

Short communication

1

2

3 Title of the paper – Keys To Solve Park – 3 Step Test 


4

5 **ABSTRACT :**6 This paper aims for simplification of technique of Park 3 step test. The 3 steps include to follow
7 hyperdeviation , gaze and head tilt of the eye.8 **KEYWORDS:**

9 Hyperdeviation, Gaze, Head Tilt

10 **INTRODUCTION :**11 Park's 3 step test is quite important in diagnosing cyclovertical palsies. Here, the following procedure
12 shows how this test is diagnosed with ease in a simple manner. This test consist of 3 steps. They are:

13 Step 1 - HYPERDEVIATION

14 Here  patient is asked to look at the primary gaze and examiner will notice which eye is hyperdeviated.

15 Step 2 - GAZE

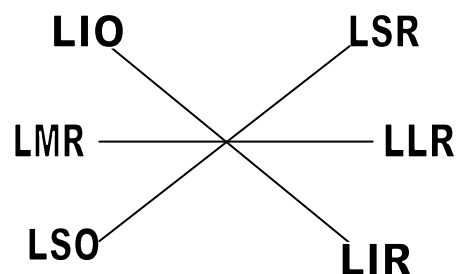
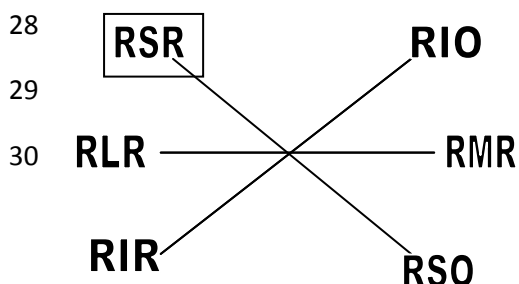
16 Here, examiner have to focus on gaze and examiner will notice that in which gaze hyperdeviation is
17 highest. Gaze will be considered in respect to which eye is affected.18 **In oblique muscles, gaze will be at opposite side with respect to which eye is affected.**19 **In rectus muscles,gaze will be at same side with respect to which eye is affected.**

20 Step 3 – Head Tilt

21 Here, patient is instructed to tilt his/her head to both right and left side respectively and examiner will
22 notice in which head tilt, hypertropia is highest. Head tilt should always be considered in respect of
23 hypertropia.24 **In oblique muscles,hypertropia is at the same side with respect to which eye is hypertropic.**25 **In rectus muscles, hypertropia is at the opposite side with respect to which eye is hypertropic.**

26 EXAMPLES:

27 1. Right eye Superior Rectus Palsy



31

32

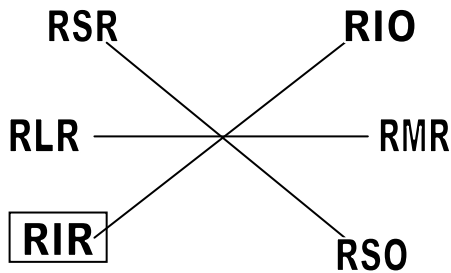
33 STEP 1 – Hypertropia in left side

34 STEP 2 – Right gaze (gaze is always respect to which eye is affected, according to above formula that’s
 35 why right gaze is present here.)

36 STEP 3 – Right head tilt (head tilt is always respect to hypertropia, according to above formula that’s
 37 why right head tilt is present here)

38 2. Right eye Inferior Rectus Palsy

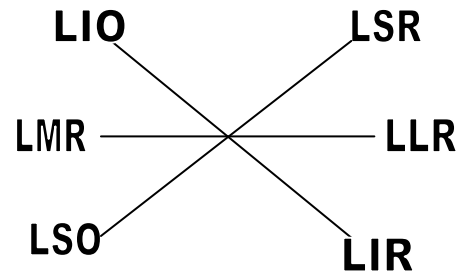
39



41

42

43



44 STEP 1 – Hypertropia in right side

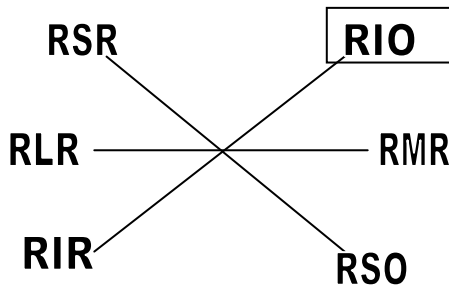
45 STEP 2 – Right gaze (gaze is always respect to which eye is affected, according to above formula that’s
 46 why right gaze is present here)

47 STEP 3 – Left head tilt (head tilt is always respect to hypertropia, according to above formula that’s why
 48 left head tilt is present here)

49

50 3. Right eye Inferior Oblique Palsy

51



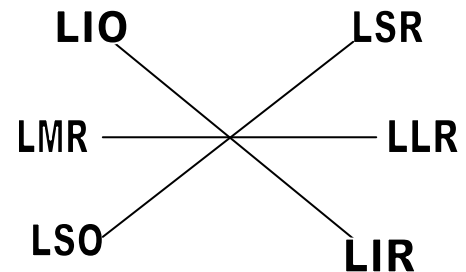
52

53

54

55

56



57 STEP 1 – Hypertropia in left side

58 STEP 2 – Left gaze (gaze is always respect to which eye is affected, according to above formula that’s
 59 why left gaze is present here)

60 STEP 3 – Left head tilt (head tilt is always respect to hypertropia, according to above formula that’s why
 61 left head tilt is present here)

