

PEDIATRIC VISION SCREENING

GUIDELINES FOR PRIMARY CARE PROVIDERS AND SCHOOL NURSES



Learning Objectives

- Appreciate the importance of vision screening during childhood.
- "Understand methods that enhance the accuracy of visual acuity screening.
- Appreciate new technologies that can identify signs of potential vision problems.



PEDIATRIC VISUAL ACUITY SCREENING



Why Perform Vision Screening?

- " Primary Care Providers and School Nurses:
 - . The first line of defense to detect preventable vision loss in children.
- Recommended as part of the
 American Academy of Pediatrics
 <u>Bright Futures Periodicity</u>
 schedule.

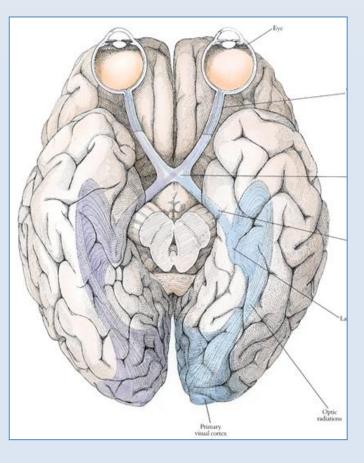


- Why do children lose vision?
 - . Amblyopia: commonly referred to as "lazy eye"



Amblyopia

- Amblyopia is a decrease in vision development that happens when the brain does not get normal stimulation from the eye(s).
- Abnormal development of vision results when one or both eyes send a blurred or distorted image to the brain.
- The brain is unable to "learn" to see clearly with that eye, even when glasses are used.





Amblyopia

- Only children can get amblyopia. If it is not treated in childhood, it results in permanent loss of vision.
 - . The most common cause of vision loss in adults 20 70 years of age is untreated childhood amblyopia.
- " Amblyopia is most commonly caused by untreated refractive errors, strabismus, or defects within the eye (e.g. cataract).



Screening Early is Best

School-aged vision screening may occur too late:

- Amblyopia starts becoming refractory to treatment after 5 years of age.
- " Permanent vision loss occurs by 7 years of age.



Vision Screening in the United States

- "National Eye Institute (NEI)
 - . Amblyopia affects 2 3% of children in the United States
 - ["] An estimated 4.5 million children with preventable vision loss.



Visual Acuity Screening is the Current Gold Standard

In cooperative children, direct measurement of visual acuity using visual acuity charts remains the gold standard for vision screening.



Barriers to Screening

- Poor cooperation of young children
- " Takes too long to perform
- " Staff not adequately trained
- " Poor reimbursement for providers



Visual Acuity Screening Guidelines

Age-Dependent Thresholds



Newborn to 35 Months (0-3 years)

- " Take a health history, including eye problems in close relatives.
- Check vision (tracking), eye movement, and ocular alignment.
 - . Corneal light reflexes or cover testing
- " Examine the eyes, eyelids, and pupils and red reflexes.



36 Months to 47 Months (3–4 years)

Measure Visual Acuity

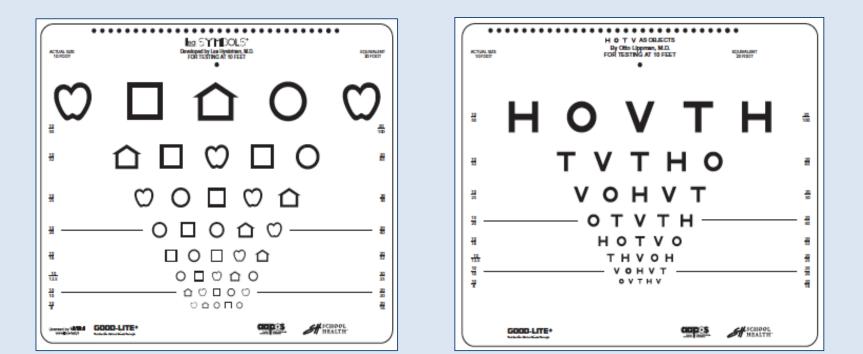
- Must be able to identify the majority of the 20/50 line optotypes with each eye.
- " Testing should be done at 10 feet.
- " Opposite eye must be effectively covered.



