Precautions - Ensure:

• Plate held still and head movements avoided. If necessary hold the patient's head, with permission.

• Plate presented perpendicularly to the visual axes at a distance of about 40cms.

• Space is maintained between the plate and back board as in the diagram, to avoid monocular cues.

Training

• If pointing or preferential looking responses are not spontaneously demonstrated then **show the target printed on this card** and ask the patient to find it in the plate.

• Alternatively, take the plate out of the box, rest it on a corner about 5cm from the lid as a background, and **wriggle it with slow rotary movements to create monocular parallax cues** to the target. (Try this for yourself with one eye covered.) Test understanding is confirmed if the patient then sees the target-in-depth. Now present the plate normally in a new position, either in or out of the box and with no plate movement, to check for stereopsis.

Stereoacuity

• **This Frisby Screening Stereotest™** is for screening, not measuring stereoacuities. However, if this 6mm thick plate is viewed from 40, 50 and 60cm then the disparities of the target with respect to its background are respectively approx. 340, 215 and 150 sec arc (to nearest 5 sec arc).

• **The Frisby Near Stereotest™** is for near stereoacuity measurements. It has 6, 3 and 1.5mm plates, covering the range 600-5 sec arc.

Features of Frisby Stereotests

• **Repeated presentations** possible without patient learning the correct response.

• **Real depth, not stereograms**, so no need for red/green or polaroid glasses and the risk they create of dissociation.

• The inclusion of coarse texture elements **permits screening for stereopsis despite reduced vision, including amblyopia.** This advantage means that these tests are **not** suitable for screening for visual acuity defects.

• Spontaneous pointing or preferential looking makes the test **suitable for patients with limited ability to understand instructions or the language of the tester.**

Orthoptic advice Professor Helen Davis, Academic Unit of Ophthalmology & Orthoptics, University of Sheffield, S10 2TN, UK

All **Frisby Stereotests** are presented in good faith as a guide in assessing stereopsis. The diagnosis and any resulting actions are the sole responsibility of the practitioner.

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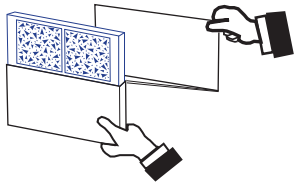
Frisby Screening Stereotest™

Purpose	**To screen for stereopsis**
Age Range	About 6 months to adult
Administration	1-5 minutes

Initial Method of Presentation



The plate remains in the box. Two squares are presented, one of which has a target-in-depth.

Hold the box steady using the folded-back lid of the wallet as an uncluttered white background. **Follow precautions on the next page.**

Stereopsis is demonstrated by:

Pointing The patient quickly points to the target-in-depth. Repeat as necessary to achieve confidence in the clinical assessment, varying target position left/right & front/back as required.

Preferential looking The patient gazes at the target-in-depth on repeated and varied presentations.

If stereopsis is not demonstrated, record it as such. It is not necessarily absent.