

October 20, 2008

**PERFORMANCE OF TRAUMATIC BRAIN INJURY SPECIFIC OCULAR HEALTH
AND VISUAL FUNCTIONING EXAMINATIONS FOR POLYTRAUMA
REHABILITATION CENTER PATIENTS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines VHA policy that every prior (since February 2005), current, and future patient with a diagnosis of Traumatic Brain Injury (TBI) admitted to a Polytrauma Rehabilitation Center (PRC) must have a TBI specific ocular health and visual functioning examination performed by an optometrist or ophthalmologist.

2. BACKGROUND

a. Eye and visual signs and symptoms have been reported in association with TBI in returning Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) service members and veterans, as well as others who have been diagnosed with TBI.

b. While the prevalence of these eye and visual signs and symptoms has yet to be determined in the population with a history of blast exposure or TBI, it is important that all service members and veterans who have received, or who are currently receiving, health care services at a Department of Veterans Affairs (VA) PRC be examined for TBI specific eye and visual signs and symptoms.

3. POLICY: It is VHA policy that every prior (since February 2005), current, and future patient with a diagnosis of TBI admitted to a VA PRC must have a TBI specific ocular health and visual functioning eye examination performed by an optometrist or ophthalmologist.

4. ACTION

a. **PRC Medical Director.** The PRC medical director, or designee, is responsible for ensuring:

(1) That intra-facility consults are sent to an eye care practitioner or provider (optometrist or ophthalmologist) requesting performance of an initial ocular health evaluation or a TBI specific ocular health and visual functioning examination dependent upon the patient's level of consciousness for all new PRC inpatients with a diagnosis of TBI within 7 days of admission.

(2) Prior to discharge from the PRC, all inpatients with a diagnosis of TBI have completed all components of which they are capable of doing, of a TBI specific ocular health and visual functioning examination provided by an optometrist or ophthalmologist.

(3) That intra- or inter-facility consults are sent to an eye care practitioner or provider (optometrist or ophthalmologist) requesting performance of a TBI specific ocular health and

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visual functioning examination for all prior PRC patients with a diagnosis of TBI who are actively using, and enrolled in, VHA health care services at a VA facility by December 1, 2008.

(4) Attempts were made to contact prior PRC patients with a diagnosis of TBI who are not currently using VA health care services and to offer a TBI specific ocular health and visual functioning examination at a PRC or local VA medical center by December 1, 2008.

(5) There is coordination of subsequent referrals based upon the ocular health and visual functioning examination findings and recommendations from the examining optometrist or ophthalmologist.

(6) Monthly progress on the consults is certified and reported to VHA Central Office Rehabilitation Service.

(7) All prior patients with a diagnosis of TBI who were admitted to a PRC have had the required TBI specific ocular health and visual functioning examinations performed by an optometrist or ophthalmologist by January 31, 2009.

b. **Medical Center Director.** Each medical center director of a facility, providing ongoing care for patients with a diagnosis of TBI who have been discharged from a PRC, is responsible for ensuring that, upon receipt of an intra- or inter-facility consult from the medical director of the discharging PRC, a TBI specific ocular health and visual functioning examination is conducted by an optometrist or ophthalmologist within 30 days of receipt of the consult.

c. **Eye Care Practitioner or Provider (Optometrist or Ophthalmologist).** The optometrist or ophthalmologist is responsible for:

(1) Performing a TBI specific ocular health and visual functioning examination within 30 days from receipt of the PRC consult request, which at a minimum must include documentation of the information found in subparagraph 4c(2), or as much as it is possible to assess or obtain from the patient examination.

(2) Ensuring the results of the TBI specific ocular health and visual functioning examination are recorded in Veterans Health Information System and Technology Architecture (VistA) and the Computerized Patient Record System (CPRS) electronic health record and include:

(a) **History.** This history is to include:

1. Ocular or periocular trauma,
2. Double vision or diplopia,
3. Reading difficulties,
4. Blurred vision (far or near),

5. Photosensitivity,
6. Flashing lights (dazzling),
7. Floaters,
8. Symptoms of dry eye,
9. Decreased night vision,
10. Ocular or periocular pain,
11. Browache or headache,
12. Missing part of or restricted field of vision,
13. Covering, closing one eye,
14. Face turn or head tilt,
15. Bumping into objects or walls when moving,
16. Balance problems or dizziness, and
17. Past history of vision or reading problems.

(b) Examination. This examination is to include:

1. Visual acuity with central fixation (uncorrected and best refractive correction).
2. Visual field screening (e.g. confrontation, Frequency Doubling Technology) followed by formal visual field testing if screening is positive for a visual field defect.
3. Color vision (e.g. Farnsworth D-15, HRR, Ishihara plates) with monocular testing.
4. Pupil evaluation and assessment for relative afferent pupil defect.
5. Refractive error determination (far and near).
6. Oculomotor function evaluation, to include:
 - a. Vergence testing with facility assessment;
 - b. Accommodation (tested monocularly and binocularly), as age appropriate with facility assessment;

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- c. Cranial Nerve III, IV, and VI assessment;
 - d. Strabismus;
 - e. Phorias (horizontal and vertical);
 - f. Pursuits and Saccades;
 - g. Fixation and Nystagmus; and
 - h. Optokinetic nystagmus.
7. Anterior Segment Examination. to include:
- a. Lens (e.g., cataract);
 - b. Ocular Surface (e.g., dry eye findings);
 - c. Cornea (e.g., corneal edema); and
 - d. Gonioscopy (e.g., angle recession).
8. Intraocular pressure.
9. Dilated retinal examination. to include:
- a. Optic nerve findings,
 - b. Macular findings, and
 - c. Peripheral retinal examination results.

(c) Patient assessment and disposition recommendations with referral and eye care and vision treatment plans based upon the results of the TBI specific ocular health and visual functioning examination.

(d) Documentation of completion of the TBI specific ocular health and visual functioning examination consult (from the PRC).

(e) An "Alert" to the PRC medical director, or designee, when the intra- or inter-facility consult request has been completed.

(f) Any other eye care services or vision testing found necessary, as a result of the TBI specific ocular health and visual functioning examination, that should be provided to fully address the individual patient's eye and vision care needs.

5. REFERENCES

a. Goodrich GL, Kirby J, Cockerham G, Ingalla SP, Lew HL. Visual function in patients of a polytrauma rehabilitation center: a descriptive study. VA Journal of Rehabilitation Research and Development 2007; Vol. 44 No. 7:929-936.

b. Stelmack J, Rinne S, Van Koevering D, Hunt B, Stelmack TL. Visual Conditions in Veterans Followed at a VA Polytrauma Network Site. Association for Research in Vision and Ophthalmology 2008; 3154/D872.

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services (11), Medical-Surgical Services (111) and Rehabilitation Service (117) are responsible for the contents of this Directive. Questions should be referred to 410-779-1576 or 202-461-7444.

7. RESCISSIONS: None. This VHA Directive expires October 31, 2013.

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