

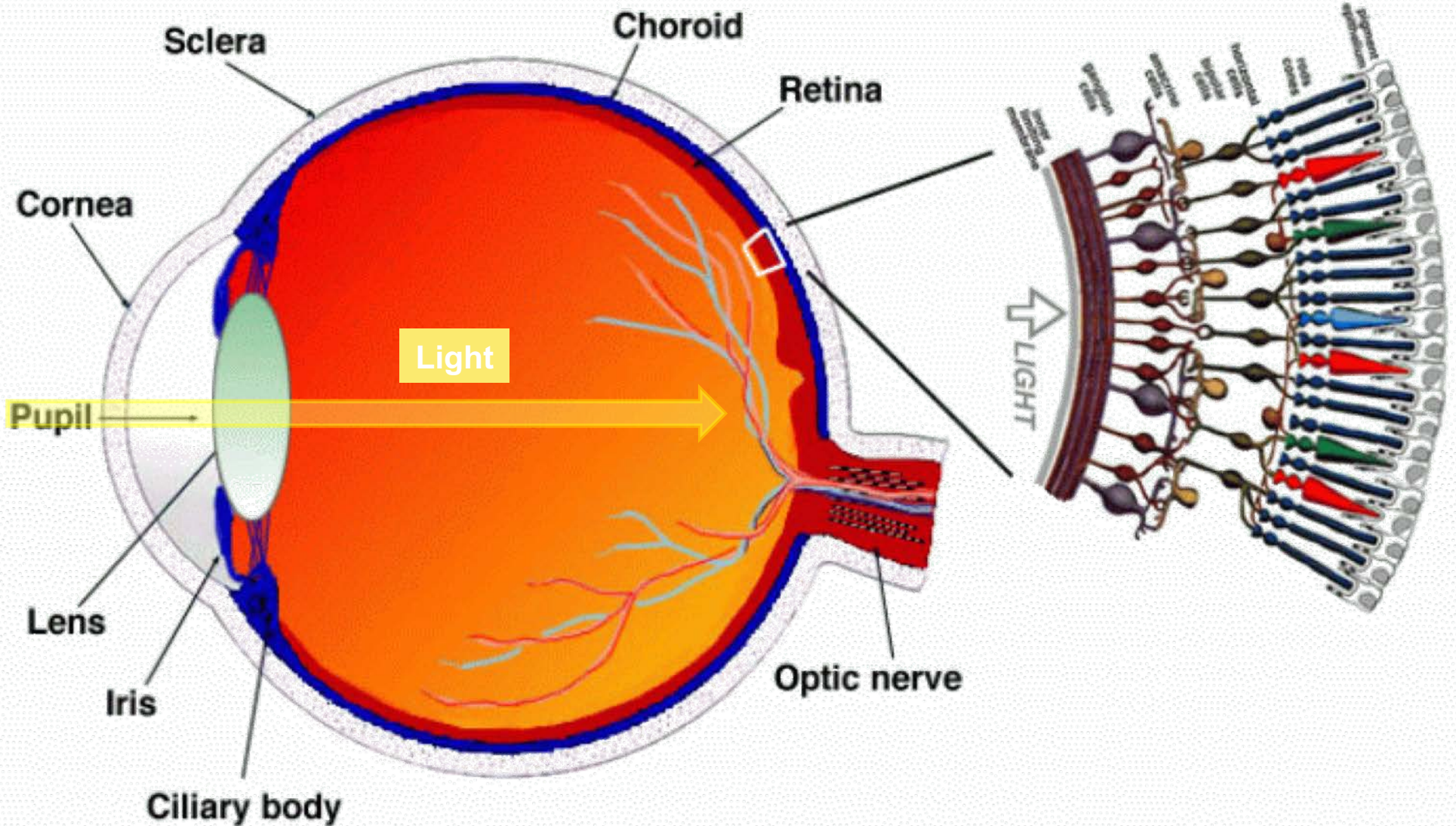
# *Adaptive Optics for Vision Science*



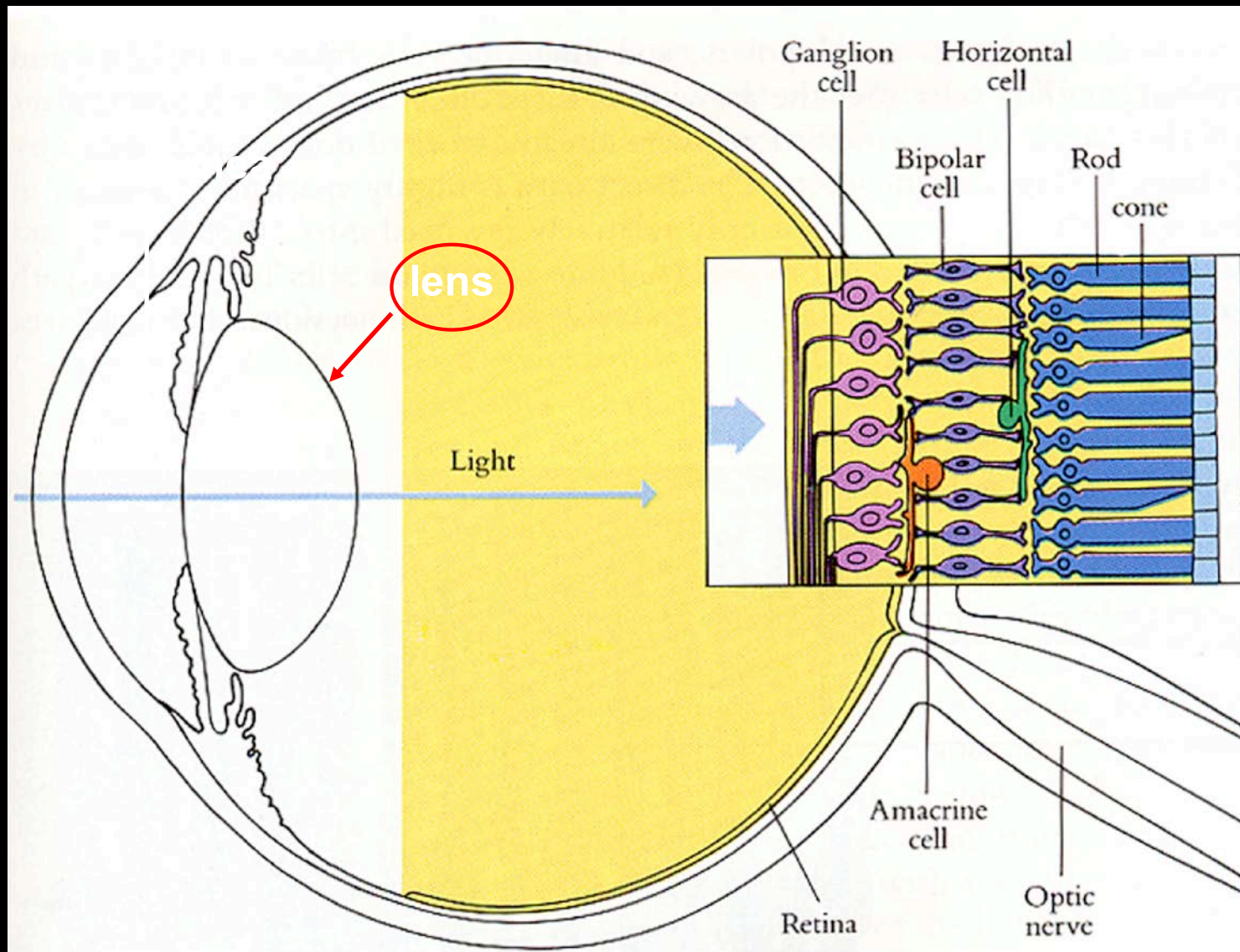
***Claire Max***  
***Astro 289, UCSC***  
***March 5, 2020***

***Based on lectures by***  
***Jason Porter (U. Houston)***  
***Austin Roorda (UC Berkeley)***  
***Robert Zawadzki (UC Davis)***

# Human eye



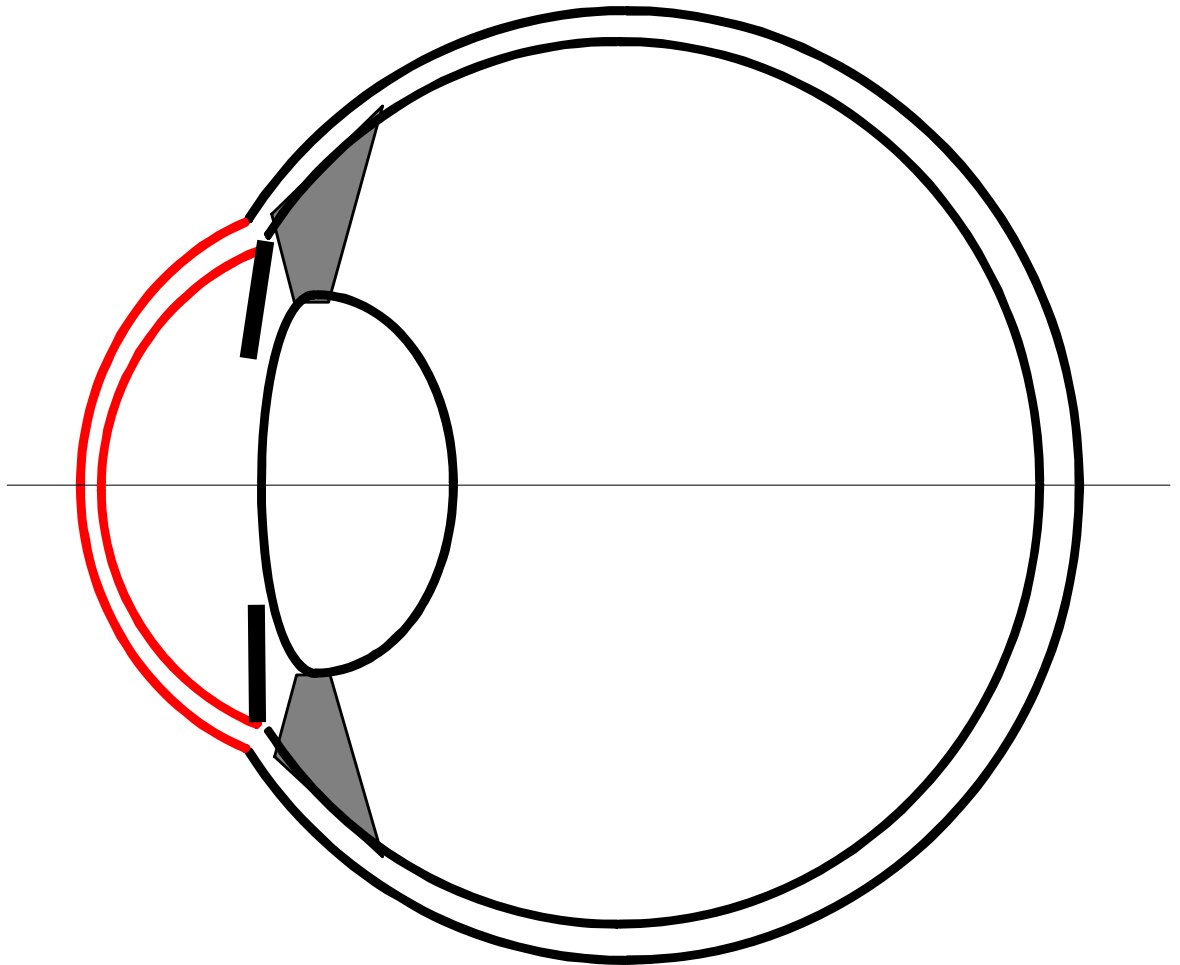
# Anatomy of the human eye



**Retina is  
a 3D  
structure!**

# Optics of the eye: The Cornea

2/3 of total eye power



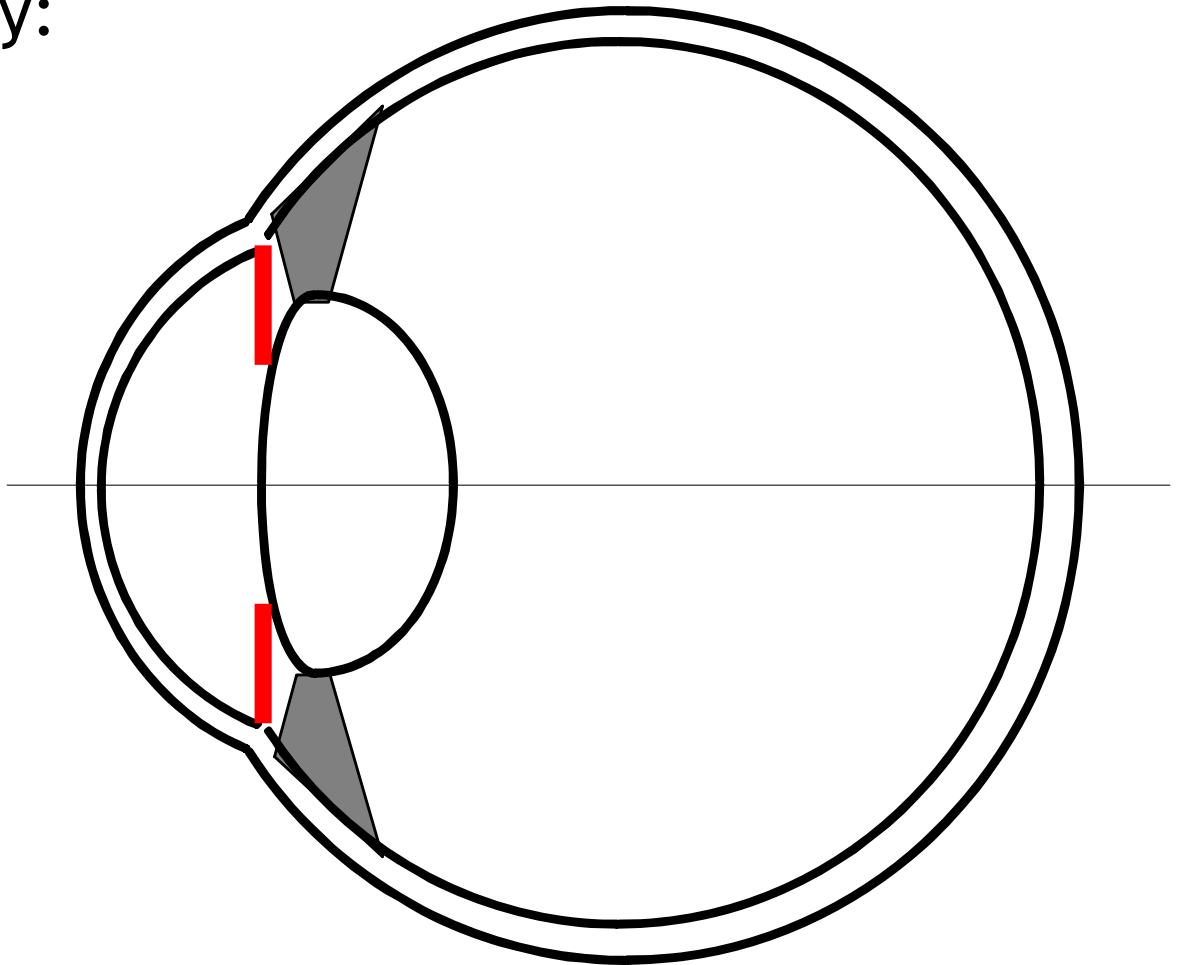
# Optics of the eye: The Pupil

The Pupil is affected by:

light conditions  
attention  
emotion  
age

Function:

govern image quality  
depth of focus  
control light level?



# Optics of the Eye: The Crystalline Lens

Gradient index of refraction

$n = 1.385$  at surfaces

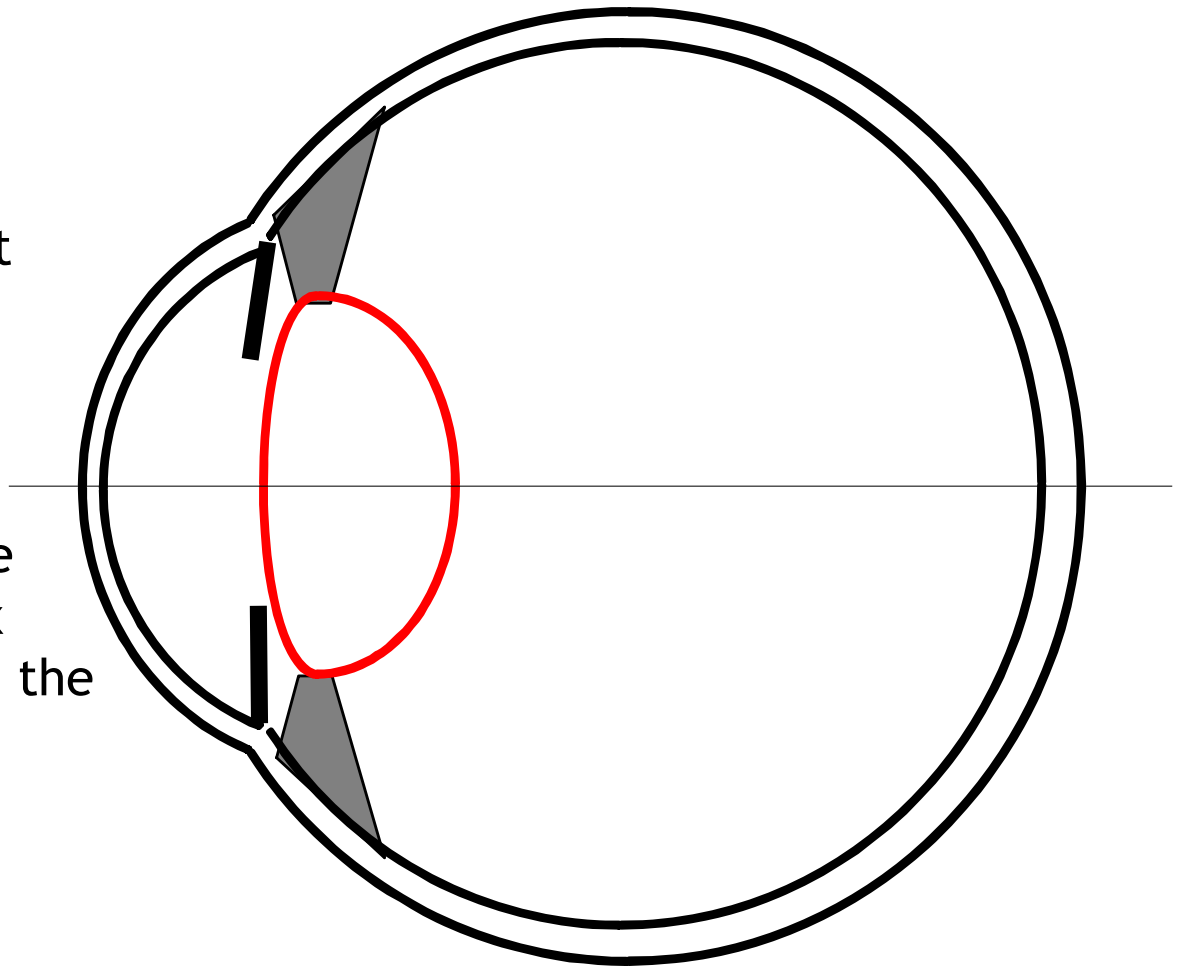
$n = 1.375$  at the equator

$n \approx 1.41$  at the center

Little refraction takes place at the surface but instead the light curves as it passes through.

