

Madigan Army Medical Center Referral Guidelines

Strabismus

Diagnosis/Definition

- Misaligned or turned eyes described according to the direction of misalignment.
- Symptoms in children are often absent.
- Patients who acquire strabismus after age nine years may complain of diplopia (double vision).

Initial Diagnosis and Management

- Initial diagnosis is by history, gross determination of the vision and penlight examination.
- The examiner should stand approximately 1 meter away from the patient to assess the symmetry of the pupillary light reflex.
- If the history indicates intermittent strabismus or if the exam reveals poor vision or an asymmetric light reflex, the patient should be referred.

Ongoing Management and Objectives

None, other than referral to Ophthalmology.

Indications for Specialty Care Referral

- History of intermittent strabismus (or ocular misalignment).
- History of poor vision.
- Poor vision in both eyes or asymmetric visual acuities (such as a child becoming more anxious when one eye is covered opposed to the other).
- Asymmetric pupillary light reflex.

Criteria for Return to Primary Care

- Vision is improved with glasses and/or occlusion.
- Ocular alignment successfully treated and stable with spectacles and/or surgery.

Last Review for this Guideline: **October 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator