This Myopia Moment gives you a brief overview of the measurements to include in an eye examination of a child with myopia or at risk of developing myopia. Please refer to the source references for more details.

**STANDARD PROCEDURE**

**DISTANCE AND NEAR VISION ASSESSMENT**

Uncorrected and best corrected
- Use age-appropriate chart.
- Record findings for monitoring and follow-up.

**OCULAR HEALTH CHECK**
- Internal.
- External.
- Intraocular pressure.

**REFRACTION** (subjective and/or objective)
- Children at risk for developing myopia may be identified by comparing their refractive status to the normal refraction for their peer group.

**ACCOMMODATIVE AND BINOCULAR VISION (BV) TESTING**
- Even before myopia develops, children may show BV disorders.
- Watch out for reduced accommodative response, increased accommodative lag and higher AC/A ratios.

**CYCLOPLEGIC REFRACTION INCLUDING DROPS (BEST PRACTICE)**

**WHY?**
For added precision assessing young children who may not be able to verbalize their vision issues.

**HOW?**
2 drops of 1% tropicamide or cyclopentolate 5 minutes apart. Refraction 30 to 45 minutes after first drop.

**ALTERNATIVE METHOD**
Retinoscopy with accommodation well controlled.

**FUNDUS CHECK**

**WHY?**
To document if there are early features of myopia-related pathology.

**HOW?**
Thoroughly examine central and peripheral retina under dilation, and where possible, record observations using OCT and/or fundus photography.

**AXIAL LENGTH MEASUREMENT (AL)**

**WHY?**
To assess risk of developing myopia and to monitor progression.

**HOW?**
- Preferably use a non-contact optical biometer.
- Risk scenario: AL is >25 mm with growth of 0.2 to 0.3 mm/year.

**TEAR FILM EVALUATION**

**WHY?**
To guide clinical decision making on optical interventions, particularly contact lenses, so that they can be worn comfortably and compliantly.

**HOW?**
Ask probing questions and use a slit lamp biomicroscopy to examine the anterior eye.

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**PATIENT HISTORY**

A DETAILED PATIENT HISTORY SHOULD INCLUDE THE FOLLOWING:
- Family history of refractive error. (parents and siblings)
- Time spent using digital devices.
- Date of myopia onset if present.
- Any previous treatment for myopia.

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*Source references:*

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