For a homogenous lens to have same power, the overall index would have to be greater than the peak index in the gradient.

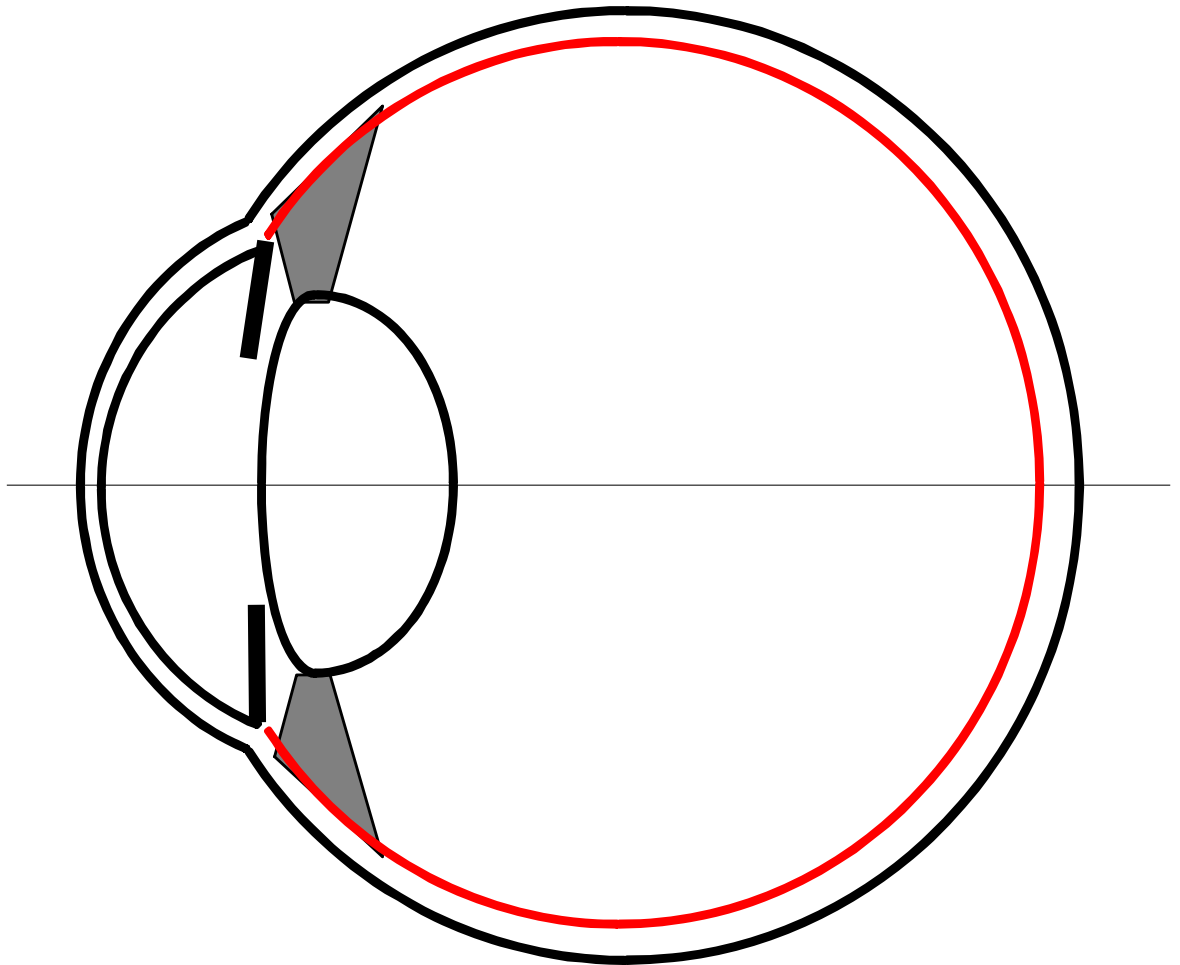
total power of lens  $\approx 21$  D



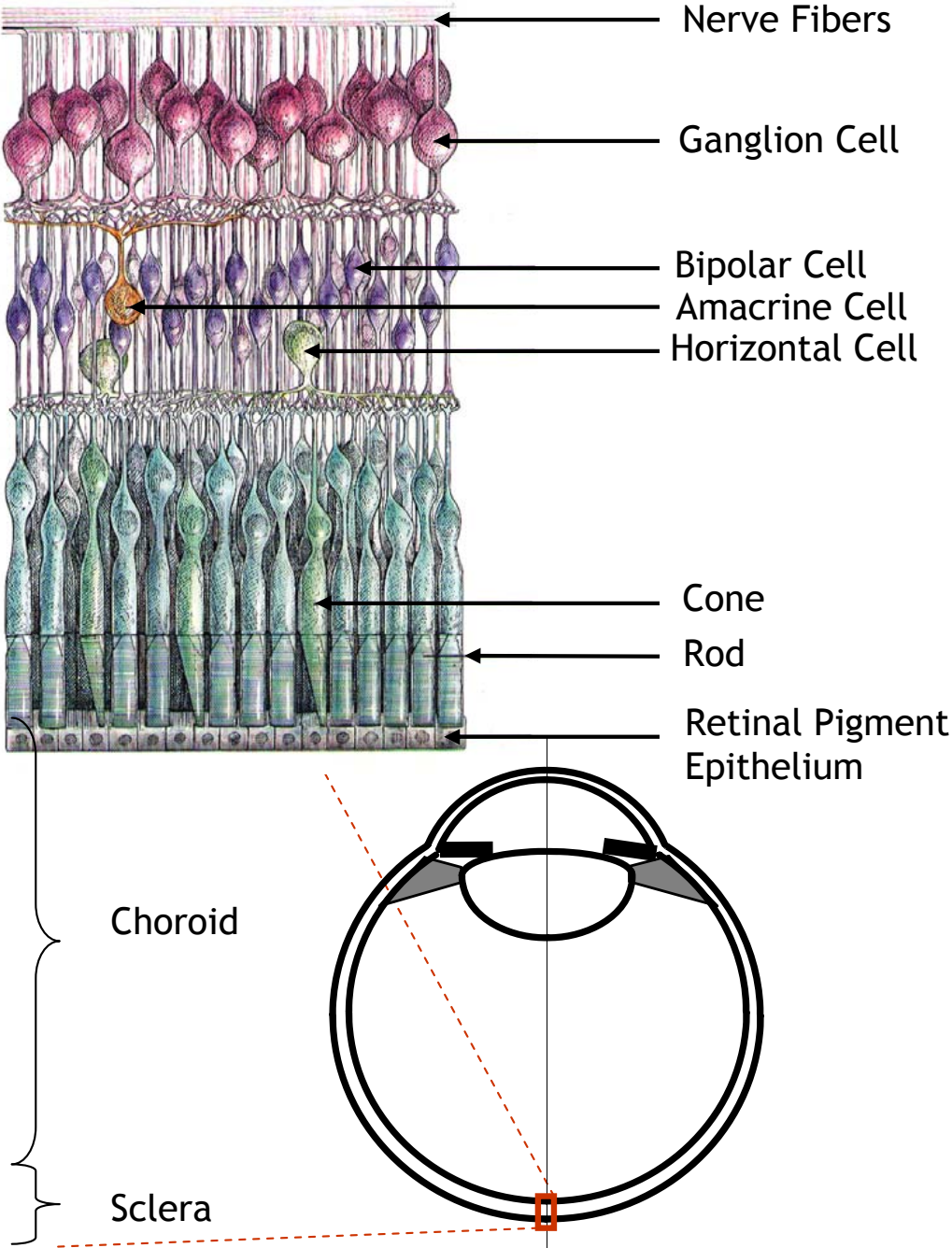
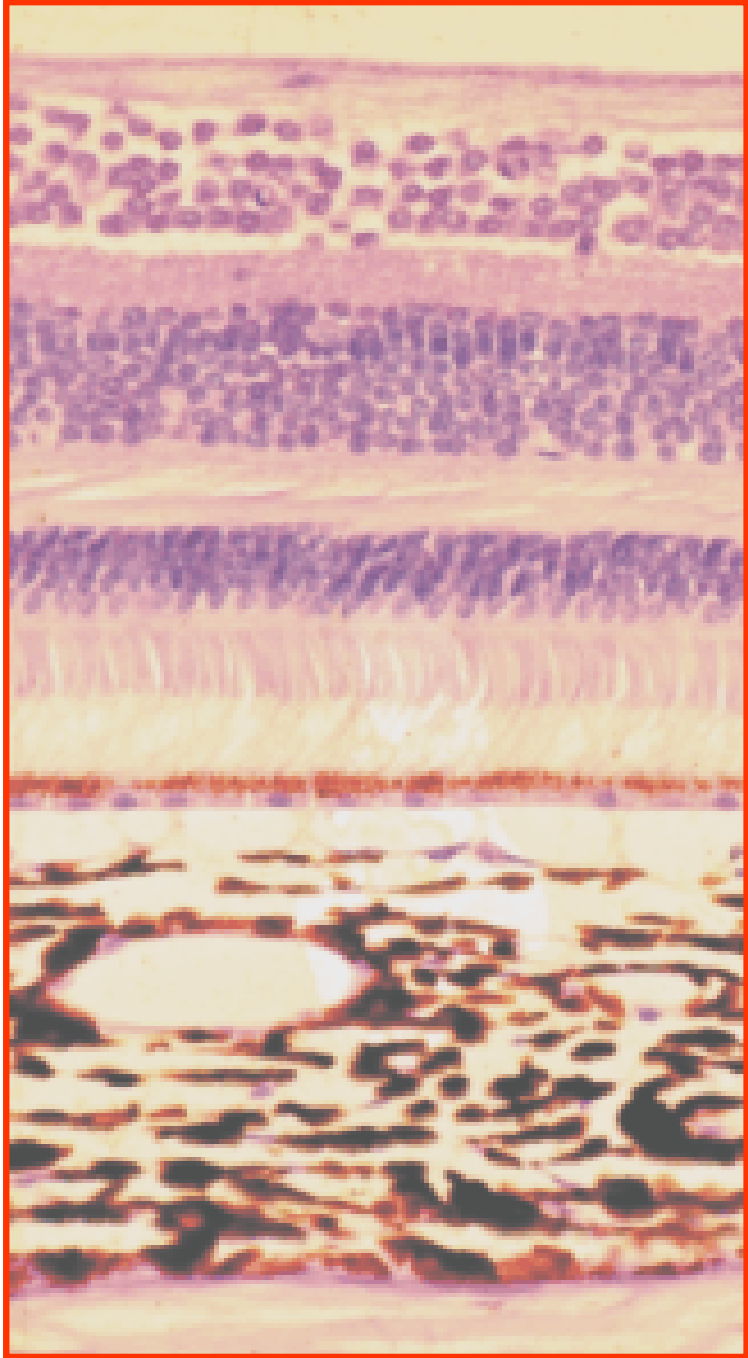
Optical power in diopters  $\equiv 1 / \text{focal length in meters}$

# Optics of the Eye: The Retina

Images are sampled by  
rods (>100 million)  
and cones (~6 million).

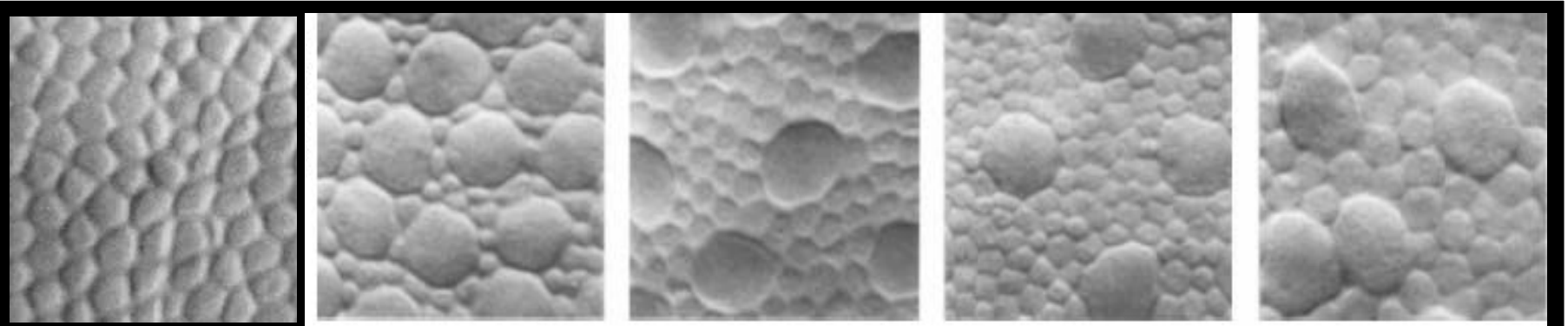


# The retina is a thick-multilayered structure

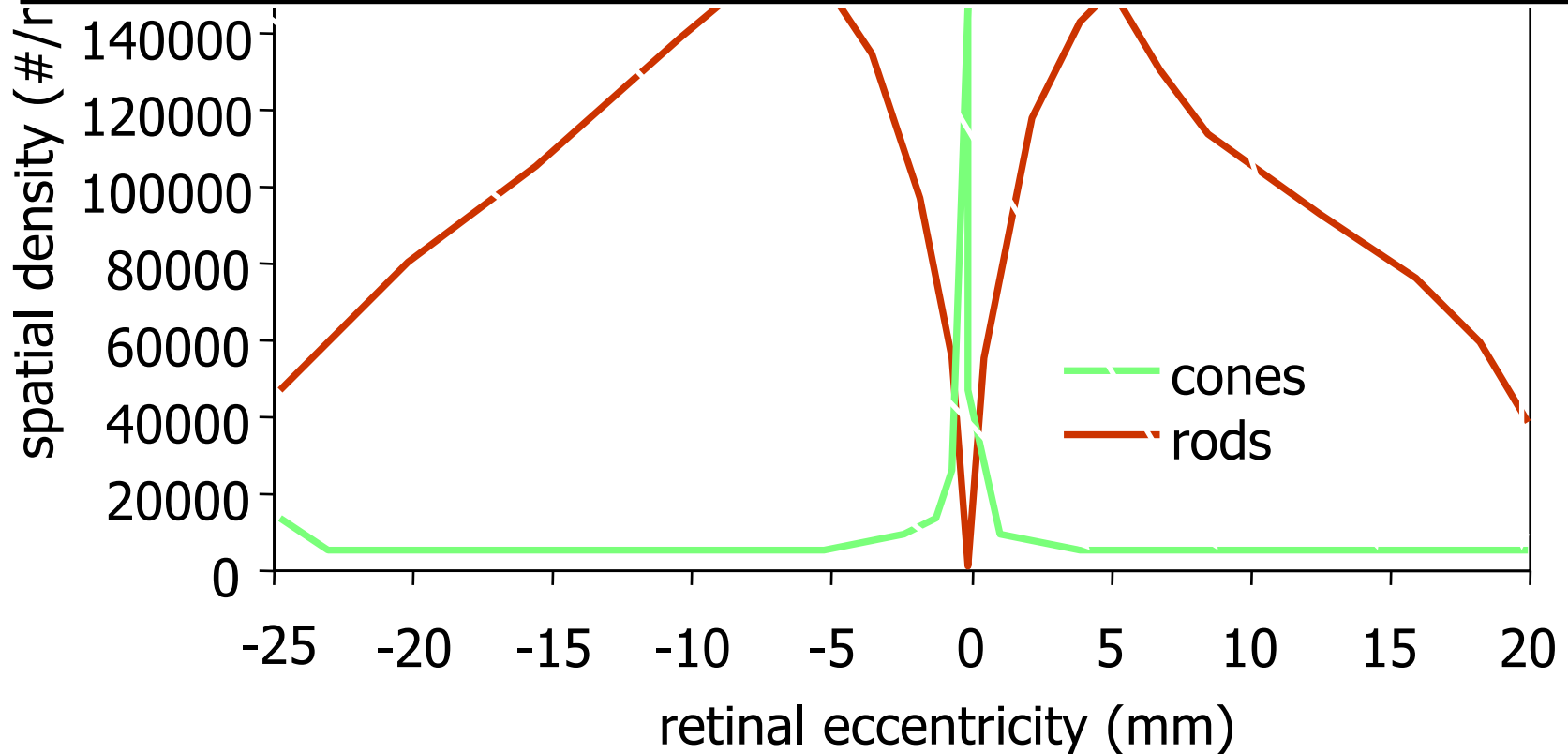




# Spatial Distribution of Rods and Cones



Curcio et al, Journal of Comparative Neurology, 292:497-523, 1990



## How bad is the eye?

*“Now, it is not too much to say that if an optician wanted to sell me an instrument which had all these defects, I should think myself quite justified in blaming his carelessness in the strongest terms and giving him back his instrument”*

*Helmholtz (1881) on the eye's optics.*

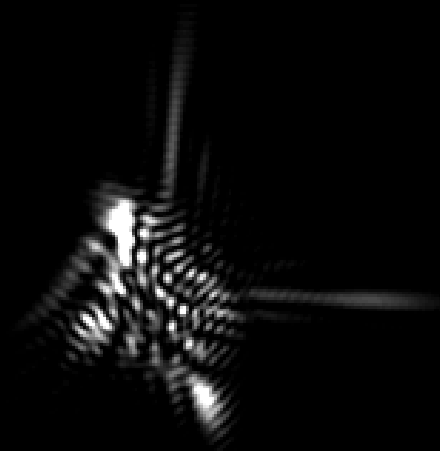
How bad is the eye?

