

Rodenstock Perimeter



- ★ Kinetic and static testing
- ★ Digital eye-tracking
- ★ RGB bowl illumination
- ★ Goldmann size stimuli
- ★ Standardised driver test
- ★ Electronic chin rest
- ★ Embedded PC

Perimeter PERISTAT und PERIMAT

	PERIMAT	PERISTAT
Bowl type	closed	closed
Chinrest/ headrest	Electric	Electric
PC embedded	Yes	No
Projection type	Front projection	Back projection
Background color	White / Yellow	White / Yellow
Stimulus color	Green, White, Blue, RED	Green, Blue
Goldmann stimulus size	I, II, III, IV, V	III, IV
BLUE ON YELLOW strategy	YES	YES
Zeiss-Humphrey test fields (rectangular grid)	YES	NO
Kinetic tests	YES	NO



Updates .. PERISTAT und PERIMAT

- 1) Version 6.1 „the final solution“**
- 2) Hardware upgrades**
- 3) New ISO conform applications**
- 4) Faster exams**

The final solution 6.0

- * complete ISO conform
 - * industrie standards like Esterman included
- * One update for all systems
- * Automated Hardware detection
- * One Operator Manual for all
- * QG (Quick guides) for basic operation
- * Translation Application and QG will stay.

Hardware changes:

- * silent engines
- * new magnetic head and chinrest
 - * Monocular (R/L position)
 - * Binocular (middle position)
- * new trail lens holder
 - * even for high power lenses
 - * As spare part available for older units.
- * New video camera binocular
 - * for Binocular test | 60° but automated fixation control
 - * centered, right and left fixation

ISO conform applications:

- * Driving test EU requirements
 - * (6.1) private requirements 120°
 - * (6.4) commercial drivers 160°
- * German driving = Bi driving full
 - * Bi driving test full = Driving
 - * additional for germany: Kinetik driving standard 45
- * Esterman test is only available in PERIMAT

PERIMAT vs. Humphrey HFA:

	Tomey AP-3000 / PERIMAT	Zeiss Humphrey HFA
Age related testing	Yes	Yes
Binocular strategy	Yes	Yes
Fluctuation measurement	Yes	Yes
Bebie curve	Yes	No
Global indexes	Yes	Yes
Automatic pupil measurement	Yes	Yes
Eye and head tracking	Yes	720i: No 740i: Eye tracking 745i, 750i: Eye and head tracking
Video monitoring	Yes	Yes
Heijl-Krakau fixation monitoring	Yes	Yes
Rectangular field grids	Yes, same as in HFA	Yes
Radial field grids	Yes	No
User tests	Yes	Yes
Statistical analysis, regression	Yes	Yes
Printouts	Single, Combo, Multi, 7 on 1 HFA standard	HFA standard
Data export / import	Yes	Yes
Networking	Yes	Yes
User management	Yes	No
National language support	Fully supported	English, German
Custom settings	Yes	No

PERIMAT vs. Humphrey HFA:

The notes marked **blue** describe the **PERIMAT** features in comparison to HFA perimeter.

Test specifications

Maximum temporal range (degrees): 89

Maximum temporal range (degrees): 80 with moving fixating point. HFA has a bullet-shaped bowl which allows testing peripheral fields without changing fixation points.

Stimulus duration: 200 ms

Stimulus duration: adjustable from 100ms to 9.9s with 100ms step.

Visual field testing distance: 30 cm

Visual field testing distance: 30 cm

Background illumination: 31.5 ASB

Background illumination: 31.5 ASB

Threshold test library

24-2, 30-2, 10-2, Macula

60-4, Nasal step

Same (24-2, 30-2, 10-2, Macula) or equivalent (different names) test fields. More default patterns than in HFA.

Threshold test strategies

SITA Standard, SITA Fast, Full Threshold, FastPac

SITA-SWAP

Same or equivalent (similar) threshold strategies (Threshold, Fast Threshold, Smart Threshold etc.). SITA term is copyrighted by Zeiss, so it cannot be used by other manufacturers, but idea of testing is the same (predicting the possible test course to decrease test duration).

Screening test library

C40, C64, C76, C80, C-Armaly

Peripheral test patterns

Equivalent test fields (more default patterns than in HFA).

Screening test modes

Age corrected

Threshold related, Single intensity

Same as mentioned.

PERIMAT vs. Humphrey HFA:

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Specialty test library

Social Security Disability, monocular, binocular

Superior 36, 64

Kinetic testing

Custom testing

Same as mentioned (except Superior fields which are available by editing one of default test patterns, if needed can be added as default fields for regular distribution).

