

Post-Stroke Orthoptics Vision Care Survey

Participant Characteristics

Which age group do you belong to?

- ☐ < 25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50
- ☐ >51

How many years of experience do you have working as an orthoptist?

- ☐ 1-3 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ >20 years

How many years of experience do you have providing clinical care to patients who have had a stroke?

- ☐ 1-3 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ >20 years

Which of the following best describes your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Other

Please specify "Other" _____

Workplace and Service Characteristics

Which state or territory are you currently working in?

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Tasmania
- ☐ South Australia
- ☐ Victoria

- Queensland
- Western Australia

Which of the below best describes the location of your workplace?

- Metropolitan
- Rural
- Remote

Which type of organisation(s) best describes where you provide stroke care services? (you may select more than one option)

- ☐ Public
- ☐ Private
- ☐ Non-government organisation
- ☐ Other

Please specify "Other" _____

Which of the below best describes the setting(s) in which your services are delivered? (select all that apply)

- ☐ Hospital inpatient ward
- ☐ Hospital outpatient eye clinic
- ☐ Inpatient rehabilitation facility
- ☐ Residential care facility/Rest home
- ☐ Community rehabilitation facility
- ☐ Private orthoptic practice
- ☐ Private ophthalmology practice
- ☐ Low Vision Organisation (e.g. Vision Australia, Guide Dogs)
- ☐ Other

Please specify "Other" _____

Which professionals refer to you or your clinic for post-stroke vision care? ((you may select more than one option)

- ☐ Occupational therapist
- ☐ Physiotherapist
- ☐ Speech pathologist
- ☐ Neurologist
- ☐ Stroke consultant
- ☐ Orthoptist
- ☐ Optometrist
- ☐ Ophthalmologist
- ☐ Patient self-referral
- ☐ Other

Please specify "Other" _____

What do the referrals you receive typically request? (you may select more than one option)

- ☐ Post-stroke vision screening
- ☐ Specific investigations (e.g. visual field)
- ☐ General post-stroke vision assessment

- ☐ Diagnosis of vision related difficulty or condition
- ☐ Management of post-stroke vision difficulties
- ☐ Other

Please specify "Other" _____

What specific clinical investigations are typically requested?

- ☐ Visual acuity
- ☐ Refraction
- ☐ Visual field
- ☐ Visual perception (e.g. visual neglect)
- ☐ Ocular motility examination
- ☐ Other

Please specify "Other" _____

Does the hospital or facility you work in have a stroke unit?

- ☐ Yes
- ☐ No

Do you deliver services within the stroke unit?

- ☐ Yes
- ☐ No

In which specific setting do you deliver these services? (you may select more than one option)

- ☐ Hospital inpatient ward/bedside
- ☐ Inpatient rehabilitation facility
- ☐ Other

Please specify "Other" _____

Who delivers vision care services in the stroke unit?

- ☐ Nurse
- ☐ Occupational therapist
- ☐ Ophthalmologist
- ☐ Neurologist
- ☐ I am not sure
- ☐ Other

Please specify "Other" _____

Are patients from the stroke unit referred to the outpatient eye clinic in the hospital or the orthoptist?

- ☐ Yes
- ☐ No

If you receive referrals from multiple sources, do the reasons for referral differ from the above when received from the internal stroke unit compared to other referral sources?

- ☐ Yes
- ☐ No

If yes, briefly explain the different type of referrals received from the stroke unit.

Post-stroke Clinical Assessment

How frequently do you encounter a patient(s) with post-stroke vision difficulties in your workplace?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Every 2-3 months
- ☐ Every 4-6 months
- ☐ Less than every 6 months

How frequently do you encounter a patient(s) with post-stroke vision difficulties who also have communication difficulties (e.g. aphasia)

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Every 2-3 months
- ☐ Every 4-6 months
- ☐ Less than every 6 months

How soon after a stroke do you most commonly see a patient for the first time? (you may select more than one option)

- ☐ Within 1 week
- ☐ Within 2 weeks
- ☐ Between 2-4 weeks
- ☐ Between 1-2 months

- ☐ Between 2-3 months
- ☐ Between 3-6 months
- ☐ After 6 months

Do you or your clinic utilise guidelines for post-stroke vision care?