*This is how a point source  
appears for a perfect eye*



# How bad is the eye?

*This is how the same point source  
appears for a typical human eye*



# How bad is the eye?

And how to correct it with AO

- **Static Aberrations**
  - statistics on human eye aberrations are used to determine the spatial density of actuators, maximum stroke etc.
- **Dynamic Aberrations**
  - statistics on human eye aberration dynamics are used to determine AO closed-loop frequency requirements

# Point Spread Function vs. Pupil Size



1 mm

2 mm

3 mm

4 mm

5 mm

6 mm

7 mm

Perfect Eye

AO

Typical Eye

# Every eye has a different pattern of high order aberrations

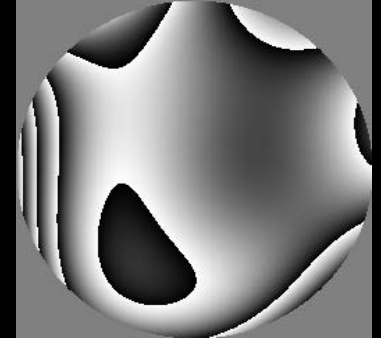
Perfect eye  
(diffraction limited)

MRB

GYG

MAK

Wave  
Aberration



5.7 mm pupil

Pointspread  
Function



Retinal  
Image



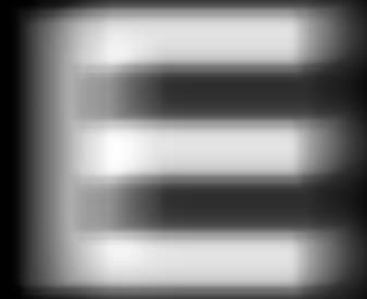
0.5 deg

# How can we use AO to improve

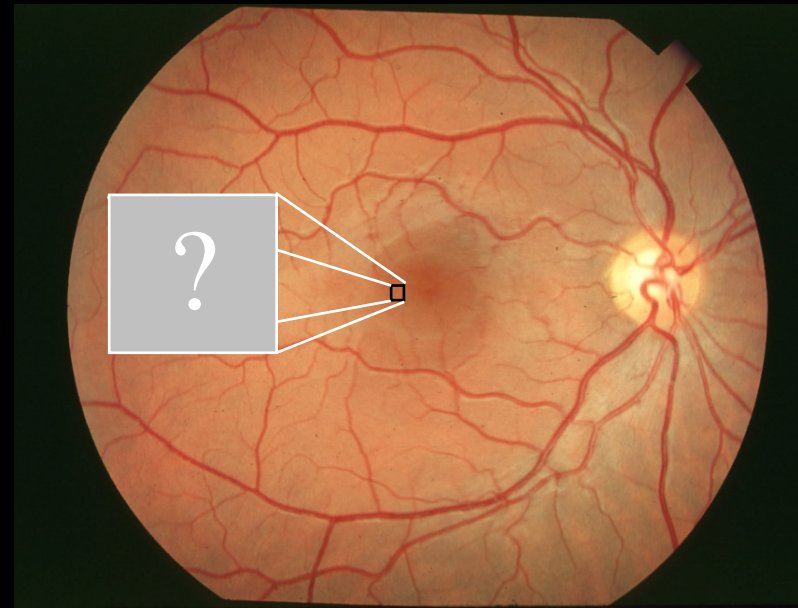
---



the quality of vision?

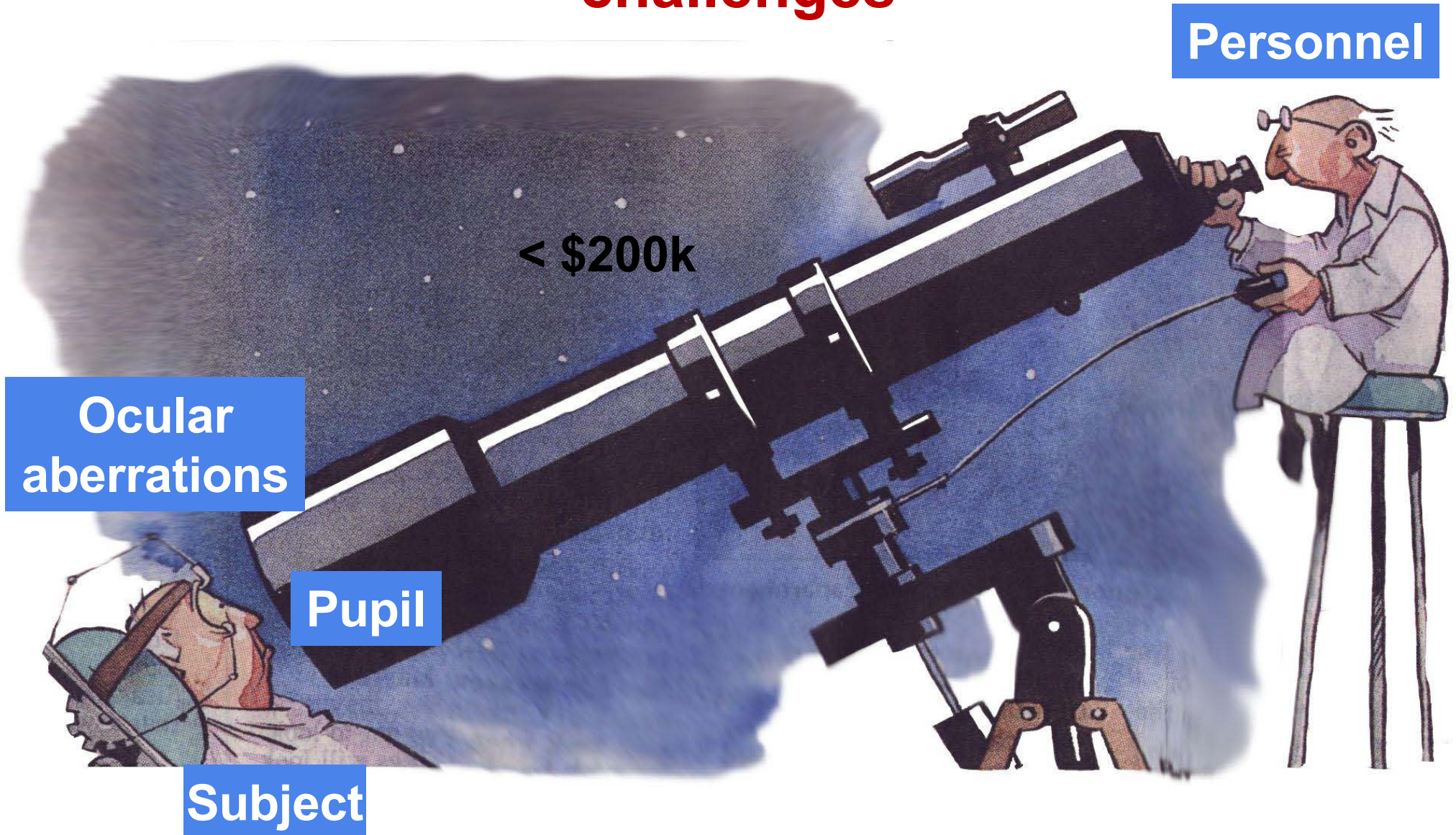


the resolution of  
retinal images?





# AO for astronomy and vision science are fundamentally similar, but face different challenges



# *Sources of Retinal Image Blur*

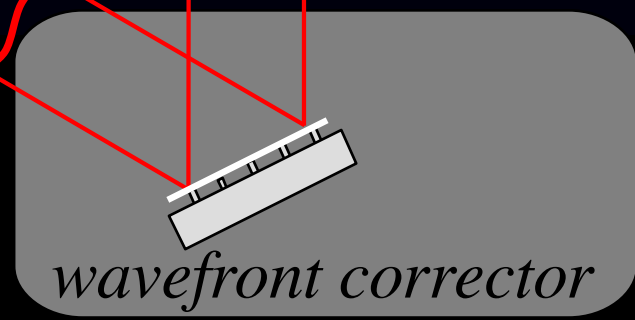
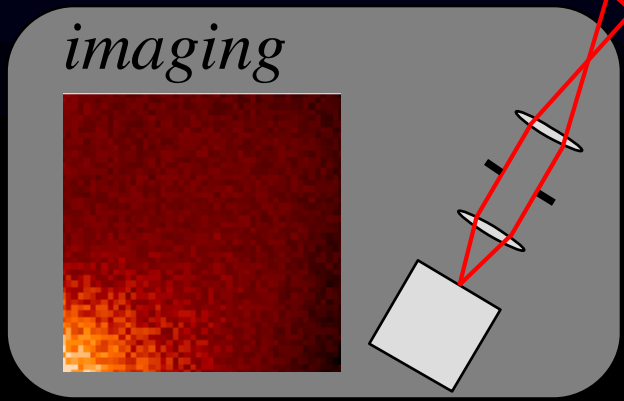
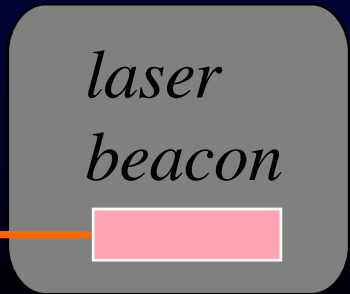
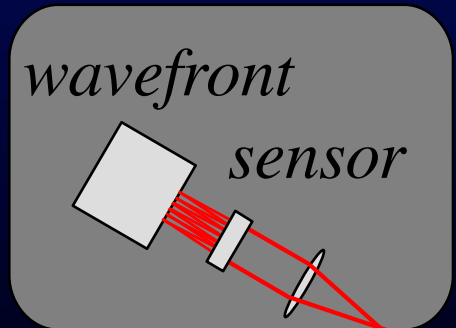
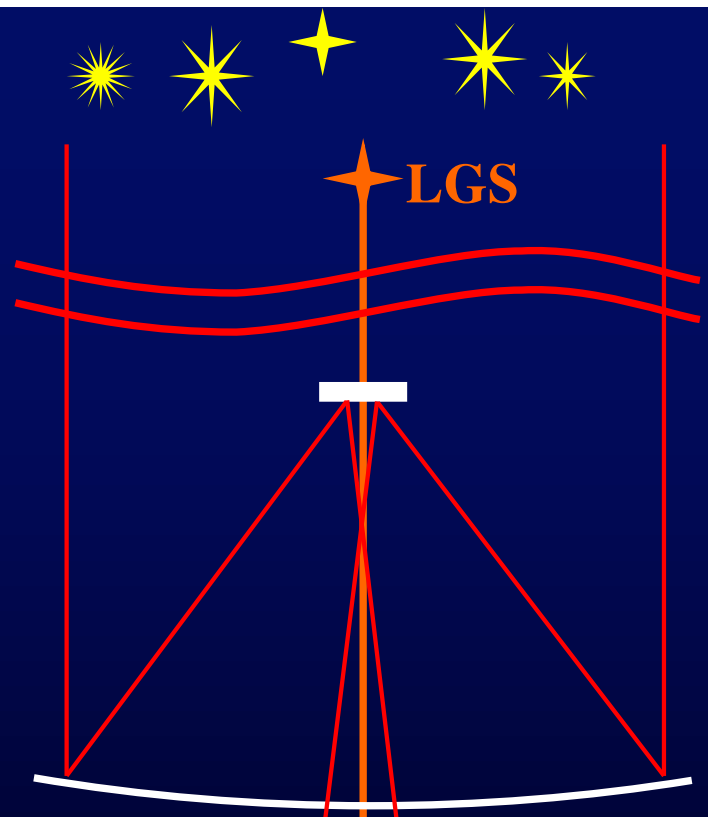
---



**Diffraction**  
**Aberrations**  
**Light Scatter**

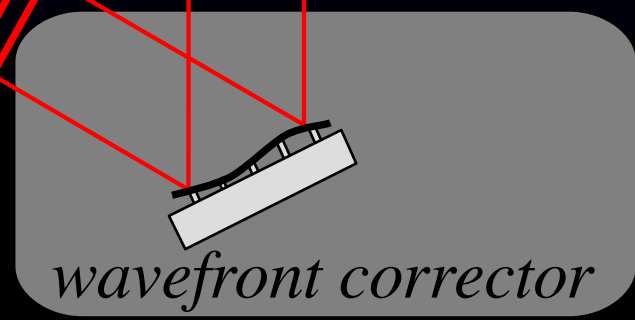
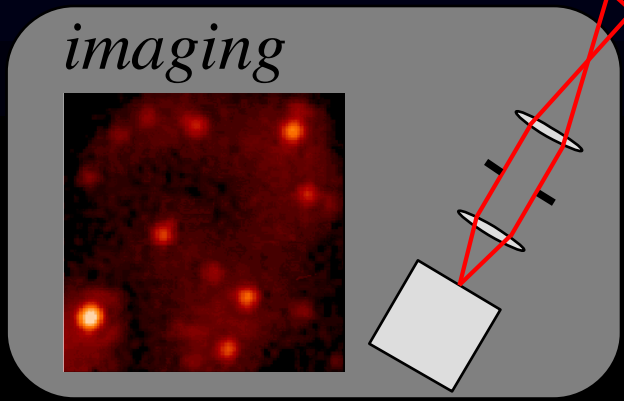
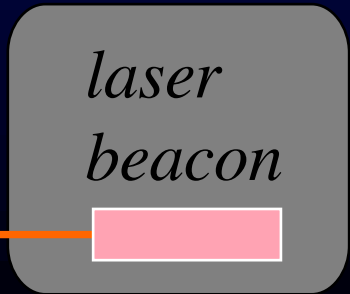
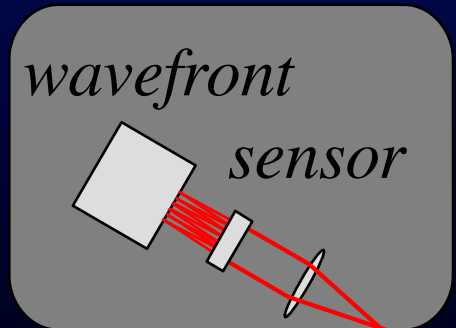
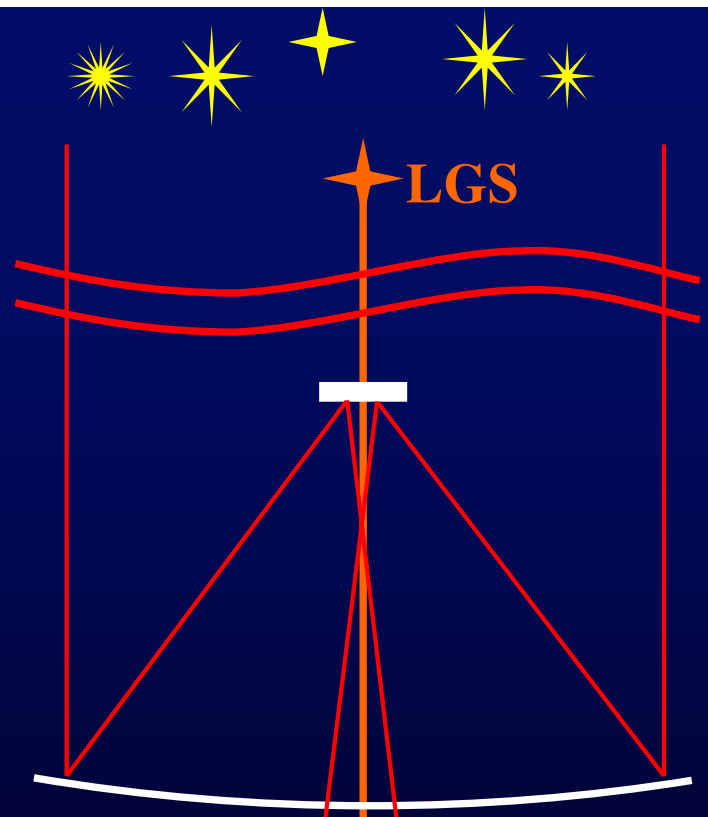
**Sky**

