Thank you for your enquiry about returning to orthoptic practice.

The British and Irish Orthoptic Society welcomes and encourages Orthoptists wishing to return.

We recognise that Orthoptists who are currently not practising have a huge amount to offer and we are keen to bring their skills and experience back to the profession.

This document offers returning Orthoptists advice on how they can bring themselves up to date. It also introduces some concepts which may be new to Orthoptists who have been away from practice for some time, including, continuing professional development, the Knowledge and Skills Framework and clinical governance. Information is also provided on the Health Care Professions Council, the Health and Social Care Professionals Council and the British and Irish Orthoptic Society.

Please do not hesitate to contact us if you require any further information.

We hope that you will decide to return to orthoptics and wish you every success.

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Regulation for Orthoptists Practising in the United Kingdom

Returning Orthoptists are required by law to register with the Health and Care Professions Council (HCPC) and police checks are now a mandatory requirement. The HCPC is an independent, United Kingdom-wide regulatory body responsible for setting and maintaining standards of professional training, performance and conduct of the healthcare professions

that it regulates. Orthoptists are required to meet the standards of proficiency detailed by the HCPC, adhere to the standards of conduct, performance and ethics and meet standards for continued professional development.

The Health and Care Professions Council (HCPC) stipulates specific requirements in relation to return to practice. Below is a brief summary of these requirements.

Requirements Depending on Your Situation:

The following is a summary of what the HCPC "return to practice" requirements mean for you.

I have practised in the past two years and am still registered.
– You may continue to practise and do not need to meet HCPC return to practice requirements
.
I have been out of practice for more than two years, but am still registered.

You must either:
– come off the HCPC Register, then re-register in the future if you need to return to practice; or

– renew your registration, declaring that you have not practised your profession, and complete either 30 or 60 days of updating (depending on how long you have been out of practice) within six months of renewal.

I have been out of practice for more than two years and am no longer registered, but would like to re-register.

– If you have not practised for two years or more, you must complete either 30 or 60 days of updating (depending on how long you have been out of practice) within the twelve months before you apply for readmission to the HCPC Register.

I gained an approved qualification less than five years ago and have never been registered.

– You are eligible to apply for registration with HCPC and BIOS recommend you complete either 30 or 60 days of updating (depending on how long you have been out of practice) within the twelve months

I gained an approved qualification more than five years ago and have never been registered.

– If you have never practised, you must meet HCPC return to practice requirements by completing a 60-day period of updating before you can register with us.

– If you have practised outside of the UK in the five years since your qualification, please see below.

I have an approved qualification but did not register after I qualified. Instead, I have been practising outside the UK.

– You do not need to meet the HCPC return to practice requirements if you have not had a gap in practice of more than two years.

– When you apply for registration, please give us information about your work outside of the UK so that we can consider whether you need to meet HCPC return to practice requirements.

HCPC stipulates that:

If you are returning to practice, they need you to update your knowledge and skills as follows.
– 0 to 2 years out of practice – no requirements
– 2 to 5 years out of practice – 30 days of updating
– 5 or more years out of practice – 60 days of updating

In the 'days' requirements above, we consider one day to be equivalent to seven hours.

The HCPC stipulate that private study can make up a *maximum* of half the period of updating.

For Orthoptists supervised practice is a period during which professional practice is undertaken under the supervision of a registered Orthoptist who has been in regulated practice for at least the previous three years and is not subject to any fitness to practise proceedings or orders. The supervised practice must be within the supervising Orthoptist's scope of practice.

Formal study is structured study provided by a person or organisation that is relevant to your practice. Private study is structured by you.

In addition to any period of updating anyone who is registered with the HCPC must meet the Standards of Proficiency for their profession.

The Standards of Proficiency are the minimum professional standards for each profession and are available directly from the HCPC.

It may, therefore, be advisable to undertake further study to ensure skills and knowledge meets these standards.

There are some circumstances in which an orthoptist may not have been registered with the HCPC but still in practice - for example, practising their profession abroad. Any orthoptist wishing to practise in the United Kingdom will need to re-register but will not need to update providing they have not been out of practice for more than 2 years and hold a UK qualification.