Fixation control

Heijl/Krakau blind spot monitor

Heijl/Krakau blind spot monitor

Video eye monitor

Gaze tracking

Head tracking

Vertex monitoring

Remote video eye monitor capability

Operator interface

Touch-screen CRT with keyboard

Possible combinations dependent on user needs:

*LCD external monitor + mouse + keyboard

*LCD monitor attached to Perimat using attachment module + mouse + keyboard

External LCD touch-screen

*LCD touch-screen attached to Perimat using attachment module

Stimulus

White-on-white

Red- or blue-on-white

Blue-on-yellow (SWAP)

All available plus Green on White.

PERIMAT vs. Humphrey HFA:

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General testing features

Stimulus sizes : Goldman I-V

Foveal threshold testing

Automatic Pupil measurement

All available.

User-defined test storage

Available.

Software features

Visual Field Index

Available (Regression Analysis tool).

EasyConnect RCT

HFA-NET Pro

These are network and import/export options. PERIMAT has full network support and operates on transactional database server (Firebird SQL) which can be run remotely. Network printing, backup etc. also available.

Glaucoma Hemifield Test (GHT)

Available.

DICOM Gateway: option

Under development, not implemented yet.

Guided Progression Analysis (GPA)

STATPAC 2–single field analysis

Equivalent Regression Analysis tool.

Serial field overview

Available (combo mode, multi mode etc.)

Networking

Full network support.

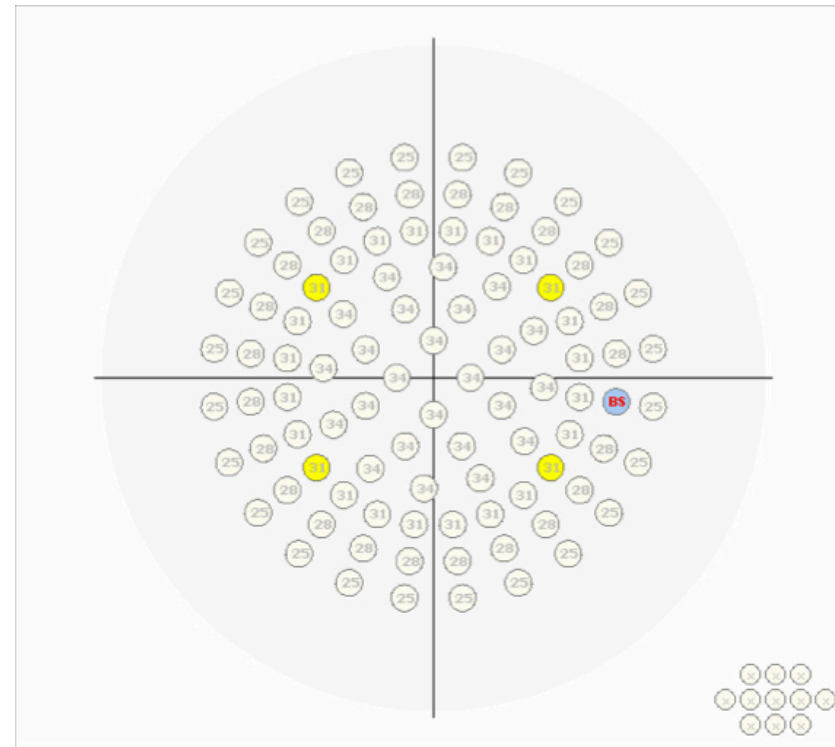
Strategies

The fastest strategies but with less clinical information

CONSTANT – testing a whole field with a constant value. May be used for almost blind patients when we want to determine where is area of remaining sensitivity. The 2 ZONE and 3 ZONE described below can be used for similar cases.

2 ZONE – simple strategy to determine if the patient can see points within the Age Norm for his age. Two possible answers: seen / not seen.

3 ZONE – similar to 2 ZONE but if patient cannot see the point, it is tested again with 0dB value. So we have three possible answers: seen / not seen / seen at 0dB.