# ***AO for Astronomy***

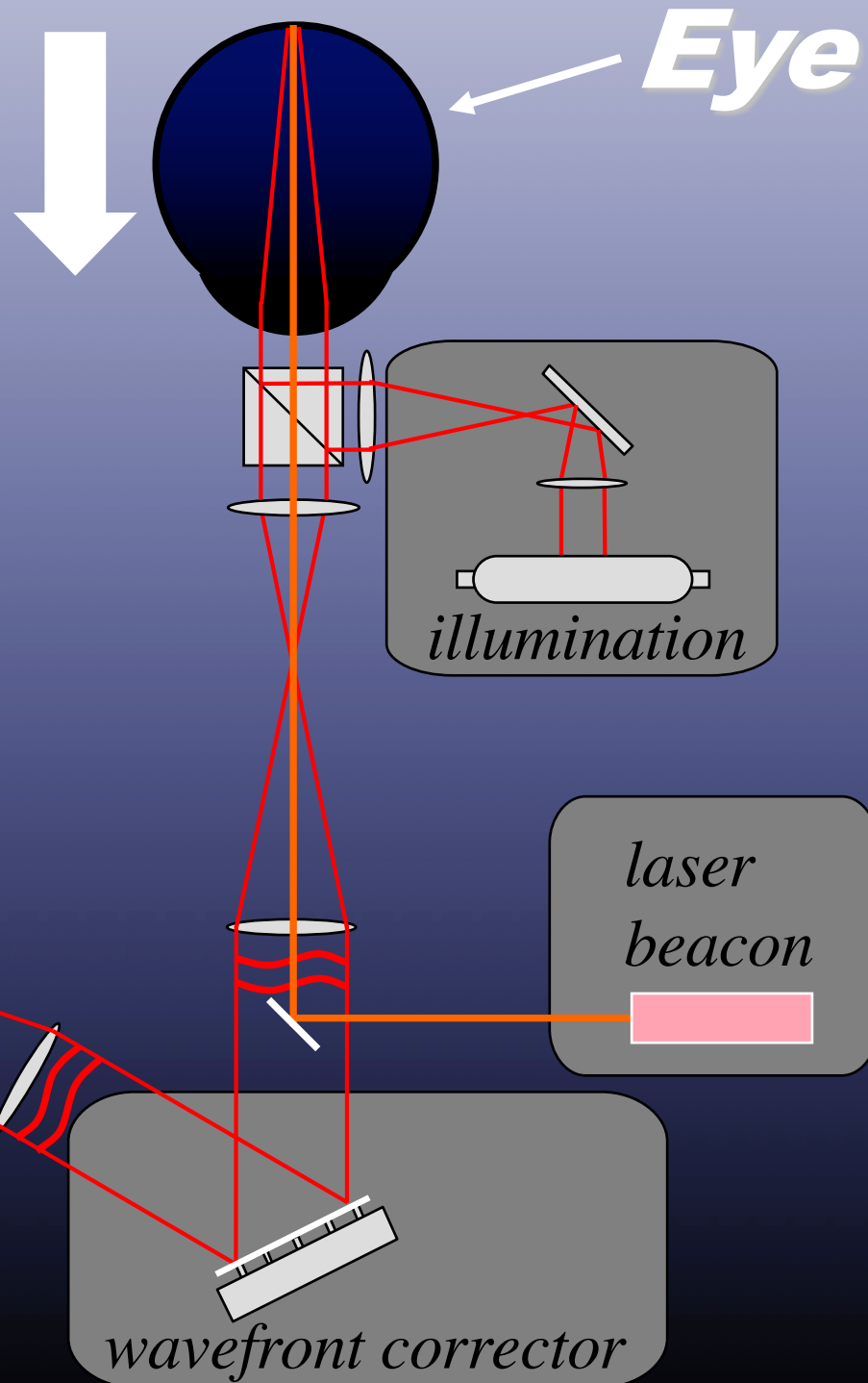


**Sky**

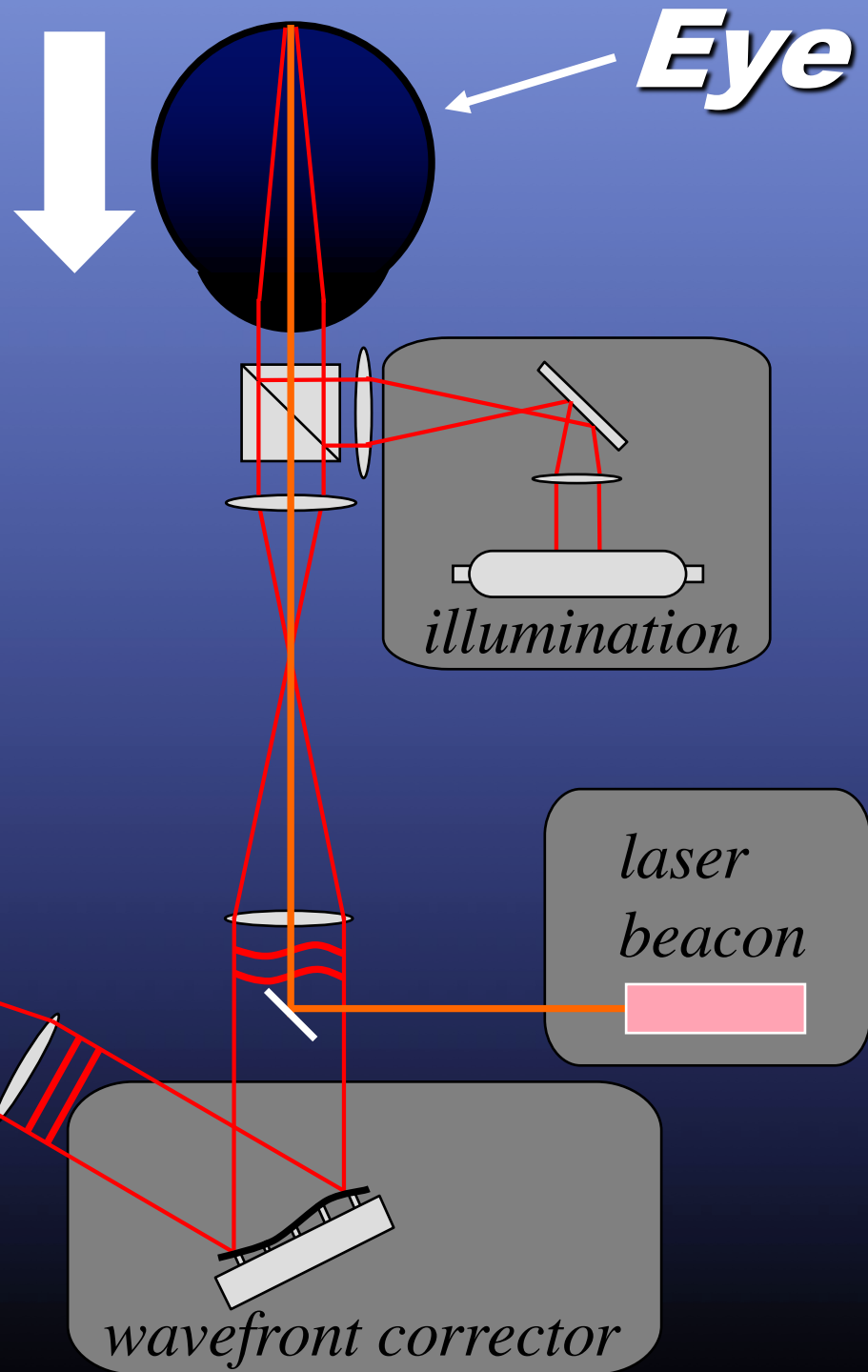
# ***AO for Astronomy***



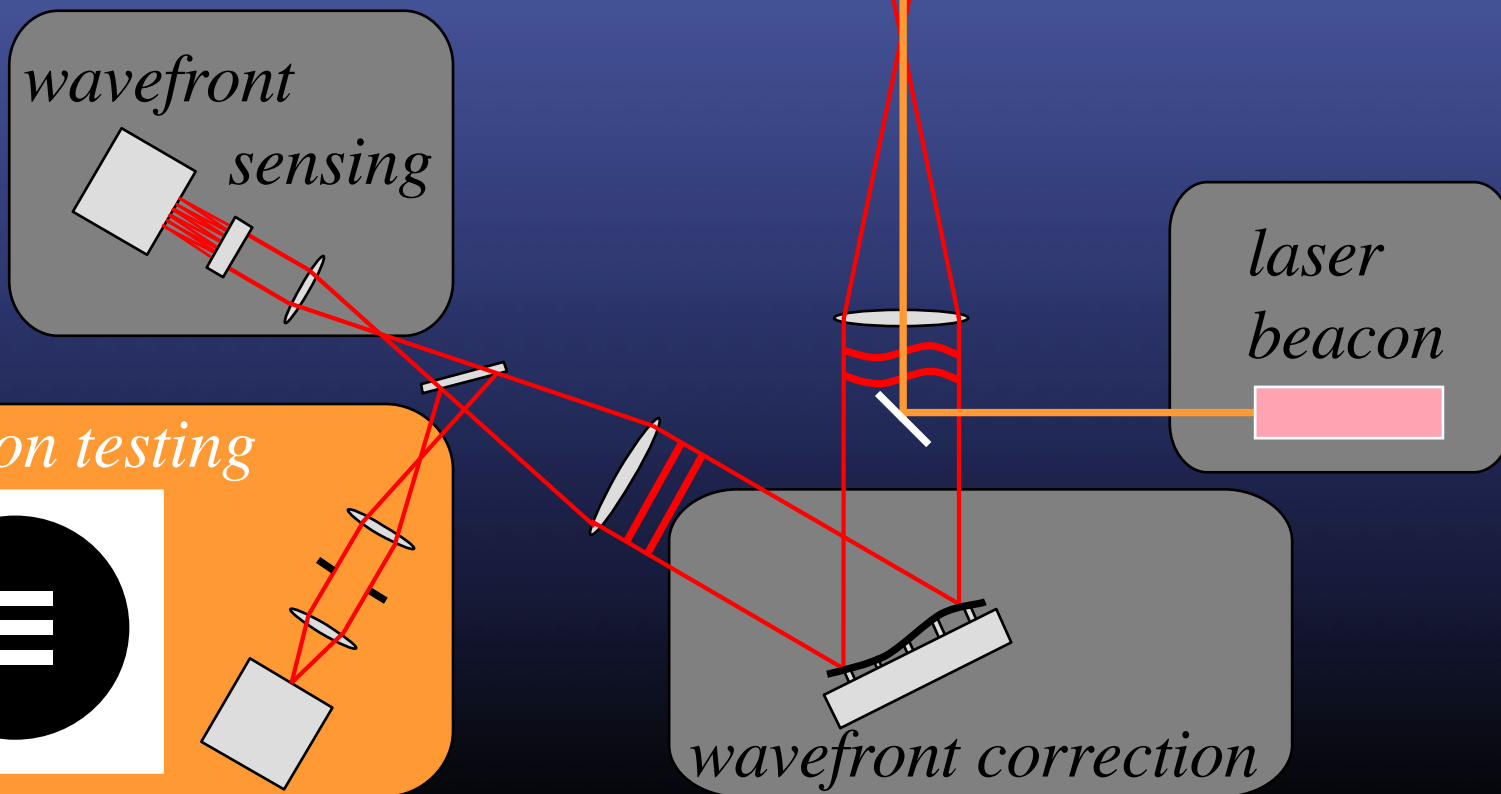
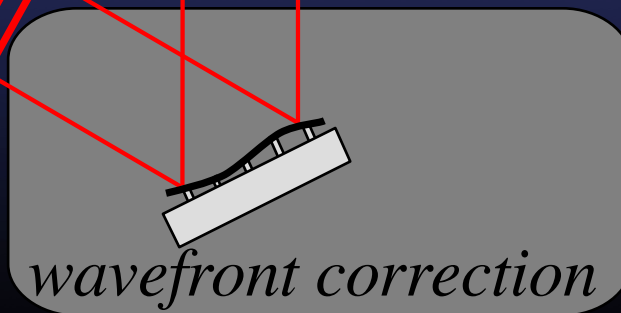
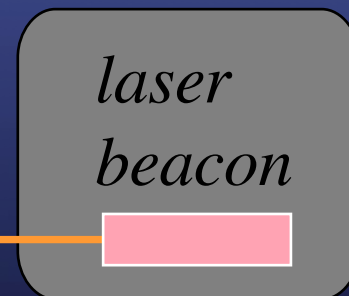
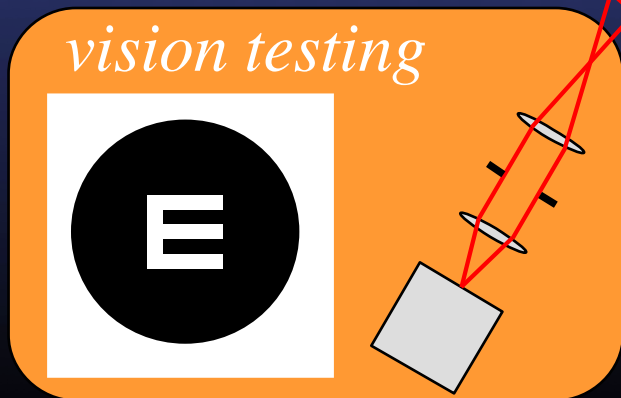
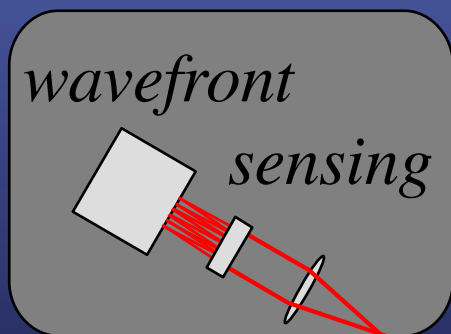
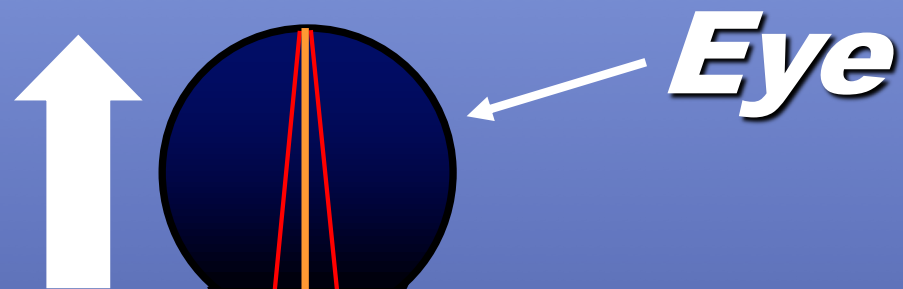
# *AO for Vision Science*



# *AO for Vision Science*



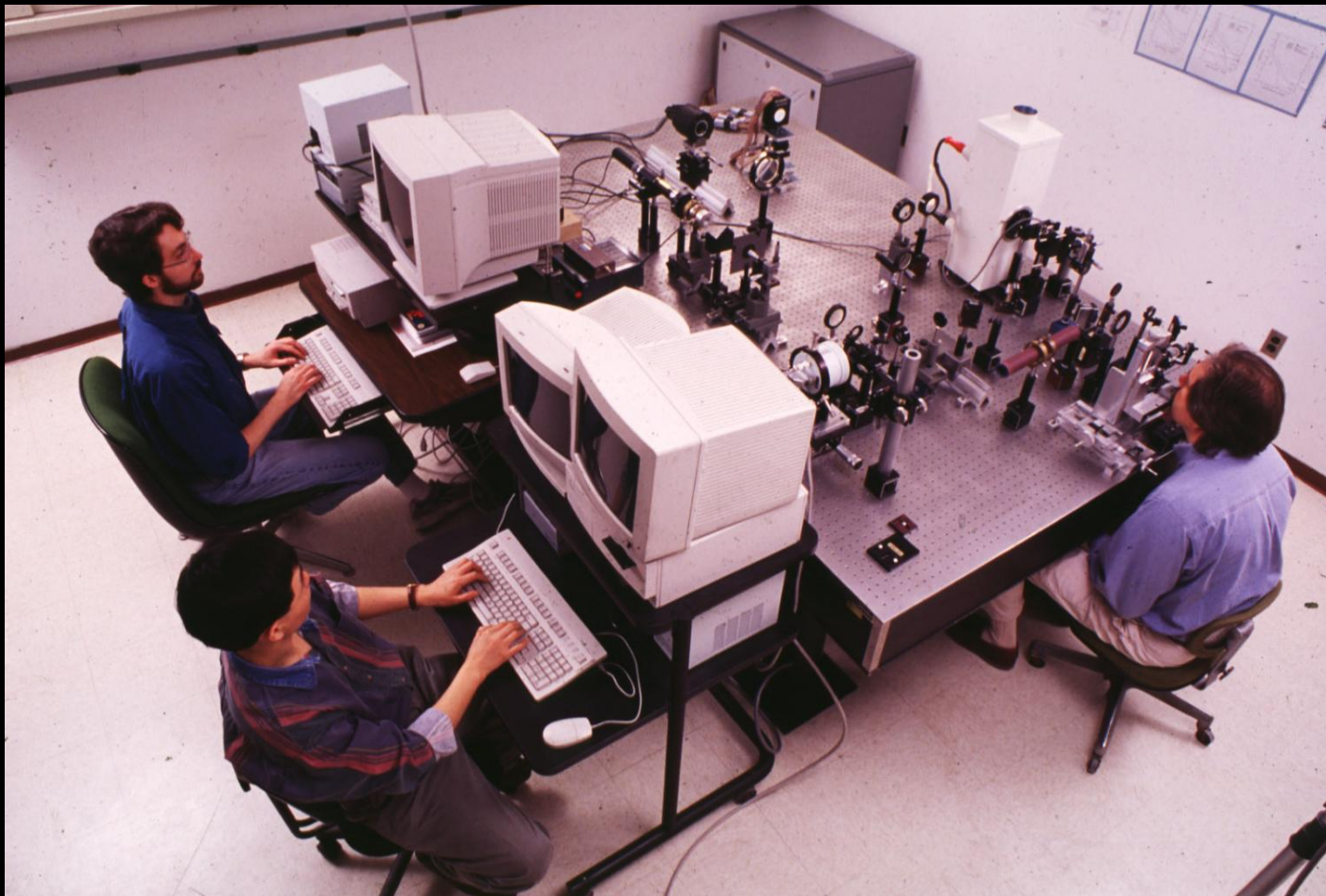
# *AO for Vision Science*



# First demonstration of retinal imaging & vision improvement by correcting higher order aberrations

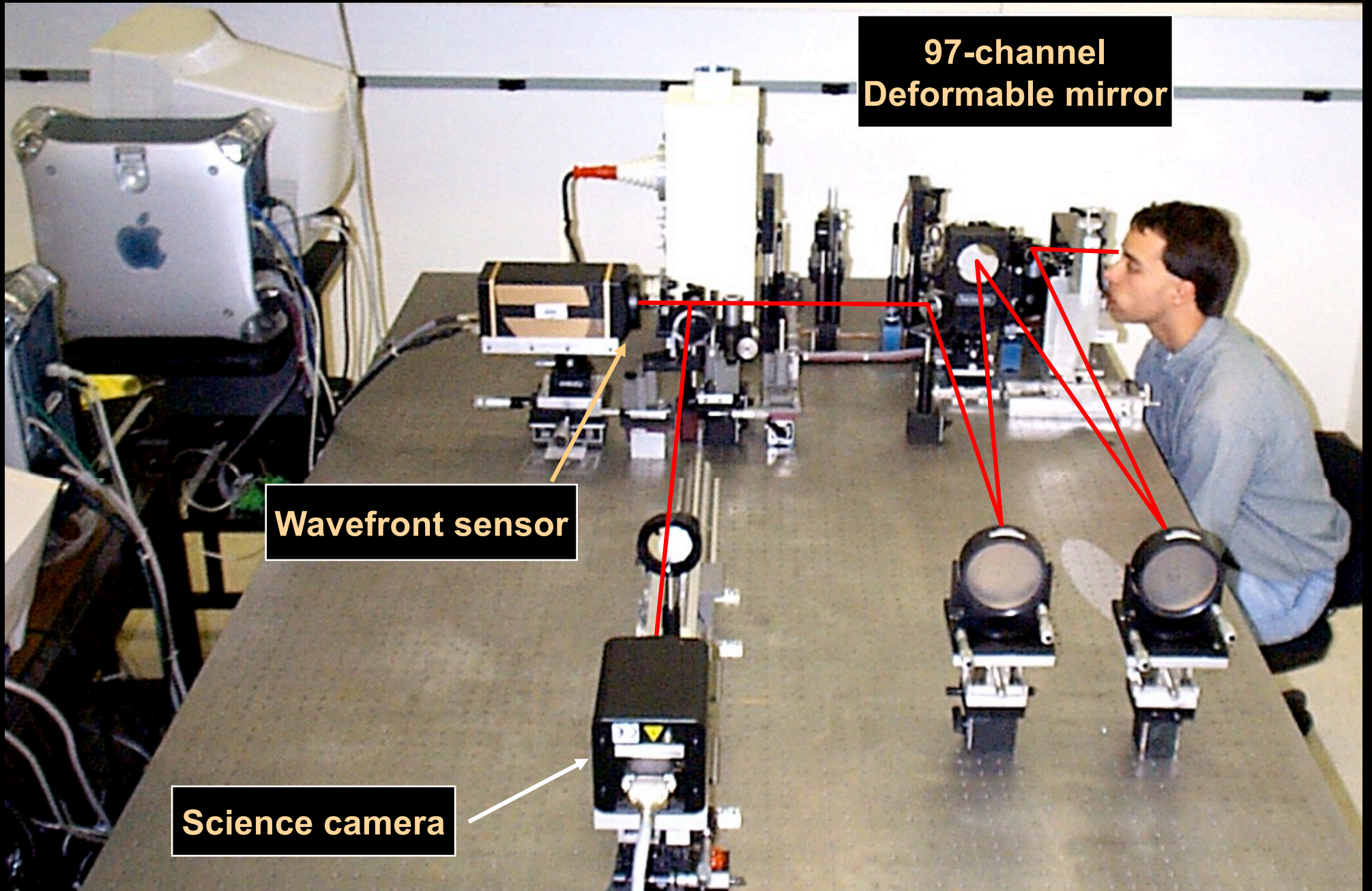


Liang J, Williams DR, and Miller DT. Supernormal vision and high resolution retinal imaging through adaptive optics. *J. Opt. Soc. Am. A.*, 1997;14:2884-2892.