36 Months to 47 Months (3-4 years) Recommended Chart Types

Lea Symbols

HOTV Letters





Less than Ideal Chart Choices Not Recommended for Children



	Ξ		Ш	Π	1	Ε	1
1	Ш	E	L	U	Ξ	Ш	
8	ш	Э	Е	т	ш	Э	13
3	Э	ш	М	E	т	ш	0
1	E	т	E	ш	э	ш	
	ш	E	в	m	E	п	
κ.							
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,		10	0.0				1



48 Months to 59 Months (4-5 years)

Must be able to identify the majority of the 20/40 line optotypes with each eye.



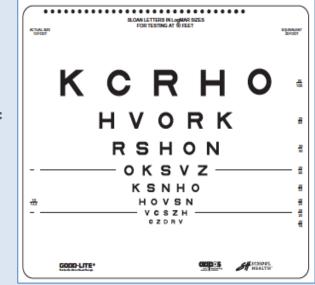


HOTV Match Card



60 Months and Older (5+ years)

- Must be able to identify the majority of the 20/32 (or 20/30)* line with each eye.
- ["] Sloan letters (shown)
 - . Preferred over Snellen Letters
 - . Snellen charts have a 20/30 line*
- *Repeat testing:*
 - . Every 1-2 years



Sloan letter chart



AAPOS Vision Screening Kit Conforms to AAPOS/AAO/AACO/AAP Visual Acuity Standards



AAPOS Vsion Screening Kit

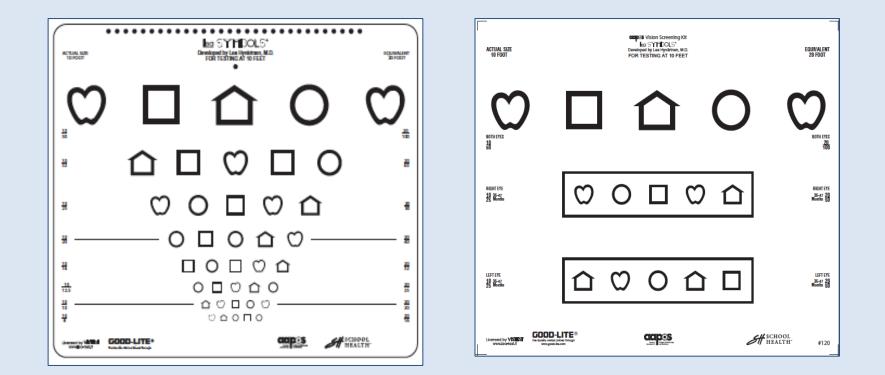
Contents: Occluder patches Occluder glasses Occluder paddle 10 ft. measuring cord Match response card Acuity charts: -Sloan letters - Available with choice of Lea symbols <u>or</u> HOTV letters Two instructional DVDs



Threshold and Critical Line Options

Threshold

Critical Line





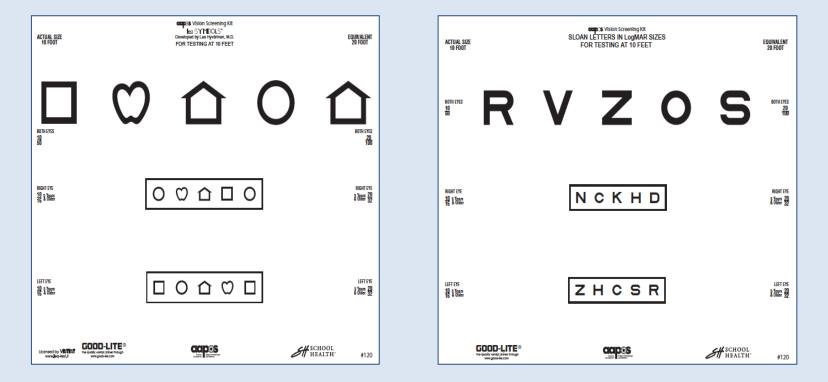
Threshold Screening

- " Reading down the eye chart until a Threshold line is crossed...
 - . e.g. 20/32 for age 5+ years
- " Or as far down as possible.
 - . Allows for inter-ocular comparison between the two eyes.
 - Refer children with a two-line difference between eyes.

