IN PRACTICE: APPLYING THE CLINICAL MANAGEMENT **GUIDELINES¹**

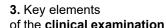
Follow these steps to help develop your myopia management routine

1. Identify the patient, both for pre-myopia & myopia

Consider: refractive error, eye growth, age, family history, ethnicity, visual environment and binocular vision

2. Talk to child & parent in simple language about:

Causes (genetics & environment) and the risks of myopia associated pathology. Give the options available in your country (spectacles, contact lenses, atropine) and discuss how effective and safe they are. Follow informed consent guidelines.



Clinical Tests – all visits

- Appropriate history taking relevant to treatment
- Distance and near VA
- Subjective and/or objective refraction
- Accommodative and binocular vision assessment
- Ocular health examination

Annually, or on indication

- Cycloplegic refraction
- Dilated fundus examination, especially for >5D and/or 26mm axial length

Adapted from Figure 1, IMI Clinical Management Guidelines

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Additional tests (if available)

Axial length measurement, every 6 months •

Treatment specific:

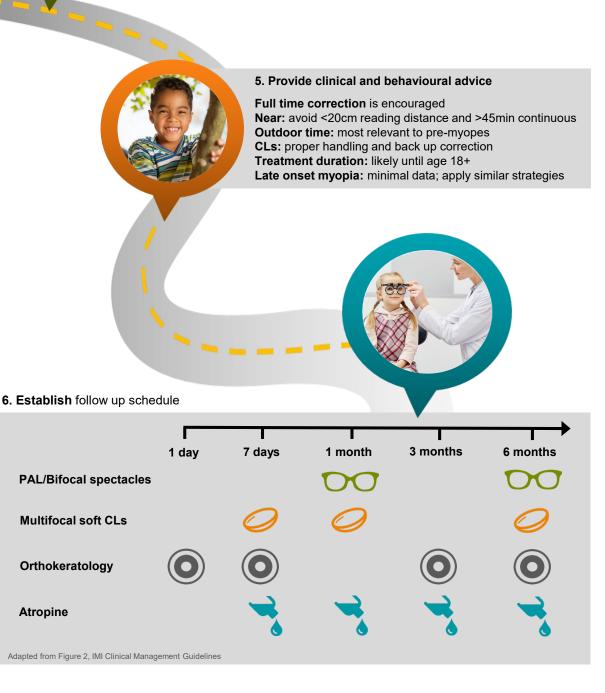
- Contact lenses (CL)
 - CL & anterior eye assessment
- Atropine
 - Pupil size and function
 - Intraocular pressure
- Orthokeratology
 - Corneal topography





4. Recommend management strategy

Consider baseline **refractive error**; **binocular vision** status; **safety**, **compliance** and **capacity** of child and family to cope with recommended management..



1. Gifford KL, Richdale K, Kang P et al. IMI – Clinical Management Guidelines Report. Invest Ophthalmol Vis Sci 2019;60:M184-M203

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