The Role of the Paediatric Low Vision Assessment (LVA) Service

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Demographics

- In 2011 there were 9635 children between the ages of 0–17 years on the SI/SSI register in England.
- There are an estimated 24,000 visually impaired children in Britain (2 in 1,000 children).
- As many as half of these children may have other disabilities.
Paediatric low vision assessment

Why?
Manchester Paediatric Low Vision Service

- 744 appointments to date
- 2/3 referrals from ophthalmologists
- Age range 3-18 (average 9.5)
- Albinism > Rod cone dystrophy > Optic atrophy
  > Congenital nystagmus
  > ONH
- Few cortical visual impairment or with learning disabilities
What does a paediatric low vision assessment generally involve?

- Parents / teachers / QTVI’s welcome to attend
- Pre clinic questionnaire
- Assessment
- Communication of results
Meet Jack

- Almost 4
- Parental request
- Ocular albinism
  - Horizontal nystagmus
- Registered SI
- QTVI assigned
Goals for assessment

- Introduction to LVA’s
- Concern about head posture (left face turn)
- Difficulty in seeing colours
- Glare
Assessment

- Recent cycloplegic refraction
  R: -4.00/+3.00x70  0.82 logMAR  (≈6/38-1)
  L: -4.25/+2.50x105  0.74 logMAR  (≈6/30-2)

- Binocular: 0.60 logMAR (≈6/24) with left face turn and slight chin depression.
Binocular NVA: 0.8M @ 15cms (≈N6.4)
MassVAT near acuity chart
Convergence: 6cms. Reduced amplitude of nystagmus.

Amplitude of accommodation assessed binocularly using the pull-out technique.

Full orthoptic assessment carried out previously.
- Colour vision: assessed using the PV16. Lost interest.
Contrast sensitivity: 1.25% Hiding Heidi
Outcome 1 - Glare

- Goal 1 – Glare
- Prescription for tinted glasses
Outcome 2 – Introduction to LVA’s

- 1.8x brightfield
- 0.4M @ 15cms (≈N3.2)
6x21 binoculars. 0.24 logMAR (≈6/9.5-2) with reasonable handling skills.
A 3x coil stand magnifier
Outcome 3 – Difficulty seeing colours

- CVD not liked to ocular albinism
- No family history
- Complex test
- Poor VA
- Repeat when older
Outcome 4 - Concern about head posture

- Seated at the front of the class
- May need to get closer than peers to see activities
- Mum reassured
Other advice

- Recommend sloping board for home / school use
Computer use - recreational and educational

Large button keyboards
Text enlargement software

Mum advised to speak with QTVI to see what adaptations are likely to be put in place in school
Print recommendations

- None needed at present
Follow-up

- 6 months
- Report to parents – to pass to QTVI
Summary of LVA services

- Example
- Every child different
- Adapt assessment to child
Thank you

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