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Non-surgical methods used to treat divergence insufficiency

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Purpose: Divergence insufficiency (DI) is a serious issue in an ophthalmology clinic with many options of treatment, including surgical and non-surgical methods. The purpose of this study was to survey orthoptists on the non-surgical methods used to treat divergence insufficiency.

Method: A survey was sent out to international Orthoptists asking about non-surgical methods used to treat divergence insufficiency. 124 Orthoptists responded representing 17 countries. The following questions were asked:

1. How often do you encounter DI?
2. Rank the following elements used in diagnosing DI?
3. What are the non-surgical treatments you use?
4. If building divergence amplitudes, how long do you suggest?
5. In what country do you practice Orthoptics?

Results: Most respondents, 79% reported treating divergence insufficiency with base out prism in distance glasses followed by 30% treating divergence insufficiency through building divergence amplitudes using base in prism exercises. 20% of respondents reported using computer Orthoptic exercises to treat divergence insufficiency and 6% of reported using surgical means exclusively to treat divergence insufficiency. 67% used only one method to treat divergence insufficiency while 33% used a combination of non-surgical methods for treatment.

Conclusion: Divergence insufficiency has many treatment options. The most common treatment option used among orthoptists surveyed is palliative, placing base out prism into glasses.

Biography

Patricia has just completed her B.S. degree in Orthoptics at St. Catherine University in Minneapolis, MN. She holds an M.Ed in Family Education as well. Currently she is an Orthoptic intern with Family Eye Group working with David Silbert and Noelle Matta in Lancaster PA.

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