Triage of the Diplopic Patient
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Triage/History questions
monocular vs binocular
onset
- acute
- gradual
direction
- horizontal
- vertical
- diagonal
torsion?
presence of other symptoms or signs
- ptosis
- pain
- changes in acuity
  associated with certain activities or time of day
history of recent head injury/whiplash?
other medical history
- systemic disease
  - thyroid problems
  - diabetes
  - Parkinson’s
  - MS
- recent surgeries
- health issues
  - recent stroke
- medication changes

When to call the doctor right away

Monocular diplopia
- only present in one eye; not the other
- resolved with pinhole?
- media opacity?
- retina issues
  Amsler grid useful ... if Amsler abnormal, the diplopia may be CONFUSION
- contact lens poorly centered?

Binocular confusion (not diplopia) caused from straight eyes but images are different.
  Different sizes .... Aniseikonia
  One distorted or discolored
Binocular diplopia
  only present when both eyes are open
  resolves with occlusion of either eye
check direction of diplopia
look for head position
  can the patient make the second image disappear with a head turn/tilt/combination?
constant vs. intermittent
  associated activities (reading, driving, etc)
  related to time of day
  related to fatigue

Look at ocular rotations
  full rotations vs limited

Prism offset
  trial in free space at a variety of fixation distances
  “less is more” (find the smallest amount of prism that resolves the problem)
  trial of Fresnel prisms

Use of occlusion
  large deviation
  when prism doesn’t work (torsion can’t be corrected with prism)

Patient support

  It may take more than one office visit to find the perfect prism amount.

  Remember that if one of the images is tilted, prism may not resolve the diplopia