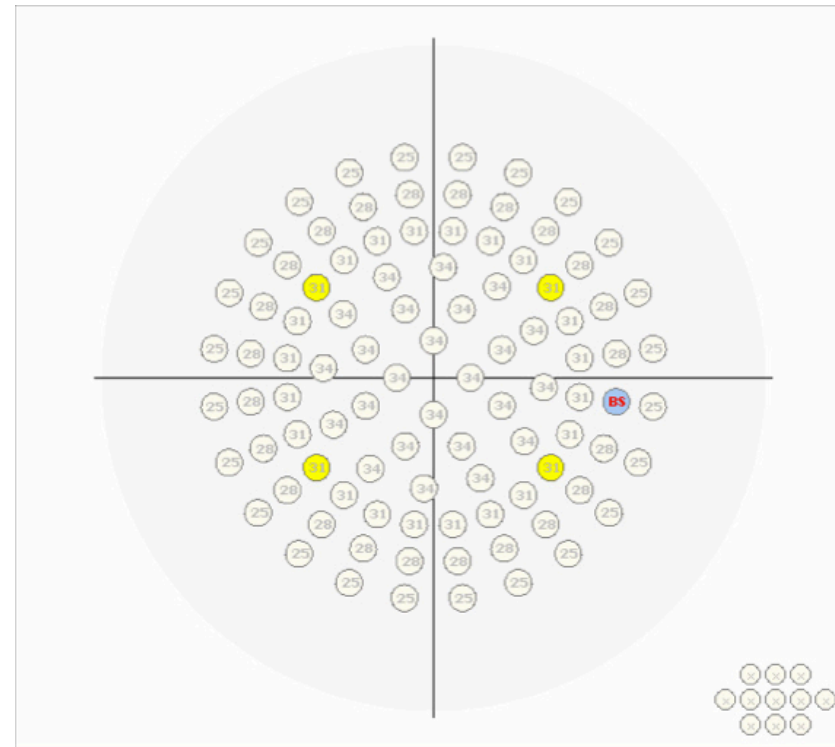
Strategies

The fast strategies with gradient clinical information (3dB)

NEUROLOGICAL – the same as SCREENING with one exception. If five points in one quart (1/4 of field) are not seen, then a whole quart is marked as not seen (X). Recommended for patients with big neurological defects.

FASTSCAN – faster version of SCREENING. Half of the points is tested. Therefore recommended with Full field to save time and avoid patient fatigue.

SCREENING – basic and fast strategy for all patients. **Recommended as a first exam when we do not know nothing about the patients.** Test is conducted with 3dB step. Test is finished when Age Norm Level is reached. All fields can be used.



Strategies

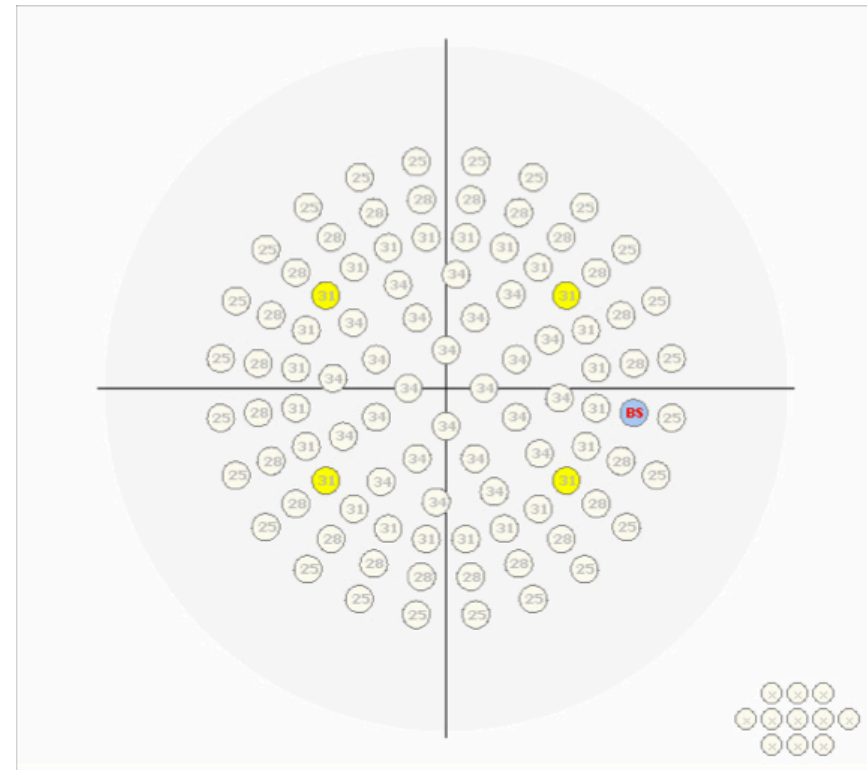
The standard strategies with gradient clinical information (1dB steps)

SMART THRESHOLD – a faster version of FAST THRESHOLD. Initially only half of the points (every second point) is tested. If the difference between results in two adjacent points are higher than 6dB, the point between them is additionally tested (so the test in this area becomes simple FAST THRESHOLD).

Recommended for older patients and patients who have problems with fixation. Also the best strategy to use with large fields like Full or Wide.

FAST THRESHOLD – a version of THRESHOLD but the testing is finished when Age Norm Level is reached. Therefore bigger fields can be used if needed (for example Central 30, Central 30-2, Glaucoma, Wide). Recommended for most glaucomic patients.

THRESHOLD – most accurate strategy but also most time consuming. Test is conducted with 1dB step and finished when real sensitivity is reached. Recommended for glaucomic patients, but ONLY with small fields like Central 20, Macula, Central 24-2, Central 10-2.



THRESHOLD BY, FAST THRESHOLD BY and SMART THRESHOLD BY –

the same as the THRESHOLD strategies described above but for BLUE ON YELLOW testing. Recommended for early glaucoma detection.