# *U Rochester: Early AO Ophthalmoscope*



**97-channel  
Deformable mirror**

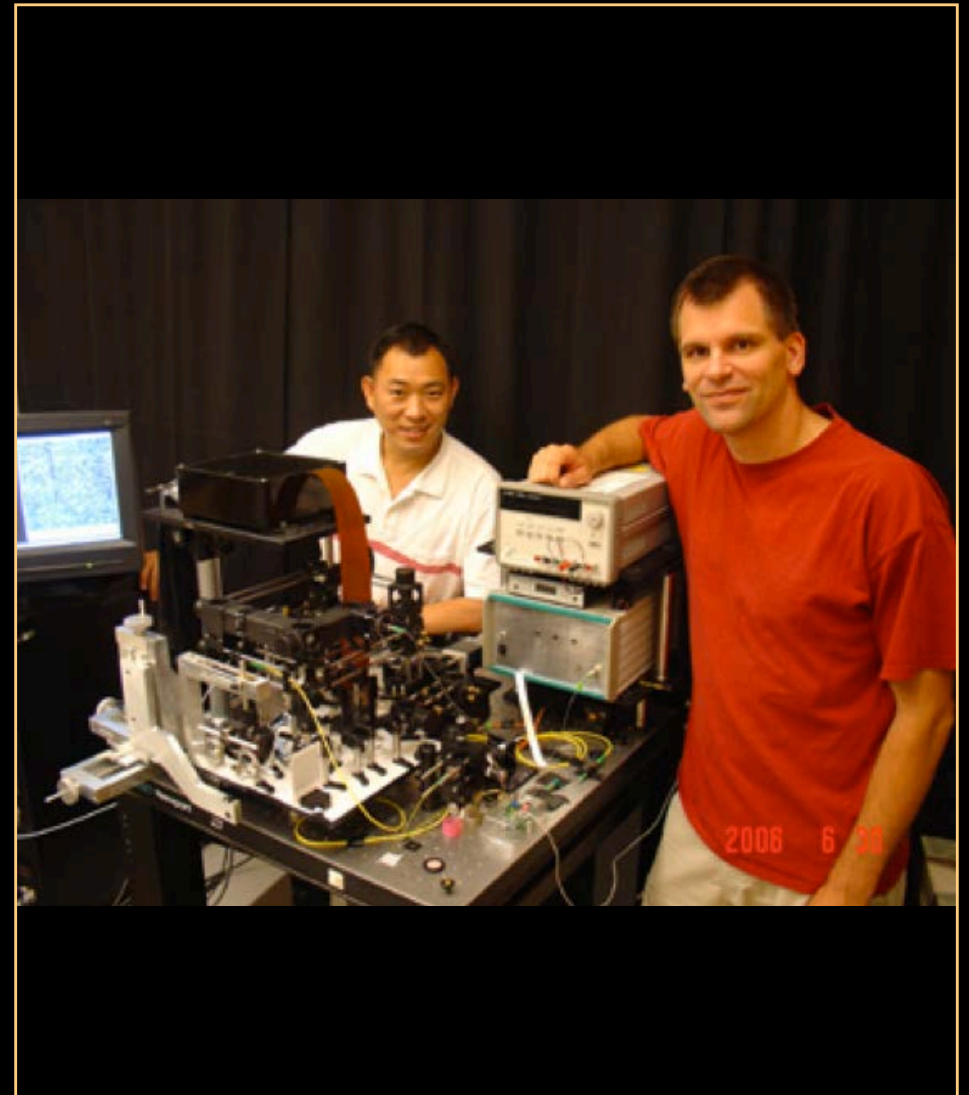
**Wavefront sensor**

**Science camera**

## *Recent instruments are compact: Roorda's compact scanning laser ophthalmoscope*

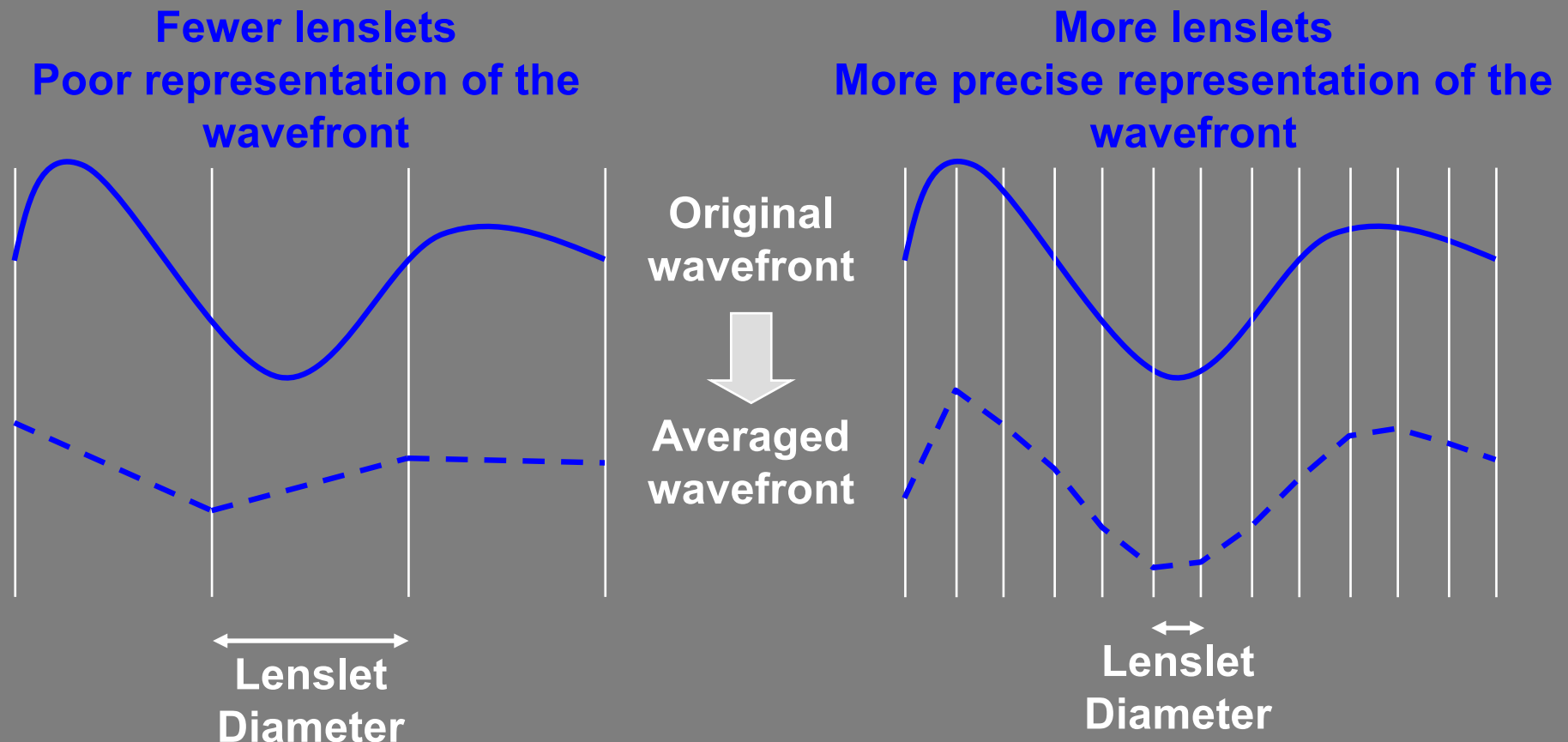


- Can be rolled from room to room
- Not only imaging, but also a scanning confocal microscope



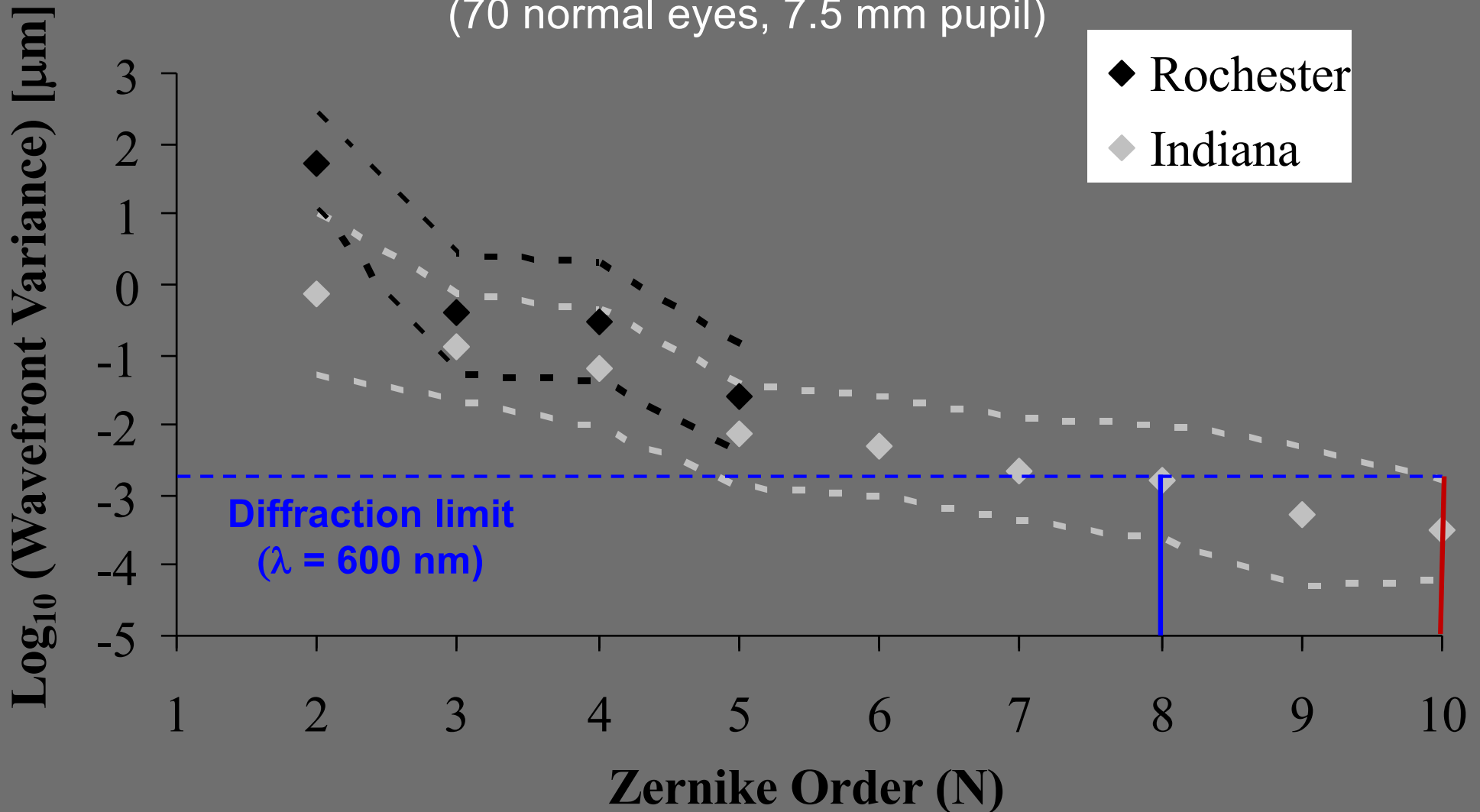
# How many lenslets do I need to adequately sample and reconstruct the wavefront?

Will depend on several factors, including the complexity of (spatial frequencies contained in) the wavefront



# There is a measurable amount of aberration in normal eyes up to at least the 8<sup>th</sup> radial order

(70 normal eyes, 7.5 mm pupil)



N. Doble & D.T. Miller, "Vision correctors for vision science," Chapter 4, Adaptive Optics for Vision Science (2006).

N. Doble, *et al.*, "Requirements for discrete actuator and segmented wavefront correctors for aberration compensation in two large populations of human eyes," *Appl. Opt.* 46, 4501-4514 (2007),

# Typical Shack-Hartmann wavefront sensor parameters for the *normal* human eye

## 1. Lenslet array parameters:

- ~200 for dilated pupil (15 x 15 to 20 x 20 arrays within 6-8 mm pupil)

## 2. # pixels across spot core: 4 to 14

- Note that vision science AO systems typically use many more pixels per subaperture than astronomy systems

## 3. Wavelength: 633 – 850 nm

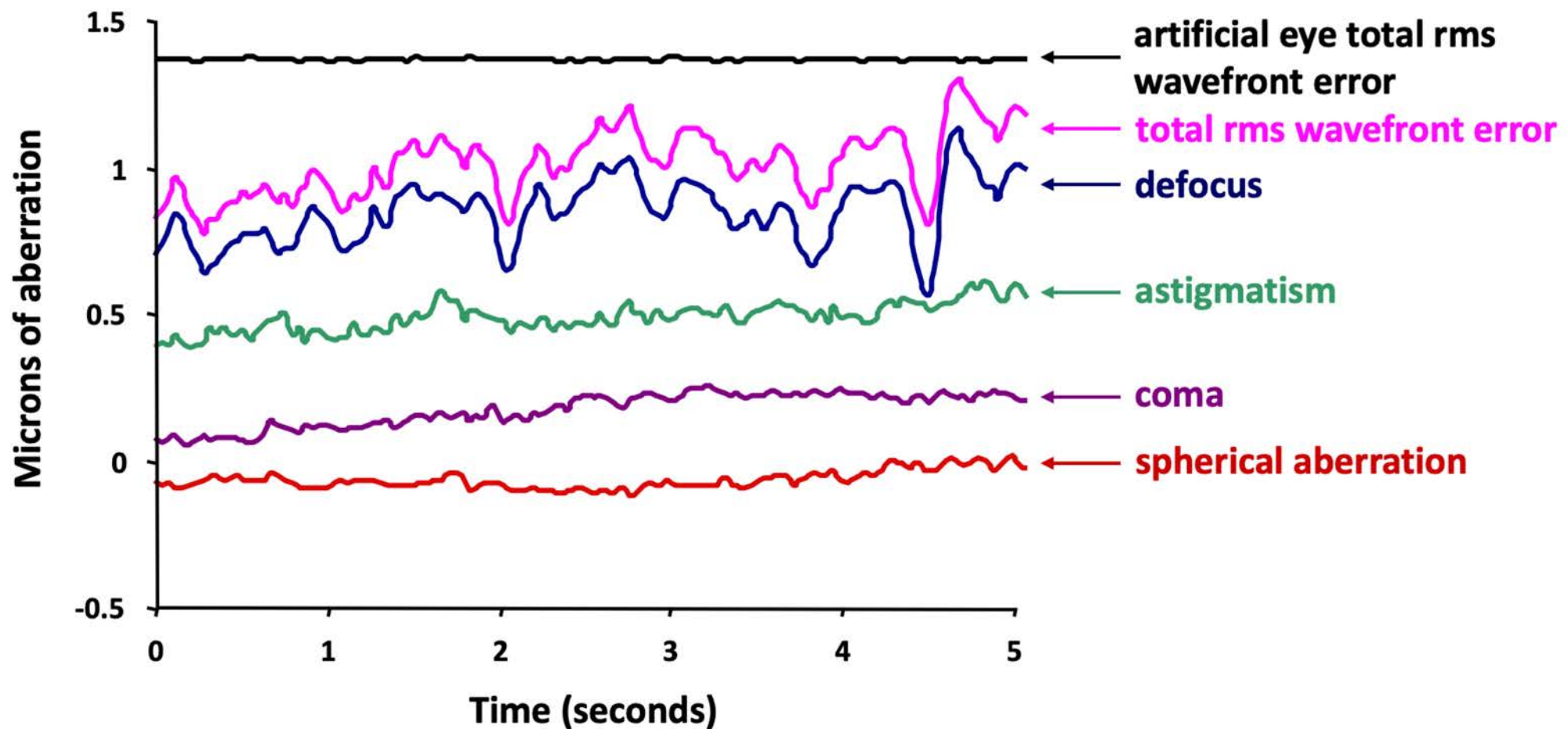
## 4. Other parameters to consider:

- CCD pixel size
- CCD frame rate (don't need super low read noise)

