

## Optical Equipment Standards

Alabama – none

Alaska - none

Arizona – none

Arkansas – none

California –

§3025.5. HEALTH AND SAFETY REGULATIONS The board may adopt regulations prescribing minimum standards governing the optometric services offered or performed, the equipment, or the sanitary conditions, in all offices for the practice of optometry, which are necessary to protect the health and safety of persons availing themselves of the services offered or performed in such offices. Added Stats 1963 ch 1464 § 1.

Colorado – none

Connecticut – none

Delaware –

### **7.0 Minimum Standards of Practice**

7.1 Equipment

7.1.1 Acuity chart

7.1.2 Ophthalmoscope

7.1.2.1 Direct

7.1.2.2 Indirect

7.1.3 Keratometer

7.1.4 Biomicroscope

7.1.5 Tonometer

7.1.6 Gonioscope

7.1.7 Access to Visual Field

7.1.8 Access to Retinal Camera

7.1.9 Phoropter

8.0 Ethics

8.1 It shall be the ideal, the resolve and the duty of all licensees to:

8.1.8 Maintain their offices and their practices in keeping with current professional standards of care..

Florida – none

Georgia – none

Hawaii – none

Idaho –

IDAPA 24.10.01 Bureau of Occupational Licenses Rules of the State Board of Optometry

425. RULES DEFINING GROSS INCOMPETENCE (RULE 425).

07. Failure to Verify the Specifications of All Lenses. Failure to verify the specifications of all lenses provided by him. (11-6-93) 08. Failing to Perform Tests and Record Findings. In the course of an examination of a patient, failure to perform tests and record findings in a manner consistent with prevailing standards of optometric care. (11-6-93)

12. Sanitary Office. Failure to maintain sanitary office conditions, equipment, and use appropriate techniques and procedures. (4-4-13)

Illinois – none

Indiana – none

Iowa – none

Kansas –

Article 8. –Minimum Standards for Ophthalmic Services

65-8-2. Instruments.

(a) Commonly accepted instrumentation and methods designed to produce accurate and reliable findings shall be utilized to perform the minimum standard requirements in K.A.R. 65-8-1.

(b) The result of each performed procedure shall be recorded.

(c) Commonly accepted measuring units and nomenclature shall be used. (Authorized by K.S.A. 74-1504(a)(6); implementing K.S.A. 1991 Supp. 65-1501; effective May 18, 1992.)

Kentucky –

201 KAR 5:040. Unprofessional conduct

This administrative regulation establishes the acts that constitute unprofessional conduct. Section 6. (1) Instruments and equipment necessary to perform the minimum examination specified in Section 7 of this administrative regulation shall be maintained in an office where optometry is practiced. (2) It shall be unprofessional conduct for an optometrist to fail to maintain in good working order, or to be unable to operate, instruments and equipment necessary to perform the minimum examination specified in Section 7 of this administrative regulation.

Louisiana – none

Maine – none

Maryland – none

Massachusetts – none

Michigan – none

Minnesota – none

Mississippi – none

Missouri – website unavailable

Montana – none

Nebraska – none

Nevada – none

New Hampshire – none

New Jersey – none

New Mexico – none

New York – none

North Carolina – none

North Dakota – none

Ohio – none

Oklahoma –

**Title 505:10-5-1 Minimum standard of sanitation, hygiene and professional surroundings**

3) Every optometrist practicing his profession in this state must have available in his office for examination of the human eye the following minimum equipment, to-wit: an Ophthalmoscope, a Retinoscope, an Ophthalmometer or Keratometer, a Phoropter or Refractor, and an instrument for recording visual fields. Every such examination must be made in an optometric office, such as is referred to in (1) exclusively for the practice of optometry. Provided, that if a person desiring optometric services informed an Optometrist that by reason of sickness, or other cause, he or she is confined to his or her place of abode, said optometrist may make an examination at the place of abode of said person. Provided, further, that said optometrist must have available at said place of abode for said examination, the following minimum equipment, to-wit: An Ophthalmoscope, a Retinoscope, a reliable astigmatic test and a reliable trial frame suitable for muscular test.

Oregon – none

Pennsylvania – none

Rhode Island – none

South Carolina – none

South Dakota –

**20:50:06:01. Minimum office equipment.** The minimum equipment with which licensed optometrists shall operate their offices and engage in the practice of optometry consists of the following items, all of which shall be kept in good condition:

- (1) Ophthalmic chair and instrument unit;
- (2) Retinoscope;
- (3) Ophthalmoscope;
- (4) Phoropter;
- (5) Keratometer;
- (6) Trial lens set;
- (7) Trial frame;
- (8) Transilluminator;
- (9) Projector chart or other luminous acuity chart;
- (10) Biomicroscope;
- (11) Instrument to evaluate intraocular pressure;
- (12) Permanent patient record system;
- (13) Visual fields instrument;
- (14) Color vision test equipment; and
- (15) Sanitary lavatory basin.

Tennessee – none

Texas – none

Utah – none

Vermont – none

Virginia – none

Washington – none

West Virginia – none  
Wisconsin – none  
Wyoming – none



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**GOLDMANN TONOMETER CALIBRATION ERRORS IN AN OPTOMETRIC SETTING**

<b>Title</b>	GOLDMANN TONOMETER CALIBRATION ERRORS IN AN OPTOMETRIC SETTING
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<b>Topic</b>	
<b>Year</b>	2006
<b>Day</b>	
<b>Program Number</b>	065210
<b>Room</b>	
<b>Affiliation</b>	University of Houston, College of Optometry
<b>Abstract</b>	<p><b>RESULTS:</b> On initial measurements, a significant number of Goldmann tonometers were outside of the manufacturer's recommended <math>\pm 0.5</math>mm Hg range for both the 20mm and 60mm Hg drum settings (<math>p = 0.000</math>). When the range was extended to <math>\pm 1.0</math>mm Hg, a significant number were still outside the appropriate range (<math>p=0.000</math>). Calibration errors did change significantly within the 2 weeks time period for the 20 mm Hg setting (<math>p= 0.039</math>) but not for the 60 mm Hg setting (<math>p=0.404</math>). Instruments which measured outside the acceptable range on the initial testing showed greater calibration errors and variability on the 2 week readings. Inferior and superior mounting types were equally likely to fall outside of the recommended range.<b>PURPOSE:</b> Intraocular pressure measurements are routinely used to help diagnose and manage glaucoma and other ocular conditions. The Goldmann Applanation Tonometer is considered the gold standard in IOP measurements. Although manufacturers provide a calibration verification device with each instrument, there are currently no guidelines as to how often calibration should be checked. This study evaluated frequency of Goldmann tonometer calibration errors and changes in error over time in a large Optometric clinic. All of the instruments tested were within acceptable ranges 10 months prior to the study.<b>METHODS:</b> 90 Goldmann tonometers at the University Eye Institute were checked for calibration errors at both the 20mm and 60mm Hg settings using the manufacturer's recommended procedures. Of these tonometers, 36 were the superior or drop-down mounting type while the other 54 were the inferior or base-plate mounting type. Instruments were checked again by the same observer 2 weeks later.<b>CONCLUSIONS:</b> Some practitioners never verify Goldmann tonometer calibration, others perform yearly checks, and a few verify prior to each use. The current study shows that yearly calibration checks are not adequate as changes in calibration occurred in as little as 2 weeks for some instruments.</p>
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