- ☐ Yes
- ☐ No

What guideline(s) do you utilise? _____

What does your clinical assessment of a stroke patient include? (you may select more than one option)

- ☐ Visual acuity
- ☐ Refraction
- ☐ Visual field assessment
- ☐ Visual perceptual (e.g. visual neglect, visual agnosia)
- ☐ Ocular alignment
- ☐ Ocular movements
- ☐ Binocular vision
- ☐ Contrast sensitivity
- ☐ Colour Vision
- ☐ Lid assessment
- ☐ Pupil assessment
- ☐ Functional vision assessment
- ☐ Driving assessment
- ☐ Other

Please specify "Other" and any specific tool(s) used for these assessments

What test(s) do you perform for a visual acuity assessment? (you may select more than one option)

- ☐ LogMAR Chart
- ☐ Snellen Chart
- ☐ Gratings (e.g. Lea Paddles, TAC)
- ☐ Near visual acuity
- ☐ Fixing and following
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for refraction? (you may select more than one option)

- ☐ Subjective refraction
- ☐ Objective refraction (retinoscopy)
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for a visual field assessment? (you may select more than one option)

- ☐ Confrontation
- ☐ Goldmann perimetry
- ☐ Automated perimetry
- ☐ Bjerrum tangent screen
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of ocular alignment? (you may select more than one option)

- ☐ Assessment of corneal reflections

- ☐ Cover test
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of ocular movements? (you may select more than one option)

- ☐ Nine positions of gaze
- ☐ Convergence
- ☐ Hess chart
- ☐ Saccades
- ☐ Smooth pursuit
- ☐ Vestibular ocular reflex
- ☐ Optokinetic Nystagmus (OKN)
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of binocular vision? (you may select more than one option)

- ☐ Lang I or II
- ☐ TNO
- ☐ Timtus
- ☐ Randot
- ☐ Frisby Davis (near test)
- ☐ Frisby Davis 2 (distance test)
- ☐ Prism fusion range
- ☐ 20 dioptre prism fusion test
- ☐ Bagolini striated glasses test
- ☐ Worth 4 light test
- ☐ Synoptophore investigation
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of visual perception? (you may select more than one option)

- ☐ Line bisection tests
- ☐ Cancellation tasks
- ☐ Copying
- ☐ Drawing
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of contrast sensitivity? (you may select more than one option)

- ☐ Pelli-Robson
- ☐ Vistech
- ☐ Melbourne Edge Test
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of colour vision? (you may select more than one option)

- ☐ Ishihara
- ☐ CUVCT
- ☐ Farnsworth Munsell D-15
- ☐ Farnsworth Munsell 100 Hue Test
- ☐ Other

Please specify "Other" _____

What test(s) do you perform for an assessment of functional vision? (you may select more than one option)

- ☐ Observations of function/navigation
- ☐ Spatial awareness
- ☐ Eye scanning
- ☐ Reading
- ☐ Writing
- ☐ Activities of daily living
- ☐ Mobility
- ☐ A validated visual function questionnaire
- ☐ Locally developed visual function questionnaire
- ☐ Other

Please specify which questionnaire/tool you use: _____

Please specify "Other" _____

Visual Rehabilitation

What symptoms do patients present with in your clinic? (you may select more than one option)

- ☐ Loss of peripheral vision or parts of vision
- ☐ Blurred vision
- ☐ Shaky vision
- ☐ Diplopia
- ☐ Abnormal head posture
- ☐ Depth perception difficulty
- ☐ Bumping into things/poor spatial awareness
- ☐ Recognition difficulties
- ☐ Reading difficulty
- ☐ Writing difficulty
- ☐ Lid droop
- ☐ Facial droop
- ☐ Photophobia
- ☐ Colour vision changes
- ☐ Other

Please specify "Other" _____

Which post-stroke visual conditions do you see in your clinic? (you may select more than one option)

