

致 衛生事務委員會主席：
各位委員：

立法會CB(2)993/17-18(01)號文件(修訂本)
LC Paper No. CB(2)993/17-18(01)(Revised)



香港斜視重影病患者協會
HONG KONG ASSOCIATION OF SQUINT
AND DOUBLE VISION SUFFERERS

祈關注斜視重影/視覺感知障礙

(斜視醫學名：Strabismus、重影醫學名：Diplopia、
視覺感知障礙醫學名：Visual perception disorders)

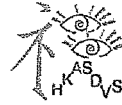
弱勢社群

甚麼是弱勢社群？人數少？貧窮？草根？

在本會來說，沒人明白、沒人相信、有口難言……以致喪失人生目標、方向、尊嚴、盼望、學習和人身安全的一群人，就是弱勢社群。

過去多年，斜視重影/視覺感知障礙都被定位為無須關注的弱視或視障。而政府亦未找到協助方法改善他們的處境，就算業界有視覺矯正師，亦未被實用和廣泛宣傳。

有見及此，本會除於本年 2 月 3 日在香港眼科醫院舉行的講座中，介紹四位註冊職業治療師的工作深度和闊度外，更在早前做了兩期免費的光敏感 Irlen® 治療評估，配合感覺統合訓



練，受惠人數達 14 人，當中有三分之二受惠者是 12 歲以下的讀障學生，而三分之一受惠者早已是本會重影會員，反映學障中隱藏重影、光敏感患者，政府一直忽略，坊間亦未有生活安全意識。結果有大半患者得到即時幫助，即時解決眼前困擾和恐懼。另外，山姆療法，本會亦有見證患者受助，甚至連大腦麻痺的問題也有改善。

透過患者和會員分享，明白社區復康支援和信息短缺，故特函希為關注。提出意見如下：

1. 將改善無立體感/無空間感/無距離感的特殊眼鏡，成為輔助醫療器材，當中包括三菱鏡和光敏感 Irlen® 治療眼鏡。
2. 增設「專職復康治療券」，
(英：Allied Health Rehabilitation Services Voucher)，
助學障、斜視重影和視覺感知障礙患者及長期病患者，自主向註冊職業治療師尋求幫助。
3. 病人可跨區自主向註冊職業治療師尋求協助。
4. 病人可自主向視覺矯正師尋求協助。
5. 當然地，希惠及青少年和成年人。



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長遠來說，增加註冊職業治療師的就業機會，減少意外，提升社區精神健康，香港更能安定繁榮。而且，亦能減輕政府醫療開支，希望少了讀寫障礙、長期痛症病患者和傷殘人士，令更多家庭精神減壓。

隨信附光敏感評估資料，稍後再有患者人數資料補上。不便之處，希為見諒。祈冗賜覆。

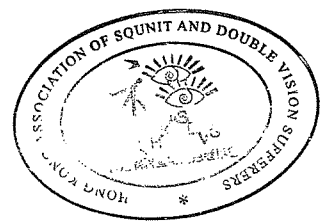
順祝鈞安！

附光敏感14人評估資料
和電子問卷資料
及舌頭唔問卷資料

香港斜視重影病患者協會

會長 朱抱珍

21-2-2018



★光敏感評估★

代號	年齡	自閉	重影	光敏感 (配鏡○)	無立體感 無距離感 無空間感	學障	其他病	專注力不足	感統
★1 官	57		✓	✓○	✓				
★2 鍾	59		間竭		間竭		鼻咽癌		
★3 林	58			✓○	✓		獨眼 輪椅使用者		
★4 林	6			~~~~~	✓		眼球震顫		~~~~~
★5 曾	56		✓		✓				
★6 陳	8			✓○	✓	✓		✓	
★7 張	32		✓	✓	✓		輪椅使用者		
★8 張	9		斜視	✓○		✓			
★9 杜	9			✓○	✓			✓	
★10 邵	14	✓		~~~~~	✓	✓			~~~~~
★11 李	23			~~~~~	✓		大腦麻痺		~~~~~
★12 林	8			✓○		✓			
★13 楊	11			✓○	✓	✓			
★14 楊	11					✓		✓	

斜視重影 A 電子問卷有 4 位已做評估兒童，(5 位新兒童、2 位成人)

現場問卷有 7 位兒童，5 位成人，另早前排隊有 8 位兒童等做光敏感

斜視重影/視覺感知障礙病人資料(電子問卷) A

代號	年齡	發病年齡	學障評估	專注力不足	怕光	無立體感 無距離感 無空間感	斜視/重影	無故平路跌倒 眼前近物找不到 抄寫跳行	覆診地點	手術
A1 楊	10	6	✓		✓	✓		✓	理工	沒有
A2 歐	6	3	未做	✓	✓			✓	聯合	
常睇眼、自閉症 ASD、類精神分裂型人格違常、專注力失調及過度活躍症 ADHD										
A3 葉	8	5		✓		✓		✓	聯合	
A4 黃	37	30		✓		✓	重影	✓	東華東院	沒有
A5 黎	4	4		✓		✓		✓✓	屯門醫院	沒有
冇覆診、自閉症、評估地點：屯門醫院(心理學家、精神科、職業治療師、物理治療師)										
A6 黃	11	4				✓	重影	✓✓	粉嶺評估中心	
A7 李	62	58			✓	✓	上下重影		柴灣東區醫院	有
頸動脈海綿竇瘻 (Carotid Cavernous Fistula), 簡稱 C.C.F.										
A8 陳	7	4	✓	✓		✓			尤德評估中心	沒有
A9 林	6	0				✓		✓	東區醫院	有
CP 腦性麻痺症										
A10 洪	10	6				✓		✓✓	N/A	沒有
A11 杜	8	8		✓		✓		✓	政府	

