
During the past several years, the number of pediatricians performing visual screening with the Spot Vision Screener (Welch Allyn, Skaneateles Falls, NY) has increased substantially. How do I know that has occurred? Almost daily I have been examining more children referred by pediatricians for abnormal Spot test findings. I have been impressed by how many preverbal children were prescribed glasses as a result. In many cases, the prescription has been for significant anisometropia. I hope the early prescribing of glasses for anisometropia will reduce the incidence of amblyopia treatment.

In this issue, Peterseim et al.’s study supports my own Spot test observations. There are pediatric referrals in which glasses prescriptions are not necessary at that time. It is important that we as pediatric ophthalmologists educate the pediatricians and school nurses who are using the Spot Vision Screener extensively about the specific criteria for prescribing for the different refraction errors detected.

The specificity of the Spot Vision Screener also allows for use by pediatric ophthalmology practices, especially in cases where it becomes extremely difficult to dilate and provide adequate refractions in developmentally challenged children. It may also provide appropriate refractive data in young children who are wearing glasses and may need a change but are not able to cooperate for a manifest refraction. Usually this scenario requires a repeat cycloplegic refraction.

Insurance reimbursement for the Spot test varies widely and depends on the family’s specific insurance guidelines. Perhaps pediatric ophthalmology and pediatric organizations should work together to provide guidelines for insurance companies about the importance of the Spot test in detecting early refractive errors that significantly affect the visual development of young children.

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Dr. Nelson has no financial or proprietary interest in the materials presented herein.

doi:10.3928/01913913-20200413-01