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## ASSESSMENT OF EYE MUSCLE MOTILITY

Inflammatory enlargement, followed by later fibrotic changes in the extraocular muscles, may cause strabismus with diplopia or torticollis in patients with Graves orbitopathy. Assessment of head posture, ocular alignment, both monocular and binocular eye movements and field of single binocular vision, are of paramount importance for management follow up in active congestive phase and for surgical decision making and follow up in inactive noncongestive phase. Normally, the eyes make small rotations, the rest of the required movements is compensated by head movements. With exception of patients with special occupational visual needs, average maximum ocular rotations are within 6° and 12° and clinical significance of ocular rotations beyond that have little meaning with respect to casual use of the eyes.

Several methods of assessment have been used with some limitations and the question is what is the sufficient, available for all and appropriate way of assessment both for clinical and research purposes. Do we need very precise methods for all measurements or simple clinical estimate is enough? Less could be more informative especially in regard that dose effect relationship is not in direct correlation with angle of deviation and ocular motility limitation and restriction. The data obtained could be more reliable if not a single method of assessment would be used for some parts of examination.

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