For more information about the HCPC and full details of their returning to practice requirements please contact:
Health and Care Professions Council
184 Kennington Park Road, London SE11 4BU.
Telephone 0845 300 4472
http://www.hcpc-uk.org

Regulation in Ireland

The equivalent to HCPC in Ireland is CORU.
CORU was set up under the Health and Social Care Professionals Act 2005 (as amended) and is Ireland's multi-profession health regulator. It is made up of the Health and Social Care Professionals Council and the Registration Boards, of which Orthoptist is a named profession regulated by CORU.

CORU's role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.

CORU currently has registers open for several professions; however, an Orthoptist register has yet to be established but is expected, on a phased basis, within the next number of years.

Any queries to http://www.coru.ie/en/contact_us

BIOS Recommendations for Returning Orthoptists

The HCPC requires returning Orthoptists to undertake a period of updating knowledge and skills which can be a combination of

- supervised practice
- formal study
- private study.

You do not need to carry out updating of all three types. HCPC only requirement is that private study must not make up any more than half the period stipulated by them.

To arrange a period of supervised practice you should contact the Orthoptic department where you wish to undertake this and speak to the Orthoptic Manager or Head of Department.

If you wish to undertake supervised practice as a returner in a local department, then you will need to consider issues around your practice with regard to insurance cover.

HCPC stipulates that your supervisor must be on the relevant part of the HCPC Register for at least the previous three years; and not be subject to any fitness to practise proceedings or sanctions (such as a caution or conditions of practice).

It is important that you check what the local policies are with regard to whether the NHS organisation you are undertaking your practice with, would be prepared to undertake liability for you in the event of any adverse incident. If the organisation does not accept responsibility for your practice as a returner we strongly recommend that you make your own arrangements for insurance cover, for your own protection.

Prospective supervisors may wish to see a copy of your insurance before agreeing to a placement. Obtaining individual professional indemnity insurance can be difficult & expensive. BIOS membership provides you with Medical and Professional Liability Insurance Scheme from the date of joining as well as the other benefits of membership of the professional body.

Further information about insurance issues can be obtained from the BIOS office or via the website. https://www.orthoptics.org.uk/

Continuing Professional Development

Continued professional development (CPD) is a vital part of Orthoptic practice. In 2006 it became mandatory for Orthoptic HCPC registrants to undertake and keep evidence of their CPD in order to remain on the HCPC register and use the protected title of “Orthoptist”.

The HCPC sets standards for CPD that all Orthoptists must meet, these standards specify that CPD must contribute to the quality of the Orthoptist’s practice, service delivery and that the service users should benefit.

The HCPC does not measure CPD in points/hours but see it as an outcome-based process. It is recommended that all returning Orthoptists obtain a copy of the HCPC’s guidance on meeting standards for CPD. (https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development/)

The British and Irish Orthoptic society welcomes measuring CPD by outcomes and we recommend that Orthoptists ensure their CPD activities develop their skills and knowledge to improve the quality of care for patients and support career progression.

The BIOS CPD Scheme

All practising members of the BIOS have access to an online CPD recording system via the BIOS website (https://www.orthoptics.org.uk/). This system allows CPD activities to be recorded in an online diary and provides a template for Orthoptists to reflect on their learning and evaluate the outcomes.
CPD activities are split into 5 categories:

- Work based learning
- Professional Activity
- Formal/Educational
- Self-directed learning
- Other

It is essential that Orthoptists undertake a variety of CPD activities to contribute to the quality of their practice.

It is recommended that Orthoptists keep evidence of their CPD activities and how these activities have contributed to patient care and service delivery. The electronic CPD system allows this evidence to be uploaded into the evaluation pages of the diary.

For more information on CPD, reflective practice and the BIOS Electronic CPD scheme please see “BIOS Continued Professional Development Recommendations (2006)

Mentoring

BIOS guidelines are available for a mentoring programme, which can be implemented within an Orthoptic department, to provide returning Orthoptists with a mentor, to whom they can turn for advice and support.

Introduction

All newly qualified Orthoptists and those returning to clinical practice after a break of five years or more should be offered the support of a mentor.

The mentoring period will usually last for six months. This period can be extended at the discretion of the newly qualified or returning orthoptist (the mentee) and the mentor.

