



**Keywords:** Vision; Digital age; Contact lenses; Laser; Spectacles; Light therapy

## Introduction

In the past few years, there has been a significant change in the way we view and manage eye health.

he def ai f he a e , he di lace e f he bea i g ca be de e i ed. SLP i ca able f high- eed ea e e a d e ela i el i le e e i e e [5].

**Advantages of vision-based displacement measurement**

**Non-contact measurement:** Vi i -ba ed eh d d e i e h ical c ac ih he i lai bea i g, eli i a i g he i k f i e fe e ce ih he e ' d a ic .

**High accuracy:** Wi h ad a ce e i ca ea ech l g a d i age ce i g al g ih , vi i -ba ed eh d ca ach i e , e high le e l f ea e e acc ac [6].

**Real-time monitoring:** Ce ai vi i -ba ed ech i e , ch a LSV, e he ad a age f ea l i e i i g, v i d i g i e d i a e feedback he di lace e beha i f he i lai bea i g.

**Full-field measurement:** Vi i -ba ed ech i e v i d e a a iall di i b ed di lace e eld, e abli g e g i e e b e v e l cali ed di lace e a d de c e ial i e i he bea i g' beha i [7].

**Challenges and limitations**

**Lighting conditions:** Vi i -ba ed ech i e a e e i i e

e gi ee i g e e . A ech l g c i e ad a ce, vi i -ba ed di lace e ea e e i e ec ed la a i al le i e e i g he a fe a d eliabili f v a i i f a e e .

Rega dle f he la ge all def ai f he i lai bea i g, he he he ca e ai ed v i g, he h i al di lace e i e hi bai ed b he v i al eh di al he a ea he e d bai ed b he di lace e e e . e ea e e e i la ge he he ca e ai v i g. H e e , c a ed ih he e d ea ed b he di lace e e e , he ab l e e f he eak h i al di lace e i le ha l , a d he e ai i le ha 1.5%, hich ee he acc ac e i e e f he h i al di lace e ea e e f he i lai bea i g. i e d h ha he ed v i al eh d ca c le e he h i al def ai de ec i f he i lai bea i g de v a i c di i .

e a ef e d f he v e ical di lace e i e hi c v e ea ed b he v i al eh di ba icall he a ea he i e hi c v e f he di lace e e e , b i c a e c i l al g ih he i e i . + e ea i ha he v e ical di lace e f he i lai bea i g i le ha l . C a ed ih he ab l e v al e f he v e ical di lace e , he e a ic e ca ed b he v i al ea e e eh di clea, b h e ai l ab l e e v i l 1.851 . Li i ed b he e i e ale i e , he di lace e f he ca e ai he e e i e i ±8 . I he ac al ei ic e , he ca e ai ed he g d e e e , he ela i e di lace e be ee he ca e a a d he i lai bea i g i he h i al di lace e f he i lai bea i g, a d he a ge f di lace e ca be e i a ed i ad a ce. e ef e, if he eld f i e f he ca e ai e be ide ha he h i al di lace e f he i lai bea i g, he acc a e ea e e e d ca be bai ed. i eh di illa licable ac al ei ici lai jec .

1. Richard Snell S, Michael Lemp A. *Clinical Anatomy of the Eye*; Second Edition.
2. *Clinical Anatomy of the Visual System*; Second Edition – LEE ANN REMINGTON.
3. Jack Kanski J. *Clinical Ophthalmology*; Sixth Edition.
4. Bell, Raymond A. (1993) Clinical grading of relative aferent pupillary defects. *Arch Ophthalmol* 111: 938-942.
5. *Clinical-content-the-relative-aferent-pupillary-defect*.
6. Thompson H, Stanley, James J, Corbett (1991) Asymmetry of pupillomotor input. *Eye* 1: 36-39.
7. Cox Terry A. Pupillary escape. *Neurology* 42: 1271-1271.
8. Enyedi, Laura B, Sundeep Dev, Terry Cox A (1998) A comparison of the Marcus Gunn and alternating light tests for aferent pupillary defects. *Ophthalmology* 105: 871-873.
9. Gerold, Hugo (1846) *Die Lehre vom schwarzen Staar u. dessen Heilung*. Rubach.
10. Gunn, Marcus R (1904) Discussion on retro-ocular neuritis. *BMJ* 1285-1287.