

Editorial

The Current Relevance of Paediatric Strabismus Care in Australia

Caring for patients with strabismus is an area covered by all orthoptists in their university training, however not all orthoptists currently work in the area of strabismus, and some will only come across the condition on the rare occasion. In Australia, over the past 85 years since its inception as a profession, orthoptics has continued to change, adapt and evolve into what it is today. Orthoptists work in a variety of settings and utilise an ever-expanding skill set driven by technology advances making their way into clinical practice.

The first orthoptic hospital clinic in Australia was established at The Alfred Hospital in Melbourne in 1931, with The Royal Alexandra Hospital for Children in Sydney following in 1933. Since that time, orthoptists have continued to work in both public, private and research settings all over this vast country, from remote rural areas to large cities. The profession has seen the role of the orthoptist expand and extend into many different areas of expertise including ophthalmic care, clinical research and orthoptic-led clinics. Orthoptic-led clinics have demonstrated success by utilising the orthoptist's skill set and knowledge to facilitate new clinics, streamline care and reduce waiting times. From personal experience working in a tertiary referral centre, we are actively involved in orthoptist-led strabismus screening clinics which are solely managed by the orthoptist. These clinics receive referrals from primary or secondary screeners within the community such as general practitioners, community nurses or community orthoptists. As orthoptists, our knowledge of strabismus enables us to run these orthoptic-led clinics to diagnose strabismus and refer on to our ophthalmology clinic for a thorough eye examination if required. We are also able to monitor the patient within the orthoptic clinic, or if no abnormality is found, discharge the patient from our care. Strabismus was the core role of the orthoptist in the past. Looking at today's paediatric clinics, strabismus remains a condition that is central to orthoptics. Not only do we see primary strabismus of varying intermittent, constant, neurological or mechanical types, but we also see secondary strabismus that has occurred as a result of stimulus deprivation, trauma or ocular pathology. There are many experienced and passionate clinicians who find their role as a paediatric orthoptist an interesting and fulfilling one. There are many reasons for this and strabismus is one key factor.

Knowledge of the diagnosis and management of strabismus enables the orthoptist to have a unique role not only in direct patient care, but also in teaching and training of orthoptic students, medical students, nurses and ophthalmology and neurology registrars. On a daily basis, we will treat intermittent exotropia divergence excess

type, assess fully accommodative esotropia and diagnose a microtropia. We will use our skills to undertake a patch test, perform a prism bar cover test, measure fusion ranges, utilise the synoptophore and prescribe occlusion therapy to treat amblyopia. All the 'traditional' orthoptic skills and techniques are performed alongside recent clinical skills and tests such as iCare tonometry, optical coherence tomography (OCT), autorefraction, fundus photography and visual electrophysiology.

Many cases of strabismus are amblyogenic. The orthoptist plays a vital role in the management and treatment of amblyopia. Methods for treating amblyopia are essentially the same practices that were used by the early orthoptists in the 1930s, however research and technology continues to evolve and challenge our current practice. The benefit of orthoptic-led clinics in amblyopia management is to allow frequent reviews and monitoring of vision and utilise the orthoptist's knowledge and skills to counsel the patient on techniques and strategies to improve compliance.

In today's day and age, patient expectation and satisfaction is very high. This possibly has occurred even more so in recent years with the 'Dr Google' phenomenon, social media and reality television. Families attend the clinic with high expectations of looking not just cosmetically acceptable, but are striving for perfection. The orthoptist's role with these patients also extends into counselling and aiding patients to make informed decisions regarding strabismus surgery and treatment options.

Technology and advances in medical science have not by any means replaced the skills that we have, but rather have added to and enhanced our patient assessment to become more comprehensive. This has enabled orthoptists to provide a better level of patient care and we are better clinicians for it. As clinicians, our role will continue to evolve and more and more we are seeing ourselves not just managing conditions, disorders and disease but also involved in health promotion and advocacy. Looking into the future of the orthoptist's role in strabismus, we can only expect further advances and changes in technology and patient care. We are sure there will be many exciting developments to come.

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