

Supplement 2. Examination form

■ **Best corrected visual acuity and cycloplegic refraction**

BCVA OD _____ CROD ____ Dsph ____ Dcyl ____ Axis
 BCVA OS _____ CROS ____ Dsph ____ Dcyl ____ Axis

■ **Strabismus angle exam:** after correction of refractive error as applicable. Please also indicate vertical deviation.

Dsc _____ PD or Dcc _____ PD Nsc _____ PD or Ncc _____ PD

Fusion control :
 at far sight Good Fair Poor at near sight Good Fair Poor

Dominancy :
 at far sight Right Left Alternate at near sight Right Left Alternate

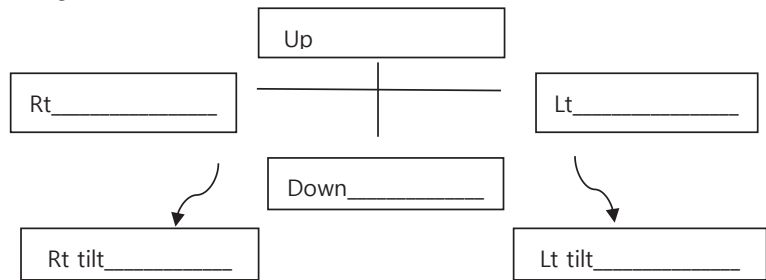
References for the determination of fusion control
 Good = no exotropia unless dissociated, recovery without blinking or refixating
 Fair = no exotropia unless dissociated, recovery after blinking or refixating
 Poor = exotropia before dissociation

▶ **If distant angle – near angle ≥ 10PD,**

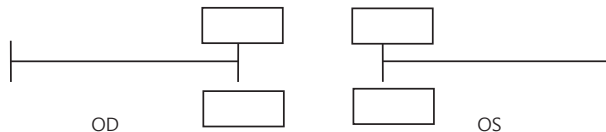
1) After 30 to 60 minutes of one eye occlusion,
 Nsc _____ PD or Ncc _____ PD
 Dsc _____ PD or Dcc _____ PD

2) After adding +3.00 Dsph on both eyes, Ncc _____ PD

■ **Strabismus angle at far sight**



■ **Duction and Version:** Please indicate the severity of the function of oblique muscles from -4 to +4. (Refer to the standard photographs attached.)



■ **Stereopsis**

Worth 4 Dot test (at far sight) 2 3 4 5
 Titmus stereoacuity fly (- / +) animal (/ 3) dot (/ 9)
 Or Randot stereoacuity geometry (+, -) animal (/ 3) dot (/ 10)

■ **Please indicate any treatments you recommend in this patients.**

- Surgery:** BLR R&R ULR Etc. : _____
- Glasses:**
as CR as MR/AR Best corrected refraction Overminus lens: __ D Etc.: _____
- Occlusion:** Right Left Alternate R:L ratio(_ : _)
Less than 1 hour per day 1 ~ 2 hours per day More than 2 hours per day
- Observation:** _____ months later Etc.: _____