

# Evaluation of the Pediatric Patient

They are not just little adults

- 1) Vision
- 2) Alignment
- 3) Pupil

# Vision

F&F  
CSM  
Symbols  
Tumbling E

# Alignment

Use a penlight and observe the light reflex on the pupils

# Toys

As a general rule:  
1 toy gets you 1 look

# Pupils

Use a “viewing scope” and at arm’s length look for a red reflex

# Central

It is useful to get s look in a non confrontational way

It will usually be obvious if one eye is not central

# Steady

Refers primarily to lack of nystagmus

# Maintained

Use a 12 or 14 prism diopter prism over EACH eye

This is where toys become critical

# Think of a prism lens as an arrow head

If the arrow head points upward the eye will look upward  
to see the displaced object

(If an Eye is abnormally directed,  
place the prism as an arrow head  
pointing towards the apparent  
direction of the eye)

# Light reflex is toward the nose

Eye is abnormally pointing outward

Light reflex is toward  
the ear

Eye is abnormally pointing inward

Light reflex is toward  
top of head

Eye is abnormally pointing downward

Light reflex is toward  
the feet

Eye is abnormally pointing upward

Angle Kappa

# Cover Test

Will reveal a tropia, if not already detected

# Alternate Cover Test

Will reveal a phoria

One must ALWAYS do  
cover test first, then  
alternate cover test second

Sometimes, you are most wise to cut your portion of the exam short if the patient is decompensating

Get what you can and “tee the patient up” for the physician

# White pupil is BAD

- 1) Cataract
- 2) Coat's Disease
- 3) PHPV.
- 4) retinoblastoma



