

Pediatric Pearls  
Kelsey Trast, OD, FAAO  
2025 KOA Fall Conference

- Introduction
  - No financial disclosures
  - Reviewing pediatric exam elements and expectations
    - Including tips for
  - Targeted age range for discussion: 0-10
- Developmental milestones
  - Expected visual acuities, vision development
  - Emmetropization
  - Alphabet/naming skills
    - Expected age for letter reversals to decrease
    - Expectations for subjective refraction
  - Physical eyeball size/growth
- Exam goals and specific elements
  - Main questions
    - Can the child see equally?
    - Is there amblyogenic risk factor?
    - Are the eyes aligned?
    - Are the eyes healthy?
    - Connect
  - Aim for preferred method, modify as needed
    - Confrontation visual fields: finger counting vs. finger movement
    - Visual acuity methods:
      - Snellen, HOTV, LEA, numbers, forced choice, etc.
      - Caution moving between methods
      - Importance of resistance to occlusion
      - Be conscious of noise during testing
    - IOP assessment
  - Common anterior segment findings
    - Conjunctivitis
    - Hordeolum, chalazion, preseptal cellulitis
    - Allergic conjunctivitis
    - Nasolacrimal duct obstruction
- Refractive error prescribing recommendations

- Myopia, hyperopia, astigmatism
  - Benefit of plus for eso, caution using minus for exo
- Amblyopia definition and amblyogenic factors
- Spectacles vs. contact lenses
- Pediatric refractive surgery
- Medication usage
  - Cycloplegic usage
  - Oral and topical antibiotics
  - Oral and topical anti-allergy
  - Topical steroids
- Personal Tips
  - Matching cards
  - Pediatric trial frame
    - +2.00D in flipper can be helpful for assessing strabismus with additional plus.
  - Helpful method for instilling drops
  - Computer videos post-dilation
  - Favorite toys
    - Light spinner
    - Finger puppets
  - Working with distressed patients
    - Rewards – verbal praise, stickers, candy
    - Bracketing
    - Indirect observations
    - Frequent breaks
  - Working with parents
    - Confirm parents' perceptions (“lazy eye” vs. “eye turn”)
    - Demonstrate amblyopic acuity vs. better-seeing eye
    - Re-explain what they may already know
    - Handouts in writing when possible