

# Repeatability and agreement of an automated and objective cover test

### Clara Mestre<sup>1</sup>, Carles Otero<sup>1</sup>, Fernando Díaz-Doutón<sup>1,2</sup>, Josselin Gautier<sup>3</sup>, Jaume Pujol<sup>1</sup>

<sup>1</sup> Davalor Research Center (dRC). Universitat Politècnica de Catalunya, Terrassa, Spain.

<sup>2</sup> Center for Sensors, Instruments and Systems Development (CD6). Universitat Politècnica de Catalunya, Terrassa, Spain.

<sup>3</sup> Inria, Biovision Team, Sophia Antipolis, France.



## Background

#### **Clinical methods to measure phoria:**

Prism cover test



Maddox rod

Modified Thorington test





#### Limitations:

- Subjectivity (patient, examiner)
- Poor resolution
- Covered eye cannot be observed
- Poor repeatability
- Limited field of view
- Unusual viewing conditions
- ...

**Purpose:** To validate an automated and objective cover test to measure near phoria with an eyetracker and compare its performance with the prism cover test and the modified Thorington test.



### Subjects

- 30 participants
- Age from 21-38 years (mean ± SD: 27.9 ± 4.6 years)
- 20/25 or better corrected visual acuity at far and near distance
- Horizontal phoria at near from 14 PD esophoria to 14 PD exophoria (Prism cover test)
- No strabismus

### **Experimental procedure**





### Automated and objective cover test

#### Visual stimulus:

It covered a visual field of more than 40° at 40 cm.



Eye-tracker: EyeLink 1000 Plus at 250 Hz

Fusional vergence disrupted by means of two pairs of motorized crossed polarizers



### Automated and objective cover test

#### Cover test sequence:





#### Automated and objective cover test



 $phoria RE = |R_{occ} - R_{bin}| - |L_{mon} - L_{bin}|$  $phoria = median\{phoria LE_1; phoria RE_1; phoria LE_2; phoria RE_2; phoria LE_3; phoria RE_3\}$ 



### Repeatability



### Agreement

#### **Direction of the deviation:** PCT – ET pair



PCT: Prism cover test TH: Modified Thorington test ET: Automated and objective cover test orthophoria: deviation < 1 PD



The direction of the deviation measured with the PCT and the ET agreed in 63.3% of the cases.

The magnitude of phoria of the cases in which there was not agreement was significantly smaller.

### Agreement

#### **Direction of the deviation:** TH – ET pair



PCT: Prism cover test TH: Modified Thorington test ET: Automated and objective cover test orthophoria: deviation < 1 PD



The direction of the deviation measured with the TH and the ET agreed in 80% of the cases.

The magnitude of phoria was not significantly different.

### Agreement

#### **Direction of the deviation:** PCT – TH pair



PCT: Prism cover test TH: Modified Thorington test ET: Automated and objective cover test orthophoria: deviation < 1 PD



The direction of the deviation measured with the PCT and the TH agreed in 66.7% of the cases.

The magnitude of phoria of the cases in which there was not agreement was significantly smaller.

### Agreement

Magnitude of the phoria:



Repeated measures ANOVA: p=0.71



PCT: Prism cover test TH: Modified Thorington test ET: Automated and objective cover test

Absolute phoria



Friedman: \* *p*=0.006

### Agreement

#### Magnitude of the phoria:

None of the methods were clearly biased towards more esophoric or exophoric values.





PCT: Prism cover test TH: Modified Thorington test ET: Automated and objective cover test



## Conclusions

- The proposed method is significantly more repeatable than the conventional clinical methods. The found variability is likely due to physiologic variations of vergence system only.
- None of the existing methods to measure phoria are interchangeable.

None of the methods compared is biased towards more esophoric or exophoric values. However, the objective and automated cover test gives smaller values than the prism cover test and the modified Thorington test (either esophoria or exophoria).

There is a tendency towards poorer agreement for larger phoria in all three pairwise comparisons.

• The use of eye-trackers to measure phoria offers valuable advantages

Objective measurement

Better resolution

Possibility to register movements of the occluded eye, which provides new insights into the oculomotor dynamics during the cover test.





# Thank **you**

clara.mestre@upc.edu



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