

“

TWOP TIPS

*brought to you by
The World of Optometry*



TIPS AND TRICKS FOR PEDIATRIC REFRACTION



#TwopTips



@theworldofoptometry

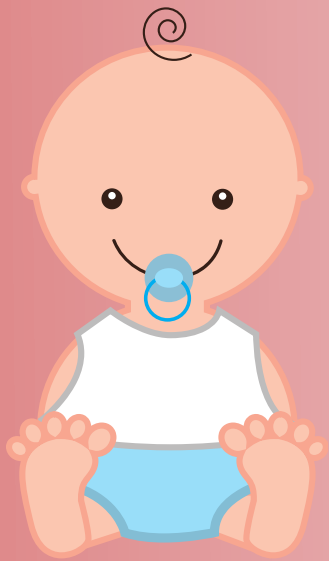


TheWorldofOptometry



TheWorldofOptometry

EXAMINATION IN PEDIATRIC PATIENTS



Before examining the pediatric age group, one must know how the pediatric refraction differs from normal refraction:

1. In infants and preverbal children, subjective refraction is difficult option, **Objective refraction** is required.

2. **Axial length** and **refractive status** of children differ from adult, so, we must understand emmetropization.

3. A meticulous and accurate refraction is required.

4. **Cycloplegic refraction** is preferable as the accommodation is very active.

5. Knowing the **Developmental Milestones** prove a great help.



EXAMINATION IN PEDIATRIC PATIENTS



Birth- Blinking (to light stimulus):

- 1 week- vestibulo-ocular
- 2 weeks- small saccades



- 2 months- large saccades, pursuits, bifoveal fixation, convergence
- 4-5 months- fusional vergence, sensory fusion, stereopsis

#TwopTips

HERE ARE SOME VARIOUS TIPS AND TRICKS

- Always greet the child with a smile and loving gesture, don't rush to start your Examination procedure, spend few minutes interacting with the child.
- Do not give them candies as soon as the exam starts, it takes away any leverage you have when you are really trying to get the attention and co operation of the patient.
- While doing your refraction to make the child focus, you can play their favorite cartoon or rhymes at a distance, this keeps them stable while you do your fraction. You can also engage them by asking them to look at the charts and identify the pictures on it.

***[NOTE:- While interacting with CVI children, you have to be extra cautious, do not play the sound too loud.]**



HERE ARE SOME VARIOUS TIPS AND TRICKS



- Know when to fold- If the child is continuously crying even after your efforts to pacify them, stop your procedure, ask the parents to take the child outside the exam room for a few minutes or even may bring them another day.

- Check if the dilation drop has caused the change in their behavior, change the drop if it caused any reaction and reschedule for another day.



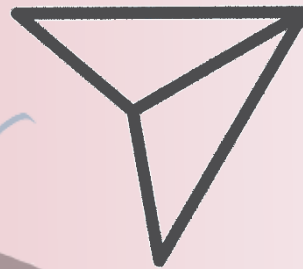
Any child considered, “at risk” for ocular disease or disorder should be seen as recommended by eye care professional.



Wow, what a cool content



Leave your comments

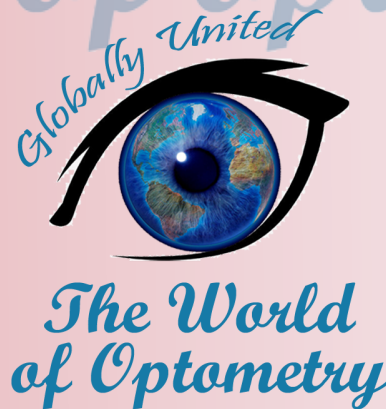


Share with friends



Save, to consult in the future

The World of optometry



#TwopTips



@theworldofoptometry



TheWorldofOptometry



TheWorldofOptometry