The mentor should be a qualified, practising orthoptist, with a minimum of two years clinical experience,

The mentor will be appointed to the newly qualified or returning orthoptist by the Head of department.

The Mentor's Role

The mentor is a resource for the newly qualified or returning orthoptist. The mentor's role is to help the mentee to gain confidence in her or his new post and develop as an independent practitioner.

The mentor will be experienced in the role that the newly qualified or returning orthoptist is about to undertake and will be familiar with the mentee's job description, and, if the mentee agrees, with the mentee's CV. The mentor's role is to listen and to provide support and advice. The mentor is not there to assess or judge.

The issues discussed by the mentor and mentee during their formal meetings are confidential. The mentor should only divulge information with the mentee's agreement. However, in cases where the mentor feels that significant harm could result if confidentiality is maintained, they are obligated to discuss their concerns with their line manager, without the consent of the mentee. It is hoped that such cases can be resolved by discussion, although exceptionally the mentor may find it necessary to divulge information to the mentee’s head of department without the mentee's agreement to remove this sentence.

The specific support and advice provided will be unique to each mentee/mentor relationship and will depend on the needs of the mentee. Particular areas where the mentor may be of help include providing insights into the structure and culture of the unit/hospital, sources of information and acting as a 'sounding board' for ideas.

The Mentee's Role

The success of the mentoring process will depend on the active participation and commitment of both the mentor and mentee. Mentees must decide how much information they wish to share with their mentors, but in general, the more open and honest they are, the more beneficial the process is likely to be.

At the first meeting, the mentee and mentor should discuss their overall aims and objectives for the mentoring process. Mentees may wish to consider the areas of the new post that they feel most and least confident about and the ways in which the mentor could help.

Subsequently, objectives should be agreed for each meeting and for the mentee to work on between meetings. Prior to each meeting the mentee should consider progress made, what she or he has done and learned, whether things have gone as expected, and the help or support needed to progress further. The mentoring process should celebrate the mentee's successes, as well as addressing any difficulties. Issues arising outside the mentee's work can also be discussed, but only if the mentee feels this is appropriate.

It is hoped that the mentee will take increasing control of the process as it progresses.

It is recommended that the mentee keeps a diary with brief notes of the meetings.

Frequency of Meetings

The mentee should have access to adequate time, within working hours, for the mentoring process. The mentor and mentee should liaise with the head(s) of department to organise time for meetings.

Weekly meetings should be held in the first month of the mentoring period. Monthly meetings should be held for the remainder of the mentoring period. These timings are flexible and allowance should be made for individual needs.

Tackling Problems

There may be issues that the mentor will not be able to address. The mentee will then be directed to the appropriate person – usually the manager – for advice.

In cases where the mentoring process is not working, the mentee may be offered an alternative mentor. This can be organised through the mentee's head of department. However, in most cases it is hoped that problems can be resolved by discussion and negotiation between mentee and mentor.

Clinical Governance

Clinical governance is designed to improve the quality of care in the NHS across the United Kingdom with the following principal aims:

- To provide those using the NHS with an objective and fair assessment of NHS services.
- To help the NHS achieve evident and continuous improvements in the quality of patient care.
- To help the NHS reduce unacceptable variations in the quality of clinical services.
- To identify and disseminate good practice in clinical governance.
- To increase understanding of clinical governance and the factors that determine its effectiveness.

There are seven so-called pillars of clinical governance that apply to all Orthoptists in clinical practice. These are:

- Education and training
- Clinical risk (assessment)
- Research and effectiveness
- Staffing and staff management
- Clinical audit
- Patient experience
- Patient involvement

For further information please visit:
www.healthcarecommission.org.uk

British and Irish Orthoptic Society Membership

The British and Irish Orthoptic Society is a democratic professional body. It aims to promote both the study and practice of Orthoptics, represent the profession and its members and raise the standard of clinical and scientific Orthoptics.

The British and Irish Orthoptic Society recommends every practising Orthoptist becomes a member of the society.

Being a member of the professional body caries the following benefits:

Professional Insurance

The Society provides Medical, Professional and Public Liability insurance for all practising and student members inclusive of legal and defence costs. The cover applies whether Members are employed or self-employed.