A 電子問卷

斜視重影/視覺感知障礙病人資料(填寫問卷) #

#代號	年齡	發病年齡	專注力不足	怕光	常眯眼	平路常無故碰撞或跌倒 近距離找不到東西	無立體感 無距離感 無空間感	斜視 重影	抄寫跳行
#1 陳	3				✓			斜視	
#2 李	3					✓	✓		
#3 Yip	8	5	✓			✓		重影家長	✓
#4 Lam	6		✓			✓			✓
#5 吳	14	6	✓			✓	✓		
#6 楊	9	4				✓✓		斜視	✓
#7 李			眼球震顫						
#8 陳	58	58	✓ 難對焦				✓		
#9 張	感統障礙		✓			✓	✓		✓
#10 周	67			✓			✓		
#11 麥	59	大人和小孩皆有斜視							
#12 李	23		✓			✓	✓		

3/2 現場問卷 #



本會歷年工作報告

2007 年	<ul style="list-style-type: none"> - 成立本會，成功加入社區復康網絡尋求支援 - 分別與社工及本會顧問多次探訪心光盲人學校，瞭解視障學習
2008 年	<ul style="list-style-type: none"> - 向創世電視索取個人特輯片段，拍〈生死有誰知〉，祈助社區明白患者需要
2009 年	<ul style="list-style-type: none"> - 成功令教育局關注全港特殊學校引入視障支援服務
2010 年	<ul style="list-style-type: none"> - 兩次探訪香港教育學院，會友分享斜視及重影患者的學習心得予〈特殊教育老師〉課程的學生，並將授課義工費捐予本會 - 成功加入醫管局〈智友站〉資訊群中
2010 至 2015 年	<ul style="list-style-type: none"> - 成功使醫管局添加及重視〈視覺矯正師〉一職，由全港 12 人增加至 15 人
2011 年	<ul style="list-style-type: none"> - 去信時任政務司司長林鄭月娥建議增加綜援戶〈自力更新〉計劃加入儲蓄計劃 - 去信時任政務司司長林鄭月娥成功爭取殘疾學生入讀大專可領綜合援助金
2012 年	<ul style="list-style-type: none"> - 開心頻道介紹本會，分享會員視力需要，頻道後亦加入關於外國斜視資料
2012 至 2016 年	<ul style="list-style-type: none"> - 參與中大基層醫療學院〈人本醫療〉計劃帶隊家防會員，2012 年參與人數共 12 名；2013 年參與人數共 9 名；2014 年參與人數共 4 名；2015 年參與人數共 4 名，及 2016 年參與人數共 5 名會友
2013 年	<ul style="list-style-type: none"> - 證實斜視有遺傳 - 2013 年到立法會申訴部申訴 - 關愛基金爭取斜視重影眼鏡成為輔助醫療器材，跟進中 - 於本會多次活動引進驗眼壓 - 完成〈視障人士出入安全及對醫療證明意見〉調查報告
2014 年	<ul style="list-style-type: none"> - 獲中大基層醫療學院〈人本醫療〉課程項目中重點關注
2015 至 2016 年	<ul style="list-style-type: none"> - 證實斜視重影橫跨 18 種病因，包括無病和遺傳 - 與珠海學院資訊科技系傅弘教授多次合辦〈眼動儀〉測試，曾參與的機構有香港盲人輔導會 - 醫管局回電郵表示沒有斜視重影病患者數據，並成立視光及視覺矯正服務小組委員會
2017 年	<ul style="list-style-type: none"> - 舉辦兩次免費光敏感評估，共 14 人受惠，當中三分之二受惠者視力得到即時改善

九成港人患隱性斜視-東方日報

http://orientaldaily.on.cc/cnt/news/20170403/00176_067.html

突發斜視或屬嚴重疾病警號-東方日報

http://orientaldaily.on.cc/cnt/news/20170403/0017_068.html

留心, 有斜視未必有重影,
有重影多有斜視,
斜視有隱性與間歇性,
重影則全是隱性.
與幻覺,老花,散光一樣,
全獨立

1. 什麼是弱視、低視能和失明？

- 弱視泛指小童因先天性的眼睛毛病，例如斜視或“鴛鴦”度數，以致其中一隻眼睛或雙眼的視力比正常視力差。通過一些雙眼協調及/或遮蓋單隻眼睛訓練，弱視眼睛的視力通常都會得到一些改善。
- 低視能是指一些人士，因為眼睛有毛病，但是經過所有現在可行之治療方法後，視力及/或視野(或其他視覺功能)仍然不能回復到正常人視力的一定標準，便稱為低視能人士。
- 失明不一定是指一些完全失去光感之人士。每個國家對“失明”的定義都可能不同。在香港，“法定失明”是指一些人士經過矯正後的最好視力（雙眼中視力比較好的一隻眼睛）不能達到0.05（即視力正常人士在20尺看到的景物，患者需在1尺的距離才可看到）；或是中央視野直徑只有或少於20度。

*資料來自香港失明人士協進會網頁

COLOR IS IN!

WHEN YOU HAVE IRLLEN SYNDROME

WHAT IS IRLLEN SYNDROME

TECHNICALLY

The brain is unable to process certain wavelengths of light

IN NORMAL LANGUAGE

It's like the brain is allergic to certain kinds of light



SO WHAT HAPPENS ?

BRIGHT LIGHTS (LIKE SUNLIGHT AND FLUORESCENT LIGHTS) CAN...

- Hurt your eyes
- Give you a headache
- Give you a stomach ache
- Make the words move when you're trying to read
- Make you feel jittery or anxious
- Make the words on the page hard to look at
- Make you blink or squint or rub your eyes
- Make it hard to concentrate
- And much more...



A FEW QUICK FACTS

1 ANYONE CAN HAVE IRLÉN SYNDROME, NOT JUST PEOPLE WHO HAVE TROUBLE READING

2 IT RUNS IN FAMILIES (YOUR MOM OR DAD GAVE IT TO YOU!)

3 YOU CAN ALSO GET IT AFTER HAVING A CONCUSSION OR HEAD INJURY

4 DIFFERENT PEOPLE HAVE DIFFERENT SYMPTOMS (I MIGHT GET HEADACHES WHEN I READ, AND YOU MIGHT SEE WORDS MOVE ON THE PAGE)

5 IT'S NOT A PROBLEM WITH YOUR EYES - IT'S A BRAIN THING!

WHAT DO PEOPLE SEE

A FEW EXAMPLES...

