D. Perceptual Conditions - 33 Items (8%)
"Perceptual conditions" applies the knowledge of Basic Science to the prevention, diagnosis, treatment and management of those perceptual anomalies that can present to the optometrist by patients seeking primary eye care. It is composed of 4 major subdivisions: Anomalies of Child Development; Anomalies of the Aging Patient; Anomalies Secondary to Acquired Neurological Impairment; and Anomalies of Color Vision.

1. Anomalies of Child Development (10-14 Items)
   A. Epidemiology; history and signs/symptoms manifest by patients in the age ranges noted below in (B)
   B. Clinical techniques and tests to assess the development of an infant (birth to 18 months), toddler (18-36 months), pre-schooler (3-5 years), and school-age child
      1. Fine and gross motor development
      2. Speech-language development
   C. Clinical characteristics of children who deviate from normal patterns of development, and epidemiology of developmental disorders
   D. Vision problems which may be associated with deviations from normal patterns of development
   E. Tests used by optometrists to determine a child's level of visual-perceptual development
      1. Visual attention and discrimination
      2. Visual-motor integration
      3. Intersensory integration
      4. Bilateral integration and laterality
   F. Role of the optometrist and other disciplines in screening, evaluating, managing and referring children who deviate from normal patterns of development

2. Anomalies of the Aging Adult (10-14 Items)
   A. Clinical characteristics of changes in perceptual function (non-visual) associated with aging
      1. Hearing
      2. Coordination
      3. Cognition
      4. Psycho-social status
   B. Symptom profiles, clinical procedures, and tests identifying changes in vision function of the aging patient
   C. Diagnosis, treatment, and management of aging patients
   D. Assessment of the need for referral and consultation with other disciplines

3. Anomalies Secondary to Acquired Neurological Impairment (4-8 Items)
   A. Adaptations to clinical techniques and tests to allow the assessment of the visual abilities of patients with acquired systemic conditions (CVA, multiple sclerosis, etc.) and traumatic brain injury (TBI) which result in neurological impairment and subsequent vision perceptual dysfunction
      1. Non-concomitancy
      2. Field loss and neglect
      3. Loss of accommodation
      4. Loss of fusion
      5. Vision perception-motor deficiencies
   B. Role of the optometrist in screening, evaluating, managing and referring patients within the multi-disciplinary rehabilitation team concerning sequelae of neurological impairment
   C. Modification of optometric treatment for the patient with acquired neurological impairment
      1. Lenses and prisms
      2. Forms of occlusion (nasal, temporal, full, etc.)
      3. Vision therapy
      4. Counseling and education of patients and their families
4. Anomalies of Color Vision (Inherited, Acquired) (2-4 Items)

A. Inherited anomalies of color vision
   1. Classification
   2. Inheritance patterns
   3. Color vision tests (e.g., pseudoisochromatic tests, arrangement tests, anomaloscope)

B. Acquired anomalies of color vision
   1. Classification
   2. Etiology
   3. Color vision tests

C. Conditions for color vision testing

D. Societal implications of color vision anomalies
   1. School
   2. Vocational requirements
   3. Patient interest

E. Patient management strategies
   1. Counseling
   2. Special aids