

3. Visual responses expected from a child

- At birth: the normal range of vision is 20–30cms.
- 6/52: vision extends beyond the cradle, baby will respond to a silent face, fix and follow.
- 7/12: reaches out for toys, appreciates 3D, follows people across the room.
- 9/12 - 1yr: by now the baby is very observant and will pick up fine things, watches and recognises things in the distance.
- 2 to 3 years: recognises and starts to match or name pictures.
- By 5 years: normal adult vision expected.

4. Referral

4.1 What conditions to refer to the orthoptist

- Definite strabismus.
- Ptosis.
- Unequal pupils.
- Any eye muscle imbalance (unequal or wobbly eye movements).
- Suspected pathology.
- Any concerns that require an ophthalmological opinion.

4.2 What to refer to an orthoptic screening clinic or an optometrist who is linked to the Essex LEHN Twit Twoo Campaign

- Strong family history of eye problems, but no definite squint.
- Prem baby birth weight under 1500gms (3lb 3oz).
- Suspect reduced vision in both eyes without a squint.
- Unsure, but possible eye turn.

Further information is available at
NHS choices website: www.nhs.uk



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Guidelines for the identification of factors leading to

Strabismus and Amblyopia

Information for health visitors and other health professionals in Essex

The information in this leaflet will help you identify – during child assessment – risk factors which could lead to strabismus and amblyopia. Here's what to look for when assessing a child, and to whom to refer when an eye health or vision problem is suspected.

Produced in association with the Essex Local Eye Health Network
April 2016

1. History taking and helpful questions

– keep questions simple and specific.

1.1 Introductory questions

- Do you have any concerns about the child's eyes or vision?
- Does the child's eyes look straight, or do you think one eye tends to turn or wander?
- Do the eyes have a tendency to wobble, rather like dancing eyes?
- Does the child complain of headaches or blurred vision?

1.2 Birth history

- Premature/ forceps/difficult birth/delayed or rapid delivery/ oxygen needed/ birth weight?

1.3 General health

- Developmental concerns/ any regular medications/learning difficulties.

1.4 Previous eye treatment

- If yes, when and where? What happened?

1.5 Family history

- Any family history of eye turn, glasses or patching from a young age?

2. Observation

- Squint/eye turn/wandering eye (strabismus).
- Eye wobble (nystagmus).
- Abnormal head posture.
- Broad bridge to nose (epicanthus).
- Facial asymmetry.
- Drooping lid (ptosis).
- Pupils (unequal shape or white reflex).

Some examples of what to look out for:



Drooping lid (ptosis)



Keyhole pupil, right eye (coloboma)



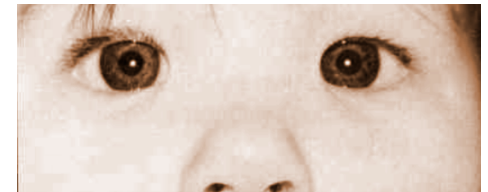
White pupil (leukocoria)



This is not a squint



Pseudosquint: false squint due to wide bridge (epicanthus)



Pseudosquint: no squint if corneal reflections are central



Convergent squint



Divergent squint



Head posture controlling vertical squint



Vertical squint