microscope than it did at the slit-lamp biomicroscope. Subluxation does not accompany every case of zonular weakness; it appears only in advanced cases. What is the best way to detect a zonulopathy? It is best identified at the slit-lamp biomicroscope. The signs are occasionally obvious, but more often than not they are subtle.

Beginning ophthalmologists often ask their patients to look from side to side while they observe for lens jiggle at the precise moment the eyes stop moving. However, this can be difficult to see. Some ophthalmologists pound their fist against the table on which the slit-lamp biomicroscope is sitting and look for lens movement. The authors are not a big fan of this approach, as it is uncomfortable for the patient. Experienced ophthalmologists become good at detecting the inevitable microsaccades that occur whenever a patient attempts to maintain fixation. Although subtle, these microsaccades have high angular velocities and produce some of the most easily detectable lens movements. Finally, iridodonesis often occurs in the presence of phacodonesis. If iridodonesis is seen, it should tip off the ophthalmologist to look for phacodonesis. Phacodonesis can be detected