

WHEN ONE BECOMES TWO

Patient-Friendly Glossary | CONNECTED 2026 Mini-Summit October 20, 2026 • Session One

Understanding double vision, eye alignment, surgical choices, and daily life with thyroid eye disease (TED). Approximate timestamps refer to the supplied Session One transcript and may differ slightly from the edited video.

Understanding TED and double vision

Thyroid eye disease (TED) [09:44] An autoimmune condition that can inflame and enlarge tissues inside the eye socket, including the muscles that move the eyes.

Graves' disease [09:52] An autoimmune thyroid condition frequently associated with TED, although TED can occur without Graves' disease.

Autoimmune condition [09:44] A condition in which the immune system mistakenly reacts against the body's own tissues.

Inflammation [10:10] The swelling and tissue changes associated with active TED. Over time, inflammation may contribute to stiffness and scarring.

Diplopia (double vision) [03:36] Seeing two images of one object because the eyes are not pointing in matching directions.

Strabismus [01:37] Misalignment of the eyes. A strabismus specialist evaluates and treats how the eyes work together.

Restrictive strabismus [14:49] Eye misalignment caused when muscles become enlarged, shortened, or stiff and cannot move normally.

Extraocular muscles [15:04] The six muscles around each eyeball that move the eye in different directions.

Inferior rectus muscle [12:50] A muscle that helps move the eye downward. TED-related tightness can make looking upward difficult.

Medial rectus muscle [12:50] A muscle that pulls the eye inward toward the nose. Tightness can make looking outward difficult.

Fibrosis / scarring [15:11] A change in tissue that makes an eye muscle less flexible, like an elastic band that has become stiff.

Horizontal, vertical, and torsional diplopia [16:34] Different patterns of double vision: images may appear side by side, one above another, or tilted/rotated relative to each other.

Intermittent double vision [11:26] Double vision that comes and goes, sometimes becoming more noticeable with fatigue or changes in inflammation.

Gorman scale [11:36] A classification used in TED studies to describe how often a patient experiences double vision.

Assessment and nonsurgical support

Eye alignment / ocular motility examination [17:18; 47:24] Detailed measurements of where the eyes point and how well they move in different directions of gaze.

CT scan / MRI [17:41] Imaging that can help specialists see the size and condition of muscles and other structures inside the eye socket.

Prism glasses [17:58] Lenses that redirect light to help some people combine two images into one. They may be less useful when misalignment changes with gaze direction or images are rotated.

Temporary stick-on prism [32:39] A prism attached to existing glasses that may provide short-term help while eye alignment is changing.

Eye patch / occlusion [08:26; 35:03] Covering one eye to eliminate the second image. It can help symptoms but reduces binocular vision and can affect depth perception.

Compensatory head posture / torticollis [20:01] Tilting or turning the head to find a position with clearer single vision; over time it can contribute to neck discomfort.

Brain compensation [22:57; 46:26] The visual system's ability to make small adjustments that help keep images together; fatigue or illness may reduce that ability.

Orthoptist [47:24] A trained eye-care professional who helps assess eye alignment, movement, and binocular vision.

Surgery and treatment planning

Strabismus surgery [18:37] Surgery that repositions or changes the action of eye muscles to improve alignment, useful single vision, and sometimes head posture. The eyeball is not removed.

Conjunctiva [19:01] The thin, transparent membrane covering the white of the eye; surgeons can access the eye muscles beneath it.

Staged surgery [20:43] A treatment plan involving more than one operation, sometimes addressing different eyes or directions of misalignment separately.

Primary gaze / reading gaze [21:46] Looking straight ahead or downward to read—positions often prioritized when planning surgery for daily function.

Residual double vision [21:54] Double vision that remains after treatment, sometimes in particular directions of gaze even when straight-ahead vision improves.

Adjustable sutures [25:29] A technique leaving a temporary adjustable knot so the surgeon can fine-tune eye-muscle position after the patient wakes and provides feedback.

Overcorrection / undercorrection [27:18] When a surgery shifts eye alignment more than intended or not far enough; adjustable sutures may allow refinement.

Stable measurements [29:28] Consistent eye alignment and movement findings across visits. Surgeons often prefer stability before operating, although decisions are individualized.

Orbital decompression [29:52] Surgery to create more room in the eye socket, often to reduce eye bulging. It can change eye alignment, so it is generally considered before strabismus surgery.

Proptosis [06:57; 29:52] Forward bulging of an eye from its socket.

Eyelid retraction [07:05; 30:36] An eyelid sitting unusually high or low, exposing more of the eye; it may be treated after other needed orbital and eye-muscle procedures.

Flare-up / recurrence [24:21; 31:43] A return or worsening of TED-related changes after a period of improvement or stability, which can affect treatment timing.

Revision surgery [23:35] An additional operation to adjust a previous surgical result if alignment changes or symptoms persist.

Living with double vision

Depth perception [35:50; 39:10] The ability to judge distance and spatial relationships using visual information; navigating stairs and crowds can be harder when using one eye.

Adaptations / accommodations [38:37] Practical adjustments—such as asking for an arm in a crowd, using a handrail, or changing activities—to improve comfort and safety.

Independence and emotional wellbeing [35:42; 42:15; 58:49] Double vision can affect driving, reading, hobbies, eye contact, confidence, and emotional health—not only eyesight.

Peer support [59:07] Connection with others who understand TED firsthand through support groups, storytelling, art, or one-to-one conversations.

Questions to bring to your care team

- What type of double vision do I have, and which muscles are involved?
- Would prisms or temporary occlusion help me while my alignment is changing?
- How will we know when my eye measurements are stable enough to consider surgery?
- If I need more than one TED surgery, what order makes sense for me?
- What daily activities should we prioritize when setting goals for eye alignment?
- Could adjustable sutures be appropriate in my situation?

Educational resource based on the supplied Session One transcript. Definitions are simplified for general understanding and are not individual medical advice.

Treatment outcomes and surgical timing vary by patient. The transcript appears automatically transcribed; clinical terms have been standardized where clear.