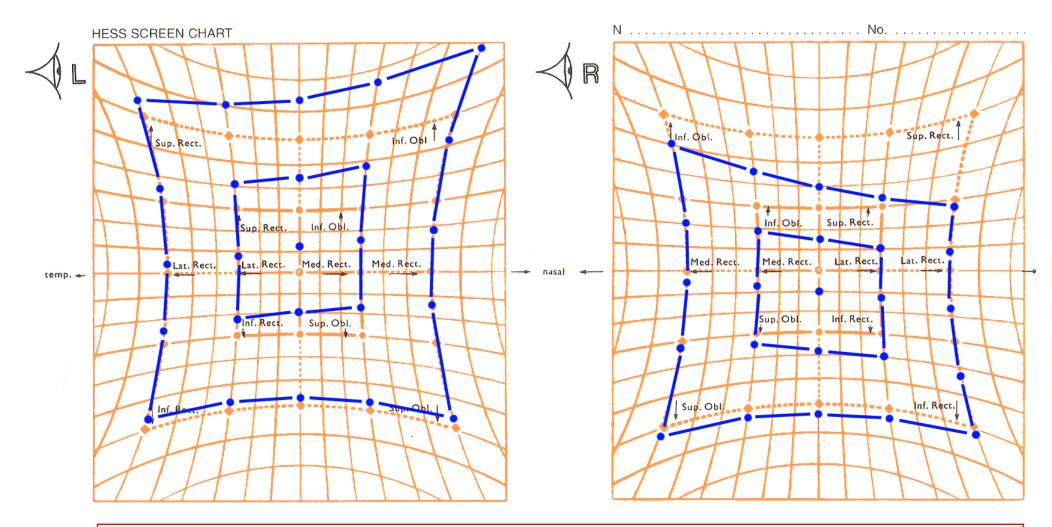


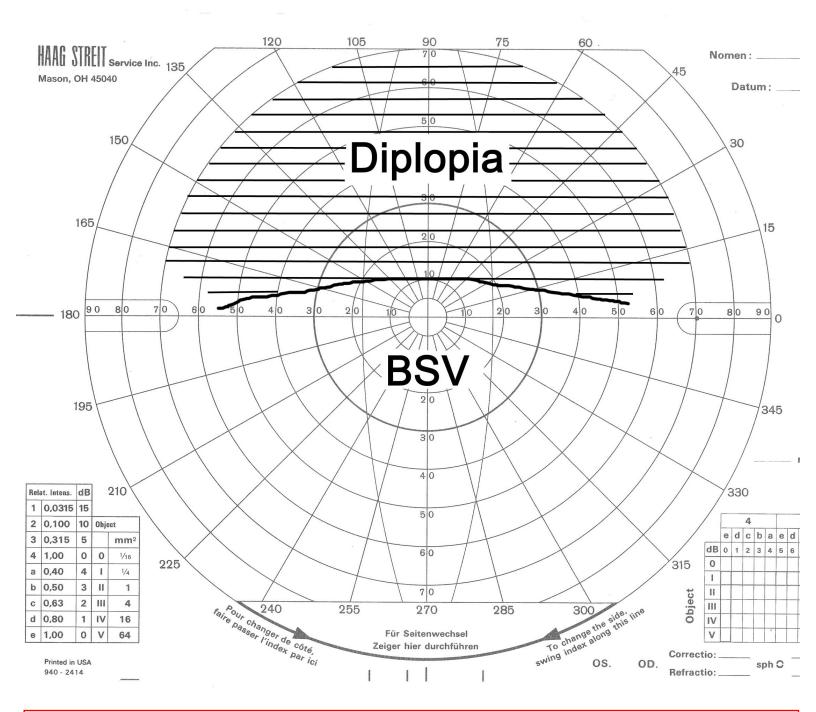
Supplementary Figure 11: Binocular single vision fields reveal single vision only 30° below fixation but double vision in primary position and in up gaze.



Supplementary Figure 12: Following left inferior oblique extirpation patient continues to have limitation of the right eye in elevation but now has corresponding limitation of elevation of the left eye in right gaze.