ACTUAR SIZE 10 FOOT	SLOAN LETTERS	n Szvening Kit I IN LogMAR SIZES IG AT 10 FEET	EQUIVALENT 20 FOOT
D	R Z	zκ	0 7
10 32	CRV	V S Z	
₽ V K	CNH	RSH	0 N 🖁
[∄] SV	KDN	OKS	V Z 🖁
#1100 K D	нгс	KSN	НО — Шат 🖁
₩ ОК	СОR DHN NКС	HOV vcs czdr	ZH 20



Critical Line Screening is Faster Only read a single "critical" line with each eye



Each chart has two boxed critical lines: one for each eye.



Supplemental AAPOS Vision Screening Kit

Basic kit plus

- Stereo testing
- . Color vision testing
- Near acuity charts for testing at 16 inches.



AAPOS Supplemental Screening Package



Computerized Eye Charts

- " Apps for tablets / phones
- " Desk and Laptop programs
- " On-line programs





AAPOS Vision Screening App. for iPad



AAPOS Vision Screening App for iPad available in iTunes Store



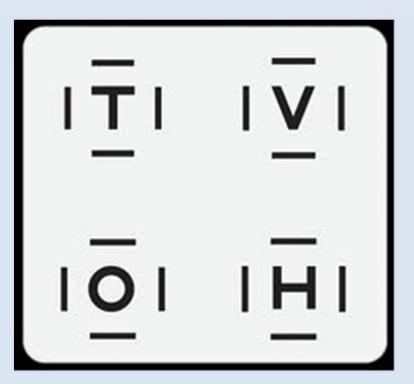
On-line Visual Acuity Screening

- The Jaeb Center for Health Research is a nonprofit center for clinical trials and epidemiologic research in ophthalmology and diabetes.
 - . Pediatric Eye Disease Investigator Group (PEDIG)
- - . Pediatric visual acuity screener meant for non-ophthalmic health care professionals.



JVAS (Jaeb Visual Acuity Screener)

- Free Test distance 5feet (1.5 m)
- <u>JVAS</u> also has an
 HOTV matching card
 PDF available for
 download



JVAS HOTV matching card



Reimbursement for Acuity Screening

CPT 99173

" Use with screening tests of visual acuity

- . Wall charts
- . Computerized eye charts
- . AAPOS Vision Screening Kit



PEDIATRIC PHOTOSCREENING



Instrument-Based Screening: Commonly Called "Photoscreening"

- Photoscreeners,
 autorefractors, and other
 devices do not replace
 visual acuity screening
 with eye charts.
- Particularly helpful in children ages 1-5 years.



PlusOptix S12c



Visual Acuity Screening is the Current Gold Standard

Direct measurement of visual acuity using vision charts is the current gold standard for vision screening, <u>unless</u> the child is not reliably able to perform such a test



What is the Difference Between Vision Screening with Eye Charts and Vision Screening Devices?

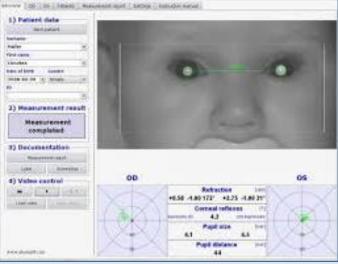
- Wision screening with eye charts tests the actual visual acuity (20/20 etc.)
- Wision screening devices typically do not test visual acuity directly.
 - . Screening devices test for eye conditions or risk factors that <u>may</u> cause decreased vision or amblyopia



What is a Photoscreener or Autorefractor?

- An instrument that takes a photographic image of the eye's red reflex, or some other measurement, to estimate the refractive error.
 - . "prescription" of the eye
- Also may detect ocular misalignment and other conditions degrading or blocking line of sight (cataract).





PlusOptix S09 Screenshot



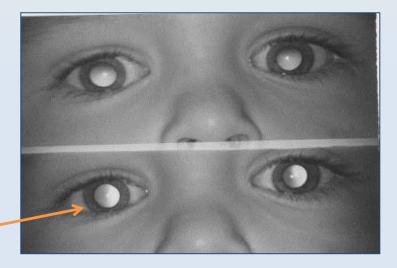
Common Photoscreeners and Autorefractors





Photoscreeners

These photos reveal that this child has farsightedness (hyperopia) indicated by the characteristics of the crescent formed in the %ed reflex+(seen as a white crescent in this B&W photo)