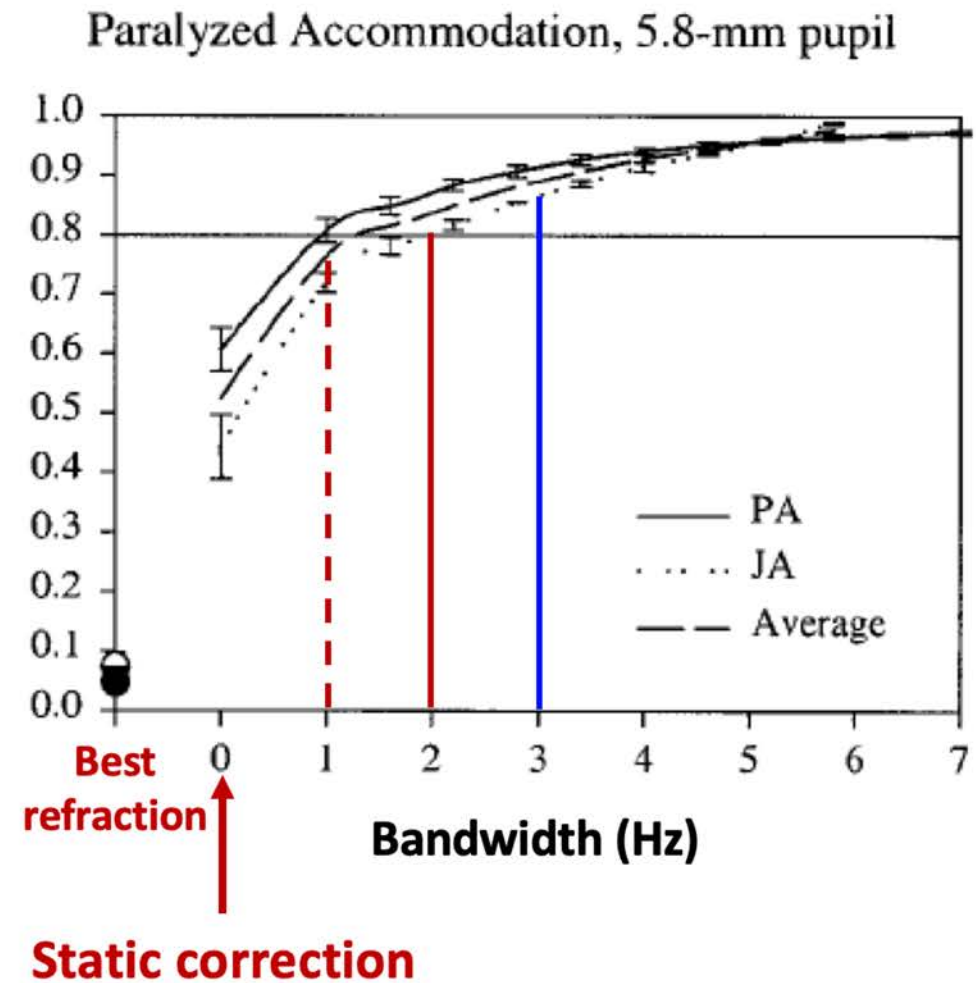
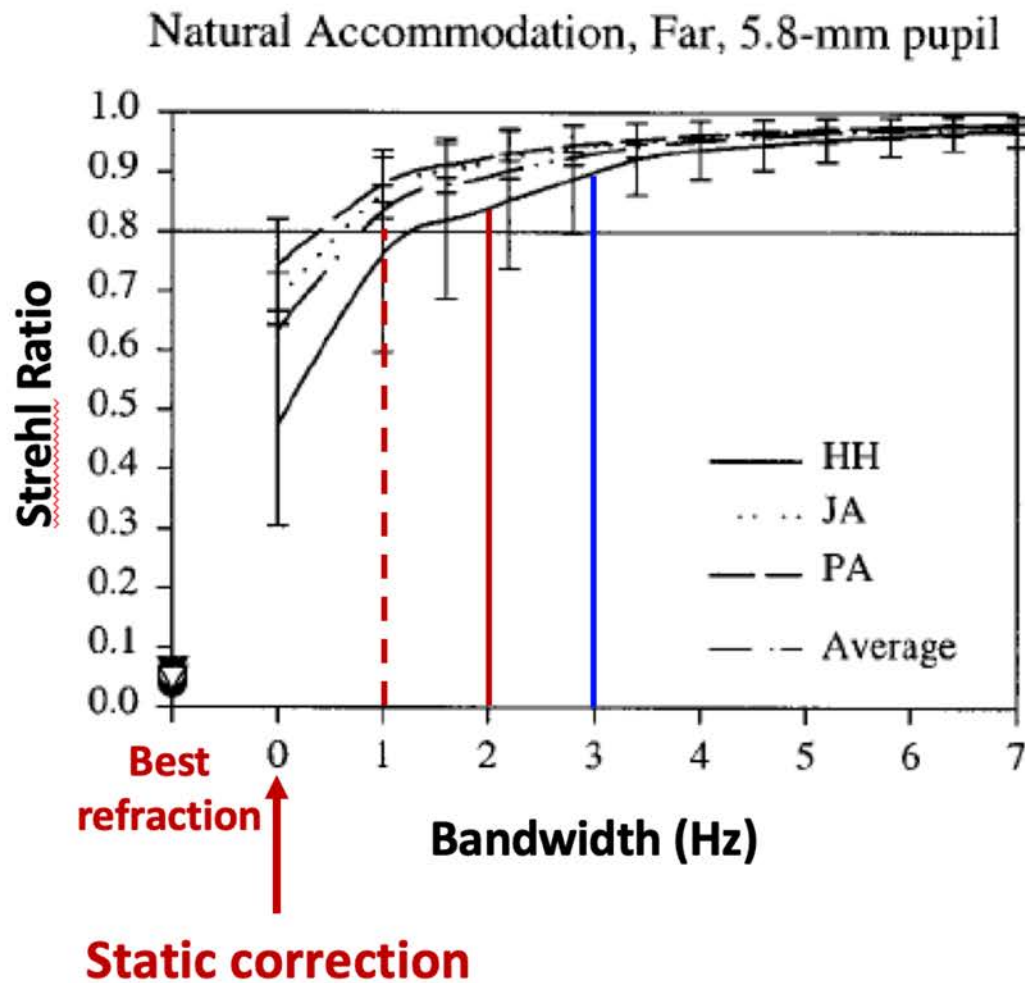
**How fast does my vision AO system  
need to go?**

# Temporal fluctuations exist in all of the eye's aberrations with natural accommodation

Accommodating at 2 D  
4.7-mm pupil

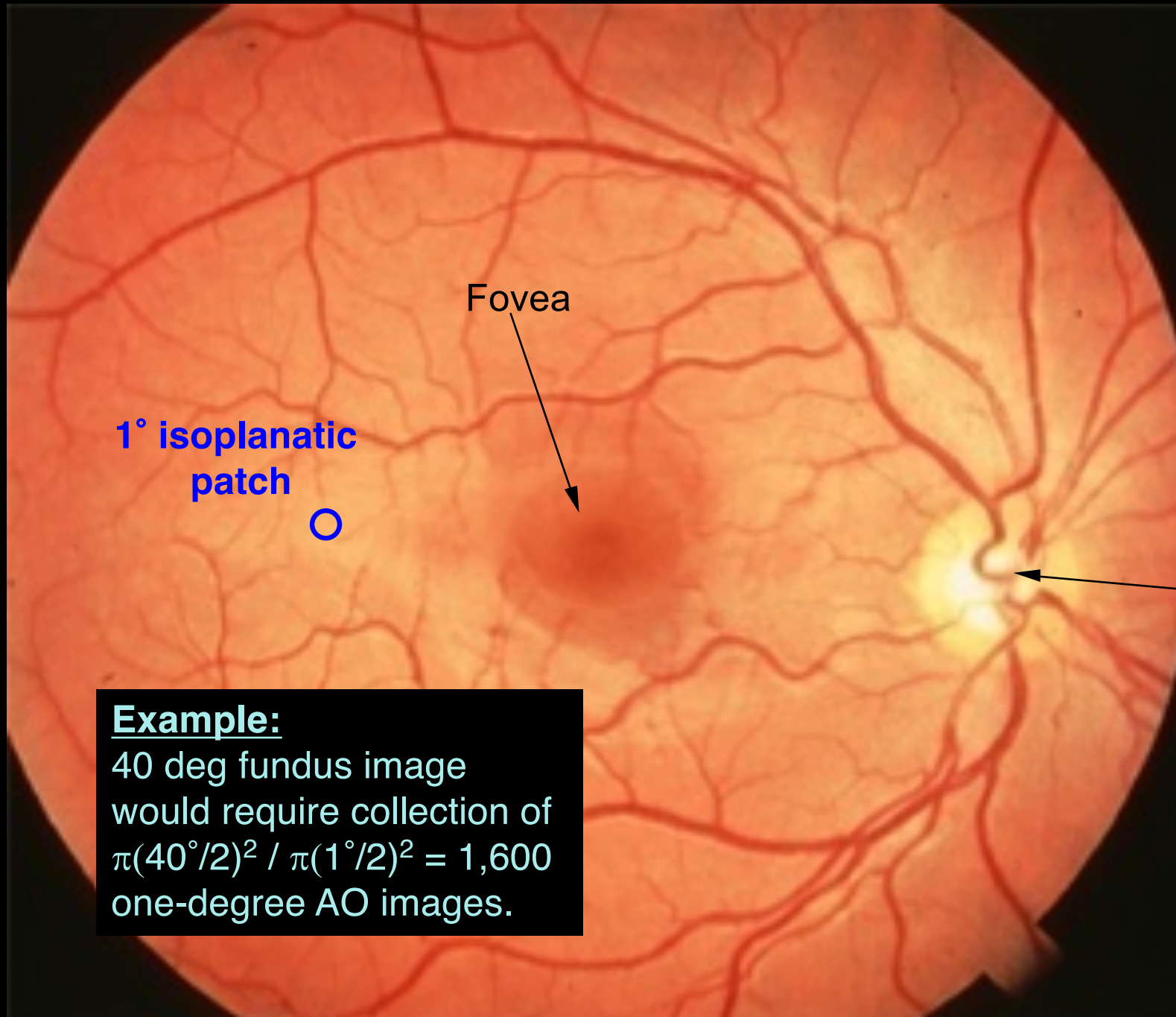


# A closed-loop bandwidth of 1-3 Hz can ideally correct aberrations sufficiently to achieve a Strehl > 0.8



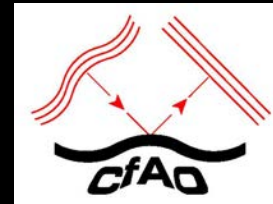


## Conventional fundus photograph – 40° FOV (~ 12mm)



# ***Adaptive optics can resolve individual photoreceptors in the living eye***

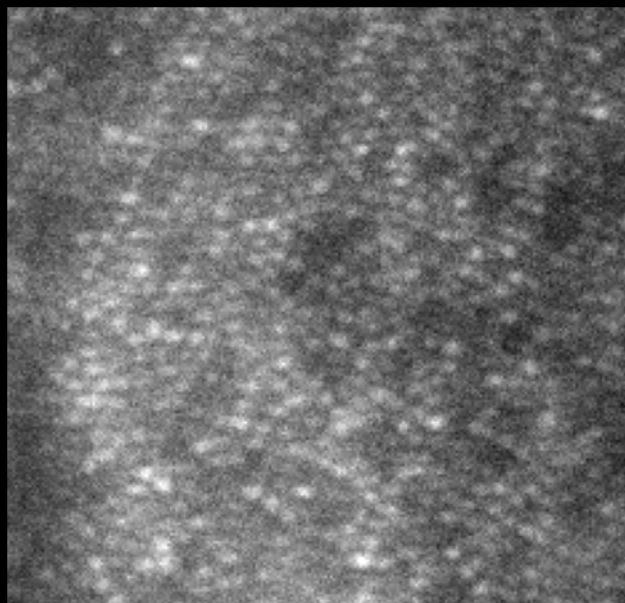
---



**Without AO  
(single image)**



**With AO  
(single image)**

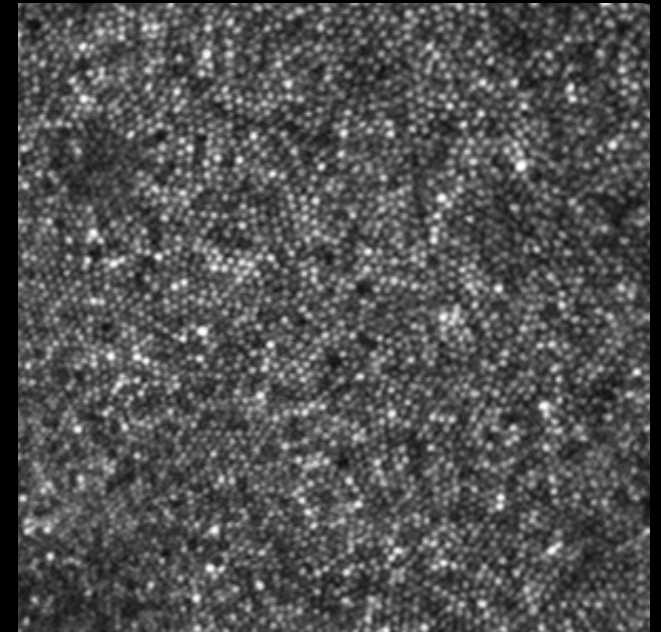
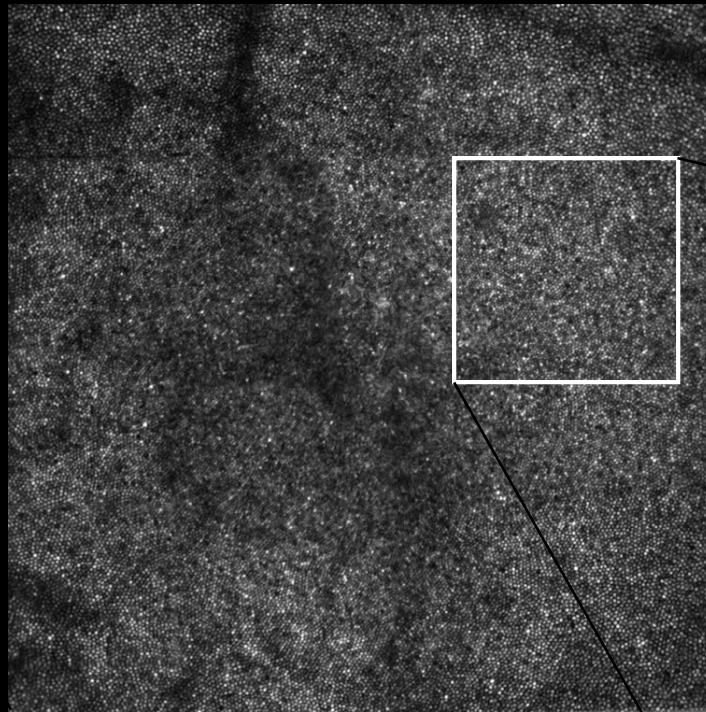
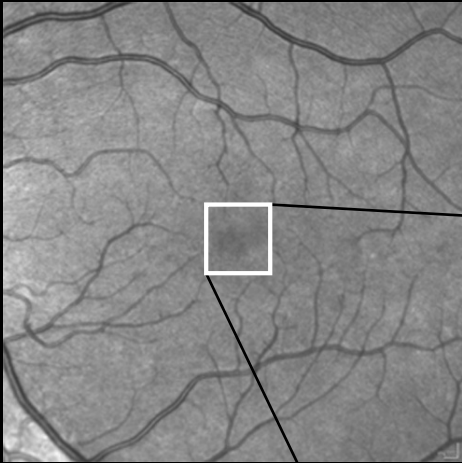


**~ 50  $\mu$ m**

**With AO  
(registered sum)**

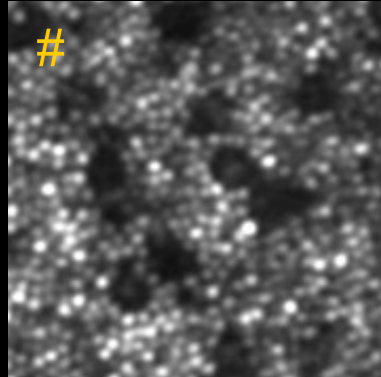
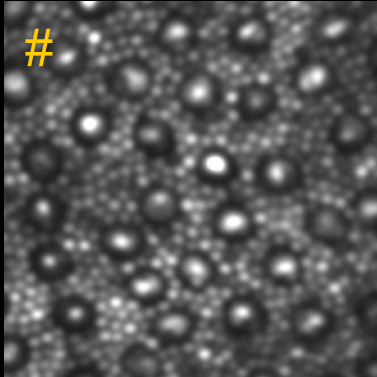
**1 deg  
eccentricity**

