



Retinoscopy Tricks and Tips for Pediatric Age Group

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Amblyopia is one of the major causes of visual loss. Early detection of refractive errors can prevent this. Retinoscopy in infancy plays a vital role as autorefractometry doesn't provide a valid refractive error status in children and infants. Cycloplegic refraction is a must for every infant's first eye checkup, as due to highly accommodating reflexes, we may get a false refractive status. Some refractive errors are not significant at certain ages, depending on strabismus.

Spectacle prescribing guidelines for children is given below

Condition	Refractive Errors (D)		
	< 1 year	1-2 years	2-3 years
Isometropia			
Myopia	≥ -3	≥ -3	Whatever
Hyperopia (No manifest deviation)	≥ +4	≥ +4	≥ +4
Hyperopia with esotropia	≥ +1.5	≥ +1.5	≥ +1.5
Astigmatism	≥ 3	≥ 2	≥ 2
Anisometropia (No strabismus)			
Myopia	≥ -3	≥ -3	whatever
Hyperopia	≥ +1.5	≥ +1.5	≥ +1.5
Astigmatism	≥ 2.5	≥ 2	≥ 2

Table 1

For cases with Eso deviation, full correction of hypermetropia is given. For cases with Exo deviations, full correction of myopia is given.

For esophoria, esotropia and convergence excess, full correction of hypermetropia is given.

For exophoria, exotropia and convergence insufficiency, full correction of myopia is given.

In anisometric amblyopia (Myopic), patient might get increased visual acuity with some over correction.

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