test object, it is a definite distraction to the patient. Therefore, this should be carefully avoided.

9. Tone of voice and wordage.

By repeating in the same tone of voice and by using the same wording each time an excursion is run, the patient response is inclined to be dulled. It is far better to say one time, "tell me as soon as the test object disappears" and another time to say "when the test object goes out of sight, say 'now'".

10. Marking the chart.

This is perhaps the greatest area of error on the part of examiners. They are inclined to make heavy, dark markings which are a source of distraction to the patient. Quite often, the patient will mistake a heavy mark for the test object. Use a very sharp pencil and simply touch it to the chart lightly. It will mark it sufficiently so that when the chart is removed from the instrument it can be seen easily by the examiner. Marking should always be done directly beneath where the test object disappears or on the trailing edge of the test object.

It is not difficult to run Caecanometer chartings when the above listed mistakes are avoided a patient response is more rapid and accuracy is considerably greater. Happy charting!