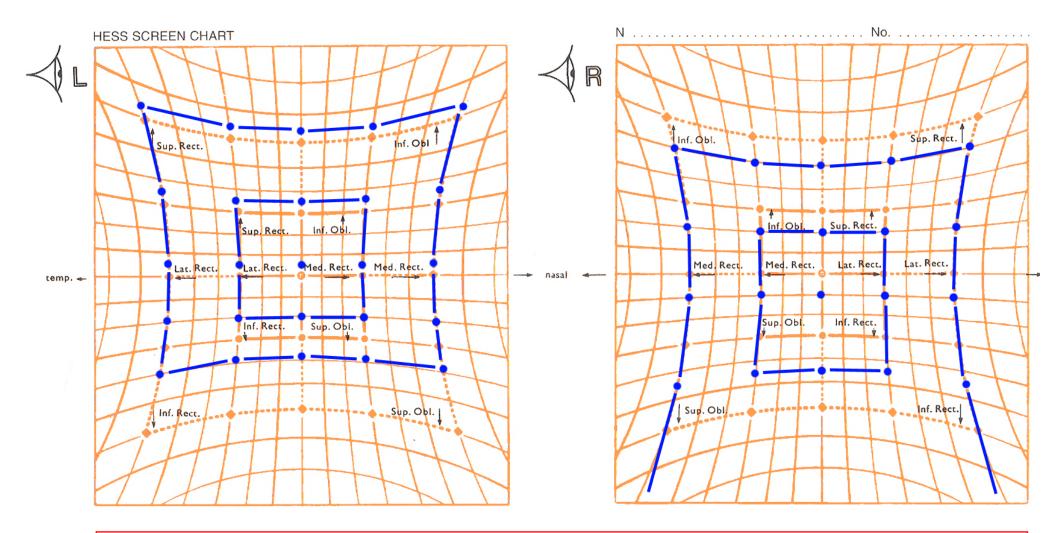
Supplementary Figure 13: Hess screen continues to demonstrate some limitation in right eye elevation in abduction but marked decrease in secondary over action of the left eye.



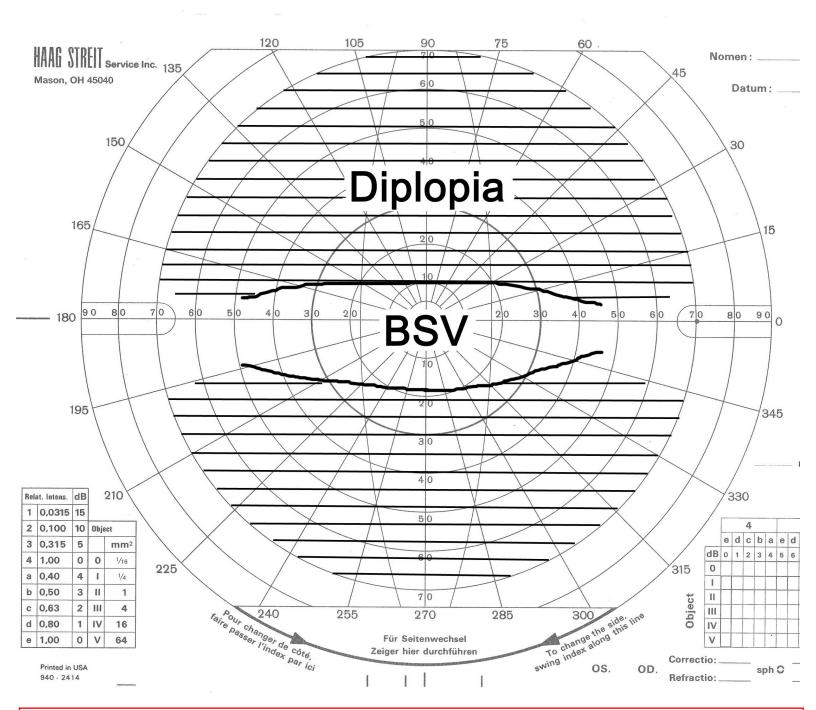
Supplementary Figure 14: There is marked improvement in binocular single vision fields now with single vision in primary and down reading gaze with double vision only 10° above primary.



Supplementary Figure 15: This 36 year old patient was referred with complaints of double vision when she looks down following resection of fibrous dysplasia involving the left orbital roof. Nine cardinal positions demonstrate limitation in depression of the left eye.



