

AAPOS POLICY STATEMENT

Medical Need for Glasses

Glasses are medically necessary to treat and prevent visual loss due to a number of eye conditions in children and may be important to allow for normal development.

Treatable conditions include, but are not limited to, amblyopia, strabismus, aphakia, pseudophakia, nystagmus and refractive errors (myopia, hyperopia, astigmatism) that produce visual deficits or visual loss that affect the child's daily function. The exact levels of refractive errors that require treatment vary with the age, developmental status, and visual requirements of the child. The necessary prescription is best assessed by an ophthalmologist with expertise in examining and treating children.

Preventable conditions include, but are not limited to, amblyopia, strabismus, and ocular trauma in children with only one well-functioning eye. Glasses can prevent the future development of these conditions, even if they are not present on initial exam. Appropriate glasses may also be required for best social and intellectual development. Children who are functionally monocular require glasses for the additional purpose of lifelong protection of vision in their only well-seeing eye.

Consequences of not wearing glasses in such conditions may include: permanent loss of visual acuity in one or both eyes from amblyopia; misaligned eyes (strabismus) with resultant double vision, loss of depth perception and/or the need for eye muscle surgery that otherwise might have been prevented; and trauma to the good eye in the case of patients who have only one eye capable of functional vision. To prevent these conditions, glasses should be maintained, replaced, and updated as necessary as the child grows.

Unlike adults in whom the visual system is mature, children who do not receive appropriate spectacle therapy may suffer permanent visual loss; thus, glasses are medically necessary in children with conditions described above. A 2-4-week delay in replacement of lost and broken spectacles can result in permanent vision impairment for some children.

Approved by the AAPOS Board of Directors – May 2017