Members employed within the N.H.S. would ordinarily benefit from their Employer's NHS Medical Indemnity Scheme and similarly members employed in the Private Health Sector may also be protected by their employers' Medical Indemnity arrangements. It is always advisable, however, to clarify the position before commencing work. Although members can expect to rely upon their Employers insurance cover, there may be incidences when members may be held personally accountable e.g. if acting outside the scope of their employment, if the employer chooses to withhold protection or if the patient elects to proceed against the member as an individual. In such circumstances the BIOS cover would protect members, provided they were acting legally and within the scope of practice.

Full details of the current insurance scheme are available upon request and via the BIOS website. https://www.orthoptics.org.uk/

Employment Relations

Membership of BIOS also provides membership of the British Orthoptic Society trade union (BOS TU) for those practising within the United Kingdom.
BOS TU members have access to local and regional trade union representatives for advice and representation on any employment relations issues.

Publications and Other Resources

The British and Irish Orthoptic Society publish a monthly electronic newsletter called Parallel Vision and an annual peer reviewed journal, the British and Irish Orthoptic Journal.

The society also provides professional information for Orthoptist on:

- Continued Professional Development,
- Competency standards and Professional practice guidelines
- Professional conduct and ethics
- Employment relations
- Audit
- Research

These documents are available to all members via the society's website and a number are provided in hard copy to new members.

Recommended Reading

Keeping up to date with the literature

Everybody struggles to keep up with the literature, but it is much easier than it used to be, and a lot is available online, or via your trust library. There is MASSES out there, so you cannot read it all. A lot of it, and always the abstract, are free. You may have to pay for full access to some online content if it is not “Open Access”. This means that the authors paid to publish it, rather than you pay to read it.

Free Literature

Some professional bodies such as BIOS or AAPOS allow you access to back copies of their journals if you are a member. Large databases such as PubMed, European PubMed Central, will give you access to abstracts and sometimes links to the full papers. If you join ResearchGate, you might get access to copies of papers that authors have uploaded onto their personal sections so you can either access it from there, or message them for a copy. Books are expensive but second hand books may be available on Amazon.

Getting Back into Reading

This section gives you a “getting started” guide and outlines some topics that are new. This is NOT an exhaustive list, but just some articles that members of the Education and Professional Development Committee have found useful and introduce new ideas.

Decide what you want to get out of your reading. Do you want a brief overview of a topic, so you are abreast of recent developments e.g. management of ROP or intermittent exotropia? Or do you want to know how to do a new test? Or do you want to brush up on your theory? Review articles are good to get a feel for a topic and a quick search on a search engine (Google Scholar or PubMed) will probably take you to appropriate abstracts. Detailed systematic reviews such as in the Cochrane library are very high quality, but they are sometimes quite narrow-focus and the outcome is often “more work needs to be done”, so you might not find them as useful as you would imagine – and you need to delve past the abstract to get the detail.

If you want reading on aspects of extended or advanced practice, such as neuro-ophthalmology, glaucoma, special needs, contact the appropriate BIOS CAG lead for advice.

Books

If your department has textbooks, the following are good for a general overview:-
Ansons & Davis “Diagnosis & Management of Ocular Motility Disorders” Rowe “Clinical Orthoptics”. A good paediatric ophthalmology textbook such as Hoyt & Taylor, and a neuro-ophthalmology textbook such as Leigh & Zee – but there are many others. These are very expensive, so you may be able to borrow one.

Papers About New(ishT topics

You do not have to read the following papers in detail, but abstracts are always available free, so check that you know enough about all of topics to make a judgement about how much you need to read further. Whatever you do, even if it just reading an abstract, reflect on what it means for you and your practice and write your reflections down.

The following resources are not necessarily the best or most recent on the topic but they will give an outline of newer trends and most are freely available online. Once you have got up to date, sign up to various journals email contents alerts so that you keep up to date – even if it’s only with the abstracts. The BIOJ is good (and free!) but many high-quality papers are published elsewhere, so it is not enough. Journals to keep an eye on include Strabismus, JAAPOS, JPOS and the more general ones including BJOphth, Eye, AJO, Ophthalmology, Archives of Ophthalmology, Graefe’s Archives. And don’t forget the optometry journals such as Ophthalmic & Physiological Optics and Optometry and Vision Science.

