



**EVIDENCE-BASED CLINICAL
PRACTICE GUIDELINE**

**BINOCULAR, OCULOMOTOR,
ACCOMMODATIVE,
FUSIONAL, PERCEPTUAL
AND/OR SENSORY
CONDITIONS**

Effective March 1, 2015

Binocular, Oculomotor, Accommodative, Fusional, Perceptual and/or Sensory Conditions Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on the assessment, diagnosis, treatment, co-management, on-going independent management and referral of patients with binocular, oculomotor, accommodative, fusional, perceptual and/or sensory conditions. It is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their diagnostic, management, treatment and referral regimens on the specific needs of the patient.

We wish to acknowledge the Canadian and American Associations of Optometry for their previously published CPG's used in the development of this guideline.

This CPG covers a diverse group of disorders, anomalies and conditions that may occur at any time in a person's life. These disorders and anomalies may interfere with school, work performance or negatively affect a person's quality of life. They may cause a wide range of symptoms; including, but not limited to: blurred vision, headaches, asthenopia, double vision, inability to read or spell at an age appropriate level, losing one's place when reading, skipping words, loss of concentration, motion sickness and fatigue.

Depending on the severity and type of condition, proper treatment may include one or more of the following:

- a) Optical correction (lenses and/or prisms)
- b) Vision therapy and/or occlusion
- c) Pharmaceutical therapy, chemodenervation and/or surgical management.

Goals

It is the goal of every optometrist to:

- 1. Identify those patients who may benefit from additional binocular, oculomotor, accommodative, fusional, perceptual and/or sensory assessment, diagnostic and treatment programs.**
- 2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:**
 - Increase access to competent vision care services,**
 - Maximize a patient's visual status and quality of life,**
 - Improve patient compliance and outcomes,**
 - Reduce the possibility of duplication of tests and services, and,**
 - Provide vision care services in the most efficient and effective manner.**

General Guidelines

- 1. When deemed therapeutically beneficial for the patient, the suitability of additional binocular, oculomotor, accommodative, fusional, perceptual and/or sensory testing, management and treatment should be considered.**
- 2. Optometrists who do not provide this type of optometric care must refer patients to an appropriately trained optometrist or ophthalmologist.**
- 3. Optometrists shall communicate with other professionals involved with the patient's care (such as family physicians, optometric assistants, orthoptists, classroom teachers, school psychologists, etc.) as per Section 1.8 of the ACO Standards of Practice.**

Specific Guidelines

- 1. In addition to the minimum list of equipment listed in GL-1.1.4a required to provide comprehensive vision care services, optometrists who provide additional assessment, diagnostic, management and treatment services for binocular, oculomotor, accommodative, fusional, perceptual and/or sensory disorders or anomalies must have additional specialized testing and treatment equipment dependent on and appropriate for the severity and type of disorder or anomaly.**
- 2. Before any additional testing, management or treatment services are provided to a patient, optometrists must explain the type of services that are recommended for that particular patient, the expected timeline for treatment and the expected costs for all recommended assessment, diagnostic, management and treatment services.**
- 4. Optometrists who provide testing, management and treatment services for learning related problems as part of a multi-disciplinary team shall communicate and coordinate care with patients, parents and/or legal guardians, classroom teachers, special education teachers and other professionals involved with the patient's care to ensure maximum opportunity for proper correction and improvement.**