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What is important, in case of both stroke patients, there was no problem with maintaining the fixation throughout the study. 2003; 26 (9); 2653-64. T-test for the means of two independent samples with Welch's correction for inequality of variances was calculated for paired groups. In addition, in both patients there is easily distinguishable optic disc location in the left eye. We have also evaluated the test-retest reliability of Specvis based on 21 healthy subjects. In addition, stimulus density displayed on the screen can be adjusted using the Distance between stimuli XY (\*) parameter in order to reduce or increase the accuracy of the visual field examination. 2012; 35 (3): 556-64. The correction for the sphericity of the field of view was used (read section 'Stimulus and background options' for more detailed information about this correction). Retinal stem cells in the adult mammalian eye. However the spatial changes in the visual field are not the sole deficits in visual impairment. In practice, the examiner asks the patient to close one eye and fixate on the examiner's nose while moving his finger from the fixation point to a region where the patient no longer reports seeing the finger and compares this to his own response. The Specvis results from the first test were subtracted from the Specvis results from the second test for each eye separately. 2012; 96 (5): 614-8. We enrolled only healthy patients (aside of diagnosed and described ophthalmic conditions) who did not show deficits in the center of the visual field and have normal or corrected to normal visual acuity (Table 1). PMID:24825645 2. But we have also increase inter-stimuli interval to 1200-1600 ms, which resulted in longer test durations than for glaucomatous patient no. Free Software Foundation. It is possible to choose from two different shapes of the stimulus, i.e. Ellipse or Polygon. The tested visual field was 71.73° horizontally and 44.41° vertically. Humana Press; 2008. Specvis utilizes three different methods for controlling patient fixation. This function is available for both of the fixation control techniques. The smaller the spread between the extrema, the lower inter-test variance. If the patient responds to the control stimulus, Specvis assumes that the eye has moved off the fixation point. Johansson GA, Fitzmorris TK, Patella VM. It can be performed anywhere by support staff, however this method does not provide detailed information about the patient's visual field. GNU Operating System. The authors thank Dr. T. Bottom and top "whiskers" of the plots are variance extrema. Because screen display elements using pixels it is necessary to convert mm to pixels according to the formula: where y = screen width or height in mm (depending on whether horizontal or vertical correction for sphericity is used); R = the screen resolution in pixels; D = a corrected distance in mm from the fixation point to the element; P = D expressed in pixels. In the settings window for this function the user can change the displayed text, its location, color, and font size. Window for previewing the quality of fit for the chosen luminance scale. The user can check the chosen luminance scale for goodness of fit, in the context of how accurate is the relation between luminance expressed in cd/m2 and brightness expressed in the HSB space. Ophthalmologe. Yau JW, Rogers SL, Kawasaki R, Lamoureux EL, Kowalski JW, Bek T, et al. Results of subject examination with the current version of Specvis using simple detection task provide predominantly information about luminance threshold for local detection of visual stimuli, thus allow for assessment of the visual field extension. Neurology. Window for monitoring the progress of the visual test. Before clicking the Start button, which will run the visual field test, the user can verify and edit all key parameters of the procedure in a scrollable text area. It is necessary to select the patient's eye to be tested and, optionally, choose any existing settings template previously saved in \*.sset file format (to save settings see below). Specvis allows for a basic setting of fixation point characteristics such that color, size and location on the screen can be adjusted making it possible to examine the whole visual field. PMID:15906041 26. PMID:8309573 35. Currently, there is only one procedure i.e. Basic (Fig 14), which is a typical staircase procedure and presents stimuli in a random order at predefined locations on the screen. The patient fixates on a central point and uses the keyboard to respond to white dots statically displayed (1-time only) at predefined locations on a black background. However, it is necessary to emphasize, that the position of the fixation point should be always perpendicular to the position of the cornea of the tested eye. The minimum and maximum stimulus luminance was equal to 3.2 and 321.2 cd/m2 respectively (i.e. a differential luminance spread from 0.01 to 319 cd/m2, or conversely a decibel range from 0 to 45.02 dB). 4 was tested with Specvis in version 1.0 (Fig 2), which included a correction for sphericity of the field of view and automated feedback messages about fixation loss. As part of the Functional Vision Evaluation, it is necessary to assess the student's visual fields. Confrontation visual field tests. 2001; 12 (13): 2927-33. Specvis allows to compare the visual field examination results from two subsequent tests. Ocular electrical stimulation: Therapeutic application and active retinal implants for hereditary retinal degenerations. This repository contains also data from validation studies described in the manuscript (. Funding: This work was supported by the National Centre for Research and Development ( grant REVIS ERA-NET NEURON/08/2012 (WJW); and Polish Ministry of Science and Higher Education ( grants 1057/MOB/2013/0 and 469/STYP/10/2015 (MG). In order to explore Specvis test-retest reliability we have tested 21 healthy subjects (12 females) equally and randomly divided into three groups. One eye was occluded by an elastic eye patch and the patients wore their glasses to correct their near vision. By comparison, all stimulus locations in Specvis were spread equally and are arranged in a matrix-like fashion. Results from the glaucomatous patient no. Stem cells in retinal regeneration: past, present and future. The Specvis stimulus maximum luminance was 157.45 cd/m2 for the first three glaucomatous patients and 154.46 cd/m2 for the fourth glaucomatous patient and for retinitis pigmentosa and stroke patients, while for all MM700 patients stimulus luminance was 321.2 cd/m2. Subjects had no known ophthalmic, neurological or psychiatric deficits, as well as had normal or corrected to normal visual acuity. This rate, along with information about fixation accuracy, may help the examiner to evaluate the reliability of the test and to indicate if repeated tests are needed. When examining both eyes simultaneously, the fixation point position should be perpendicular to the middle of a line connecting the corneas. NeuroRehabilitation. For example, a compensatory head turn suggests a peripheral field loss to the side of the head turn, since the student has learned to compensate by moving the usable visual field toward the side where information is missing. The performance of activities, such as scanning a map or doing a word-search puzzle, can also suggest where scotomas (areas of absent vision) may be located, because if students are asked to keep their heads perfectly still while doing them, they may miss information in some areas of the tasks. However, due to retinitis pigmentosa patient's tunnel vision it was possible to map her central visual field area. PMID:21160121 9. The patient was tested with MM700 and Specvis for both eyes. Science. Although limited reversal of visual impairment may be possible in some cases [15-21], in general, full restoration is currently not possible. Over 100 million people worldwide suffer from these impairments and this number increases yearly [9-14]. 4. we have changed inter-stimulus interval which randomly varied between 1200 and 1600 ms. We are also aware of problems with visual field examination in patients who have central visual field deficits, or who cannot maintain properly the central fixation point. It can be assumed that the element of a specific color expressed on the hue-saturation-brightness (HSB) space has a certain luminance value, this makes it possible to examine visual sensitivity to stimuli in the visual field on the luminance scale regardless of the chosen hardware, and make the results comparable between different hardware configurations.

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