- ☐ Visual field loss
- ☐ Reduced visual acuity
- ☐ Reduced contrast sensitivity
- ☐ Strabismus
- ☐ Eye-tracking defect
- ☐ Ocular gaze palsy
- ☐ Nystagmus
- ☐ Perceptual defect (e.g. neglect, agnosia)
- ☐ Lid defect
- ☐ Pupil defect
- ☐ Colour defect
- ☐ Other

Please specify "Other" _____

What treatment/therapy modalities do you prescribe? (you may select more than one)

- ☐ Prisms for diplopia
- ☐ Prisms for visual field loss
- ☐ Prisms for gaze
- ☐ Monocular patch for diplopia
- ☐ Compensatory head posture for diplopia
- ☐ Optical correction (prescription glasses)
- ☐ Reading strategies

- ☐ Visual scanning for visual field loss
- ☐ Visual scanning for gaze
- ☐ Low vision aids (e.g. magnifiers)
- ☐ Visual aids (e.g. rulers, typoscopes)
- ☐ Orthoptic exercises (e.g. convergence exercises)
- ☐ Mirror therapy
- ☐ Vision related advice
- ☐ Functional advice
- ☐ Other

Please specify "Other" _____

Do you refer to, or work with, an ophthalmologist for the medical management of post-stroke vision difficulties? (e.g. surgical intervention)

- ☐ Yes
- ☐ No

Which medical management options are ophthalmologists consulted for? (you may select more than one)

- ☐ Surgical intervention
- ☐ Botulinum toxin
- ☐ Pharmacological treatment
- ☐ Other

Please specify "Other" _____

Typically, when do you discharge or cease the follow up of patients with post-stroke difficulties? (you may select more than one)

- ☐ After the first consultation
- ☐ Within 1 month
- ☐ Within 2 - 3 months
- ☐ Within 3 - 6 months
- ☐ Within 6 - 9 months
- ☐ Within 9 -12 months
- ☐ After 12 months
- ☐ Review indefinitely

Do you collaborate with other health professionals in delivering post-stroke rehabilitation services?

- ☐ Yes
- ☐ No

Which health professionals do you typically collaborate with in the delivery of rehabilitation services? (you may select more than one)

- ☐ Occupational therapists
- ☐ Speech pathologists
- ☐ Physiotherapists
- ☐ Psychologists
- ☐ Social workers
- ☐ Neurologists
- ☐ Ophthalmologists
- ☐ Optometrists
- ☐ Other

Please specify "Other" _____

Service Enablers and Barriers

How would you rate your confidence in assessing a patient with post-stroke vision difficulties?

- ☐ Extremely confident

- Highly confident
- Confident
- Slightly confident
- Not at all confident

How would you rate your confidence in managing a patient with post-stroke vision difficulties?

- Extremely confident
- Highly confident
- Confident
- Slightly confident
- Not at all confident

How would you rate your confidence in adapting your approach for patients with communication difficulties when delivering post-stroke vision services?

- ☐ Extremely confident
- ☐ Highly confident
- ☐ Confident
- ☐ Slightly confident
- ☐ Not at all confident

How would you rate the effectiveness of the collaboration or multi-disciplinary team you work with?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

What do you perceive as the barriers for stroke patients receiving post-stroke orthoptic services? (you may select more than one option)

- ☐ Lack of referrals from other health professionals
- ☐ Lack of knowledge of the role of the orthoptist in stroke care
- ☐ Vision not prioritised in patient goal setting
- ☐ Limited orthoptists with skills or experience in stroke care
- ☐ Limited time available in clinic to provide comprehensive stroke care
- ☐ Absence of orthoptists in multidisciplinary stroke allied health teams
- ☐ Absence of orthoptics from the Stroke Foundation Clinical Guidelines for Stroke Management
- ☐ Patient access to care
- ☐ Financial considerations
- ☐ There are no barriers to care
- ☐ Other

Please specify "Other" _____

Are there specific resources, policies, or protocols that you perceive as enabling the provision of orthoptic services to stroke survivors?

What improvements or initiatives do you think could enhance access to orthoptists for post-stroke vision rehabilitation services or improve the provision of post-stroke orthoptic services.

Please provide any additional comments regarding post-stroke vision care services that you feel are important but were not addressed in this survey.
