

# American Board of Ophthalmology Office Record Review Module

## Diagnosis/Case: Esotropia

**Module Definition:** A child under the age of 10 years old who presents with esotropia and who has at least two follow-up visits in the past 18 months.

History (Positive or Negative Findings)			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Reason for visit/ chief complaint
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Ocular history
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Prenatal history/ birth weight/ general development
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Systemic health
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Drug reactions/ allergies
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Family history of ocular disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Family history of strabismus
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Family history of medical disorders

Examination and Diagnostic Procedures			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Vision
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Sensory testing, such as stereo or Worth 4 dot, where age permits on first visit
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Sensory testing, such as stereo and Worth 4 dot, where age permits on follow-up visits
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Color testing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Lids and anterior segment (cornea/AC/lens)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Nystagmus
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Versions
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Ocular alignment for near
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Ocular alignment for distance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Pupils
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Dilated fundus examination
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Cycloplegic refraction
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Intraocular Pressure (IOP)

Diagnostic Techniques			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Method used to check vision:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Fix/follow
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Objects to occlusion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Beads
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Illiterate symbols (picture, tumbling E, other)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Snellen or HOTV with crowding bars
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Central, steady, maintained
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Other
			Method used for sensory testing:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Worth 4 dot
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Stereo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Other

Assessment and Management			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>		1. Current diagnosis and treatment plan
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Reversal of amblyopia
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Glasses prescribed if child significantly ametropic or anisometropic

Management Techniques			
Recorded	Not Recorded	Not Applicable	Item
			Method of treatment used:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Glasses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Amblyopia treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Surgery
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Prism therapy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Orthoptic therapy
			Type of surgery performed, if any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Medial recession unilaterally
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Medial recession/bilateral
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Medial recession/lateral resection (R & R)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Other

Follow-Up			
Recorded	Not Recorded	Not Applicable	Item
			At each follow-up visit:
<input type="radio"/>	<input type="radio"/>		1. Vision in each eye
<input type="radio"/>	<input type="radio"/>		2. Deviation for near
<input type="radio"/>	<input type="radio"/>		3. Deviation for distance
<input type="radio"/>	<input type="radio"/>		4. Versions
<input type="radio"/>	<input type="radio"/>		5. Status of binocular vision

			At least annually at follow-up visit:
<input type="radio"/>	<input type="radio"/>		6. Cycloplegic refraction

Safety and Environment			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Correct site surgery
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Administration of cycloplegic agents