

LEA Symbols[®] and HOTV Distance Chart

▶ Vision Screening Procedure



Public Health
Prevent. Promote. Protect.
Santa Cruz County

For Children 3 years and older
Threshold Screening Method

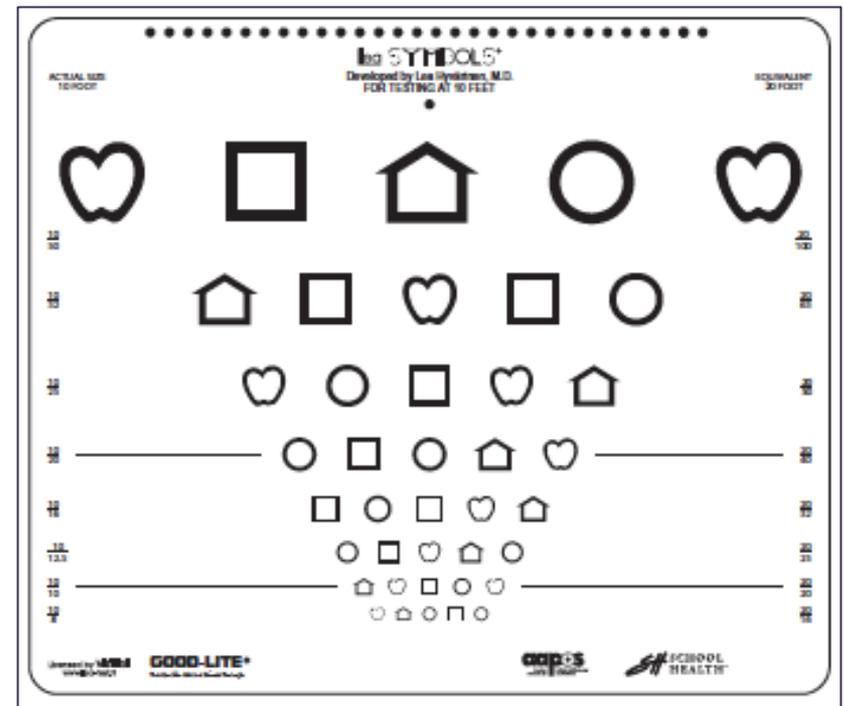
Click picture for Vision HAG #27



HAG #27

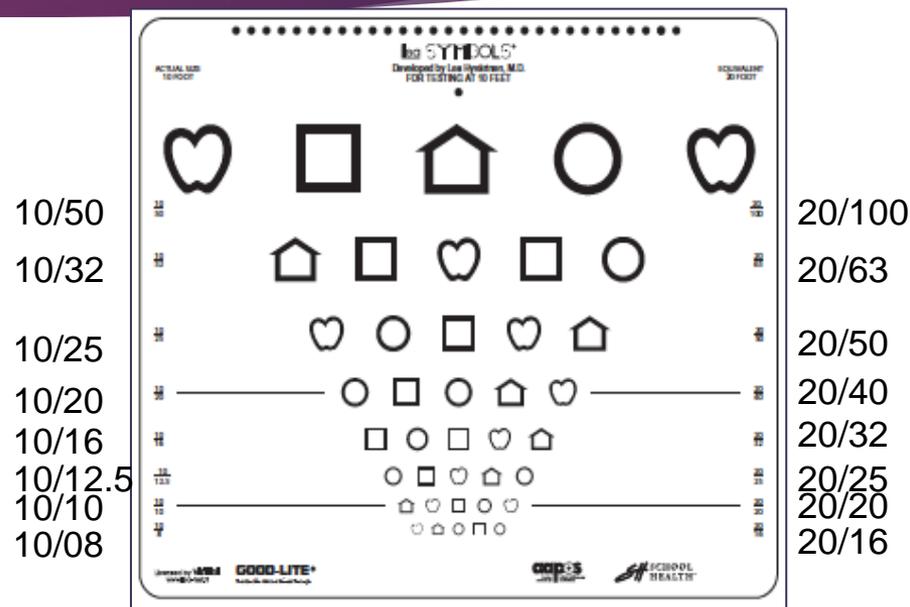
Threshold Screening

- ▶ Reading down the eye chart as far as possible.
- ▶ Threshold line is the smallest line child can pass.
- ▶ Can identify 2-line difference between the eyes.