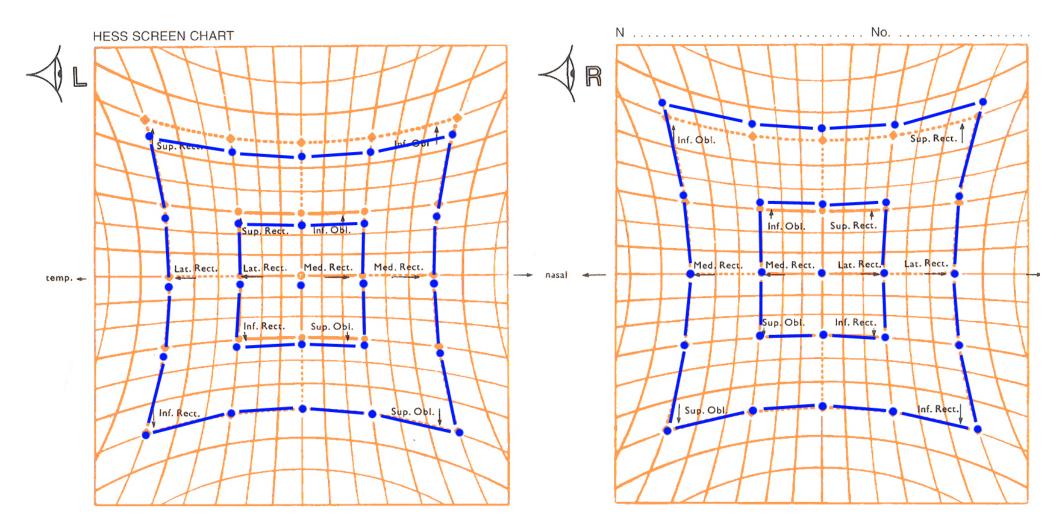
Supplementary Figure 16: Hess screen shows corresponding limitation in depression in the left eye with secondary over action of the right depressors.



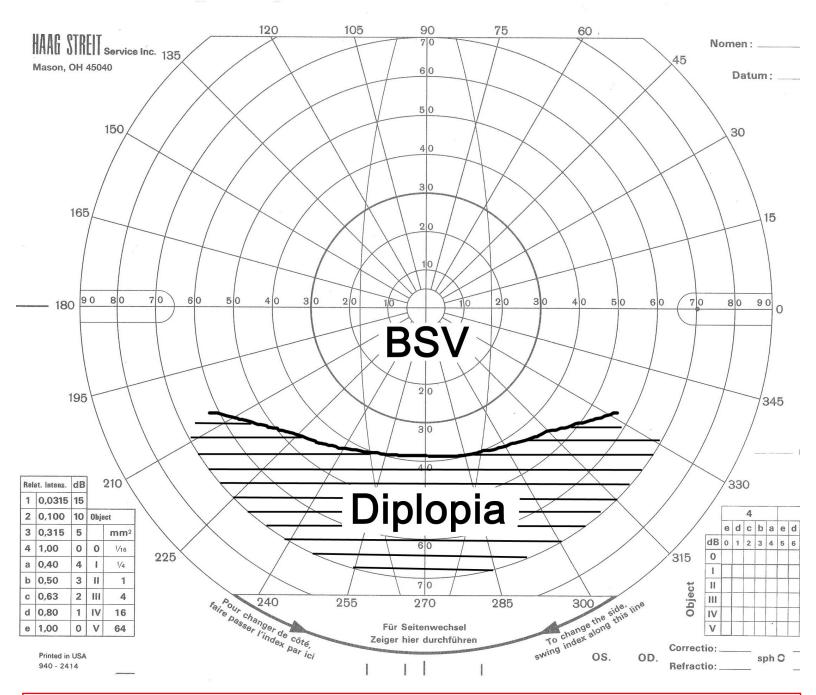
Supplementary Figure 17: Binocular single vision fields reveal diplopia 18° down and 10° up with single vision in primary position but not in down reading gaze.



Supplementary Figure 18: Following right inferior rectus recession and posterior fixation suture and left superior rectus recession, the patient has limitation in down gaze in both eyes but otherwise looks straight.



Supplementary Figure 19: Hess screen now almost looks symmetric.



Supplementary Figure 20: Patient now has single vision in primary up gaze and double vision only when looking more than 40° down.