BY ANDREW I. SESTEK AND RICHARD I. WYATT

As any parent, grandparent, or baby-sitter knows, some babies are adaptable, placid, and regular in their habits, while others are difficult and unpredictable. Differences in temperament show up from the first day of life: some infants sleep very little, others sleep a lot, some infants are highly sensitive and easily soothed, others are quiet and unresponsive.

Since newborns have not been exposed to the world for long, environmental factors beyond the womb can hardly account for such differences in temperament. Rather, the differences must be largely a result of genetic influences. Yet there have been few, if any, attempts to relate different biological endowments of birth to newborns' behavior.

We have found in research at the National Institute of Mental Health (NIMH) that behavioral differences in newborns are associated with an enzyme that circulates in both the blood and the brain, monoamine oxidase (MAO). By comparing the amounts of MAO in the blood of newborns with their performance on behavioral tests, we concluded that those with lower levels of MAO tended to be more sensitive and irritable than those with high MAO. The lower MAO newborns were also more active and performed better on a test relating to motor functioning.

In the brain, researchers believe that MAO influences behavior by breaking down the chemical neurotransmitters that carry messages between neurons. By preventing neurotransmitters from building up, MAO causes the brain cells that would otherwise be activated. Low levels of MAO thus cause neurotransmitters to build up in the brain.

We know that some of our children have MAO levels that are lower than the average level of MAO and that their behavior shows a variety of traits that are associated with low MAO levels, such as hyperactivity and depression.

Others had lower-than-normal amounts of MAO in their blood. In a study of normal adults, Monte Buchsbaum and his associates uncovered an association between low MAO and a variety of distinctive personality traits, including gregariousness, a tendency to drink and experiment with drugs, an active sex life, and a preference for activities such as motor cycle riding.

Was MAO present in the blood of infants in the same relative amounts?



Could it similarly influence their behavior? To find out, we first examined the blood of 23 newborns. Soon after birth, blood is routinely taken from the part of the infant's umbilical cord that is attached to the placenta to determine blood type. We received permission to analyze the remaining fetal blood.

We found approximately the same variation in the range of MAO levels among our 23 infants as among the 500 adults assessed in previous studies. The MAO levels were also similar regardless of the type of delivery, sex, gender, birth weight, or medication given the mother during delivery. Previous research has shown that in the blood of newborns

tical (as similar as same last similar as that the blood at b

To measure among us (NIMH) and day of infants' test and sound tion of the crossed p items, for rings a b shows a fl ions to an out stimuli or cannot a more accurate information.

To see how infants' MAO the infants in these a most acute sensitivity of testing, I each an amount, the longer to be holding an They also a coordination.

Our main syster as the test to each newborns, after some ambiguitous and quiet. Some infants are particularly sensitive to the sound of the car horn.

© Irlen Institute 2014

BLURRY


However, by the end of the day he had decided that this school was better than the last one even though he didn't like it. Nobody had offered to pull his head off, rip his coat, or throw his shoes over the roof. On the other hand, nobody had spoken to him either. By Thursday after noon, nothing had changed. Bill was not entirely surprised no one spoke to him because no one knew he was there every day he was with another group. He only saw his class together at registration after that they were split up for all their lessons. Maths with his English with his games with 2 a lesson which was mysteriously called GS with his. At the end of that period he was nowiser about GS than he had been at the beginning. It seemed that the class was on page 135 of book 2 while the teacher was on page 135 of book 3 as both books had identical covers. The lesson was over before any one noticed Bill had had no book anyway being advised to share with a boy in a pink shirt who kept his elbow firmly between Bill and the book. When the bell rang Bill grabbed the boy in the pink shirt before he could leave.

