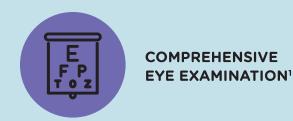
APPENDIX

MANAGING MYOPIA IN CHILDREN INTO EARLY ADULTHOOD: QUICK GUIDELINES



Care Process Includes:

- Visual acuity (OD/OS/OU Distance and Near)
- Objective and subjective refraction (with cycloplegia if possible)
- Binocular vision, ocular motility, and accommodation
- Color vision
- Pupil response
- Intraocular pressure
- Ocular anterior segment and adnexa
- Ocular posterior segment (internal eye)
- Supplemental testing as indicated based on clinical expertise

Identify children who have myopia or are at risk of myopia onset and discuss:

- Eye diseases associated with myopia
- Benefits of time outdoors
- Concept of myopia control therapy versus traditional vision correction
- The need for myopia control consultation and/or treatment initiation



MYOPIA CONTROL CONSULTATION, TREATMENT AND MONITORING

Consultation

- Perform baseline measurements as appropriate (e.g. refractive error, corneal topography, and axial length)
- Present personalized options for myopia control (if applicable) based on motivation, lifestyle, and ocular characteristics
- Discuss available treatment, expectations, potential adverse effects, and review consent for treatment
- Collaborate with parent to set goals, address potential barriers, and create an action plan

Treatment

- Train both child and parent to apply, remove, disinfect and care for the treatment (as applicable)
- Prescribe wearing schedule
- Provide emergency contact number, if applicable

Monitoring

- Monitor myopia control therapy use, acceptance, and maintenance frequently following treatment initiation and at least every six (6) months
- Evaluate progression using at least one (1) year of data to avoid seasonal changes and reduce measurement noise
- Treatment efficacy cannot be calculated for an individual patient because there is no way to know how an individual's myopia would have progressed untreated