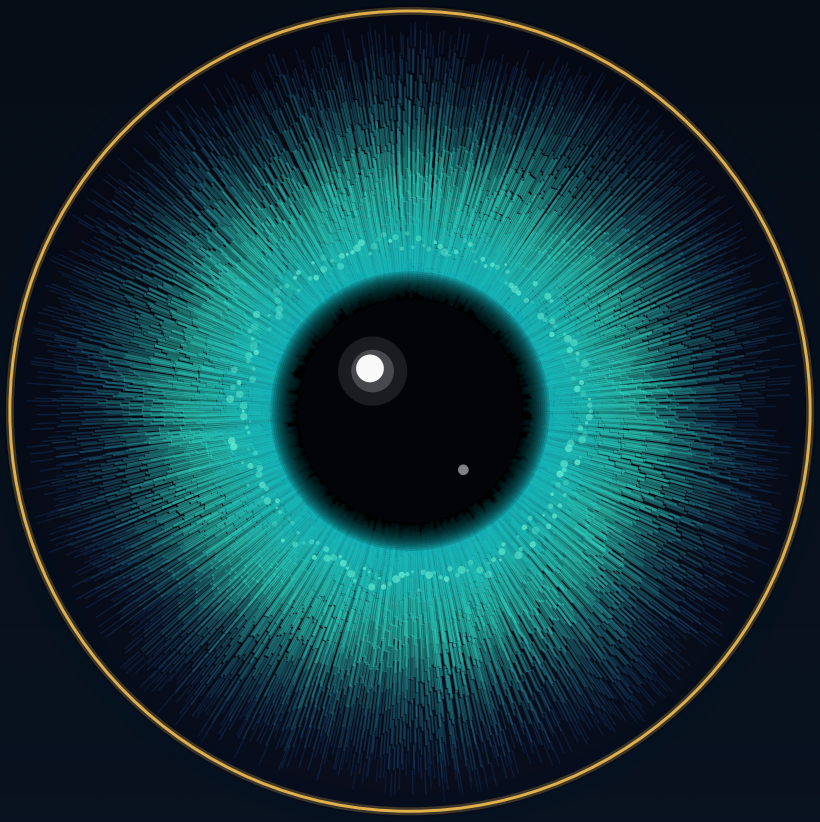


EYES ON

CLINICAL EXAMINATION STATION SHEETS

for the ophthalmology OSCE and FRCS Part 3

Fifty-one stations. One page each. How to do it, what to say, what to avoid, what not to miss, and the examiner's next question.

Mahmoud Metwaly

Ophthalmologist

Ten parts · 51 stations

STATION 06

EYES ON · PART 1

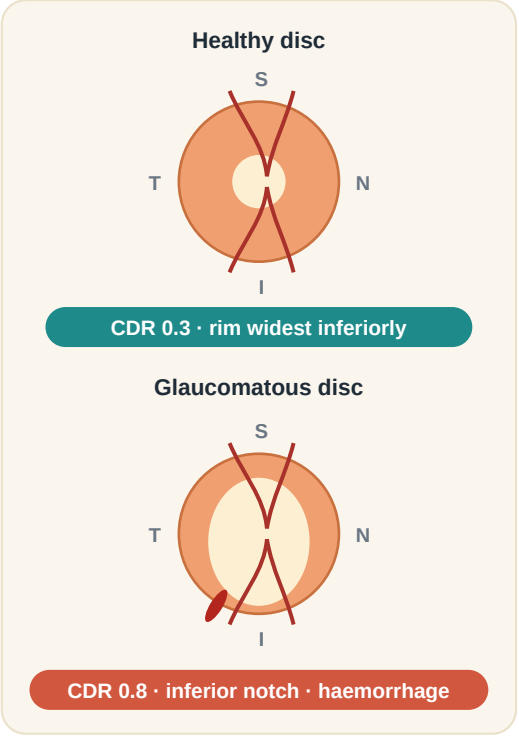
The Optic Disc in Glaucoma

Disc size · neuroretinal rim · cup-disc ratio · signs of damage

The examiner wants: a structured description of the disc, and a link between the disc, the pressure and the field.

