

Choosing Wisely[®]

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American Association for Pediatric Ophthalmology and Strabismus



Vision care for children

When they need it—and when they don't

Children should start routine vision screening early—before they start school. This is important, mainly to rule out a condition known as amblyopia or “lazy eye.” If it's not treated early, it can lead to permanent vision loss.

Usually, your child's doctor can do routine vision screening. The child reads a vision chart using letters or simplified characters. Or the doctor may use a device called a photoscreener. It measures the eyes for risk factors that may affect vision.

But there are other common vision tests and procedures that many children don't need. Here's what parents need to know:

Most children don't need comprehensive eye exams each year.

If your child fails routine vision screening, a comprehensive eye exam may be needed. The exams aren't risky. But most children don't need them.

A comprehensive eye exam is done by an eye specialist, such as an optometrist or an ophthalmologist. Pediatric ophthalmologists have had extra education and training to best treat the unique needs of children with eye disorders.



Your child may be called back for annual follow-up comprehensive exams. They can cost from \$100 to \$200. Routine vision screening only costs about \$20. Children without vision problems do not need these annual eye exams.

Children should have comprehensive eye exams if:

- They fail a routine vision screening.
- They have been diagnosed with a vision problem.
- They have a family history of vision or eye problems.

About 15 children in 100 will fail a routine vision screening, but will pass a comprehensive eye exam. These children simply had trouble following directions or holding the eye still for the first test.

Children without symptoms don't need reading glasses.

Sometimes, doctors prescribe unnecessary low-level reading glasses for children who fail vision screenings. These glasses are like those you buy in a drug store. They don't help most children. Children can usually change the focus of their eyes without glasses. However, children may need glasses if they have eye crossing that needs to be relaxed or one eye needs a stronger prescription than the other eye.

Reading glasses are for farsighted people. These people can see things far away, but not up close. Prescription glasses can cost from \$100 to \$500. The cost depends on the frames, the lenses, and your insurance coverage.

Who needs reading glasses? If these symptoms occur, your child may need reading glasses:

- Frequent squinting, eye crossing, or eye rubbing.
- Complaints about not wanting to read because the eyes get tired or see double.
- Problems reading or doing school work.

If you notice these problems, ask your child's doctor to do a vision screening. If needed, the doctor will refer your child for a comprehensive exam.

Most children don't need retinal imaging tests.

These tests take photos or images of the retina, the part of the eye that sees light. Most children don't need these tests. And they don't need a "baseline" test to compare with future tests. These tests can cost \$50 or more.

Who needs retinal imaging tests? These tests can be useful if a child:

- Has been diagnosed with retinal or optic nerve issues.
- Has diabetes, which can damage the retina.
- Has low vision that doesn't get better with prescription glasses.

Advice from Consumer Reports

Vision screening schedule for children

Usually, your child's doctor does routine vision screening as part of well-child visits. If necessary, the doctor will refer your child to an eye specialist.

A directory of pediatric ophthalmologists who are fellowship trained is available on the website of The American Association for Pediatric Ophthalmology and Strabismus (AAPOS): www.aapos.org. Click on "Find a Doctor."

AAPOS recommends the following schedule for routine vision care:

Newborn to 11 months.

In your infant's well-baby visits, the doctor will:

- Check vision, eye movement, and reflexes.
- Examine the eyes, eyelids, and pupils.
- Take a health history, including eye problems in close relatives.

1 to 3 years.

Same as above, plus photoscreening, which uses a device to measure how well the eyes work.

3-year-old.

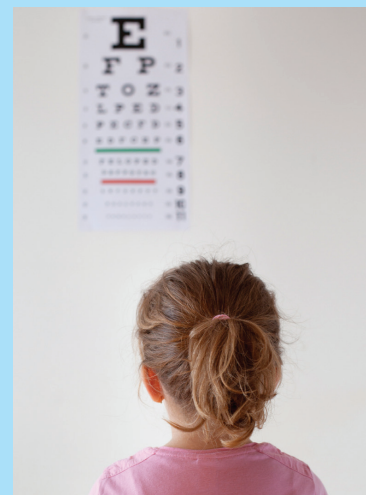
Same as above. The child should be able to pass the 20/50 line with each eye on an eye chart.

4-year-old.

Same as above. The child should be able to pass the 20/40 line with each eye on an eye chart.

5 years and older.

Same as above. The child should be able to pass the 20/32 (or 20/30) line with each eye on an eye chart. Repeat screening every one to two years.



This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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