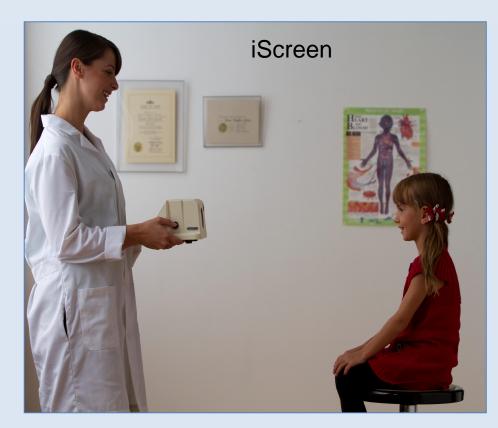


MTI Photoscreener





Typical Photoscreeners in Use







Other Vision Screening Devices



Diopsys "Enfant"

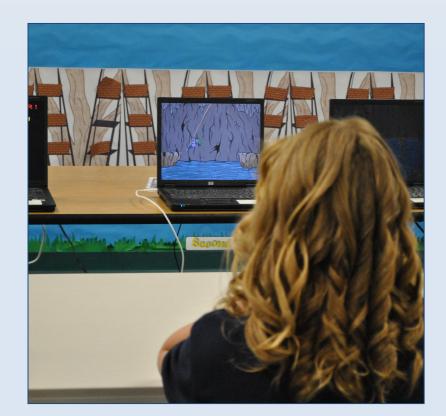
- Diopsys "Enfant" VEP vision test.
- Tests the entire visual pathway: "front to back"
 - . Eye
 - . Optic nerve
 - . Visual cortex





EyeSpy 20/20

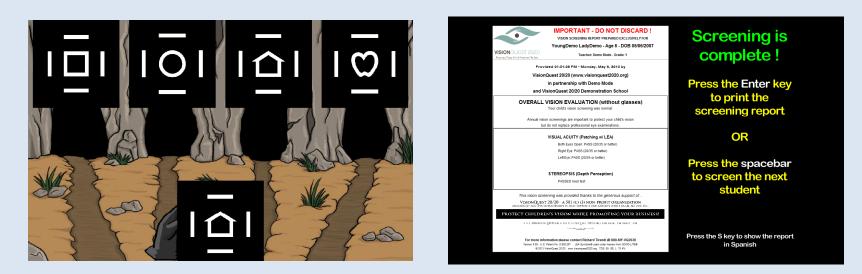
- Automated computer software
- " Tests:
 - . Visual acuity
 - . Stereopsis
 - . Color vision
- Runs on a standardlaptop or desktopcomputer





EyeSpy 20/20

After testing the visual acuity of each eye, the program generates a report

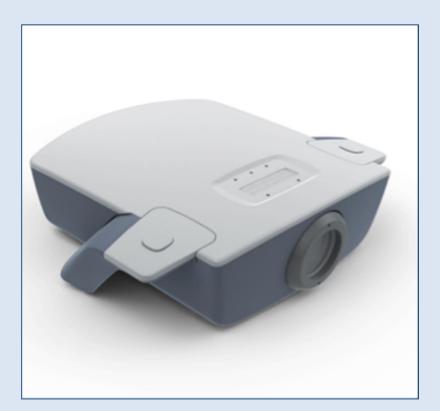


With cloud-based storage, EyeSpy 20/20 can integrate and store data collected from other devices such as photoscreeners and school databases



REBIScan Pediatric Vision Scanner

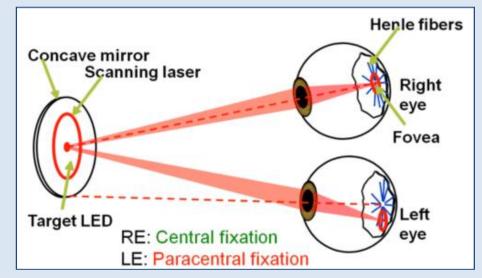
- Retinal birefringence technology.
- Tests for the amblyopia by detecting microstrabismus.





REBIScan Pediatric Vision Scanner

- Assesses foveal fixation.
- Amblyopic eyes are found to have abnormal fixation (microstrabismus).





When to Photoscreen?