LEA Symbols and HOTV -Threshold Screening

- ▶ 10/xx on left side of chart is screening distance.
- ▶ 20/xx on right side of chart is Snellen equivalency and the number to document.



LEA Symbols and HOTV – Threshold Screening

[Click picture for LEA symbols](#)

1. May use with children age 3 years and older who are unable to recognize letters.
2. Measure 10-foot screening distance between the chart and the child's eyes.
3. Child may stand or sit on a chair at the screening distance.
4. Adjust the chart to child's eye level and place chart on the wall.



LEA Symbols and HOTV – Threshold Screening

5. Ask child to identify symbols on the top line, both eyes uncovered, to ensure understanding of the screening procedure.
 - ▶ Child may choose the name for each symbol.
 - ▶ Shy or nonverbal children have the option to use the matching response card to match the symbol the screener is pointing to.

LEA Symbols and HOTV – Threshold Screening

6. Use occluder glasses to cover child's eye.



7. When pointing to symbols, **briefly point to and quickly remove pointer**. Leaving the pointer at the symbol makes the symbol easier to identify, which may lead to missed visual disorders.

LEA Symbols and HOTV –Threshold Screening

8. Beginning at the top line, ask the child to identify the first symbol on the **left** side of each line. Move down the chart until the child misses a symbol.
9. When a symbol is missed, return to the line above and ask the child to identify ALL symbols on that line.
10. On each lower line, continue asking child to identify each symbol until the child misses 3 on a line.
 - ▶ Have child identify the whole line even when 3 or more symbols are missed.

LEA Symbols and HOTV –Threshold Screening

11. Document visual acuity for the right eye as the last line the child correctly identified 3 or more symbols.
12. Repeat procedure with the right eye covered, starting with the first symbol on the **right** side of each line.
13. When child responds, give verbal praise (“good”, “right”, etc.), even if child is incorrect.
14. Document visual acuity for left eye as the last line the child correctly identified 3 or more symbols.

LEA Symbols and HOTV – Threshold Screening

Pass

NEW AGE-DEPENDENT PASS CRITERIA

- ▶ 3 years old: Correctly identifying 3 or more symbols on the 20/50 line (or any line below) with each eye.
- ▶ 4 years old: Correctly identifying 3 or more symbols on the 20/40 line (or any line below) with each eye.
- ▶ 5 years and older: Correctly identifying 3 or more symbols on the 20/32 line (or any line below) with each eye.

LEA Symbols and HOTV – Threshold Screening **Fail and Rescreen Within 6 Months or Refer**

NEW AGE-DEPENDENT FAIL CRITERIA

- ▶ 3 years old: Missing 3 or more symbols on the 20/50 line, or any line above the 20/50 line, with either eye.
- ▶ 4 years old: Missing 3 or more symbols on the 20/40 line, or any line above the 20/40 line, with either eye.
- ▶ 5 years and older: Missing 3 or more symbols on the 20/32 line, or any line above the 20/32 line, with either eye.
- ▶ Two line difference between the eyes, even within the passing range (e.g., 20/20 and 20/32).

Documentation

Last Name: DOE

First Name: JANET

MRN# 12345

PLACE OF SCREENING: OFFICE

Age: 3

Vision Screen Date: 7-20-16

Comments: Pass

| | Right Eye | Left Eye |
|-----------------|-----------|----------|
| Without Glasses | 20 /20 | 20 /25 |
| With Glasses | / | / |

Referred To: _____

.....
Signature & Title of Person Performing Test

Documentation

| | | |
|----------------------------|-------------------|------------|
| Last Name: DOE | First Name: JANET | MRN# 12345 |
| PLACE OF SCREENING: OFFICE | | Age: 3 |

