



## Esotropia (Initial and Follow-up Evaluation)

**(Ratings:** A: Most important, B: Moderately important, C: Relevant but not critical

**Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

### Initial Exam History (Key elements)

- Ocular symptoms and signs **(A:III)**
- Ocular history (date of onset and frequency of the deviation, presence or absence of diplopia) **(A:III)**
- Systemic history (review of prenatal, perinatal and postnatal medical factors) **(A:III)**
- Family history, including presence of strabismus, amblyopia, extraocular muscle surgery, genetic diseases. **(A:III)**

### Initial Physical Exam (Key elements)

- Visual acuity **(A:III)**
- Ocular alignment (at distance and near) and motility **(A:III)**
- Extraocular muscle function **(A:III)**
- Detection of nystagmus **(A:III)**
- Sensory testing **(A:III)**
- Cycloplegic retinoscopy/refraction **(A:III)**
- Fundoscopic examination **(A:III)**

### Care Management

- Consider all forms of esotropia for treatment and re-establish ocular alignment promptly **(A:III)**
- Prescribe corrective lenses for any clinically significant refractive error **(A:I)**
- If optical correction does not align the eyes, then surgical correction is indicated **(A:III)**
- Start amblyopia treatment before surgery to reduce angle of strabismus or increase likelihood of binocularity **(A:III)**

### Follow-up Evaluation

- Periodic evaluations necessary until visual maturity reached **(A:II)**
- Hyperopia should be assessed every 1 to 2 years **(A:III)**
- More frequent cycloplegic examinations are indicated in cases with changes in acuity, amblyopia, or unstable alignment **(A:III)**
- If the examination has been stable, follow-up evaluations are appropriate every 1 to 2 years during teenage years **(A:I)**

## Esotropia Follow-up Evaluation Intervals (A:III)

Age (years)	Interval (months)
0-1	3-6
1-5	6-12
5	12-24

**Note:** More frequent visits may be necessary if amblyopia is present or if there is a recent deterioration of alignment.

### Patient Education

- Discuss findings with the patient when appropriate and/or parents/caregivers to enhance understanding of disorder and to recruit them in a collaborative approach to therapy.  
**(A:III)**
- Formulate treatment plans in consultation with the patient and/or family/caregivers.  
**(A:III)**

\* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 ([www.aao.org](http://www.aao.org))