



Welch Allyn Spot™ Vision Screener



An easy to use portable screening solution to identify the risk factors of amblyopia in children.

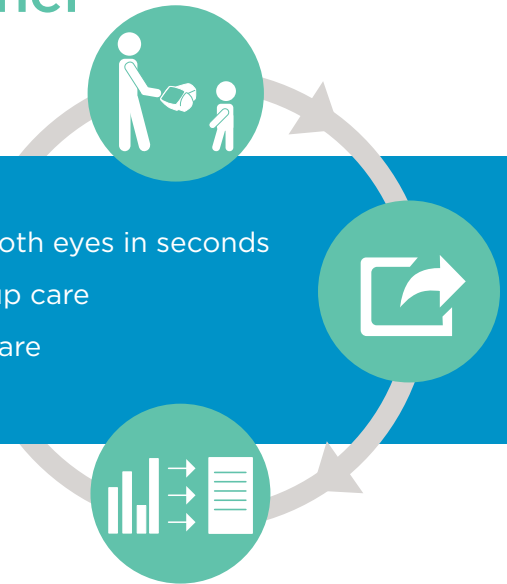
Experience the Difference:

How does the Spot™ Vision Screener work?

LAUNCH screening in one-touch and **CAPTURE** screening results in both eyes in seconds

SHARE on-screen data results with parents, print and discuss follow up care

SAVE screening results to patient record to support coordination of care



OBJECTIVE AND CONSISTENT CARE

- Reduces risk of missing pre-amblyopic and amblyopic risk factors
- Pass/Refer results with no interpretation of results needed by the screener

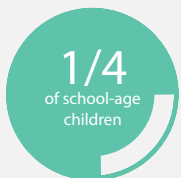
SUPERIOR USER AND PATIENT EXPERIENCE

- Touchscreen display makes it easy to screen and read results
- Requires minimal staff training and minimal cooperation from the patient

COORDINATION OF CARE

- Import/export patient data into records through connectivity port
- One-page vision screening summary reports help educate parents and inform follow-up decisions

Failing to detect amblyopic risk factors in children may lead to partial or full blindness or issues with child development or social-emotional behavior.



1/4 school-age children suffer from a vision disorder.²



Vision disability is the single most prevalent disabling condition among children.¹

Spot Vision Screener technology is changing the way routine vision screening is done.

Policy Guidelines strongly recommends instrument-based vision screening

The American Academy of Pediatrics (AAP) supports instrument-based vision screening as an alternative to visual acuity testing with eye charts (snellen chart, optotypes). These techniques have better success after 12 months of age and can be repeated at each annual preventative medicine encounter through 5 years of age or until visual acuity can be assessed reliably.⁴

6 mos - 3 yrs (pre-verbal)

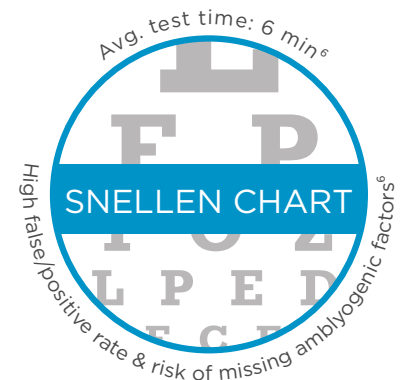
Ideal stage to detect amblyopic precursors

4 - 8 yrs (assess school readiness)

Final opportunity to detect amblyopic conditions through refractive measurements

9 - 15 yrs (adolescence)

Changes in vision are common as the body grows; 1 in 4² children in this stage have a vision issue



One study has shown Snellen acuity measures in older children resulted in a 21% under-referral rate⁷

Spot Vision Screener

can screen for and detect six amblyopic risk factors in children as young as 6 months.

- Myopia (nearsightedness)
- Hyperopia (farsightedness)
- Astigmatism (blurred vision)
- Anisometropia (unequal refractive power)
- Strabismus (eye misalignment)
- Anisocoria (unequal pupil size)



Instrument-based photoscreening that is deemed medically necessary may be covered under private payer and Medicaid programs using CPT code 99177.⁵

99177 Instrument-based ocular screening, onsite analysis

Ordering Information

VS100-B	Spot Vision Screener, power supply and cord, wrist strap
VS100S-B	Spot Vision Screener, power supply and cord, wrist strap and carry case
106144	Spot Vision Screener Carry Case



For more information on how to improve patient outcomes and help save vision in children and adults contact your local distributor or Welch Allyn representation at 1.800.535.6663.

Learn more at welchallyn.com/spotvision.

¹ Centers for Disease Control and Prevention: Improving the Nations' Vision Health: A Comprehensive Public Health Approach. http://www.cdc.gov/visionhealth/pdf/improving_nations_vision_health.pdf

²⁻³ Source: Zabba, Joel N. "Children's Vision Care in The 21st Century & Its Impact on Education, Literacy, Social Issues & the Workplace: A Call to Action." Journal of Behavioral Optometry (2011)

⁴ Source: American Academy of Pediatrics, Instrument-Based Pediatric Vision Screening Policy Statement, published in Pediatrics, The Official Journal of the American Academy of Pediatrics, October, 2012.

⁵ Reimbursement coverage varies; check with your payers for coverage decisions and criteria for coverage

⁶ Salcido A., Bradley J., Donahue P. "Predictive Value of Photoscreening and Traditional Screening of Preschool Children." Journal of AAPOS: 2005.

⁷ Paech, M. "The Orinda Study: should the 'modified clinical technique' retain its 'gold standard' status as a vision screening tool?" Clinical and Experimental Optometry: 2010; 93: 1: 31-36.



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