62 4. Right eye Superior Oblique Palsy

63

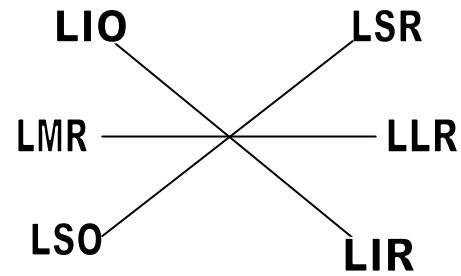
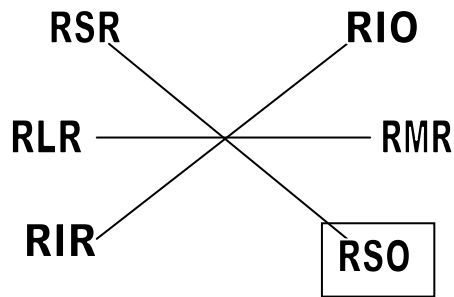
64

65

66

67

68



69 STEP 1 – Hypertropia in right side

70 STEP 2 – Left gaze (gaze is always respect to which eye is affected, according to above formula
 71 that’s why left gaze is present here)

72 STEP 3 – Right head tilt (head tilt is always respect to hypertropia, according to above formula that’s
 73 why right head tilt is present here)

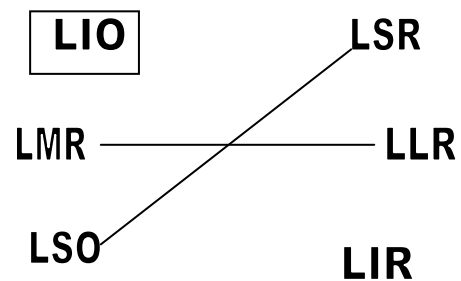
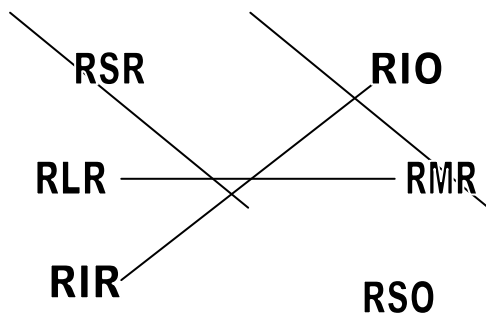
74

75 5. Left eye Inferior oblique palsy

76

77

78

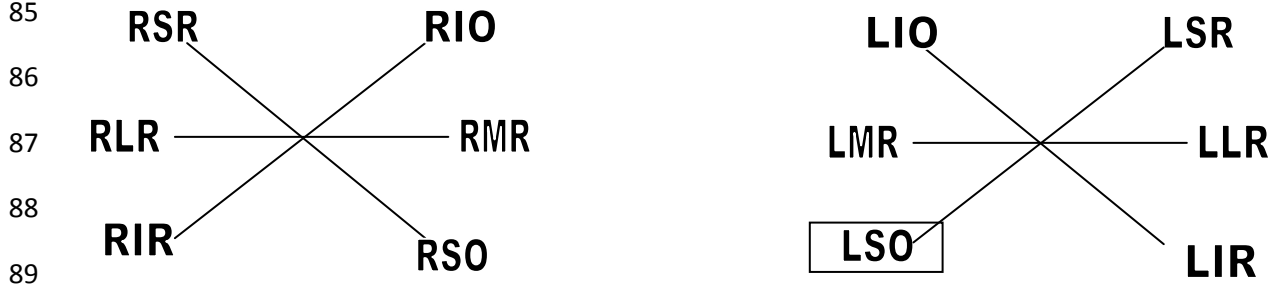


79 STEP 1 – Hypertropia in right side

80 STEP 2 – Right gaze (gaze is always respect to which eye is affected, according to above formula that’s
 81 why right gaze is present here)

82 STEP 3 – Right head tilt (head tilt is always respect to hypertropia, according to above formula that’s
 83 why right head tilt is present here)

84 6. Left eye Superior Oblique Palsy



90 STEP 1 – Hypertropia in left side

91 STEP 2 – Right gaze (gaze is always respect to which eye is affected, according to above formula that's
92 why right gaze is present here)

93 STEP 3 – Left head tilt (head tilt is always respect to hypertropia, according to above formula that's why
94 left head tilt is present here)

95 7. Left eye Superior rectus palsy



101 STEP 1 – Hypertropia in right side

102 STEP 2 – Left gaze (gaze is always respect to which eye is affected, according to above formula that's
103 why left gaze is present here)

104 STEP 3 – Left head tilt (head tilt is always respect to hypertropia, according to above formula that's why
105 left head tilt is present here)

106

107

108 8. Left Eye Inferior Rectus Palsy

109

110



111

112

113

114



115 STEP 1 – Hypertropia in left side.

116 STEP 2 – Left gaze (gaze is always respect to which eye is affected, according to above formula that's
117 why right gaze is present here)

118 STEP 3 – Right head tilt (head tilt is always respect to hypertropia, according to above formula that's
119 why right head tilt is present here)

120 **REFERENCES:**

121 1) Paul L. Pease (2006) Borish's Clinical Refraction. William J. Benjamin Second ed

122 2) Kenneth W. Wright(2006)Handbook of Pediatric Strabismus and Amblyopia

123 3) A.K.Khurana(2007)Theory and Practice of Squint and Orthoptics

124