The Ins and Outs of Pretesting Children

by Jeanine Hopping

The five-year-old is looking up at you with nervous, almost trusting eyes. She is here for her first eye exam and she isn’t sure if you plan on giving her a shot or not. You are, after all, “a nurse.” How do you get the information you need, perform all the tests you need to do and help the child have a fun experience? This article will address some of the challenges you will encounter when dealing with children as patients and some easy solutions to those challenges.

Introductions
It all starts with the introduction to the office and to yourself. If possible get down to eye level with the child when speaking to them. “Hello, my name is Jeanine. I’m the doctor’s helper. What brings you to the eye doctor today?” Very often the child looks at you with a blank stare or perhaps she won’t look at you at all. I then laugh and say, “Your Mommy?” If the child still does not reply, I turn to the mother or father and ask them if they have any concerns.

Taking History
As you continue to gather information about how the child is seeing, the usual approaches do not work very well. The child really does not know “how their distance or near vision is.” They do know, however, if they are the first ones to see the McDonald’s sign when they are driving in the car, or if they can see the board at school if they are sitting in the back row. They also know if they like reading or looking at books, so ask them, “What is your favorite book? Can you read it yourself or does your Mommy read it to you?” Depending upon the answer, you already know if you should use the Snellen chart or the picture chart. You also know that if a six-year-old loves books and already reads for hours at a time, his eyes likely work well for near vision. If an eight-year-old says she hates reading, or they say they can only read for 10 minutes before their eyes start hurting, you know they may have visual problems.

You also need to ask the parent if they have any concerns about the child’s eyes or vision. Is the child having any problems in school? Is there any evidence of eye discomfort - rubbing of eyes, watery eyes, headaches? You can also ask the child these questions, but you need to confirm what is said with the parents. If the parent and the child do not agree simply indicate in your notes which complaints were voiced by the patient and which were voiced by the parent.

Acuities
When testing distance vision, it is often helpful to limit the options to just one line or even one item at a time. If using letters, make sure any misses are due to visual problems and not lack of letter recognition. If using pictures, realize some children will call the bird a dinosaur, or the telephone a puppy. Those are not misses; the child just has a good imagination.

When testing near vision it is important to use the proper reading distance. For adults, this is usually at 13” or 16” but a child will likely need to hold the material closer. The correct reading distance is equal to the distance between the middle knuckle on the hand and the elbow. If the child chooses a noticeably too close or too far posture, you will need to note this for the doctor. It could be an indication of near vision focusing issues.
**Testing with Instruments**

Before using any of the instruments, explain to the child that you will do every test only if they are “big” enough. What child does not want to be “big”? Then as you begin testing the child, explain what each instrument will do and what the child should expect. If the child needs to hold still for auto refraction, or an Optical Path Difference scan, ask them to freeze like a statue. Count out loud for them to show them how long they can hold still. When the first eye is successfully tested say, “Wow! You held still for eight! Let’s see if the other eye can do that.” When doing NCT let them feel the puff with their finger first. Tell them that when the air comes out, it will surprise them. Show them with your head how they will jerk back. Smile as you do it and laugh like you do when you’re are pleasantly surprised by something. Most children will agree to try and most will laugh when they are indeed successful. If you are using an ICare Tenometer, tell them it will feel like butterfly kisses. When doing an Optomap image ask if the child wants to be your helper. Have them click the button. Then show them the picture and compliment them on what a good job they did. If they seem fearful of any of the tests even after your efforts to make them comfortable, reassure them that it is OK. Some day they will be big enough; maybe even next year!

**Other Tests**

**Motility and NPC** - These are important tests especially for young children because they can be the first evidence of tracking difficulties. Use a cute object like a pen with a flamingo on the end of it for the fixation object. Watch carefully for twitchy or jerky eye movements. As you bring the pen close to the child’s nose, if one eye stops following smoothly and twitches nasally or temporally, note the distance the pen was from the nose and if it twitched in or out.

**Color Vision** - If the child does not know numbers well enough to tell you what numbers they see, have them trace the number in the air. Another option would be for the child to trace the number with a Q-tip or paint brush so that they do not touch the color plates with their fingers. If the number is two digits, ask them to tell you the two numbers they see.

**Confrontations** - Ask the child to keep looking at your nose as you hold up fingers. It often helps to keep touching your nose with one finger as you hold up fingers on the other hand. Consider flashing the fingers up for only a second so the child won’t be tempted to look over. Compliment the child on how quickly they are able to see.

**Stereo Testing** - Have the child put on the 3-D glasses. If you are using the book with the fly, first ask them to try to pick up the fly. If they are seeing in stereo, they will try to pinch the wings above the page. Then with the child holding the book at a proper reading distance, have them tell you which object pops out at them.

**Pupil Testing** - Ask the child if they know what their pupil is. Explain that is the black circle in the middle of the eye. Ask them if they know what happens when you shine a bright light at the pupil. They will often reply, “you blink” or “you go blind.” Reassure the child that they won’t go blind and compliment them for knowing it is not a good idea for anyone other than a doctor to shine bright lights into their eyes. Then turn the lights down and have the child watch your eyes as you shine the light at your own pupil. They can usually see the pupil get smaller and they usually think it is pretty cool. Then have them look into your eyes as you shine the light into their eyes. Once the lights are turned back up, you can explain that the pupil is like a window. When the light is too bright the pupil says, “close the window,” and gets small. When it is dark the pupil gets bigger to let more light in.

