Guide answers 5 questions pediatricians have on instrument-based vision screening
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A new AAP-endorsed guide can help pediatricians incorporate instrument-based vision screening in the office.

The downloadable guide (http://bit.ly/2gGAmh6), from the Children's Eye Foundation of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), is based on a 2016 policy statement from the Academy and others on evaluation of the eyes and visual system of newborns through teens (see resources).

A Practical Guide for Primary Care Physicians: Instrument-Based Vision Screening in Children focuses on "five essential things" from the policy:

1. why pediatric vision screening is important;
2. what the 2016 statement says about instrument-based screening;
3. whether such screening and assessment are reimbursed as a covered service;
4. how to incorporate instrument-based screening in practice, which includes a link to help compare screening devices; and
5. information on an AAPOS handout for parents that includes a section for clinicians to add the result of a vision screening performed on a child that day.

The policy recommends clinicians try instrument-based vision screening in the office when children are between 1-3 years of age and at annual well-child visits thereafter, until acuity can be tested directly. Direct testing of visual acuity often can begin by age 4 using age-appropriate symbols. Children with an ocular abnormality or who fail a vision assessment should be referred to a pediatric ophthalmologist or eye care specialist appropriately trained to treat pediatric patients.

Amblyopia, the most common cause of visual impairment among young children, is a common cause of vision loss in adults but frequently is treatable if caught early. Because of the difficulty detecting amblyopia, hundreds of thousands of U.S. children - and millions around the world - lose their vision every year, according to the guide.

Resources