

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH VISION PROGRAM

## VISION SCREENING: AN EXPLANATION TO EYE CARE PROFESSIONALS

Dear Eye Care Professional:

Over half a million Michigan children had their vision screened during fiscal year 2013-2014, with 8-11% being referred to an eye care practitioner. Follow-up studies from previous years have indicated that of the number referred, between 80 and 90% are diagnosed with an eye problem requiring treatment.

The Michigan Vision Screening Program for children is the responsibility of the local health department and is mandated by Public Health Law. Your local health department refers any child who is screened and fails. We rely upon the information you provide to confirm that each child who is referred has received follow-up care. In an effort to improve outcomes for those children who are referred, please provide follow-up/treatment information in the appropriate section prior to mailing or faxing the form to the health department.

Local Health Departments, in cooperation with the Michigan Department of Community Health (MDCH), conduct vision screening programs for pre-school (ages 3-5) and school-age children at regular intervals (grades 1, 3, 5, 7, and 9). The screening battery is administered by vision technicians who have been trained by MDCH following the Public Health Code and the Minimum Program Requirements for vision screenings.

The screening battery is in no way meant to be diagnostic. A failure of one or more tests in a screening or an observable symptom results in a referral and may or may not be indicative of an eye problem requiring treatment. Since September 1, 2000, all county health department vision technicians have included the two-line difference test with both the pre-school and school age vision screening batteries. Tests included in the screening battery and referral criteria for all screening tests are included below.

### **REFERRAL CRITERIA: PRE-SCHOOL (AGES 3-5) AND KINDERGARTEN CHILDREN**

#### **VISUAL ACUITY TEST (with LEA Symbols Cards)**

-inability to correctly read at least 4 of 6 LEA symbols at **20/40** with both the R and L eyes

#### **TWO-LINE DIFFERENCE TEST**

-inability to correctly read at least 4 out of 6 LEA symbols at **20/25** with only *one* eye after having read correctly 4, 5 or 6 LEA symbols at **20/40** with *both* the right and left eyes

#### **STEREO BUTTERFLY (near)**

-inability to correctly identify the butterfly with the use of polaroid lenses

## REFERRAL CRITERIA: SCHOOL AGE CHILDREN (GRADES 1-9)

(Using approved Titmus or Optec screening methods)

### PHORIA TEST

*Far Point (20 feet)*

Hyperphoria	1.5 prism diopters
Esophoria	6 prism diopters
Exophoria	4 prism diopters

### VISUAL ACUITY TEST

-inability to correctly read at least 4 of 6 Snellen E symbols at **20/30** with both the R and L eyes

### TWO-LINE DIFFERENCE TEST

-inability to correctly read at least 4 of 6 Snellen E symbols at **20/20** with only one eye after having correctly read 4,5 or 6 of the Snellen symbols at **20/30** with both eyes

### PLUS LENS TEST

-ability to correctly read at least 4 of 6 Snellen E symbols at **20/20** with either eye while using a +1.75D plus sphere lens

It is our hope that regardless of the outcome of your evaluation, you will continue to express support for our screening program. As you know, false positives resulting in a referral do occasionally occur and we hope you will continue to support our efforts to identify those children who can benefit from vision care.

We appreciate working with you to ensure that no visual anomaly impedes a child's ability to see and succeed in life. Please feel free to contact us at your local health department if you have any questions in regard to the Michigan Vision Screening Program. We look forward to working with you in the coming year.

Sincerely,