The “Must Reads”

The Paediatric Eye Disease Investigator Group Studies

https://public.jaeb.org/pedig/pubs PEDIG is a large multi-centre group in the US, carrying out a series of very careful high quality studies on amblyopia treatment, and many other topics. All the papers are freely available on the PEDIG website. For a resume, go to:-
https://www.aao.org/disease-review/pedig-studies-quality-healthcare-amblyopia-treatme

Current Clinical Guidelines

Royal College of Ophthalmologists https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2012-SCI-250-Guidelines-for-Management-of-Strabismus-in-Childhood-2012.pdf https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2008-SCI-021-Guidelines-Retinopathy-of-Prematurity.pdf
BIOS Clinical guidelines
https://www.orthoptics.org.uk/resources/education-and-professional-development/
New stroke guidelines (vision rehabilitation)
https://www.nice.org.uk/guidance/cg162/chapter/1-Recommendations#vision
National Screening Committee Vision Screening Guidelines
https://legacyscreening.phe.org.uk/screening-recommendations.php

“Newer Topics” Resources and Papers

Amblyopia

Most of the PEDIG studies https://public.jaeb.org/pedig/pubs
Papageorgiou, E., Asproudis, I., Maconachie, G. et al. (2019) The treatment of amblyopia: current practice and emerging trends. Graefe’s Arch Clin Exp Ophthalmol; online first https://doi.org/10.1007/s00417-019-04254-w
Stewart et al 2007 Modeling Dose-Response in Amblyopia: Toward a Child-Specific Treatment Plan https://iovs.arvojournals.org/article.aspx?articleid=2164052
Toor, S., Horwood, A., and Riddell, P. Asymmetrical accommodation in hyperopic anisometropic amblyopia. British Journal of Ophthalmology 2018;102:772-778. DOI: 10.1136/bjophthalmol-2017-310282 https://bjo.bmj.com/content/bjophthalmol/early/2017/10/19/bjophthalmol-2017-310282.full.pdf

Cerebral Visual Impairment

Ortibus E, Laenen A, Verhoeven J, De Cock P, Casteels I, Schoolmeesters B, Buyck A, Lagae L. Screening for cerebral visual impairment: value of a CVI questionnaire. Neuropediatrics. 2011 Aug;42(04):138-47 https://docs.wixstatic.com/ugd/eca85c_f758c04454f74aa9a4ac928f3e85229d.pdf
Lueck and Dutton (2015) Vision and the Brain. Understanding cerebral visual impairment in children. 1st edition. https://www.rnib.org.uk/insight-online/cerebral-visual-impairment

Convergence, Accommodation and Their Linkages

Horwood A 2016 Convergence Accommodation in Orthoptic Practice
https://www.bioj-online.com/articles/abstract/10.22599/bioj.95/
Horwood A 2018 Accommodation and convergence: ratios, linkages, styles and mental somersaults. 13th ISA Bielschowsky Lecture (contact a.m.horwood@reading.ac.uk for a copy)
Horwood & Riddell 2014 Disparity-driven vs blur-driven models of accommodation and convergence in binocular vision and intermittent strabismus JAAPOS doi. 10.1016/j.jaapos.2014.08.009 http://centaur.reading.ac.uk/37442/8/1-s2.0-S1091853114005187-main.pdf
Leon, Estrada & Rosenfield. Age and the amplitude of accommodation measured using dynamic retinoscopy, Ophthalmic & Physiological Optics 36 (2016) 5–12. https://onlinelibrary.wiley.com/doi/full/10.1111/opo.12244

Esmail H and Arblaster GE. A comparison of the conventional and modified push-up methods of measuring the near point of accommodation, Br Ir Orthopt J 2016; 13: 35–39. https://www.bioj-online.com/articles/10.22599/bioj.100/galley/99/download/

Convergence Excess

Garretty (2018): The Effect of Prism Adaptation on the Angle of Deviation in Convergence Excess Esotropia and Possible Consequences for Surgical Planning, Strabismus, DOI: 10.1080/09273972.2018.1481435 To link to this article: https://doi.org/10.1080/09273972.2018.1481435
Cranial dysinnervation syndromes - covers Duane's, Brown's, Moebius and what used to be called "mechanical" strabismus
Assaf A. (2011) Congenital innervation dysgenesis syndrome (CID)/congenital cranial dysinnervation disorders (CCDDs). Eye; 25: 1251–1261 https://www.nature.com/articles/eye201138

