Techniques to weaken extraocular muscles have changed over the years. Hang-back recession offers several advantages over conventional recession. The partial-thickness scleral suture pass occurs in the relatively thicker sclera at the muscle insertion, as opposed to in the thinner sclera posterior to the muscle insertion. Theoretically, this reduces the risk of deep needle pass into the suprachoroidal or intravitreal spaces. The ease of exposure and the improved location of scleral suture passes make hang-back recession preferable to conventional surgery.

There are several theoretical disadvantages of hang-back recession. Because the muscle is not sutured directly to the sclera in hang-back recession, the possibility of vertical displacement of the muscle prior to attachment could result in new A–V patterns or upshoots or downshoots. In this issue of the *Journal of Pediatric Ophthalmology & Strabismus*, Rodrigues and Nelson did not find these postoperative results. Possible anterior migration of the muscle is another concern with hang-back recession. The excellent results in the study by Rodrigues and Nelson are indirect evidence against anterior migration of the muscle. The success rate of hang-back recession is comparable to that of conventional recession. Hang-back recession is a safe and effective alternative to conventional recession.

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