

## Five Things Physicians and Patients Should Question

1

### **Don't recommend weak reading glasses for children who do not have vision problems.**

Low amounts of “farsightedness” is a normal finding in children. Most children can easily focus to see at near and distance because of their large accommodative (focusing) abilities, thereby making weak prescription glasses unnecessary – and often rejected by the child. Unless the eyes are crossing, a prescription of weak farsighted glasses is generally not necessary.

2

### **Annual comprehensive eye exams (exams done in an eye doctor's office) are unnecessary for children who pass routine vision screening assessments.**

Early childhood vision screening done as part of routine well-child care accurately identifies most children with significant eye problems who are otherwise asymptomatic. Annual comprehensive eye examinations increase financial costs, a child's absence from school and parental time away from work, with no evidence that the comprehensive eye exams detect asymptomatic vision problems better than timely, methodical and recurrent screening efforts. Comprehensive eye exams are appropriate for children who do not pass a vision screening.

3

### **Don't recommend vision therapy for patients with dyslexia.**

Dyslexia is a language-based learning disability resulting in difficulties with written and oral language skills, particularly reading. Dyslexia is not due to a vision disorder. Children with dyslexia do not have any more visual problems than children without dyslexia. While it is important to rule out vision and eye problems, vision therapy is ineffective in the treatment of dyslexia because the eyes are not the cause of the reading problem.

4

### **Don't routinely order neuro-imaging for all patients with double vision.**

Many patients with double vision, or diplopia, request a CT scan or MRI fearing they have a brain tumor or other serious problem. Much of the time, results of a comprehensive eye evaluation determine that neither test is necessary. Other common causes of double vision are refractive error, dry eyes, cataract, and non-neurologic eye misalignment, all readily diagnosed by a complete exam, precluding the need for brain imaging. Only a minority of cases of diplopia result from problems within the brain.

5

### **Don't order retinal imaging for patients without symptoms or signs of eye disease.**

Retinal imaging, such as taking a photograph or obtaining an ocular coherence tomography (OCT) image of the back of the eye, is useful for documenting or following retinal or optic nerve disease, but these imaging studies should not be obtained routinely for documentation of normal ocular anatomy in asymptomatic people.

## How This List Was Created

The President and the Executive Vice President of the American Association for Pediatric Ophthalmology and Strabismus met with its Board of Directors. These 10 pediatric ophthalmologists leading the American Association for Pediatric Ophthalmology and Strabismus then generated a list of 10 potential topics. Each individual ranked the topics and the top five recommendations were chosen. Each recommendation was sent to a recognized expert in that specific area or to a committee of experts to complete the template. The American Association for Pediatric Ophthalmology and Strabismus disclosure and conflict of interest policies can be found at [www.aapos.org](http://www.aapos.org).

## Sources

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### About the American Association for Pediatric Ophthalmology and

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) is the flagship specialty organization for pediatric ophthalmologists in the U.S. with more than 1,500 U.S. and international members. AAPOS's mission is to enhance the quality of health care by fostering excellence and professionalism in pediatric ophthalmology and adult strabismus. AAPOS provides information and advocacy for its members in ophthalmology, pediatrics and related subspecialties.



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