Down Syndrome

Watt et al 2014 Refractive error, binocular vision and accommodation of children with Down syndrome https://onlinelibrary.wiley.com/doi/full/10.1111/cxo.12232

Intermittent Exotropia

PEDIG 2017 Three-Year Observation of Children 3 to 10 Years of Age with Untreated Intermittent Exotropia https://doi.org/10.1016/j.ophtha.2019.01.015Get ri
Yilmaz A, Kose S, Yilmaz S, Uretmen O. (2015) The impact of prism adaptation test on surgical outcomes in patients with primary exotropia, Clin Exp Optom 98: 224–227 https://onlinelibrary.wiley.com/doi/full/10.1111/cxo.12219
Horwood A and Riddell P (2012). Evidence that convergence rather than accommodation controls intermittent distance exotropia. Acta Ophthalmol, 90: 109–117 https://onlinelibrary.wiley.com/doi/full/10.1111/j.1755-3768.2011.02313.x

Myopia Progression and Treatment

Joint Myopia management position statement 2018
https://www.college-optometrists.org/the-college/policy/myopia-management.html
Tran et al 2018 A Review of Myopia Control with Atropine https://www.liebertpub.com/doi/full/10.1089/jop.2017.0144
Chua et al 2016 Age of onset of myopia predicts risk of high myopia in later childhood in myopic Singapore children https://onlinelibrary.wiley.com/doi/full/10.1111/opo.12305

Nystagmus

Osborne et al 2019 Supranuclear eye movements and nystagmus in children: A review of the literature and guide to clinical examination, interpretation of findings and age-appropriate norms https://www.nature.com/articles/s41433-018-0216-y

Orbital Muscle Pulleys and New Theories of Muscle Actions – Including Muscle Compartments, "Heavy Eye Syndrome", "Sagging Eye Syndrome" and Distance Esotropias, Ageing

Chaudhuri, Z., & Demer, J. (2013). Sagging Eye Syndrome: Connective Tissue Involution as a Cause of Horizontal and Vertical Strabismus in Older Patients. JAMA Ophthalmology, 131(5), 619-625. https://jamanetwork.com/journals/jamaophthalmology/fullarticle/1660946
Clark RA, Demer JL (2002). Effect of aging on human rectus extraocular muscle paths demonstrated by magnetic resonance imaging. Am J Ophthalmol. 134 (6):872-8.
https://www.sciencedirect.com/science/article/pii/S0002939402016951
Clark & Demer (2014) Lateral Rectus Superior Compartment Palsy
https://www.sciencedirect.com/science/article/pii/S0002939413006491
Demer, J. (2014). Connective tissues reflect different mechanisms of strabismus over the life span. Journal of AAPOS,18(4), 309-315.
https://www.sciencedirect.com/science/article/pii/S1091853114002043
Veverka et al Causes of diplopia in patients with epiretinal membranes Am j ophthal 2017; 179: 39-45 https://www.sciencedirect.com/science/article/pii/S0002939417301745

Orthoptic Aspects of Literacy and Specific Literacy Difficulties

AAPOS web resources https://aapos.org/education/educational-resources/learning-disability-toolkit-education

Bruce A 2015 Impact of visual acuity on developing literacy at age 4–5 years: a cohort-nested cross-sectional study https://bmjopen.bmj.com/content/bmjopen/6/2/e010434.full.pdf

Parkinson's Disease

Armstrong 2011 Visual Symptoms in Parkinson's Disease
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3109513/

Psychopathology – Autism, Anxiety, OCD etc

Warren & Klim. Attention to eyes is present but in decline in 2–6-month-old infants later diagnosed with autism, Nature, (2013) 504, 427.
http://www.pediatrics.emory.edu/documents/divisions/autism/Jones_Klin_2013.pdf

Resources for Children with Anxiety-related Functional Vision Problems

https://research.reading.ac.uk/andy/resources/ (there are many others online)

Quality of Life questionnaires & their use

Carlton J, Kaltenthaler E. (2011) Health-related quality of life measures (HRQoL) in patients with amblyopia and strabismus: a systematic review. Br J Ophthalmol 95, 325-330. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3062043/