**Inattention**

If the child is restless, try to do the tests quickly. If you are unsuccessful, write “unable” on the record so the doctor will know you tried, but were unable to accomplish the test. Move on to the next test. Do not push the child’s attention span. The doctor will need as much cooperation as he can get and if you use up the child’s attention, the doctor will have a more difficult time. If the child keeps touching the instruments, firmly tell them that the instruments are easily broken and they may only “touch them with their eyes.” If the child cannot cooperate at all, take them into the exam room, warn the doctor and let the doctor decide if he can accomplish enough to warrant an exam.
**Eye Drops**
If you need to put eye drops in the child’s eyes, warn them that the drops may sting a little bit but assure the child that it will not last long. Lay the child back in the chair. Tell them that it is like being an astronaut. Have them close their eyes. Place the drops in the nasal corner of the eye with the eyes closed. Then have the child rock their head back and forth as they blink their eyes. If the drops sting and the child is upset, ask them about their birthday, what they got for a present, if they had a party - anything to distract them. Then compliment them for how very brave they were.

**Finishing the Exam**
Once you are done, compliment the child on what a wonderful job they did. If you have prizes, give them to the child as a reward for their good behavior. We have bouncy balls that glow in the dark, book marks with reading tips on the back and a cute picture of a mouse reading *The Mouse and the Motorcycle* in a hammock, coloring books, and stickers. These prizes can also be used at the beginning of the exam as incentives for good behavior.

**Conclusion**
It is important for children to have comprehensive eye exams before they start school or even earlier if family history indicates. A child learns so much in the first few years of life and they need to have good vision to make sense of so much of their world. Help them achieve good eye health and good eye sight by showing them how important and fun it is to have their eyes examined. You need to check to make sure this paragraph doesn’t conflict with any AOA recommendations or guidelines for eye exams for children.
The Ins and Outs of Pretesting Children

To receive one hour of continuing education credit, you must be an AOA Associate member, and must answer seven of the 10 questions successfully. This exam is comprised of multiple-choice questions designed to measure your level of understanding of the material covered in the continuing education article, “The Ins and Outs of Pretesting Children”.

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Select the option that best answers the question.

1. The main goal when pretesting a child is to:
   a. Do all the tests as quickly as possible so that you do not use up the child's attention span.
   b. Gather as much information as is possible without traumatizing the child.
   c. Make sure the child has fun.
   d. Remember to give the child a prize at the end of the exam if they were good.

2. When you first meet the child you should:
   a. Assure them that you are not going to hurt them.
   b. Show them the prize you will give them if they are good.
   c. Get down to their level and introduce yourself.
   d. Tell them how cute they are.
3. **In order to gain as much patient history from a child, you:**

   a. Should just ask the parents all of the questions because it will be quicker and they will know all the answers.
   
   b. Need to modify the way you ask the question.
   
   c. Don't need to ask as many questions as you ask at an adult's exam.
   
   d. b and c

4. **Before doing each test you should:**

   a. Explain what the child will experience.
   
   b. Let the child be your helper whenever possible.
   
   c. Explain why you are doing the test.
   
   d. All of the above.

5. **The proper reading distance for a child is:**

   a. The distance between the middle knuckle on their hand and the elbow.
   
   b. 13 inches.
   
   c. There is no proper distance. Some hold material closer than others.
   
   d. 16 inches.

6. **When testing color vision and the child does not know numbers:**

   a. Stop the test and record their efforts with "unable."
   
   b. Try having them trace the number with a Q-tip or paint brush.
   
   c. Try having them trace the number in the air.
   
   d. Both b and c.
7. Confrontations and NPC are important when testing a child because:
   a. The testing could find the first evidence of tracking issues.
   b. The child might be cross eyed.
   c. It is a relatively easy test and the child will most likely be successful at doing it.
   d. It isn't actually that important. If you need to skip one, this is the best one to skip.

8. When inserting eye drops:
   a. Understand that the child might be frightened and be compassionate.
   b. Distract the child with questions about birthday parties, pets, or favorite TV shows.
   c. Try laying the child back with eyes closed. Then place the drop in the nasal corner of the eye. Then have the child rock his head from side to side while blinking.
   d. All of the above.

9. If a child refuses to do one or more of the tests, you should:
   a. Encourage them to try by telling them you thought they would be "big" enough for this one.
   b. Try reverse psychology and agree with them saying, "Well, maybe you are too little."
   c. Reassure them that even if they are too little this year, they will probably be big enough next year and it is OK.
   d. All of the above.

10. If a child simply cannot cooperate, you should:
    a. Be very stern with the child and force them to cooperate.
    b. Ask the parent to please make their child mind.
    c. Take them to the exam room and warn the doctor so he or she can determine if an exam will be possible.
    d. All of the above.