Prescribing for the Hyperopic Child
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Disclosure Statement:
• Nothing to disclose

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Infant ≤ 12 months old

- VA (Teller, Cardiff, or LEA Grating)
- Ocular Alignment (Hirschberg/Kappa)
- Accommodative status (MEM)
- Cycloplegic Retinoscopy (0.5% Cyclopentolate)

Low Hyperopia
- No Rx, monitor

Moderate Hyperopia
- ET
  - RX full (+)
    - Normal VA
      - No Rx, monitor
    - ↓ VA (< 6/100 or 20/333)
      - Prescribe (+) to normalize Accom

High Hyperopia
- ET
  - RX full (+)
    - No Rx, monitor
  - No ET
    - Cut Rx by +1.00 to +2.00 DS

No ET
- RX full (+)
  - No Rx, monitor
> 12 months to < 5 years

- VA (Cardiff, LEA, or HOTV)
- Ocular Alignment (Cover test, and/or Hirschberg/Kappa)
- Accommodative status (MEM)
- Cycloplegic Retinoscopy (1.0% Cyclopentolate)

Low
- No Rx, monitor

Moderate
- ET
- No ET
  - Rx full (+)
  - Abnormal Accom
  - Normal Accom
  - ET
  - No ET
    - Normal VA
    - ↓ VA
      - No Rx, monitor
      - Prescribe (+) to normalize accommodation
      - No Rx, monitor

High
- ET
- No ET
  - Rx full (+)
  - Cut Rx By +1.00

Consider:
- Developmental milestones
- Academic performance
- Behavioral concerns

*
School-Aged Child > 5 years

- VA (HOTV, Snellen, or Sloan)
- Ocular Alignment (Cover test, Phorometry)
- Accommodative status (MEM, Accom Amplitude & Facility, NRA/PRA)
- Binocular function status (NPC, Vergence ranges, Stereopsis)
- Refractive status (Subjective refraction, Dry Retinoscopy, Cycloplegic Retinoscopy)

Low/Moderate Hyperopia

- ET
  - Rx full (+)*
  - Normal Accommodative & Vergence skills
    - No Rx, monitor

- No ET
  - Abnormal Accommodative &/or Vergence skills
    - Prescribe to normalize Accommodative AND Vergence systems

High Hyperopia

- ET
  - Rx full (+)**

- No ET
  - Partial Rx

Consider:
- Developmental milestones
- Academic performance
- Behavioral concerns

* Consider trial full Rx for small angle ET, otherwise refer for strab tx
** Consider ability to tolerate full Rx at this age
Definitions
(AOA Clinical Practice Guidelines)

Hyperopia: Refractive condition in which the light entering the non-accommodated eye is focused behind the retina.

Significant hyperopia: Any degree of hyperopia sufficient to cause symptoms requiring remediation.

Anisometropic hyperopia: Unequal and significant hyperopic refractive error.
Isoametropic hyperopia: Equal and significant hyperopic refractive error.

Absolute hyperopia: Hyperopia that cannot be overcome by accommodation.
Facultative hyperopia: Hyperopia that can be overcome by accommodation.

Latent hyperopia: Hyperopia that is habitually overcome by accommodation; determined by cycloplegic refraction.

Manifest hyperopia: Hyperopia (either facultative or absolute) that is determined by non-cycloplegic refraction.

Physiologic hyperopia: Hyperopia due to correlational hyperopia or component hyperopia having otherwise normal ocular anatomy.

Pathologic hyperopia: Hyperopia due to abnormal anatomy, maldevelopment, ocular disease, or trauma, not to normal biological variation.
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