OCT-C

Optical Coherence Tomographer-Certified

Time Domain Specific Portfolio Requirements

Version 2.0 2014

Effective Date August 8, 2014

If the date on this Program Guide is more than six months old, please check the OPS website (opsweb.org) to make sure you have the most current version.

Copyright 2014 The Ophthalmic Photographers’ Society, Inc. All rights reserved.
Appendix A

Time Domain OCT (Stratus) Portfolio Requirements

The portfolio must be produced entirely by the applicant.

The portfolio submission form must be completed and submitted along with the portfolio. By signing the portfolio submission form, the applicant attests to the authenticity of the work submitted. Submission of work completed by anyone other than the applicant constitutes fraud. Fraud or misrepresentation of the portfolio may result in disqualification of the applicant.

Label all files with your last name as a prefix to the item #. For example, the submission set for item #7 should be labeled: “your last name” 7a (SMITH 7a). Complete naming and labeling conventions can be found on page 6 of the OCT-C Program Guide.

1. Submit a serial set of two Fast Macular Thickness Maps of one eye with normal foveal thickness (less than 200 microns as measured using the central subfield thickness measurement.) The scans must be performed on the same day of the same eye with a minimum of five minutes and a maximum of eight hours between scans – make a note of time. The center point thickness measurement of each map must be within 10 percent of each other.
   a. Submit the Retinal Map Analyses of both scans
      i. Label first map: 1A
         ii. Label second map: 1B + the length of time between scans
            (for example: 1B5 for +5 minutes or 1B1HR for +1 hour)

2. Submit a serial set of two Fast Macular Thickness Maps of one eye with central foveal thickness (greater than 350 microns as measured using the central subfield thickness measurement.) The scans must be performed on the same day of the same eye with a minimum of five minutes and a maximum of eight hours between scans – make a note of time. The center point thickness measurement of each scan must be within 10 percent of each other.
   a. Submit a retinal thickness analysis of each of the six scans of the FIRST Fast Macular Scan
      i. Label set: 2A1, 2A2, 2A3, 2A4, 2A5, 2A6
   b. Submit the Retinal Map Analyses
      i. Label first map: 2B
      ii. Label second map: 2C + the length of time between scans
          (for example: 2C5 for +5 minutes or 2C1HR for +1 hour)
Appendix A

3. Submit the specified scan and analyses sets for one eye for four of the five conditions below:
   a. Cystoid Macular Edema
      i. SCAN: Macular Thickness Map or Radial Lines ANALYSIS: Retinal Map
         1. Label 3A1
      ii. From the same capture, submit the individual line scans for 0 degree and 90 degree
          i. Label 3A2 and 3A3
   b. Macular Hole/ Macular Traction
      i. SCAN: Line Scan ANALYSIS: Normalize
         1. Label 3B1
      ii. SCAN: Cross Hairs ANALYSIS: Align
         1. Label 3B2a and 3B2b
   c. Glaucoma
      i. SCAN: Fast RNFL Thickness(3.4) ANALYSIS: RNFL Thickness Avg
         1. Label 3C1
      ii. SCAN: Fast Optic Disc ANALYSIS: Optic Nerve Head
         1. Label 3C2 - Provide first scan (90 degree)
   d. Retinal Pigment Epithelial Detachment
      i. SCAN: Line ANALYSIS: Proportional
         1. Label 3D1
      ii. SCAN: Fast Macular Thickness Map ANALYSIS: Retinal Map
         1. Label 3D2
   e. Age Related Macular Degeneration
      i. SCAN: Fast Macular Thickness Map ANALYSIS: Retinal Map
         1. Label 3E1
      ii. SCAN: Macular Thickness Map or Radial Lines ANALYSIS: Retinal Map
         1. Label 3E2
         *The central thickness measurement of 3E1 map must be within 10 percent of 3E2 map.

4. Acquire a Fast Macula Thickness and a Fast RNFL scan through an un-dilated or minimally dilated pupil. Pupil size should be less than 4mm. Both scans must be acquired on the same eye. Signal strength must be five or better on all scans.
   a. Provide ONLY a Retinal Map and RNFL Thickness Average.
      i. Label Retinal Map: 4A
      ii. Label RNFL Thickness Average: 4B
5. Acquire a high resolution (512 A scans) Line scan through a media opacity (i.e. cataract, vitreous hemorrhage, or debris) of a patient with macular or foveal pathology. Scan should illustrate compromised scan quality (signal blocking or “shadowing”) from the opacity.
   a. Analysis: Align
      i. Label: 5A

6. On the same eye used for Item #5, acquire a high resolution (512 A-scans) Line scan around media opacity (i.e. cataract, vitreous hemorrhage or debris). Scan angle or positioning within pupil should be adjusted to minimize (signal blocking or “shadowing”) from the opacity and illustrate improved visibility of pathology.
   a. Analysis: Align
      i. Label: 6A

7. Acquire one high resolution (512 a-scans) line scan at 6mm vertical (at 90 degrees).
   a. Analysis: Align or Proportional
      i. Label: 7A

8. Acquire one high resolution (512 a-scans) line scan at 10mm horizontal (at 0 degrees).
   a. Analysis: Proportional
      i. Label: 8A

9. Acquire a 7mm scan centered on the fovea in the right eye, with a 5° incline from temporal to nasal.
   a. Analysis: Align or Proportional
      i. Label: 9A

10. Using any line scan, provide a Retinal Thickness (single eye) Analysis using the calipers to measure retinal pathology. Caliper placement and measurement must be displayed on print/file.
    a. Analysis: Retinal Thickness (single eye)
       i. Label 10A