STRABISMIC AMBLYOPIA
ICD-9-CM: 368.01

DEFINITION:
Strabismic amblyopia is characterized by a decrease in visual acuity and performance of the visual system not attributable to obvious structural or pathological anomalies, and not correctable with a refractive prescription. The amblyopia is typically present when using the eye that is habitually deviated. Amblyopia results in deficient visual acuity and an array of defective nonacuity factors.

NOTE: Cases of functional amblyopia are often accompanied by strabismus and/or anisometropia.

SIGNS AND SYMPTOMS:
The symptoms and signs associated with strabismic amblyopia may include, but are not limited to, the following:

- Difficulty visually tracking and/or following objects
- Loss of place, repetition, and/or omission of words and/or lines of print while reading
- Need to utilize a marker to avoid loss of place
- Frequent transpositions when copying from one source document to another
- Diminished accuracy with increased time on task
- Abnormal postural adaptation/abnormal working distance (ICD: 781.9)
- Inaccurate/inconsistent work product
- Reduced efficiency and productivity
- Eye turn, deviation
- Visual field neglect
- Inaccurate/inconsistent depth judgement
- Spatial disorientation
- Asthenopia (ICD: 368.13)
- Inaccurate/inconsistent visual attention/concentration and/or awareness
- Increased distractibility
- Difficulty sustaining near visual function
- Abnormal general fatigue
- Dizziness/vertigo; especially during/after sustained visually-demanding tasks (ICD: 780.4780.4)
- Motion sickness (ICD: 994.6)
- Dysrhythmia
- Incoordination/clumsiness (ICD: 781.3)
- Inaccurate eye-hand coordination

DIAGNOSTIC FACTORS:
Strabismic amblyopia is characterized by one or more of the following diagnostic findings:

- Reduced monocular acuity
- Strabismus
- Suppression of binocular vision
- Anisometropia
- Latent nystagmus
- Reduced stereopsis
- Accommodative disorder
- Deficient saccadic and/or pursuit eye movements
- Eccentric/unsteady foveal fixation
- Spatial uncertainty
- Spatial distortion
- Anomalous eye movements
- Increased effects of crowding
- Increased saccadic latency and reduced saccadic accuracy
- Depressed contrast sensitivity
- Decreased accommodative function
- Poor speed and span of recognition
- Faulty eye-hand coordination
- Anomalous Retinal Correspondence (368.34)
STRABISMIC AMBLYOPIA (CONTD.)

Note: Additional testing may be appropriate as part of the differential diagnosis to rule out other potential causes of reduced visual acuity and visual performance. Other potential causes include refractive, strabismic amblyopia, psychogenic, and other structural/pathological defects.

THERAPEUTIC MANAGEMENT CONSIDERATIONS:
The doctor of optometry determines appropriate diagnostic and therapeutic modalities, and frequency of evaluation and follow-up, based on the urgency and nature of the patient's conditions and unique needs. The management of the case and duration of treatment would be affected by:

- The severity of symptoms and diagnostic factors including onset and duration of the problem
- The implications of associated visual conditions
- Implications of patient's general health and effects of medications taken
- Etiological factors
- Extent of visual demands placed upon the individual
- Patient compliance and involvement in the prescribed therapy regimen
- Type, scope, and results of prior interventions

PRESCRIBED TREATMENT REGIMEN:
Successful treatment of strabismic amblyopia must address the defective performance of the amblyopic visual system and the accompanying strabismus and associated conditions. Orthoptics/vision therapy (including prism/lens therapy) is usually required to achieve maximum improvement in patients with strabismic amblyopia. Optometric orthoptics/vision therapy usually incorporates the prescription of specific treatments in order to:

- Provide a clear optical image
- Normalize and equalize fixation accuracy
- Normalize and equalize oculomotor control
- Normalize and equalize accommodative accuracy and responses
- Normalize visual discrimination
- Normalize spatial judgments and visual information processing
- Eliminate abnormal suppression
- Eliminate the strabismus and associated conditions

DURATION OF TREATMENT:
The following treatment ranges are provided as a guide for third-party claims processing and review purposes. Treatment duration will depend upon the particular patient's condition and associated circumstances. When duration of treatment beyond these ranges is required, documentation of the medical necessity for additional treatment services may be warranted.

- The most commonly encountered strabismic amblyopia case usually requires 30 to 40 hours of office therapy.
- Full treatment, however, requires resolution of the strabismic condition.

FOLLOW-UP CARE:
At the conclusion of the active treatment regimen, periodic follow-up evaluation should be provided at appropriate intervals. Therapeutic lenses may be prescribed during or at the conclusion of active vision therapy for the maintenance of long-term stability. Some cases may require additional therapy due to decompensation.