HOW TO DO IT

1. Use the slit lamp with a 78 D or 90 D lens. The image is inverted and laterally reversed.
2. Measure vertical disc size with the beam height, and apply the lens correction factor.
3. Rim: check it against the ISNT rule and look for a notch. Judge the cup by contour, not colour.
4. Give the vertical cup-disc ratio for each eye. A difference over 0.2 is significant.
5. Look for disc haemorrhage, peripapillary atrophy and nerve fibre layer defects.
6. Present, then correlate with pressure, gonioscopy, corneal thickness and fields.



SAY IT ALOUD

- *"Vertical cup-disc ratio is 0.8 with an inferotemporal notch."*
- *"I would expect a matching superior arcuate field defect."*

PITFALLS

- Judging the cup by pallor instead of vessel bending.
- Ignoring disc size: large discs have large cups.
- Not comparing the two eyes.

RED FLAGS

- Pallor greater than cupping: not glaucoma until imaged.
- Disc haemorrhage: a marker of progression.
- Field defect respecting the vertical midline: think chiasm or beyond.

30-SECOND CHECKLIST

- ☐ Disc size measured
- ☐ Vertical ratio, both eyes
- ☐ Rim checked against ISNT
- ☐ Haemorrhage, atrophy, fibre layer

THE EXAMINER ASKS NEXT

"What makes you suspect that cupping is not glaucomatous?"

Rim pallor out of proportion to cupping, age under 50, reduced acuity or colour vision, an RAPD out of proportion, field loss respecting the vertical midline, or fast progression at normal pressures. These need neuroimaging.

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STATION 13

EYES ON · PART 3

Ptosis Examination

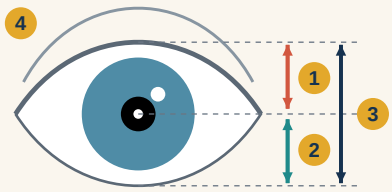
Lid measurements · levator function · fatigue · pupils

The examiner wants: accurate measurements, the cause classified, and the features that change management.

HOW TO DO IT

1. Observe at eye level: chin lift, raised brows, skin crease, pupils and eye position.
2. Measure the aperture, the margin-reflex distance and the height of the skin crease.
3. Levator function: block the brow with your thumb, then measure lid travel from downgaze to upgaze.
4. Fatigue: sustained upgaze for a minute, then look for Cogan lid twitch.
5. Pupils and eye movements. Then Bell phenomenon, corneal sensation and jaw-winking.
6. Present the measurements, then classify the cause.

Lid measurements



1. **MRD1** reflex to upper lid: 4 to 5 mm
2. **MRD2** reflex to lower lid: about 5 mm
3. **Aperture** 9 to 10 mm
4. **Skin crease** 8 to 10 mm above the lashes

LEVATOR FUNCTION

- **Normal** 15 mm or more
- **Good** 10 to 14 mm
- **Fair** 5 to 9 mm
- **Poor** 4 mm or less

Lid travel from downgaze to upgaze, brow blocked

SAY IT ALOUD

- *"Right ptosis: MRD1 1 mm, a high skin crease and levator function of 15 mm."*
- *"This fits an aponeurotic ptosis."*

PITFALLS

- Not blocking the brow when measuring levator function.
- Missing pseudoptosis: skin excess, a low eye, or retraction of the other lid.
- Lifting one lid and ignoring the drop of the other.

RED FLAGS

- Ptosis, small pupil and neck pain: carotid dissection.
- Ptosis with a dilated pupil, eye down and out: third nerve palsy.
- Variable and fatigable: myasthenia.

30-SECOND CHECKLIST

- ☐ MRD1 and aperture
- ☐ Fatigue test
- ☐ Levator function, brow blocked
- ☐ Pupils, movements, Bell phenomenon

THE EXAMINER ASKS NEXT

"How does levator function guide your choice of operation?"

Good function (10 mm or more): levator aponeurosis advancement, or a posterior approach if the lid lifts with phenylephrine. Moderate (5 to 9 mm): levator resection. Poor (4 mm or less): brow suspension. Check Bell phenomenon and the tear film first, as they limit how high the lid can safely go.

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