Title of the paper – ***KEYS TO SOLVE PARK- 3 STEP TEST***

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ABSTRACT :

This paper aims for simplification of the technique of Park 3 step test. The 3 steps include following hyperdeviation, gaze and head tilt of the eye.

KEYWORDS:

Hyperdeviation, Gaze, Head Tilt

INTRODUCTION :

Park's 3 step test is quite essential in diagnosing cyclovertical palsies. Here, the following procedure shows how this test is diagnosed with ease in a simple manner. This test consists of 3 steps. They are:

Step 1 - **HYPERDEVIATION**

Here each patient is asked to look at the primary gaze and examiner will notice which eye is hyper deviated.

Step 2 - **GAZE**

Here, the examiner has to focus on gaze and examiner will notice that in which gaze hyperdeviation is highest. Gaze will be considered concerning which eye is affected.

- **In oblique muscles, gaze will be on opposite side with respect to which eye is affected.**
- **In rectus muscles, gaze will be on the same side with respect to which eye is affected.**

Step 3 – **Head Tilt**

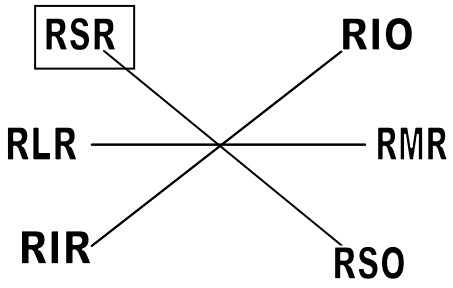
Here, each patient is instructed to tilt his/her head to both right and left side respectively, and the examiner will notice in which head tilt, hypertropia is highest. Head tilt should always be considered in respect of hypertropia.

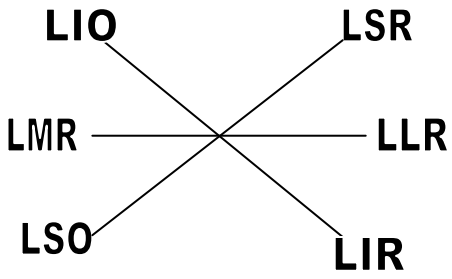
- **In oblique muscles, hypertropia is on the same side with respect to which eye is hypertropic.**

- **In rectus muscles, hypertropia is on the opposite side with respect to which eye is hypertropic**.

EXAMPLES:

1. Right eye Superior Rectus Palsy



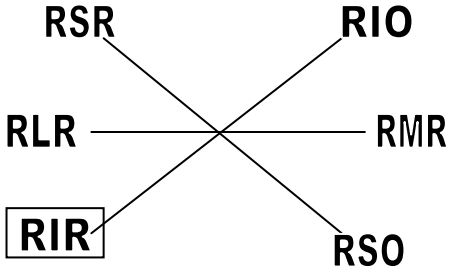


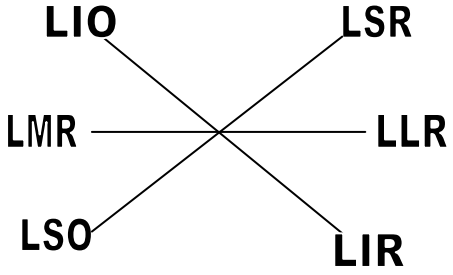
STEP 1 – Hypertropia in left side

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

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

2. Right eye Inferior Rectus Palsy



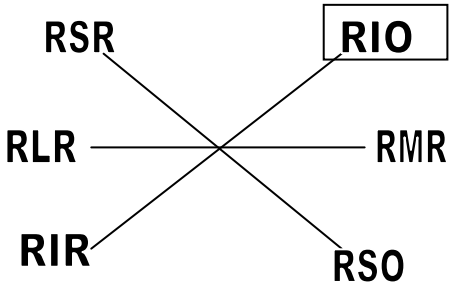


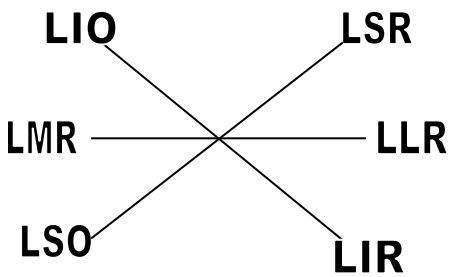
STEP 1 – Hypertropia in right side

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

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

3. Right eye Inferior Oblique Palsy



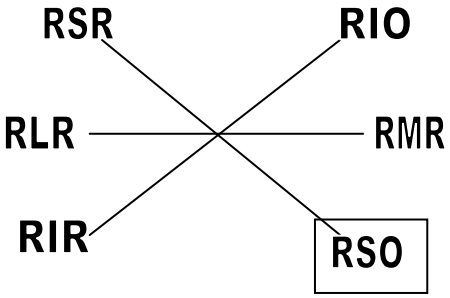


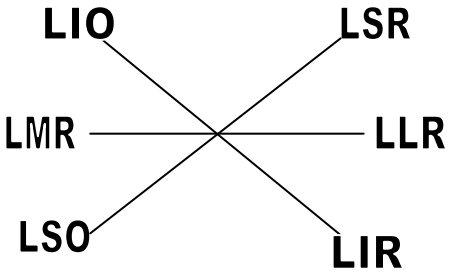
STEP 1 – Hypertropia in left side

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

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

4. Right eye Superior Oblique Palsy



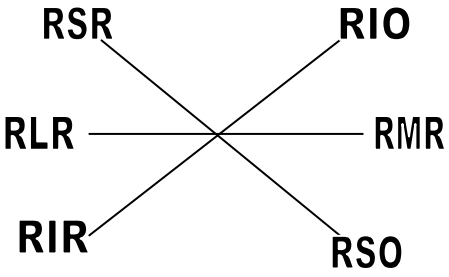


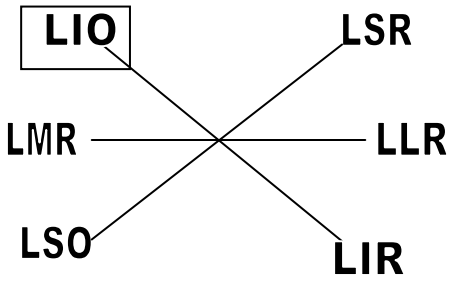
STEP 1 – Hypertropia in right side

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

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

5. Left eye Inferior oblique palsy



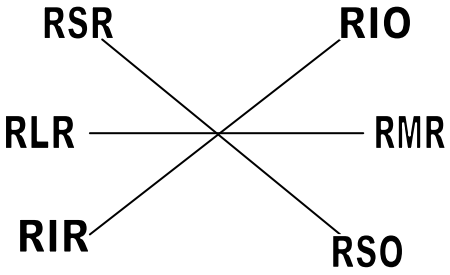


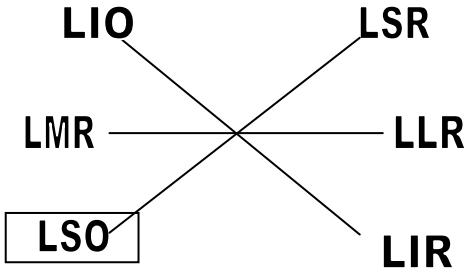
STEP 1 – Hypertropia in right side

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

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

6. Left eye Superior Oblique Palsy



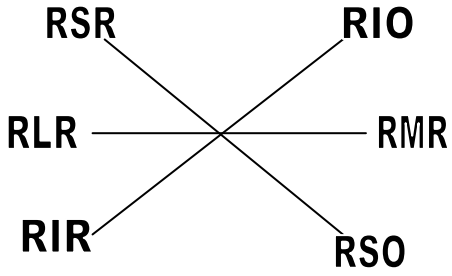


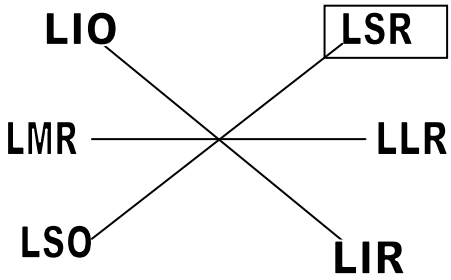
STEP 1 – Hypertropia in left side

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

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

7. Left eye Superior rectus palsy



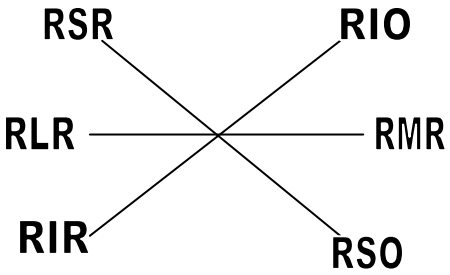


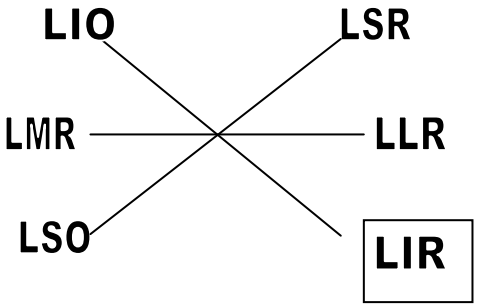
STEP 1 – Hypertropia in right side

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

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

8. Left Eye Inferior Rectus Palsy





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CONCLUSION :

This test is more useful in the diagnosis of palsies of trochlear, abducent and also oculomotor nerves.

This paper shows about simplified techniques in solving muscle palsies in routine practice.

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