- " Generally not before 1 year of age.
 - . Poor fixation behavior impedes measurement.
- " The false positive rate is high.
- There is a low likelihood of ophthalmic intervention.
 - . Except for constant strabismus, cataract, glaucoma, retinoblastoma.
 - . Correction of refractive error typically delayed.



Photoscreening is Useful For:

- ["] Most children ages 1-3 years.
 - . Usually unable to perform visual acuity chart tests.
- ["] Some children ages 3-5 years.
 - . Acuity chart testing is preferred, but...
 - . Photoscreening is the recommended alternative if the child is not reliably able to perform acuity chart testing.



Photoscreening is Not Experimental

The United States Preventative Services Task Force (USPSTF) has recognized photoscreening as appropriate methodology for vision screening of children aged 3-5 years.

US Preventive Services Task Force. Vision screening for children 1 to 5 years of age: US Preventive Services Task Force Recommendation statement. Pediatrics. 2011:127:340-6.



Photoscreening is Endorsed by the American Academy of Pediatrics

The American Academy of Pediatrics has issued a policy statement supporting the use of these technologies for preschool vision screening

Miller JM, Lessin HR, American Academy of Pediatrics Section on Ophthalmology; Committee on Practice and Ambulatory Medicine; American Academy of Ophthalmology: American Association for Pediatric Ophthalmology and Strabismus; American Association of Certified Orthoptists. Instrument-based pediatric vision screening policy statement. Pediatrics. 2012:983-6.



Photoscreening May be Better (?)

A randomized, controlled, multi-centered cross-over study demonstrated photoscreening to be superior to direct testing of visual acuity for screening of well children ages 3-6 years in the pediatric office.

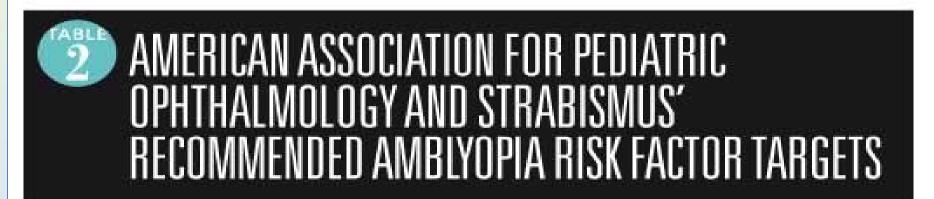
Salcido AA, Bradley J, Donahue SP. Predictive value of photoscreening and traditional screening of preschool children. J AAPOS 2005 Apr;9(2):114-20.



Referral Criteria for Photoscreening

Considerations:

- ["] Age of patient
 - . Passing criteria are more generous (higher thresholds) for younger children and more stringent (lower thresholds) for older children.
- Sensitivity
 - . High rate of detection but also high rate of referrals for false positives.
- " Specificity
 - . Fewer false positives but will miss some at-risk kids.



REFRACTIVE RISK FACTOR TARGETS

Age, months	Astigmatism	Hyperopia	Anisometropia	Myopia
12-30	>2.0 diopters	>4.5 diopters	>2.5 diopters	>-3.5 diopters
31-48	>2.0 diopters	>4.0 diopters	>2.0 diopters	>-3.0 diopters
>48	>1.5 diopters	>3.0 diopters	>1.5 diopters	>-1.5 diopters
	NONRE	RACTIVE RISK FA	CTOR TARGETS	ul.
All ages	Media opacity >1 mm Manifest strabismus >8 prism diopters in primary position			



Warning!

- There is a <u>difference</u> between the Refractive Risk Factor Target numbers on the preceding table and what the screening instrument settings should be.
- Children can accommodate tremendous amounts (change the focusing power of their eyes).
 - this potentially affects some of the instrument readings
- Device manufacturers will have guidelines specific to your needs.



Reimbursement for Photoscreening CPT 99174

- "Use with automated photoscreening and autorefraction:
 - . Photoscreeners
 - . Autorefractors
 - . Fixation "Pediatric Vision Scanner"
 - . Do not use 99173 which is only for tests of actual visual acuity (eye charts)



Thank You



 For more information about the AAPOS vision screening kits, including how to order one please go to:

www.aapos.org

AAPOS Screening Kit

Authors: Daniel Neely, MD and Geoff Bradford, MS, MD on behalf of the AAPOS Vision Screening Committee. Updated 6/8/15

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