

Definition

Accommodative disorder is a nonpresbyopic, nonrefractive, sensory and neuromuscular anomaly of the visual system. It can be characterized by inadequate accommodative accuracy, reduced facility and flexibility, reduced amplitude of accommodation, or the inability to sustain accommodation.

Symptoms

The symptoms and signs associated with an accommodative dysfunction are related to prolonged, visually demanding, near-centered tasks, including the following:

1. Asthenopia (eye strain)
2. Transient blurred vision
3. Photophobia
4. Abnormal fatigue
5. Headaches
6. Difficulty sustaining near visual function
7. Dizziness
8. Abnormal postural adaptation/abnormal working distance
9. Orbital pain

Diagnostic Factors

Accommodative dysfunctions are characterized by one or more of the following diagnostic findings:

1. Low accommodative amplitude relative to age
2. Reduced accommodative facility at near and/or far
3. Reduced ranges of relative accommodation
4. Abnormal lag of accommodation
5. Unstable accommodative findings

NOTE: Additional testing may be appropriate as part of the differential diagnostic workup for accommodative dysfunction to rule out other concurrent medical conditions and differentiate associated visual conditions.

Therapeutic Considerations

A. Management

The optometrist determines appropriate diagnostic and therapeutic modalities and frequency of evaluation and follow-up on the basis of the urgency and nature of the patient's condition and unique needs. The management of the case and duration of the treatment are affected by the following factors:



1. The severity of symptoms and diagnostic factors, including onset and duration of the problem
2. Implications of the patient's general health and associated visual condition
3. Extent of visual demands placed on the individual
4. Patient compliance
5. Prior interventions

B. Treatment

A number of cases are successfully managed by prescription of therapeutic lenses and/or prisms. However, accommodative dysfunctions may also require orthoptics/vision therapy. Optometric vision therapy usually incorporates the prescription of specific treatments to achieve the following:

1. Normalize accommodative amplitude relative to age
2. Normalize the ability to sustain accommodation
3. Normalize relative ranges of accommodation
4. Normalize accommodative facility relative to age
5. Normalize accommodative/convergence relationship
6. Integrate accommodative function with information processing

Duration of Treatment

The following treatment ranges are provided as a guide for third-party claims processing and review purposes. Treatment duration will depend on the particular patient's condition and associated circumstances. When duration of treatment beyond these ranges is required, documentation of the medical necessity for additional treatment services may be warranted.

1. The most commonly encountered accommodative dysfunction usually requires 10 to 12 hours of office therapy.
2. Uncomplicated accommodative dysfunction characterized by only a transient loss of accommodative function typically requires up to 8 hours of office therapy.
3. Accommodative dysfunction complicated by:
 - a. Reduced amplitude or facility for age: up to an additional 12 hours of office therapy.
 - b. Accommodative/convergence abnormalities: up to an additional 16 hours of office therapy.
 - c. Other diagnosed visual anomalies may require additional therapy.

Follow-up Care

At the conclusion of the active treatment regimen, periodic follow-up evaluations should be provided at appropriate intervals. Therapeutic lenses may be prescribed at the conclusion of vision therapy for maintenance of long-term stability.

Last Updated 6-11-2010