# AO can “zoom in” to see single cells

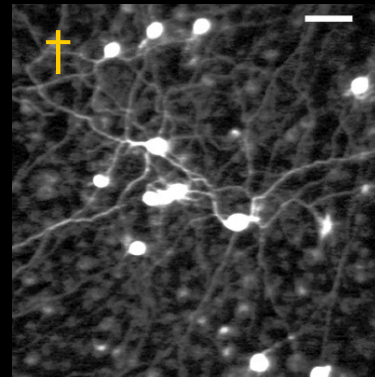


# AO allows visualization of different cell types and for visual psychophysics on a cellular scale

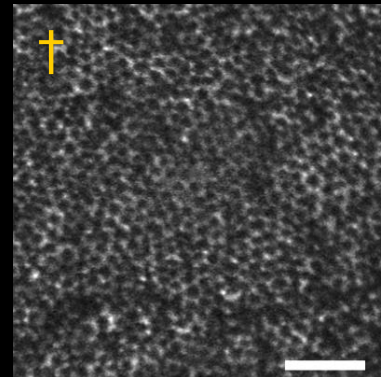
Cone & rod photoreceptors



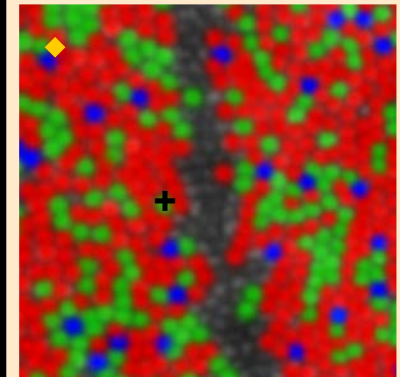
Ganglion cells



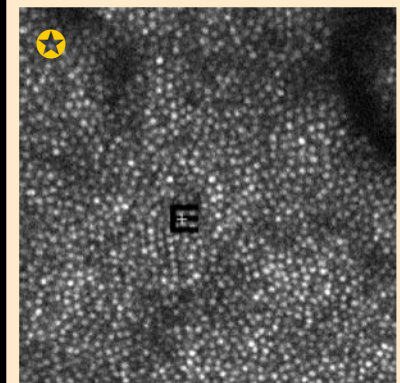
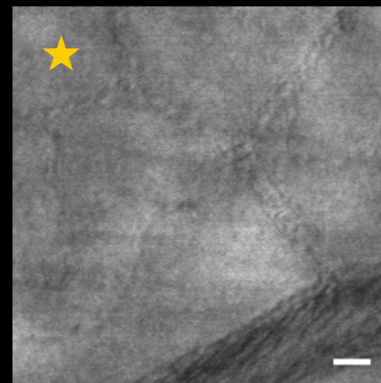
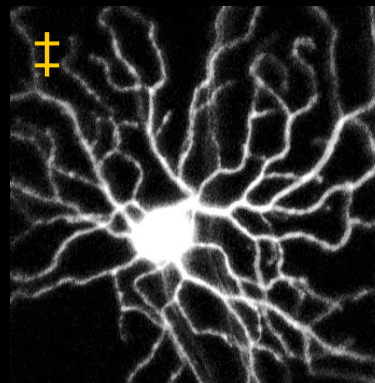
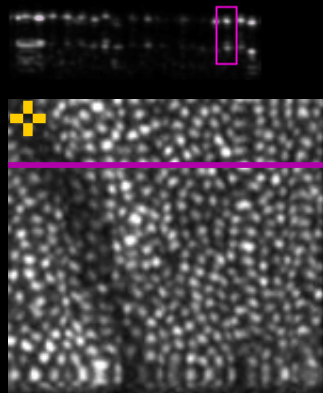
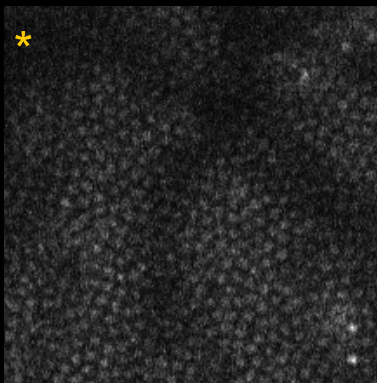
RPE



Functional Testing



Vasculature & Blood Flow



# Joe Carroll, Alf Dubra

\* Jennifer Hunter, David Williams

† Donald Miller, Omer Kocaoglu

† Dan Gray, Jessica Morgan, Jason Porter, Bill Merigan, David Williams

† Ying Geng, David Williams

★ Stephen Burns

◆ Heidi Hofer, Austin Roorda, Joe Carroll, D. Williams

★ Austin Roorda, Curt Vogel, David Arathorn

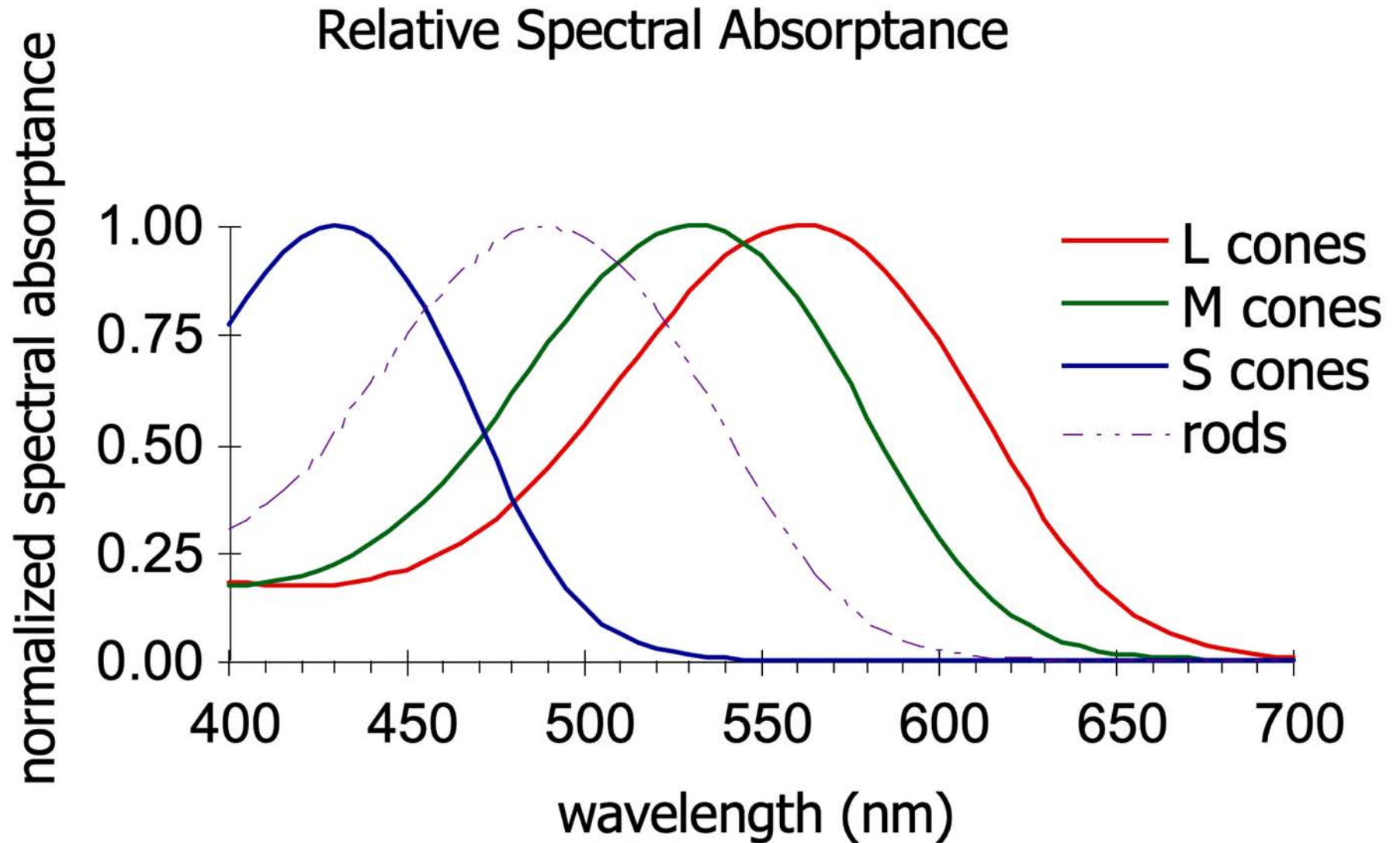
# Applications of AO

---

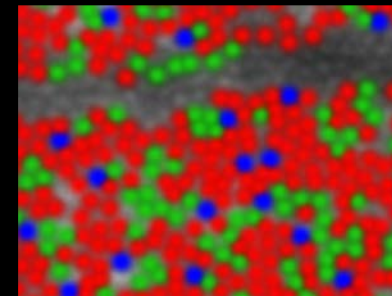
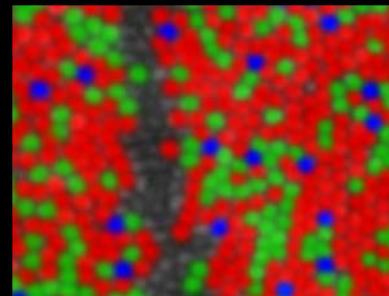
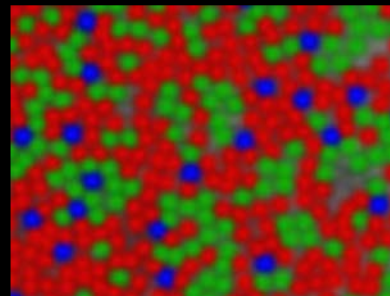
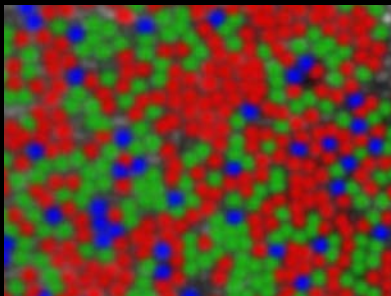
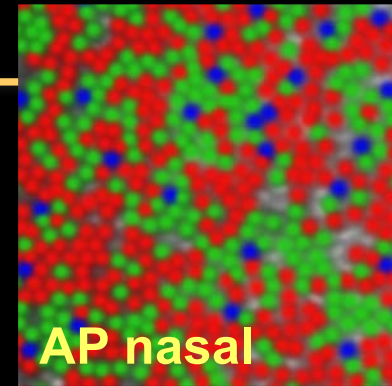
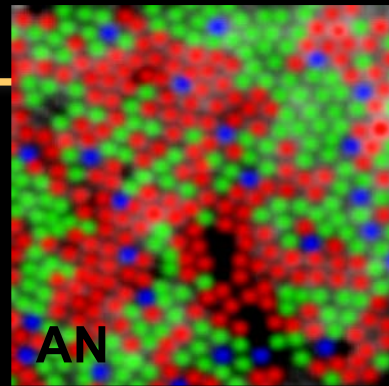
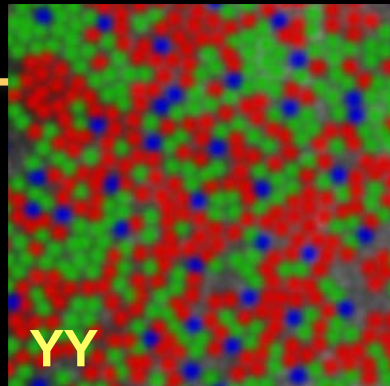
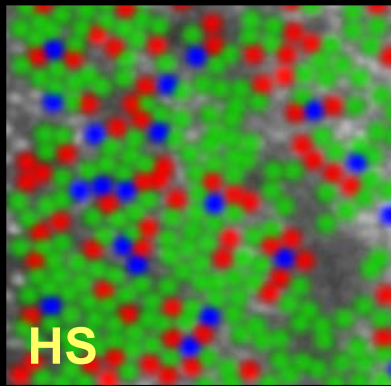


- **Basic science imaging**
  - Properties of retinal cells
  - Color vision mechanisms
- **Clinical applications**
  - Early diagnosis of disease
  - Track disease progression, test efficacy of new drugs
- **Functional imaging**
  - Relation between structure and function
  - Study retinal circuitry
- **Vision science**
  - Vision benefits of aberration correction
  - Optical and neural limits of human vision
- **Dynamical studies**
  - Blood flow in the eye
  - Eye motion
- **Precision light delivery**
  - Stimulate single cells
  - Targeted laser treatment

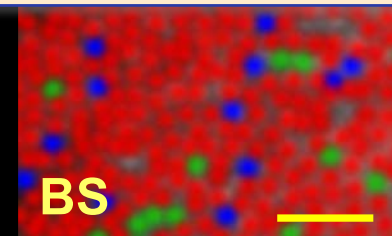
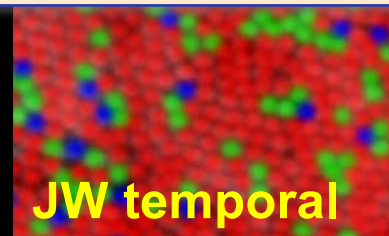
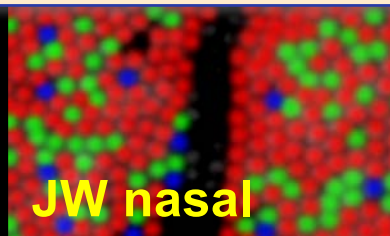
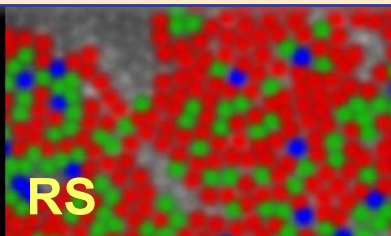
# Components of the human optical system



# Mapping the trichromatic cone mosaic



All of these 12 people have normal, nearly identical color vision despite having different relative numbers of green and red cones!

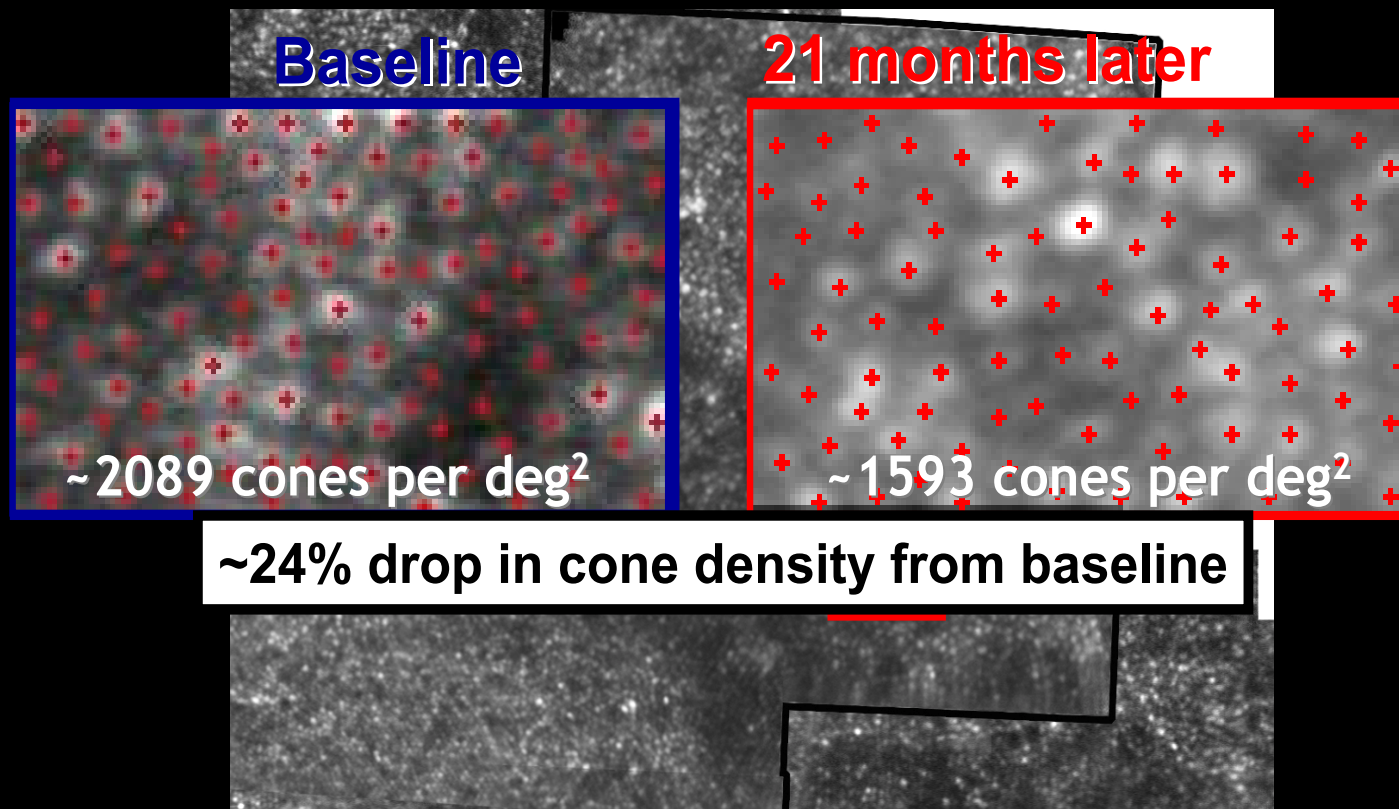


5 arcmin

# Clinical application: Cone tracking to follow progression of eye disease



## Cone tracking in eye disease



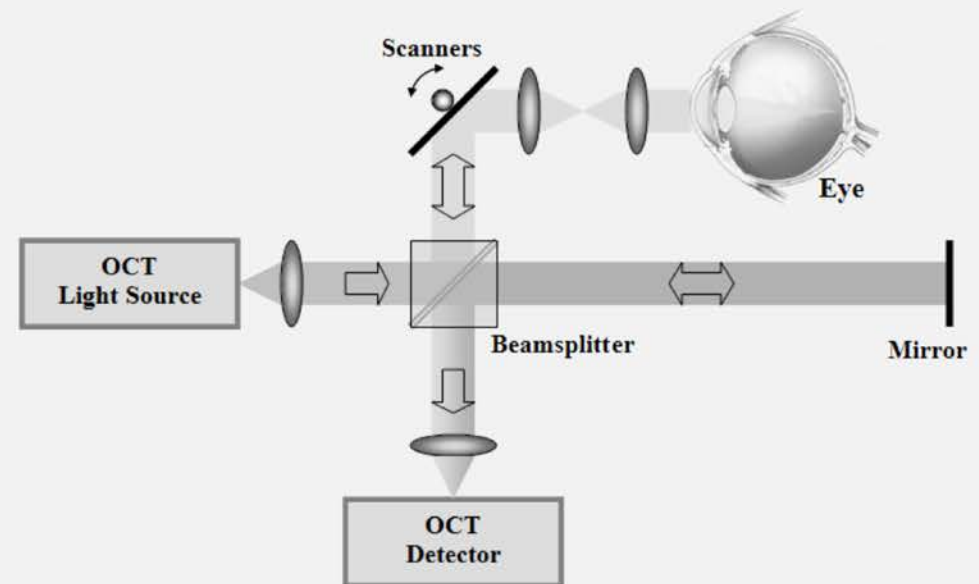
In a diseased eye (retinitis pigmentosa illustrated here), we can monitor changes in cone density over time.



