



Innovation in Screening of Vision in Children Less than 12 Years

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Conventionally, the children have been screened by asking them to read the snellen's chart from 20 feet. If a child read the last line, it is assumed that he has no refractive error.

In my humble opinion, there is no perfect method to rule out the refractive errors in children till we perform cycloplegic refraction.

Because, even if he is 6/6 from 20 meters, he might be a hypermetrope and he is using his accommodation. As children have a great plasticity in accommodation. But if he is myopic, obviously he will not be able to read the last line from 20 feet.

I tried an innovative method for screening of children for vision by a totally different method.

In my opinion, it's quite fast and logically correct.

I perform retinoscopy of children from 2/3rd of a meter without cycloplegic. Normally the streak of retinoscope should move with the movement of retinoscope. If that is the case, which is in most of the children, then I place a +2 DS trial lens in front of the eye and repeat retinoscopy. If the reflex is neutralized, there are very high chances that the child has no refractive error. And he may not need further evaluation for vision check up.

But if after retinoscopy with +2 DS lens on, the reflex still moves with the movement of the retinoscope, it means, the child is using accommodation and he might be a hypermetrope. So I refer that patient for cycloplegic refraction.

If with +2 on, retinoscopy is performed, and the reflex still moves against the movement of the retinoscope, there is a high probability that the child is myopic. This child is also sent for cycloplegic refraction.

Its my humble innovation. The incentive behind this was when I was given a project to screen 6000 school children.

In countries like Pakistan and India, where resources are limited, I found this method very effective and fast with very good results.