

## **IMPLEMENTATION OF NON-MYDRIATIC OCULAR FUNDOSCOPY (NMOF) IN THE EVALUATION OF HEADACHE IN A FAMILY PRACTICE TRAINING PROGRAM SETTING**

**C. Donohoe**

*Neurology, University of Missouri Kansas City School Of Medicine, USA*

[charles.d.donohoe@gmail.com](mailto:charles.d.donohoe@gmail.com)

**Background:** a competent examination of the optic fundus is imperative in the evaluation of acute headache. Most family practice residents and attending staff describe their skills in direct ophthalmoscopy (DO) as grossly inadequate.

**Design/methods:** a questionnaire was crafted to assess training, practice patterns and perceived competency in direct ophthalmoscopy (DO). A pilot program evaluating the feasibility of NMOF in both the family practice outpatient clinic as well as in the emergency room was conducted.

**Results:** the complete data acquisition regarding the utility and feasibility of this technology (NMOF) is currently in progress.

**Conclusions:** NMOF appears to be a valuable, cost effective technologic addition to a family practice residency program in headache evaluation. It appears to be a feasible, reliable, instructive and time efficient alternative to DO by non-ophthalmologists who almost universally viewed their DO skills to be inadequate. MNOF can clearly aid in the identification of papilledema in headache patients as well as many other significant conditions including macular degeneration, diabetic and hypertensive retinopathy. The early recognition of these conditions facilitated by NMOF in a general practice setting has the potential to expedite therapy and reduce morbidity associated with visual loss.