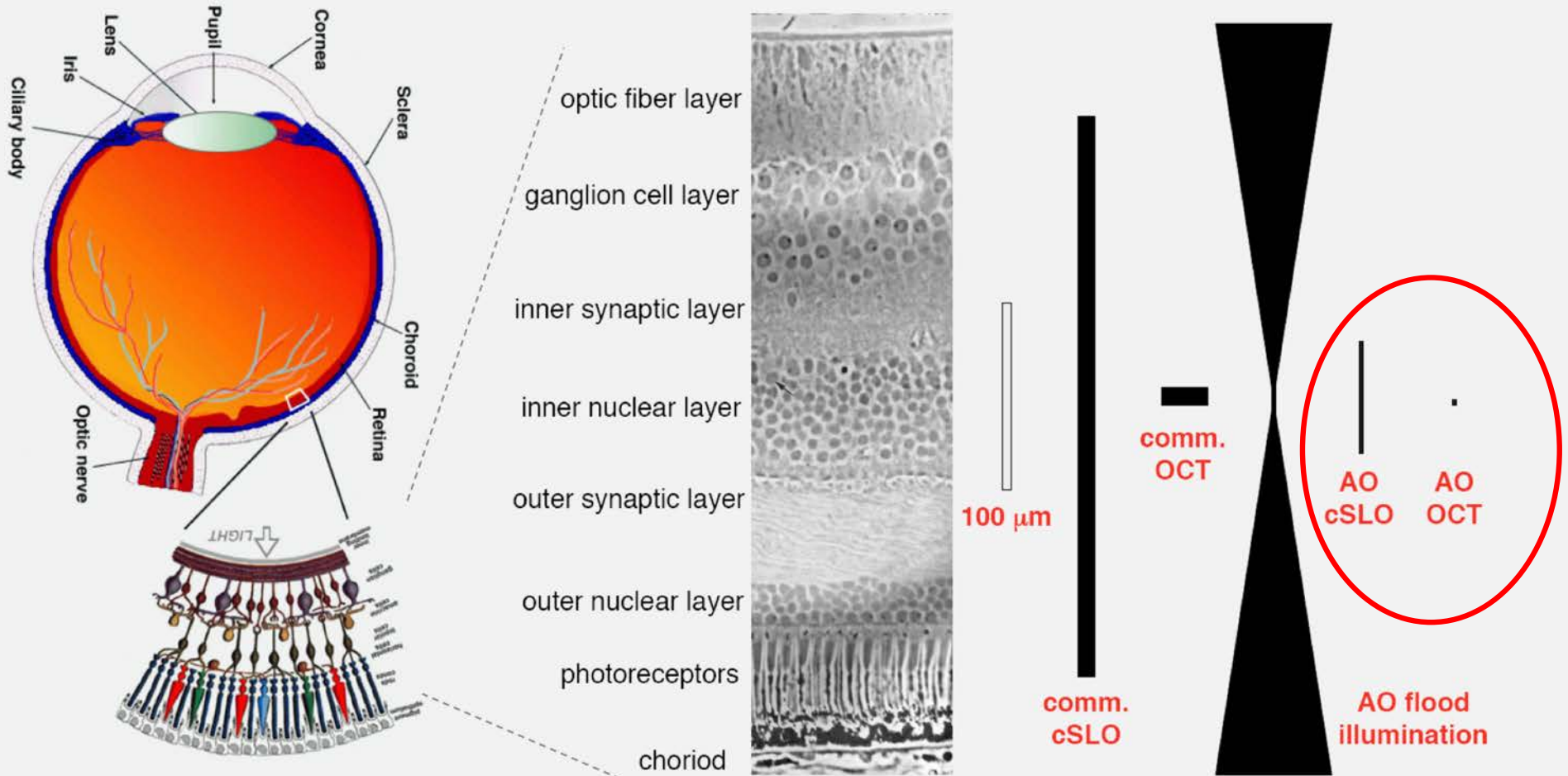
# Optical Coherence Tomography

**Optical Coherence Tomography** is an an interferometric, non-invasive optical imaging method that offers very high axial resolution.

**OCT** relies on white light or low coherence interferometry. The optical setup typically consists of an interferometer (typically Michelson type) with a low coherence, broad bandwidth light source. Light is split into and recombined from reference and sample arm, respectively.



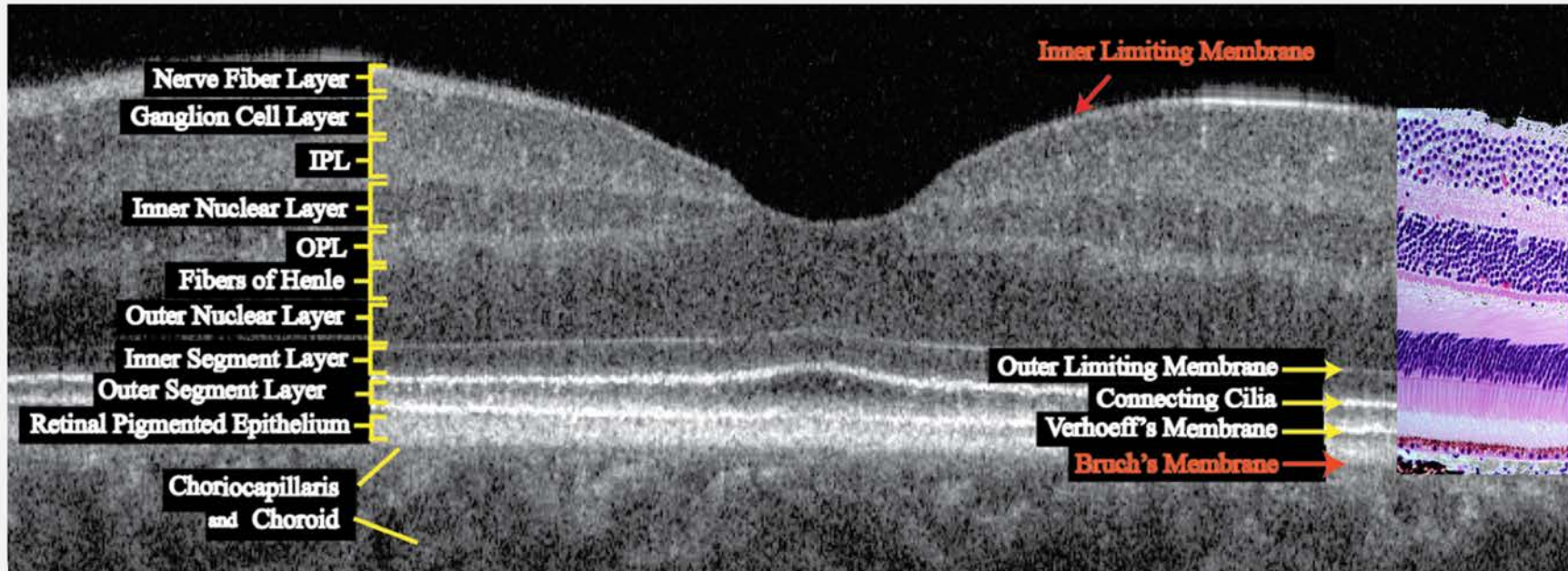
# Resolution of retinal imaging instruments



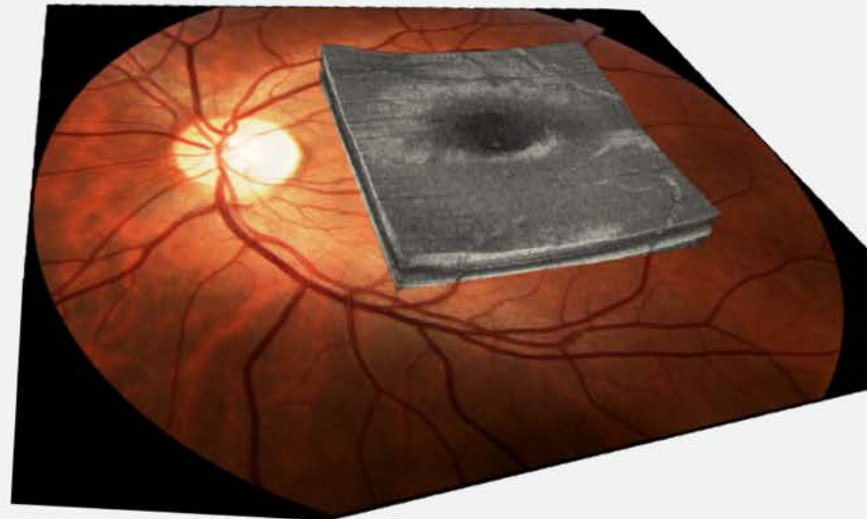
AO SLO = scanning laser ophthalmoscope  
 AO OCT = AO optical coherence tomography

Don Miller; Indiana University

# AO OCT



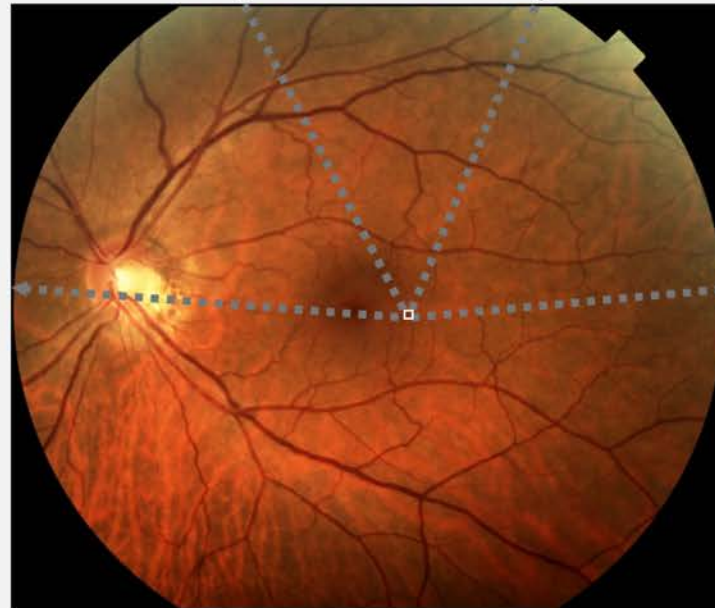
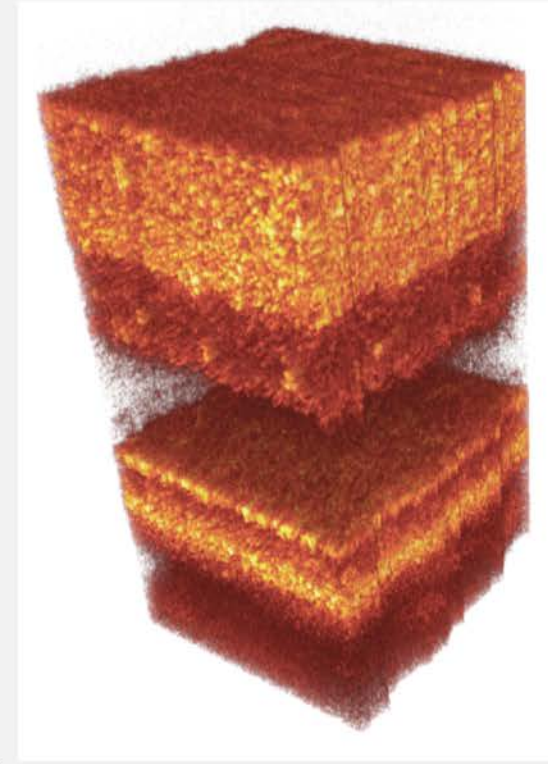
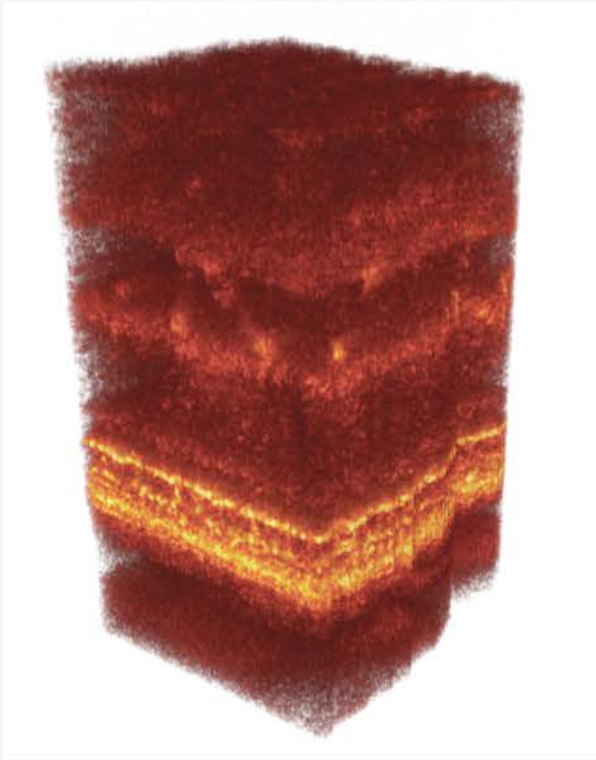
3000 A-scans;  $x = 6\text{mm}$ ;  $\Delta z = 3.5\ \mu\text{m}$ ;  $\Delta x = 10\text{-}15\ \mu\text{m}$ ;  $dx = 1,5\ \mu\text{m}$   $\tau = 50\ \mu\text{s}$ ;  $T=150\ \text{ms}$ ;



Slices through side view of retina

# AO-OCT

Volume reconstruction



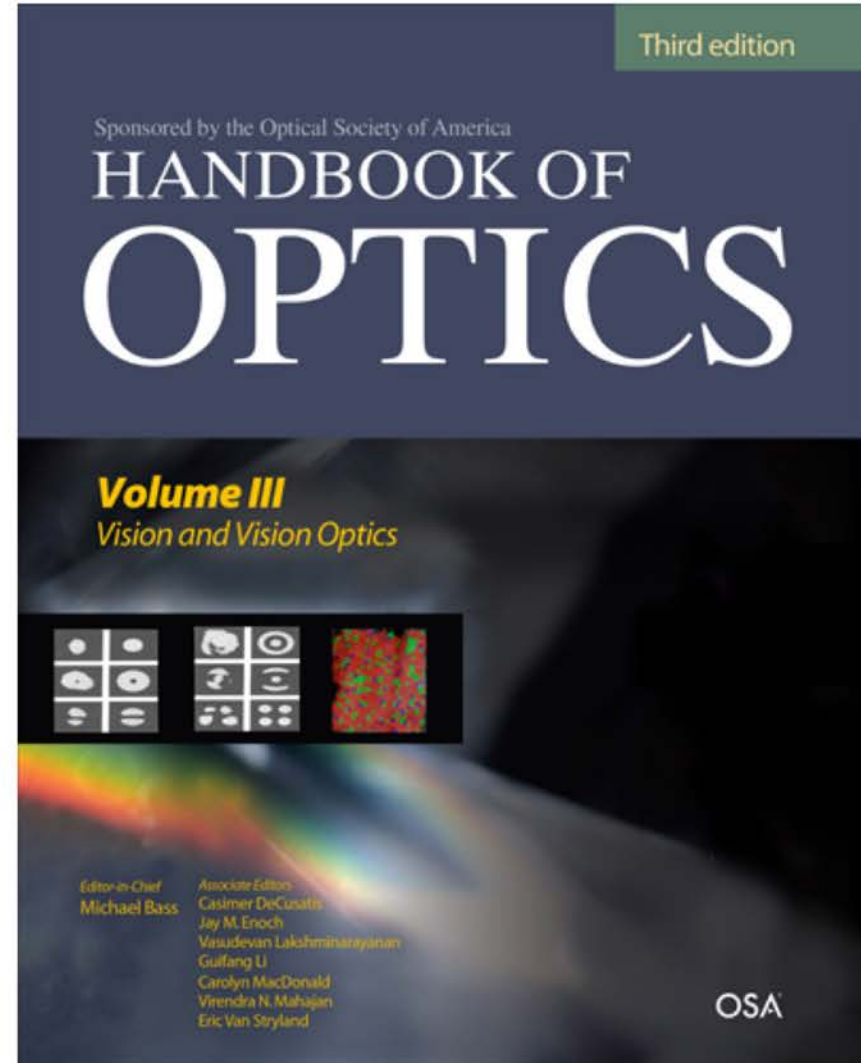
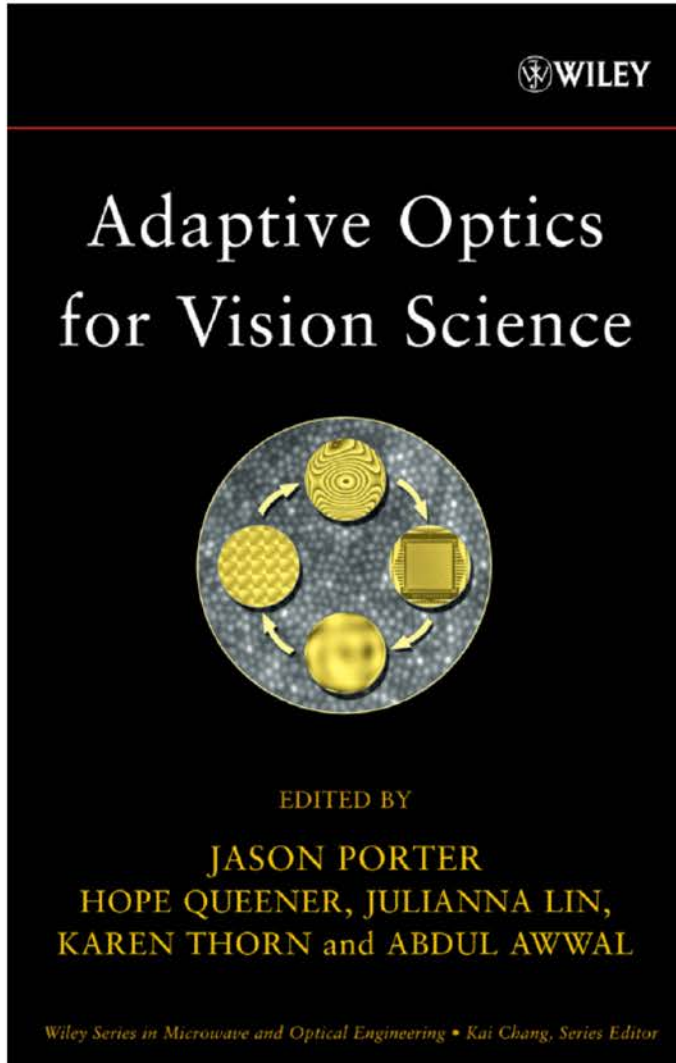
# Summary

---



- **Adaptive optics for imaging the living retina has many similarities with astronomical AO**
  - “Laser guide star” for wavefront sensing
  - Similar wavefront sensors and DMs
- **A key difference: retina is a 3D structure**
  - Need both axial and lateral resolution
  - AO Scanning Laser Ophthalmoscopes, Optical Coherence Tomography
- **Applications:**
  - Physiology and psychology of vision
  - Clinical and medical applications

# Want to learn more about AO for vision science?



Miller DT and Roorda A. *Adaptive optics in retinal microscopy and vision*, Chapter 17.