Vision Screen Date: 7-20-16

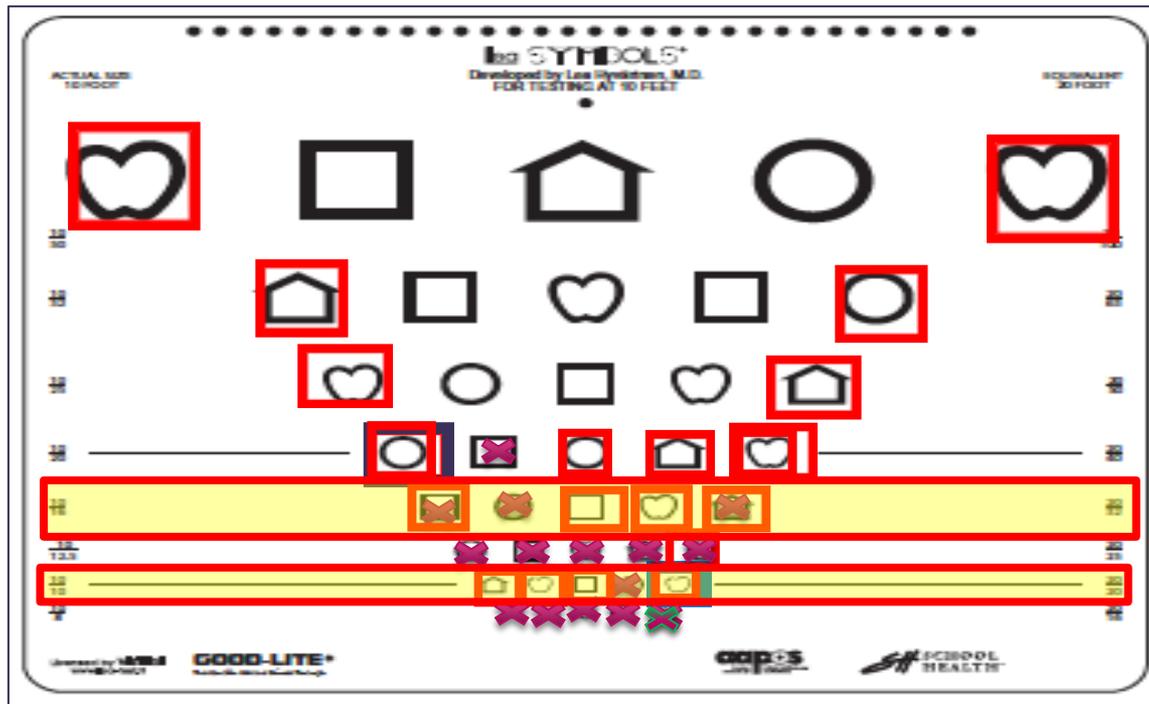
Comments: Fail

| | Right Eye | Left Eye |
|-----------------|-----------|----------|
| Without Glasses | 20 /63 | 20 /63 |
| With Glasses | / | / |

Referred To: Dr. Eye

Signature & Title of Person Performing Test

Sample: 3 Year Old **Fail** (**2 Line Difference**)



Record Results: Last line where 3 or more symbols were correctly identified.

Fail due to 2 line difference

R Eye Pass at 20/32 (10/16)

L Eye Pass at 20/20 (10/10)

Documentation

| | | |
|----------------------------|-------------------|------------|
| Last Name: DOE | First Name: JANET | MRN# 12345 |
| PLACE OF SCREENING: OFFICE | Age: 3 | |

Vision Screen Date: 7-20-16

Comments: Fail due to 2 line difference

| | Right Eye | Left Eye |
|-----------------|-----------|----------|
| Without Glasses | 20 /32 | 20 /20 |
| With Glasses | / | / |

Referred To: Dr. Eye

Signature & Title of Person Performing Test

Key Points

- ▶ Screen one eye at a time.
- ▶ Refer any child who has not passed the vision screening to an eye care professional.
- ▶ Explain the importance of the referrals to parents.
- ▶ Always follow the vision procedure in the manufacturer's instructions that accompany the vision charts.
- ▶ [More key points](#)-click link for page