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RIVERS

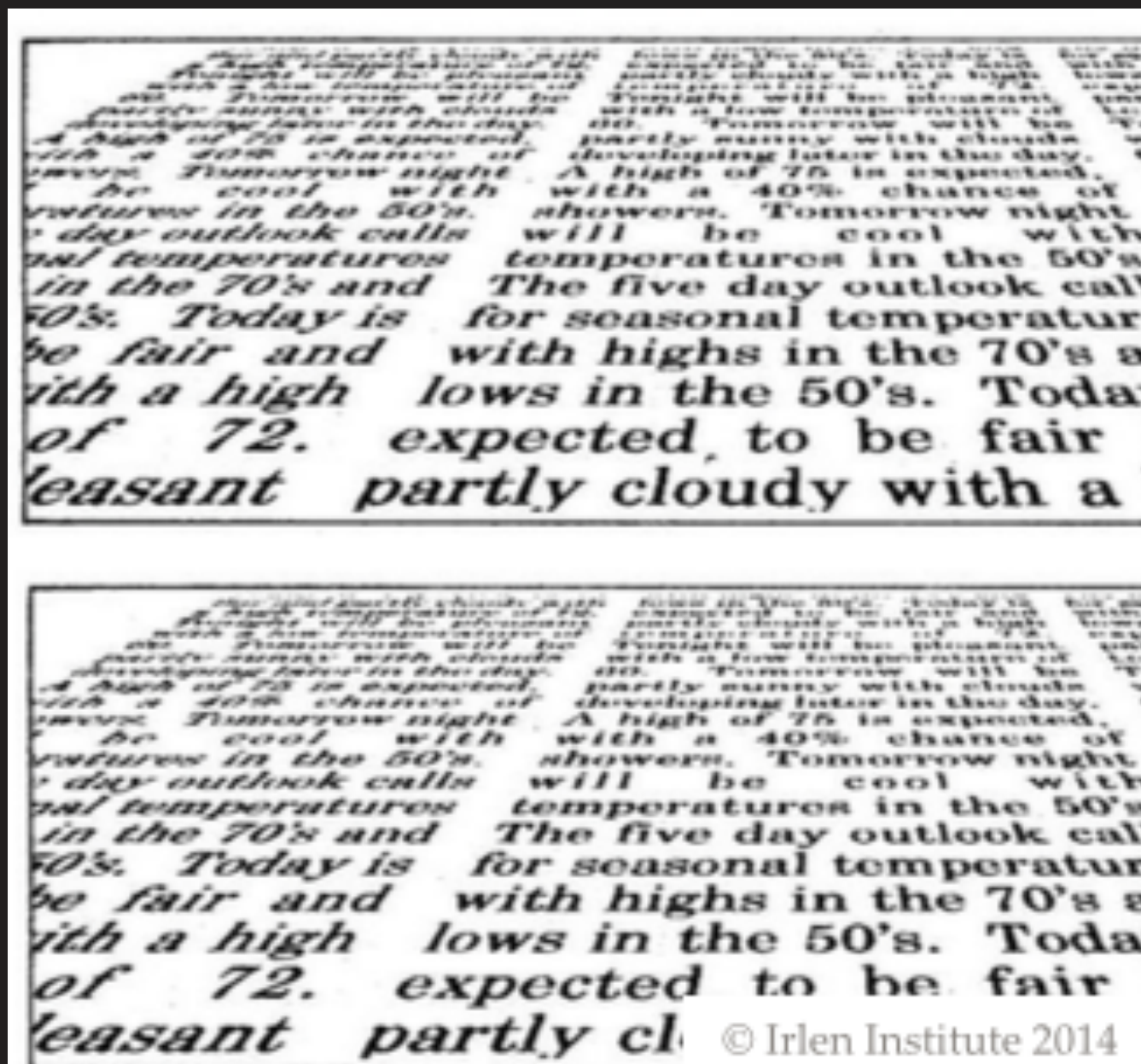


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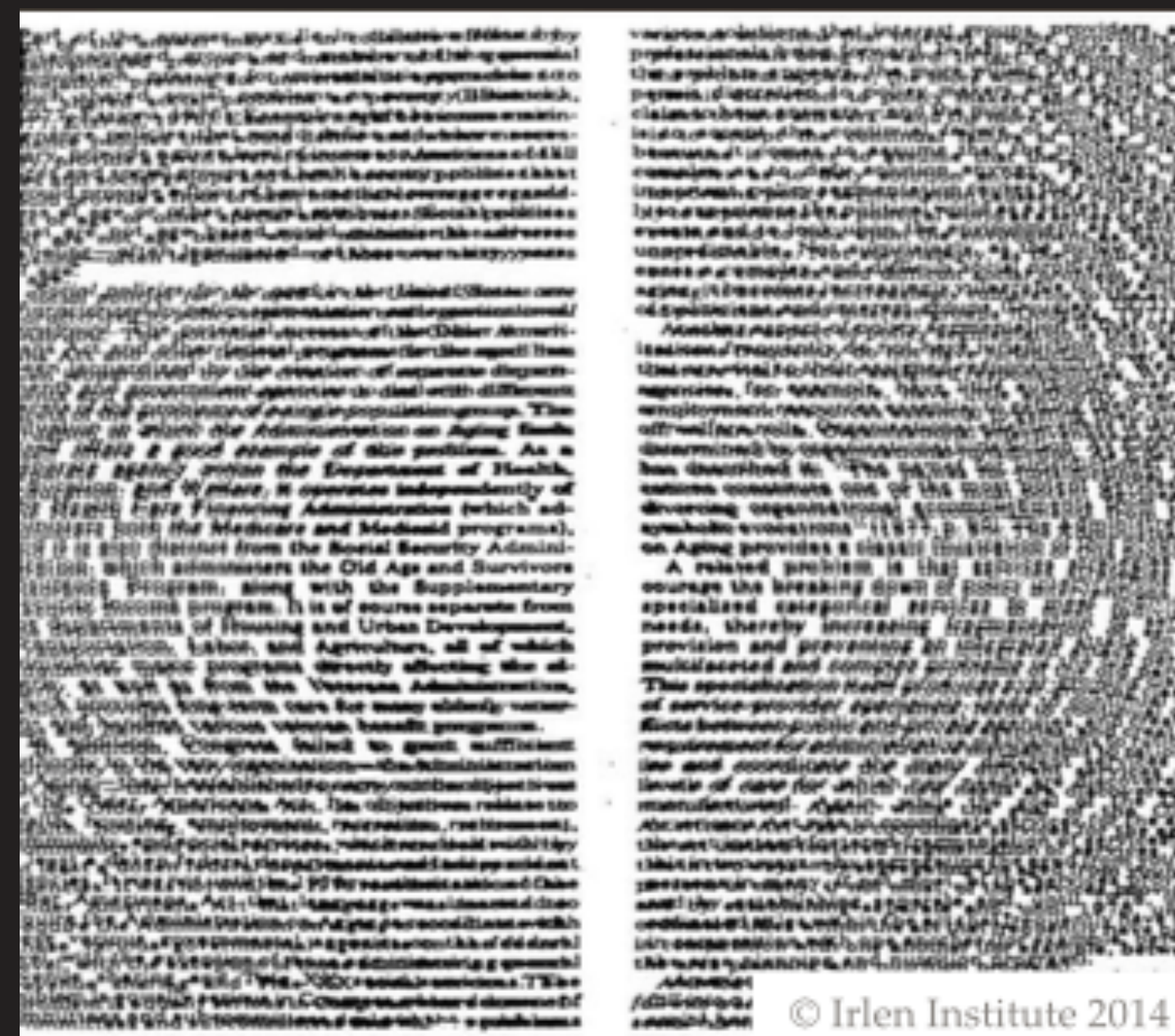
SEESAW

