



UNIVERSITÀ DEGLI STUDI DI PALERMO

DEPARTMENT	Biomedicina, Neuroscienze e Diagnostica avanzata		
ACADEMIC YEAR	2016/2017		
BACHELOR'S DEGREE (BSC)	ORTHOTICS AND OPHTHALMOLOGIC CARE		
SUBJECT	ORTHOTICS		
TYPE OF EDUCATIONAL ACTIVITY	B		
AMBIT	10331-Scienze dell' ortottica e dell' assistenza di oftalmologia		
CODE	16905		
SCIENTIFIC SECTOR(S)	MED/30		
HEAD PROFESSOR(S)	VADALA' MARIA	Professore Associato	Univ. di PALERMO
OTHER PROFESSOR(S)			
CREDITS	5		
INDIVIDUAL STUDY (Hrs)	75		
COURSE ACTIVITY (Hrs)	50		
PROPAEDEUTICAL SUBJECTS			
MUTUALIZATION			
YEAR	2		
TERM (SEMESTER)	1° semester		
ATTENDANCE	Mandatory		
EVALUATION	Out of 30		
TEACHER OFFICE HOURS	VADALA' MARIA Monday 12:00 14:00 Wednesday 09:00 10:00		

PREREQUISITES	Knowledge and expertise of the pathophysiology of binocular vision, competence and ability to interpret the results of specific diagnostic, knowledge of refraction and ametropias and their correction.
LEARNING OUTCOMES	<p>Knowledge and understanding</p> <p>Comprehensive acquisition of concomitant eye movement disorder, review of the laws governing the ocular motility, classification, pathogenesis and therapy of heterophoria, esotropia, exotropia.</p> <p>Comprehensive knowledge of incomitant eye movement disorder: definition and comprehension of the clinical picture and of the therapeutic approach of some special forms of incomitant strabismus; knowledge of pathophysiology of the "ocular torticollis" and its causes in order to define the etiology and therapeutic approach.</p> <p>Basic concepts of the various forms of paralysis and restriction syndromes, their diagnostic and therapeutic approach.</p> <p>Classification and acquisition of techniques for defining the pathogenesis of nystagmus, non-surgical therapeutic approach and surgical concepts.</p> <p>Acquisition of methods, techniques, and the use of principals of orthoptic rehabilitation in ocular motility disorders and binocular vision in children, adult and geriatric patients.</p> <p>Applying knowledge and understanding</p> <p>Ability to independently recognize and deal with disorders of ocular motility.</p> <p>Making judgments</p> <p>Being able to evaluate the implications and the results in the diagnosis and treatment of the disease</p> <p>communication skills</p> <p>Ability to present diagnostic and therapeutic techniques also to a non-expert public.</p> <p>Learning ability</p> <p>Self-update capability with consultation of scientific publications in the field.</p>
ASSESSMENT METHODS	<p>Final evaluation is performed by oral exam according to the University calendar. An optional written test also may be used.</p> <p>The oral exam consists of an interview, in order to check skills and knowledge of the content of the course; the interview will relate to one or more relevant open or semi-structured questions. The questions tend to verify the acquired knowledge, the ability of organization and processing clinical skills and the ability to display the same. The ability of content organization and processing turns to test the clinical argument and applying concepts in a professional context. Oral presentation ability will be evaluated with a score gradually increasing according the use of language adequate sufficiently articulated to the professional conditions.</p> <p>The assessment is expressed in thirtieths.</p> <p>The written test will be divided into multiple choice or open questions for a maximum of 30. They tend to check the skills and knowledge of the course. Test consists of a series of questions, or closed stimuli, each of which is accompanied by three or more closed answers. Skills and knowledge are not tested through an independent processing of answers to questions, but rather by choosing the correct answers or believed to be among those offered to every question. The closing of the stimulus and the response is used to determine a priori, at the time of the test construction, and therefore before it is administered, the score to be assigned to each question depending on the answer proves correct, incorrect or misleading statement. The open answers offer the chance to hold an independent exposition around a closed stimulus, with predetermined correction criteria. The written test can enrich the oral test, for content and final evaluation.</p>
EDUCATIONAL OBJECTIVES	Acquisition of diagnostic and therapeutic skills about the anomalies of ocular motility, including all diagnostic methods used in the definition of a related clinical picture.
TEACHING METHODS	frontal lessons
SUGGESTED BIBLIOGRAPHY	<p>R. Frosini: Diagnosi e terapia dello strabismo e delle anomalie oculomotorie. SEE- Firenze</p> <p>E. Leonardi: Le alterazioni oculomotorie – Societa' Editrice Universo - Roma</p> <p>Bredemeyer – Bullock: Ortottica: teoria e pratica. Ed. Piccin</p> <p>Bruno Bagolini, Mariarosa Zanasi. Strabologia - Diagnosi e Terapia dello Strabismo e del Nistagmo - Verduci Editore</p> <p>P. Nucci, M. Serafino. Oftalmologia pediatrica e strabismo. 2012 Fabiano ed. Appunti delle lezioni del docente.</p>

