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NYSTAGMUS

MARION BLAZE

NYSTAGMUS

Involuntary

Rhythmic

Independent of eye movements

Present from birth

Usually decreases with maturity until about age 14

Children develop nystagmus at 3 months if acuity is less than 6/18

NYSTAGMUS

Congenital nystagmus

or

Secondary to:

- **albinism**
- **cataract**
- **aniridia**
- **optic atrophy**
- **hypoplasia**
- **achromatopsia**

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ACQUIRED NYSTAGMUS

Accidents

Stroke

Brain tumours

MS

Meducations/drugs

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Types of nystagmus

- Horizontal
- Jerk
- Pendular
- Rotational
- Undulatory
- Vertical
- Oblique
- Roving

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Amplitude

Doctor’s description might also include speed

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Implications

Movement will blur vision
Lower acuity

Larry Abel – College of Optom
Eye only seeing when stationary

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Implications

Visual acuity will be variable

Increase in nystagmus – decrease in acuity
Decrease in nystagmus – increase in acuity

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Implications

Increase in nystagmus when

tired
nervous
unwell
stressed
telling fibs!

Think about – reading aloud, tests, late nights, etc.

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Implications

Occlusion of one eye

Testing for driver's licence

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Implications

child will always require things up close

when eyes converge, nystagmus decreases

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‘Null position’

Null zone
Null point

Position of eyes at which nystagmus decreases

‘Primary position’ – looking straight ahead

Compensatory head position

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‘Null position’

consider classroom placement

null point testing

null point training

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Classroom strategies

Ensure all staff are aware of:

- need to hold things close
- head turn/s
- worse vision when stressed/tired

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Classroom strategies

Placement in relation to null position

Fatigue issues – worsened by increase in nystagmus

Use monocular visual aids with both eyes open

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Questions/Case study…