WHAT DO PEOPLE SEE

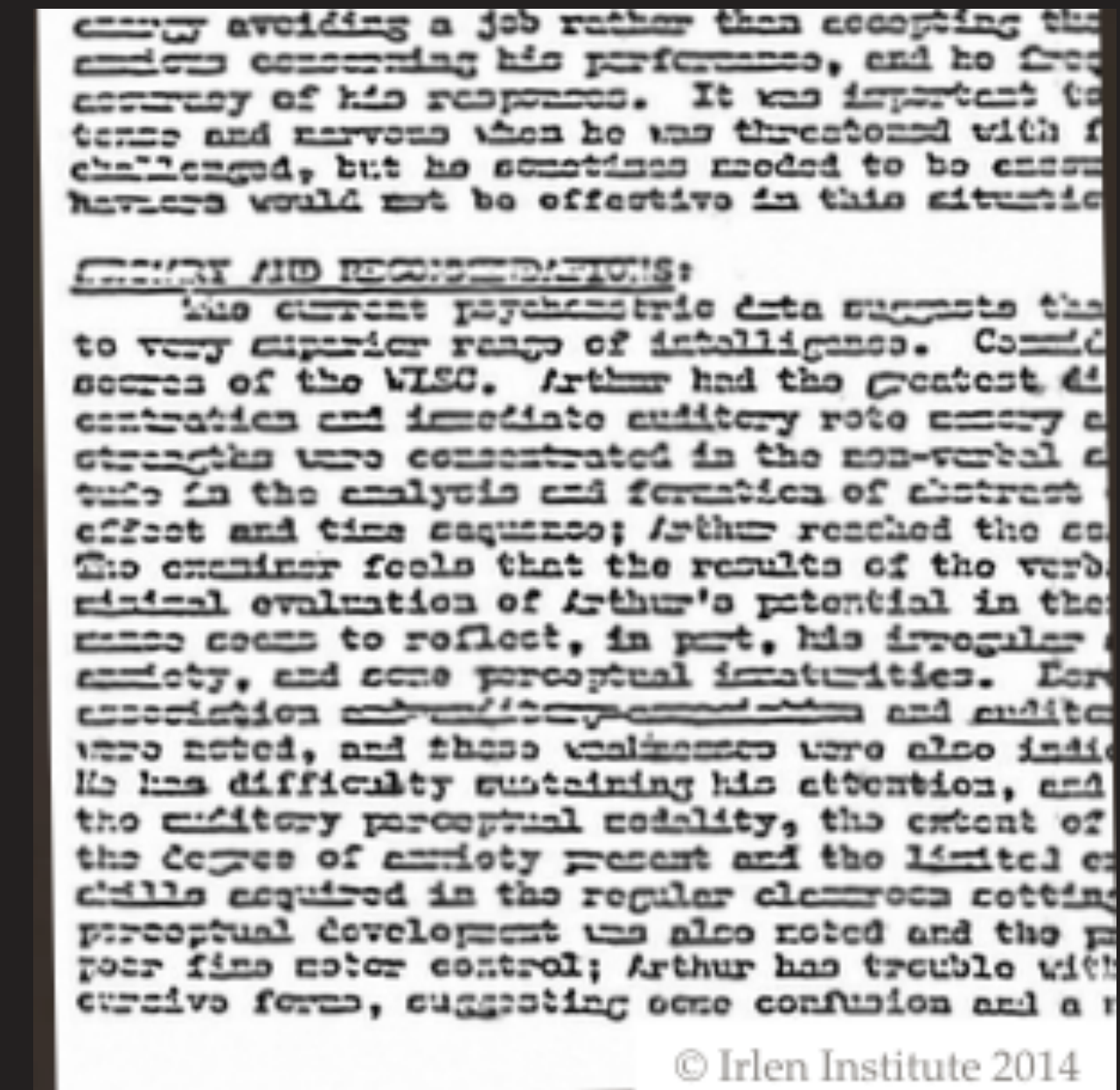
A FEW MORE EXAMPLES...



