DECEPTIVE TESTING

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INTRODUCTION

This chapter includes a review of:

- Methods employed to investigate malingering or hysteria

INTRODUCTION

Deceptive Testing is usually performed when there exists a question of **malingering or hysteria** on the part of the patient. If the patient complains of loss of vision (LOV) that is **not proven diagnostically**, it is necessary to determine if the visual loss is due to malingering or hysteria.

Different methods are implemented to fool the malingerer or hysteric into seeing better than they are admitting to. The procedures demonstrated are based on patient presentation.

PATIENT REPORTING NO LIGHT PERCEPTION

- Test the pupil reactions. If an eye truly has no light perception, the pupil will not react to the light (unless the blindness is cortical in nature) and an afferent pupillary defect should be present.

PATIENT REPORTING VISION BETWEEN HAND-MOTION AND NO LIGHT PERCEPTION

- Test the pupils.
- Move a mirror slowly side to side in front of the eye in question and watch for eye movements. If there are eye movements to fixate on the mirror, there is likely vision in that eye.
- Rotate an optokinetic drum or tape in front of the eye in question. Patch the non-tested eye. If a corresponding optokinetic nystagmus is present, there is likely vision in that eye .

PATIENT REPORTING VISION BETWEEN 6/12 AND 6/120

- Ask what time it is. Digital numbers on a watch are equivalent to a 6/12 - 6/18 target. If they look at their watch and respond to the question, their vision is likely ranging from 6/12 to 6/18.
- Test near VA. If they report a normal level at near, then their distance VA should correspond.
- Retest the VA with a 3 meter chart. Compare the results to the Snellen projector recording.
- Start VA testing from the 6/3 (or smallest available) line. Offer the patient reassurance. Tell them that you will show them an easier line. Then show the 6/4.5 (or second smallest) line and encourage them to read it. Proceed up the chart in the same manner - you are likely to obtain a higher VA value (perhaps up to 6/9) than with the traditional measurement.
- In a trial frame or in the phoropter, insert plano, very low power lenses or 2 powered lenses that cancel each other out (e.g. a -3.00 D lens on top of a +3.00 D lens). Tell the patient that you are using very powerful lenses that should correct their vision. Ask them to read the chart. VA will most likely improve. This is very useful with **malingering children**.