

## Quick Notes – Cycloplegic Retinoscopy

- Cyclopentolate 0.5% or 1% instilled for at least 30 minutes prior to examination
- Retinoscopy performed with room lights off
- Position yourself in alignment with the patient, with right eye to right eye and vice versa. Ensure you are vertically aligned on visual axis, at an arms length working distance
- Examine the two principal meridians at 90 and 180 degrees and start to neutralise as appropriate.
- If no clear reflexes are seen examine the 45 and 135 degree meridians
- Hold lenses centrally in front of the patient's eye without the use of a trial frame
- If no clear reflex is apparent on initial examination – try a couple of strong lenses in order to see if it's a with or against movement, e.g. +/- 4.00
- If the refractive error is large, use large increments in order to reach neutralisation
- Always go beyond neutral to check for 'reversal' of the reflex to ensure that you have found the maximum prescription
- Once one meridian has been neutralised, rotate the streak and neutral the opposite meridian
- The majority of cyls are 'with the rule' such that if you are using +ve cyl, the axis will be 90° and vice versa
- If the cyl is at an oblique axis, a children's trial frame can be useful to define the axis
- Note the result and repeat on the fellow eye
- Determine the most appropriate spectacle prescription based on the ret result. Remove 3DS if the patient has no strabismus and 1.5DS if they have a convergent strabismus
- Always prescribe the full amount of cyl