STAR WARS



SWIRL

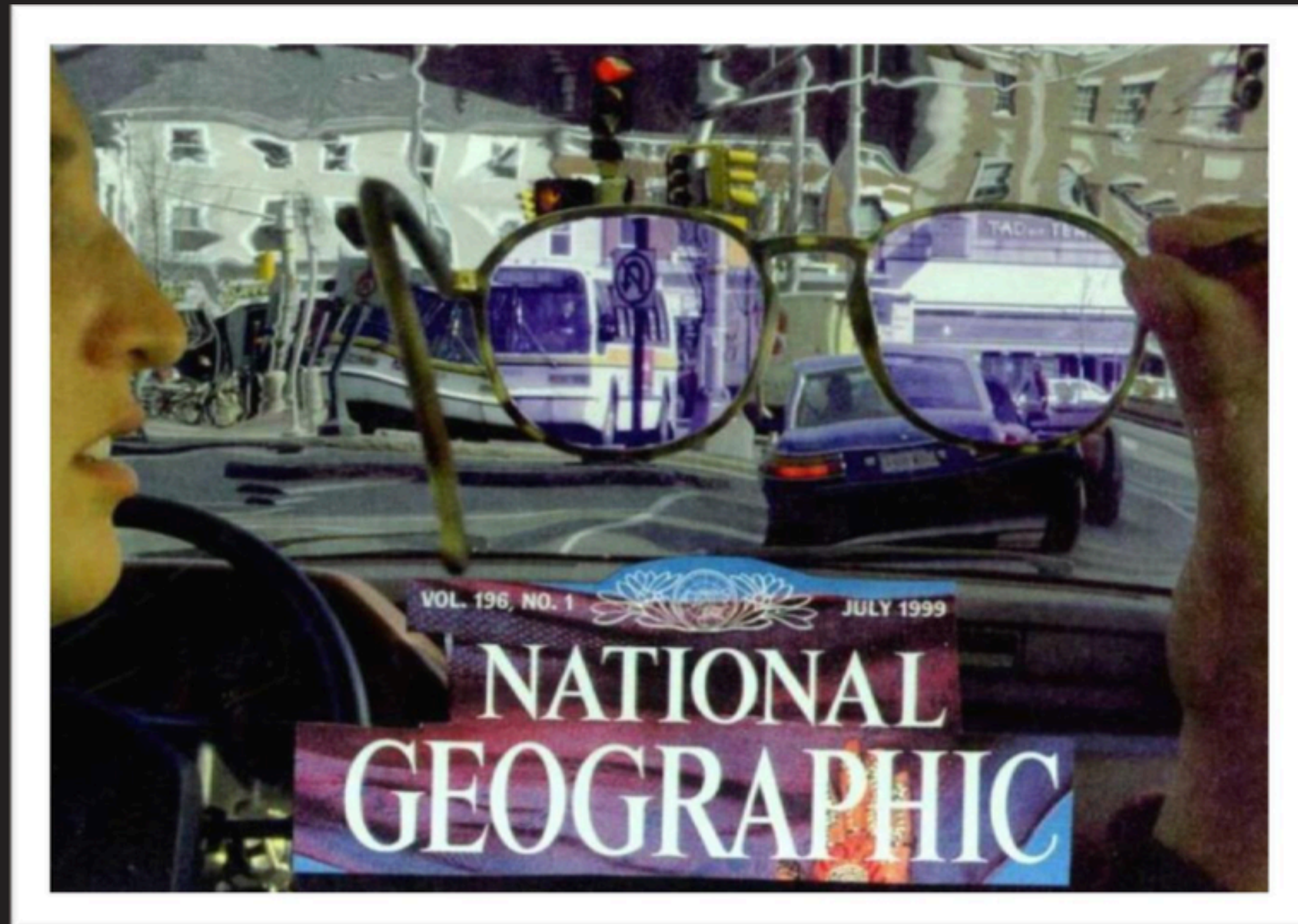


WASHOUT

AND THERE ARE LOTS MORE!

WHAT ELSE HAPPENS

SOME PEOPLE SEE DISTORTIONS
IN THEIR ENVIRONMENT



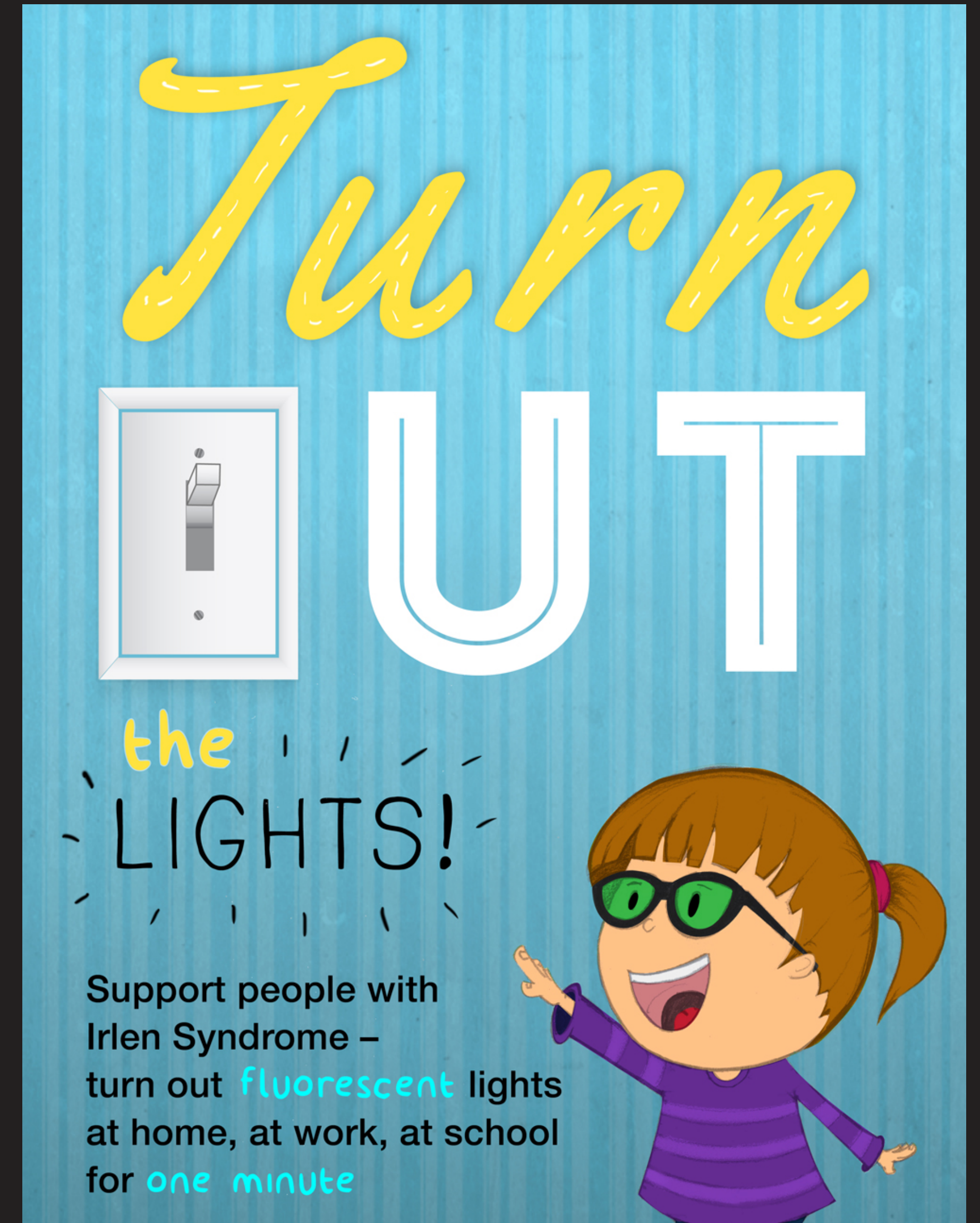
WHAT CAN YOU DO ABOUT IT ?

WEAR IRLLEN SPECTRAL FILTERS OR COLORED OVERLAYS TO PROTECT YOUR BRAIN FROM THE COLOR IT DOESN'T LIKE



WHAT ELSE CAN YOU DO ?

- 1 USE COLORED PAPER TO DO YOUR WORK
- 2 WEAR A HAT TO PROTECT FROM LIGHT ABOVE
- 3 DIM OR TURN OUT FLUORESCENT AND OTHER BRIGHT LIGHTS (USE OLD-FASHIONED INCANDESCENT LIGHT BULBS INSTEAD)



HOW DO I KNOW IF I HAVE IT ?