SYLLABUS

Hrs	Frontal teaching
20	<p>Concomitant strabismus: general characteristics; innervazionali laws; motor and sensory elements.</p> <p>Esodeviation:</p> <p>early-onset esotropia: early accommodative esotropia early secondary esotropia childhood esotropia</p> <p>Elevation in adduction</p> <p>Alphabetic syndromes</p> <p>Dissociated vertical deviation (DVD)</p> <p>Late-onset esotropia:</p> <p>late-onset normal-sensory esotropia; accommodative: pure accommodative esotropia partially accommodative esotropia accommodative esotropia with excess of convergence</p> <p>decompensated esophoria</p> <p>acute esotropia</p> <p>late-onset abnormal sensory esotropia: decompensated intermittent esotropia decompensated microstrabismo abnormal sensory, partially accommodative</p> <p>esotropia</p> <p>Intermittent Esodeviation: esophoria intermittent esotropia circadian esotropia</p> <p>Elements of the diagnostic of esodeviation</p> <p>Exodeviazioni:</p> <p>Manifest constant exotropia : early constant exotropia decompensated intermittent exotropia decompensated microstrabismo</p> <p>Periodic exodeviation: intermttent exotropia exophoria</p> <p>Secondary exodeviation</p> <p>Elements of the diagnostic of exodeviation</p>
7	<p>Incomitant strabismus :</p> <p>The oculomotor palsy : signs and symptoms</p> <p>diplopia and confusion</p> <p>disorientation</p> <p>incomitance</p> <p>primary and secondary deviation</p> <p>torticollis compensation</p> <p>diagnostic elements of oculomotor palsy : examination on incomitance</p> <p>examination of torticollis</p> <p>examination of diplopia</p> <p>Oculomotrie paralysis in childhood</p> <p>Paralysis of the III - IV - VI pair of N.C.</p> <p>Double paralysis of the elevators</p> <p>Therapeutic measures</p>
3	<p>Ocular torticollis</p> <p>Definition and general characteristics</p> <p>Torticollis to improve visual function : by refractive anomalies by perimetric anomalies</p> <p>nystagmus</p> <p>eyelid ptosis</p> <p>Torticollis to compensate an incomitant deviation</p>
5	<p>Restrictive syndromes:</p> <p>Definition and general characteristics</p> <p>Stilling - Turk- Duane syndrome type I - II - III</p> <p>Brown Syndrome</p> <p>Mobius Syndrome</p> <p>Congenital muscular fibrosis</p> <p>Fractures of the orbital walls</p> <p>thyroid myopathies</p> <p>Strabismus and myopia</p> <p>Progressive external ophthalmoplegia</p> <p>Tolosa-Hunt syndrome</p> <p>sovrannuclear paralysis</p>

SYLLABUS

Hrs	Frontal teaching
10	<p>Nystagmus :</p> <p>Definition and general characteristics</p> <p>Physiological nystagmus</p> <p>Congenital nystagmus : patent congenital nystagmus latent congenital nystagmus</p> <p>acquired nystagmus</p> <p>visual acuity and nystagmus</p> <p>therapeutic approaches</p>
5	Clinica semeiologic methods