Referral Guidelines – Orthoptics

All referrals should be with any refractive error corrected – please state if cycloplegic correction and fully correct any hypermetropia

CONDITION		DETAILS	REFERRAL SPEED
All Squints		Any squint which is sudden onset, with or without symptoms, especially if associated with ocular movement problems needs referring.	**Urgent**
Esotropia Constant or Intermittent		**For under 7s:** refer if child has unequal VA with refractive error corrected and no previous HES assessment. **For over 7s:** refer if significant difference in VAs to rule out pathology or if parents/guardians wish to attempt amblyopia treatment or they wish to consider cosmetic surgery to improve appearance of squint.	**Routine** **Routine**
Fully Accommodative Esotropia		No need to refer if spectacles control the squint and equal VA	**Remain in Community Service**
Exotropia Constant		**For under 7s:** refer ASAP if a constant exotropia or if recent onset. **For over 7s:** can refer for amblyopia treatment Refer at any age if they wish to have cosmetic squint surgery	**Urgent** **Routine**
Vertical Strabismus		Usually associated with ocular motility defects. If long standing, adapted to and previous HES assessment then do not refer. Refer if symptomatic or if considering squint surgery.	**Routine**
Exotropia Intermittent		**For under 7s:** Refer **For over 7s:** can be referred if amblyopic, problems with photophobia or binocular instability	**Routine** **Routine**

		causing problems with school work or if divergence is noticed enough for parents/guardians/child to be consider surgery	
Strabismic Amblyopia	 	**For under 7s:** Refer **For over 7s:** refer if significant difference in VAs to rule out pathology or if parents CLEARLY wish to attempt amblyopia treatment.	**Routine** **Routine**
Anisometropic Amblyopia		Refer if vision does not equalise with glasses ordered within adapatation period	**Routine**
Ocular Motility Defects	 	Refer ocular motility defects as routine if found during examination unless patient adapted ie no diplopia, no stereopsis or suppression. New defects/new symptoms eg diplopia or closing one eye to read refer as priority	**Routine** **Urgent**
Convergence Insufficiency		Consider convergence exercises Ensure fully corrected hyperopia Only refer if patient has symptoms	**Routine but only if required**
Nystagmus, Ptosis		No need to refer if long standing or if noted in extremes of gaze. Refer routinely if no previous HES assessment, unless sudden onset then urgent	**Routine but only if required**
Refractive Errors		Only refer if vision fails to improve/equalise as expected.	**Routine but only if required**