READING DIFFICULTIES

- Skip words or lines
- Lose place
- Repeat lines
- Misread words
- Reading slow or choppy
- Reading gets harder the longer you read
- Trouble understanding what you read

DISCOMFORT

- Eyes: hurt, ache, burn
- Eyes: dry, sandy, scratchy, itchy, heavy
- Sleepy
- Headache, dizzy, nauseous
- More difficult to read with bright or fluorescent lights

TRY DIFFERENT COLORS

**Is this text easier to see or read
when the background is this color?**

TRY DIFFERENT COLORS

**Is this text easier to see or read
when the background is this color?**

TRY DIFFERENT COLORS

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when the background is this color?**

WHERE CAN I GET MORE INFO?

www.irlensyndromefoundation.org or
www.irlen.com

FOR MORE INFORMATION OR TO TAKE A SELF-TEST

頁數	翻譯內容
1	讓色彩重現！ 當你患上艾蘭綜合症
2	甚麼是艾蘭綜合症？ 技術上 腦部無法處理某些波長的光 一般來說 就像是腦部對於某種光特別敏感
3	這是怎麼回事？ 明亮的光（例如太陽光和螢光）會… — 令眼睛感到疼痛 — 導致頭痛 — 導致胃痛 — 當閱讀時看到文字在移動 — 令你感到緊張不安或焦慮 — 令紙上的文字變得難以閱讀 — 令你經常眨眼、眯著眼睛或揉眼睛 — 令你難以集中 — 以及更多…
4	艾蘭綜合症小知識 1. 所有人都有可能患上艾蘭綜合症，而不是只有閱讀障礙的人才有機會患上 2. 有遺傳因素影響（遺傳至父親或母親） 3. 艾蘭綜合症也有機會由腦震盪或頭部創傷所導致 4. 不同人會有不同症狀（我閱讀時或會頭痛，而你可能會看見文字在移動） 5. 艾蘭綜合症並不是眼睛的問題，而是腦的問題
5	患者會看見… 幾個例子： 模糊不清／河水般流動／上下擺動
6	患者會看見… 更多例子： 星球大戰／旋轉／文字侵蝕／或更多！
7	還會發生… 有些人會看見扭曲的世界
8	你可以做甚麼？ 戴上艾蘭綜合症特製光譜的濾鏡或有顏色的透明膜，以保護腦部，避免接收到腦部不喜歡的顏色
9	你還可以做甚麼？ 1. 在有顏色的紙上工作 2. 戴帽子以保護從上方來的光源 3. 較暗或關掉光亮的燈（可使用舊式白熾燈泡）

10	<p>如果我患上艾蘭綜合症，我可以如何得知？</p> <table border="0"> <tr> <td data-bbox="236 170 853 533"> <p>閱讀困難</p> <p>漏字或跳行閱讀</p> <p>難以集中</p> <p>重覆閱讀</p> <p>看錯字</p> <p>緩慢或斷斷續續的閱讀</p> <p>內容越困難，需要用越多時間閱讀</p> <p>理解困難</p> </td> <td data-bbox="853 170 1476 533"> <p>不適感</p> <p>眼睛：疼痛、刺痛</p> <p>眼睛：乾澀、有異物感、痕癢、沉重</p> <p>感到昏昏欲睡</p> <p>頭痛、暈眩、噁心</p> <p>在光亮或有螢光燈的環境下閱讀更困難</p> </td> </tr> </table>	<p>閱讀困難</p> <p>漏字或跳行閱讀</p> <p>難以集中</p> <p>重覆閱讀</p> <p>看錯字</p> <p>緩慢或斷斷續續的閱讀</p> <p>內容越困難，需要用越多時間閱讀</p> <p>理解困難</p>	<p>不適感</p> <p>眼睛：疼痛、刺痛</p> <p>眼睛：乾澀、有異物感、痕癢、沉重</p> <p>感到昏昏欲睡</p> <p>頭痛、暈眩、噁心</p> <p>在光亮或有螢光燈的環境下閱讀更困難</p>
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11-19	<p>〔在不同顏色背景下〕</p> <p>在這種顏色背景下，會否更容易閱讀？</p>		
20	<p>可從哪裡獲得更多資訊？</p> <p>https://www.irlensyndrome.org/ 或 http://irlen.com/ （網頁只有英文版本）</p> <p>尋找更多資訊或自我測試</p>		



「多角度探討治療、減緩和補助 斜視、重影病徵的可能性」眼科講座

日期：2018年2月3日（星期六）

時間：下午1時至5時

地點：香港眼科醫院演講廳

研討列席：

- ◇ 視覺矯正代表： 視覺矯正師 何海靜女士
- ◇ 山姆療法代表： 註冊職業治療師 陳恩賜先生
- ◇ 光敏感療法代表： 註冊職業治療師 陳子文先生
- ◇ 感覺統合與大小肌肉訓練代表： 註冊職業治療師 鍾玉琮女士
- ◇ 環境與視覺障礙代表： 註冊職業治療師 趙達燊先生

時間	流程
12:45	入場
1:00	主禮嘉賓致辭、合照 關愛基金委員會委員 陳尚齡女士 太平紳士 馮檢基先生 香港罕有疾病聯盟委員 賴家偉先生
1:30	視覺矯正師分享
2:00	山姆療法分享
2:30	光敏感治療分享
3:00	小休
3:30	感覺統合與大小肌肉訓練分享
4:00	環境與視覺障礙分享
4:30	問答
5:00	講座結束

本會服務：

同路人定期聚會

歡迎新舊會員參與定期聚會，進行交流及經驗分享，互相支持。

醫學講座及工作坊

邀請眼科、相關機構及中西各科專業人士講解治療最新科技，舒緩運動及日常生活技巧等。

社交康樂活動

透過大小不同之社交康樂活動，擴闊社交圈子，融入社會。

社區教育活動

走入社區，與學校及地區團體合作舉辦不同型式之教育活動，讓市民對疾病加深認識及提高及早治療及預防意識。

倡議工作

關注與會員有關的社會政策，組織動員爭取應有權益。

本會介紹：

患上斜視或重影之眼疾，都會影響患者日常生活，若是兒童患者在病發初期得不到正確的治療，影響更為深遠。有見及此，本會在2007年，由患者、家長及有心人士組成，希望為能團結斜視及重影患者與家屬，發揮自助互助精神，並於社會宣揚共融訊息。