Felius et al. The Amblyopia and Strabismus Questionnaire: English Translation, Validation, and Subscales. Am J Ophthalmol 2007;143:305–310.
https://www.sciencedirect.com/science/article/pii/S0002939406011007
http://publicfiles.jaeb.org/pedig/Misc/AS-20%20Questionnaire.pdf

van de Graaf ES, et al2007: Amblyopia and Strabismus Questionnaire (A&SQ): clinical validation in a historic cohort. Graefes Arch Clin Exp Ophthalmol 2007, 245(11):1589–1595. https://link.springer.com/content/pdf/10.1007/s00417-007-0594-5.pdf

Leske et al 2012 Evaluation of the Adult Strabismus-20 (AS-20) Questionnaire Using Rasch Analysis Investigative Ophthalmology & Visual Science May 2012, Vol.53, 2630-2639. doi:10.1167/iovs.11-8308
https://www.ncbi.nlm.nih.gov/pubmed/25634146

Thyroid Eye Disease

Kahaly et al 2018 European Thyroid Association Guideline for the Management of Graves' Hyperthyroidism. Eur Thyroid J. 2018 Aug;7(4):167-186. doi: 10.1159/000490384. https://cmim.org/guias2019/14_ThyroidAssociationGuideline.pdf

Fayers T, Dolman PJ. Validity and reliability of the TED-QOL: a new three-item questionnaire to assess quality of life in thyroid eye disease. Br J Ophthalmol 2011;95:1670-1674 https://bjo.bmj.com/content/95/12/1670

Ostrowski RA, Bussey MR, Shayesteh Y , Jay WM. Rituximab in the Treatment of Thyroid Eye Disease: A Review Neuro-Ophthalmology, 2015; 39(3): 109–115.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5123122/ (abstract only)

Trauma

Joseph JM and Glava IP (2011) Orbital fractures: a review. Clinical Ophthalmology: 5(1): 95-100 doi: 10.2147/OPTH.S14972 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3037036/

Stroke/Skew/Neurogenic Palsy

Hanna, K. L., Hepworth, L. R., & Rowe, F. (2017). The treatment methods for post-stroke visual impairment: A systematic review. Brain and Behaviour.
https://onlinelibrary.wiley.com/doi/full/10.1002/brb3.682

Wong,A, Colpa L, Chandrakumar M., Ability of an upright-supine test to differentiate skew deviation from other vertical strabismus causes
https://jamanetwork.com/journals/jamaophthalmology/fullarticle/1106499

Rowe et al Visual impairment following stroke: do stroke patients require vision assessment?
https://academic.oup.com/ageing/article/38/2/188/16402

Brodsky et al. (2006). Skew deviation, revisited. Surv Ophthalmol,51;2:105-128
https://www.sciencedirect.com/science/article/pii/S0039625705002146

Screening

Solebo 2015 Whole-population vision screening in children aged 4-5 years to detect amblyopia https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60522-5/fulltext

Sloot et al 2015 Inventory of current EU paediatric vision and hearing screening programmes J Med Screen. 2015 Jun;22(2):55-64. http://www.ncbi.nlm.nih.gov/pubmed/25742803

VA Testing

Milling, A., Newsham, D., Tidbury, L., O'Connor, A.R. and Kay, H., 2015. The redevelopment of the Kay picture test of visual acuity. British and Irish Orthoptic Journal, 13, pp.14–21. https://www.bioj-online.com/articles/abstract/10.22599/bioj.97/

Shah N, Laidlaw DAH, Brown G, Robson C. (2010) Effect of letter separation on computerised visual acuity measurements: comparison with the gold standard Early Treatment Diabetic Retinopathy Study (ETDRS) chart. Ophthal Physiol Opt 30, 200-203. https://onlinelibrary.wiley.com/doi/full/10.1111/j.1475-1313.2009.00700.x

Vision Therapy

Barrett A critical evaluation of the evidence supporting the practice of behavioural vision therapy https://onlinelibrary.wiley.com/doi/full/10.1111/j.1475-1313.2008.00607.x 10

Professional Papers

Information for Orthoptists returning to practice

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