



When to refer to an optometrist:

- If patient wears contacts or needs glasses to drive and hasn't been to their optometrist over two years and they are beginning a PRI program with eye strain or a history of headaches.
- Increased 'visual field' symptoms with initiation of PRI integration. (See Hruska Clinic Questionnaire in appendix.)
- If patient has an astigmatism and has ongoing related symptoms and effects on function, listed under astigmatism.
- Blurred vision with no history of trauma.
- Prior to discharge from a PRI program if frontal plane function was difficult to achieve and to maintain and patient wears glasses or contacts.
- If patient has never been to an optometrist and after repositioning, his or her vision is poorer than 20/40 using a near visual activity chart.

When to refer to a neuro-optometrist:

- After podiatry and orthognathic issues have been accounted for and following PRI intervention that have failed to achieve Hruska Adduction Lift Test or Hruska Abduction Lift Test scores of three or better, full right humeral glenoid IR, full cervical axial rotation to the left and level four squat.
- Increased visual-vestibular issues with PRI intervention and history of cranial trauma.
- Consistent positive left visual midline shift or horizontal VMS testing in supine after successful manual or non-manual repositioning. A positive vertical visual midline shift would be when the wand or finger is on the outside of the face, or over the ear or outside of the ear. A positive horizontal visual midline test would be when the wand or finger is above the eyebrows (PVMS) or at or under the chin (AVMS).
- Difficulty maintaining neutrality at the sphenoid, sternum and sacrum (using PRI testing) after initiating a base down repositioning and dynamic upright re-training program.