# **Tips for Appropriate Eye Chart Design**

The design of the eye chart you use can *significantly* affect the visual acuity values you receive (Bailey, 2012). The National Expert Panel to the National Center for Children's Vision and Eye Health (NCCVEH) at Prevent Blindness recommends single, LEA SYMBOLS® or HOTV optotypes surrounded with four crowding bars at a 5-foot screening distance for children ages 3, 4, and 5 years (Cotter, Cyert, Miller, & Quinn, 2015).

### Examples include:



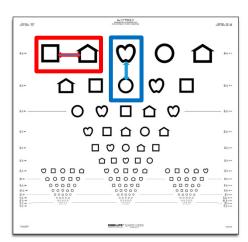
The NCCVEH also recommends a critical line "Sight Line" kit with 5 optotypes per card inside a crowded rectangle for a 10-foot screening distance. Cards are available for children ages 3, 4, 5, and 6 years and older.



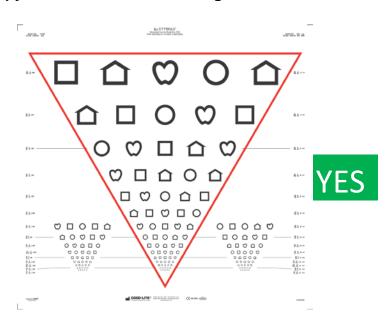
If you are required to use threshold eye charts, national and international guidelines suggest how charts should be designed for standardization (Committee on Vision, 1980; International Council of Ophthalmology, 1984; World Health Organization, 2003; & American National Standards Institute, Inc., 2010).

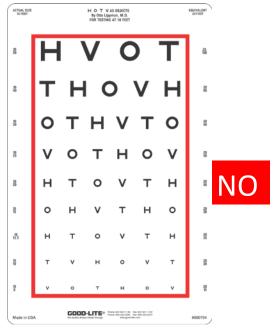
## The 6 guidelines are:

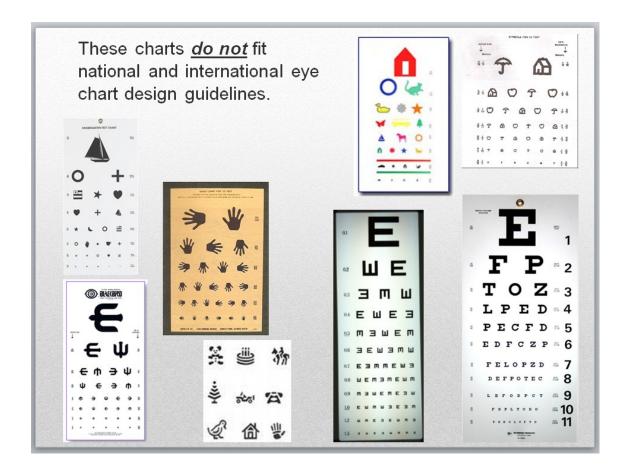
- Optotypes should be of approximate equal legibility. "Optotype" is the name for the picture, symbol, letter, or number the child is to identify. Approximate equal legibility helps to prevent guessing.
- 2. Each line on an eye chart should have the same number of optotypes. Some 9" x 14" charts will have fewer than 5 optotypes on the top two lines to fit a light box. This is acceptable; you are concerned with lines 20/50 and below.
- 3. Horizontal spacing between optotypes should be equal to the width of the optotypes on that line (red box).
- 4. Vertical spacing between lines should be the height of the optotypes in the next line down (blue box).
- 5. The size of optotypes should progress down the chart by 0.1 log units between rows (Figures 1 and 2). Typically these charts are referred to as "proportionally spaced" or "logMAR" in a catalog or e-commerce description.
- 6. Optotypes should be black on a white background with luminance between 80 cd/m2 and 160 cd/m2.



A line drawn outside the optotypes on an appropriate design would resemble an inverted pyramid instead of a rectangle.







#### Additional tips include:

- Standardized threshold charts will be used at 10 feet, not 20 feet.
- You will see 20/32 on the chart instead of 20/30.
- Regardless of the screening distance (5 to 10 feet), report and record the 20/XX Snellen equivalency number.
- The 2016 joint statement from the American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology, and American Association of Certified Orthoptists also recommends LEA SYMBOLS<sup>®</sup> or HOTV optotypes for preschool-aged children (Donahue et al., 2016).
- Sloan Letter charts are recommended for vision screening when children comfortably know their letters, according to the 2016 joint statement from the American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology, and American Association of Certified Orthoptists (Donahue et al., 2016).

#### References:

American National Standards Institute, Inc. (2010). American National Standard for Ophthalmics – Instruments – General-Purpose Clinical Visual Acuity Charts. ANSI Z80.21-2010. Revision of ANSI Z80.21-1992 (R2004). Approved May 27, 2010.

Bailey, I.L. (2012). Perspective: Visual acuity – Keeping it clear. *Optometry and Vision Science*, 89(9), 1247-1248.

Committee on Vision. (1980). Recommended standard procedures for the clinical measurement and specification of visual acuity. Report of working group 39. Assembly of Behavioral and Social Sciences, National Research Council, National Academy of Sciences, Washington, DC. *Advances in Ophthalmology*, *41*, 103–148.

Cotter, S. A., Cyert, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science*, *92*(1), 6-16. Retrieved from <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/opx-92-06.pdf">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/opx-92-06.pdf</a>

Donahue, S. P., Baker, C. N., American Academy of Pediatrics' Committee on Practice and Ambulatory Medicine, American Academy of Pediatrics' Section on Ophthalmology, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, & American Academy of Ophthalmology (2016). Procedures for the evaluation of the visual system by pediatricians. *Pediatrics*, 137(1), e20153597. Retrieved from <a href="http://pediatrics.aappublications.org/content/pediatrics/early/2015/12/07/peds.2015-3597.full.pdf">http://pediatrics.aappublications.org/content/pediatrics/early/2015/12/07/peds.2015-3597.full.pdf</a>

International Council of Ophthalmology. (1984). Visual acuity measurement standard. Retrieved from <a href="http://www.icoph.org/dynamic/attachments/resources/icovisualacuity1984.pdf">http://www.icoph.org/dynamic/attachments/resources/icovisualacuity1984.pdf</a>

World Health Organization. (2003). Consultation on development of standards for characterization of vision loss and visual functioning. Retrieved from <a href="http://whqlibdoc.who.int/hq/2003/WHO\_PBL\_03.91.pdf">http://whqlibdoc.who.int/hq/2003/WHO\_PBL\_03.91.pdf</a>