本會宗旨：

1. 促進斜視及重影患者及家屬之自助互助精神；
2. 認識各種治療方法，幫助斜視及重影患者處理日常生活及學習需要；
3. 推動相關之社區教育活動，讓市民正確認識及預防斜視及重影疾病；
4. 倡議斜視及重影患者及家屬應有之社會權利。

服務對象：

正式會員：任何年齡之斜視或重影患者及家屬
附屬會員：任何關注斜視或重影疾病，以及認同本會宗旨之社區人士

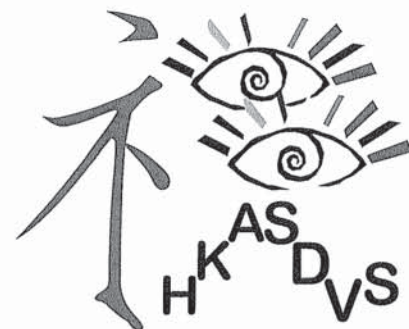
會費：

每年年費\$30（由每年4月1日至3月31日）

入會方法：

1. 填妥本單張之會員申請表
2. 會費以劃線支票（抬頭為：香港斜視重影病患者協會）連同申請表遞交 或 將會費直接存入：中國銀行（012-600-1-023252-4）將入數紙連同申請表遞交

*傳真至：2639-2356 或 寄往：
新界上水太平村平治樓地下香港復康會社區復康網絡轉交
*本會收到申請後將會安排理事直接聯絡申請人



香港斜視重影病患者協會
HONG KONG ASSOCIATION OF SQUINT
AND DOUBLE VISION SUFFERERS

團結·互助

發揮斜視重影患者及家屬

守望相助之精神

捐款戶口 [REDACTED]
抬頭請寫：香港斜視重影病患者協會

聯絡地址：新界上水太平村平治樓地下
香港復康會社區復康網絡轉交

聯絡電話 [REDACTED] / 2794-3010

傳 真：2639-2356

電 郵：hkasdvs@gmail.com

網址：http://sites.google.com/site/hkasdv

本會為稅局認可之慈善團體
檔案編號：91/12195

為何會出現斜視及重影？

斜視成因：

任何先天性缺陷或後天因素傷及腦部，視覺神經或眼外肌，影響到雙眼協調而導致斜視。另外，如果兩眼視力的度數相差很大而沒有適當地矯正，令兩眼所見的光像不能合二為一，亦可能引致斜視。斜視可按雙眼差距分類，亦有交替斜視等類別。



內斜視



外斜視



上斜視



下斜視



隱性斜視（會有間歇性及永久性情況）

重影成因：

重影不等於散光，不是老花，不是幻覺。

重影是於同一時間看見兩個相同影像。當遮蓋一隻眼睛時，如果重影問題仍然存在，那便是單眼重影。如果重影只在雙眼張開的情況下出現，便是雙眼重影。重影會因應位置不同分類，如垂直重影等。

兒童一般出現雙眼重影的原因，包括斜視、眼部肌肉過強或過弱、先天性眼部肌肉過長或過短等。成年人如突然長時間出現重影，便需要特別留意。因為突發而持續出現重影情況，很可能與眼睛或腦部疾病有關。斜視可引致出現重影問題，但亦可能分開個別出現。

斜視及重影對患者之影響：

- 影響外觀；
- 視覺感知障礙及讀寫障礙；
- 失去立體感及分辨深淺遠近，易生意外；
- 出現重影，同時腦部會抑壓斜視眼的重影訊息，患者會續漸變成弱視；
- 影響雙眼協調能力，繼而影響運動能力、學習能力及社交能力，影響自信及心理成長。

如何知道小朋友出現斜視、隱性斜視及重影問題？

- 發現孩子向前直望時，其中一隻眼注視的方向有所不同；
- 經常無故打爛東西；
- 沒有信心獨自步行，或時常在梯級地方無故跌倒。

已知的斜視及重影之治療方法：

- 可訂製特別眼鏡矯正屈光問題，解決因雙眼視力度數參差較大引起之斜視症狀；
- 出現「懶惰眼」情況，可以遮眼療法及視覺訓練治療處理；
- 亦有患者使用中醫及針灸治療方法處理；

- 外科手術：
將眼外肌調校以糾正偏差的視軸，但大部分手術只能改善患者的外觀，而不能完全矯正斜視。因此，動手術與否，主要視乎患者對其外觀的接受程度。

其他要考慮的因素包括年齡及斜視眼有否形成弱視。如果年齡在8歲以下而斜視眼已形成弱視，改正視軸的手術會有助矯正弱視。但如在8歲以上而斜視眼並無形成弱視，改變視軸的手術可能會形成複視(重影)現象。

香港斜視重影病患者協會 會員申請表

傳真：2639-2356

郵寄：新界上水太平村

平治樓地下香港復康會社區復康網絡轉交

(請用正楷中文填寫，18歲以下人士請由監護人填寫)

<input type="radio"/> 正式會員：斜視或重影患者		
姓名：	年齡：	性別：
通訊地址：		
聯絡電話：(手提)	(家居)	
電郵：		
現在情況：	<input type="radio"/> 斜視	<input type="radio"/> 重影
現時覆診地點：		
有否進行外科手術？	<input type="radio"/> 有	<input type="radio"/> 沒有
有否其他長期病？	<input type="radio"/> 有 (疾病類別：_____)	<input type="radio"/> 沒有
<input type="radio"/> 正式會員：家屬入會		
家屬姓名：	年齡：	性別：
與患者關係：		
聯絡電話：(手提)	(家居)	
電郵：		
通訊地址(如與患者資料不同)：		
<input type="radio"/> 附屬會員：關注斜視及重影患者服務 願意遵守本會會章之社區人士		
姓名：	年齡：	性別：
通訊地址：		
聯絡電話：(手提)	(家居)	
電郵：		
申請人簽署(監護人)：	日期：	
會方專用：		
批核結果：	<input type="radio"/> 接納申請	<input type="radio"/> 拒絕申請
批核日期：		

有關私人資料的使用：
申請表格內所有個人資料，只供執行本會服務及安排時使用；如有任何資料改動，請