



Exotropia (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 exotropia for treatment and re-establish ocular alignment as soon as possible if deviation is manifest a large percentage of the time. **(A:III)**
- Prescribe corrective lenses for any clinically significant refractive error. **(A:III)**
- Optimal modes of therapy are not well established.

Follow-up Evaluation

- Periodic evaluations necessary until visual maturity reached **(A:III)**
- Intervals are reduced if strabismus is stable **(A:III)**
- Includes interval history, tolerance to treatment (if any), and routine examination and testing of ocular motility **(A:III)**

Exotropia 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 patching therapy is being administered, 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 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)