Fitting contact lenses in pediatric patients, particularly very young patients, can be a challenging clinical situation for optometrists. This course will provide important information on who we should be fitting in contact lenses, why it is important to fit certain pediatric patients in contact lenses and what lenses we should be fitting our patients in. Different pediatric ophthalmic conditions that will benefit from contact lens wear will be discussed in detail, as well as different types of contact lenses and when it is appropriate to fit these lenses. Case examples will be provided.

I. Introduction
   a. Compliance
   b. Parent/Caregiver Role

II. Aphakia
   a. Who are we fitting?
      i. Ages
         1. Infants/Toddlers
   b. Why are we fitting them?
      i. Risk of amblyopia
      ii. Anisometropia/aniseikonia
      iii. Difficulty with spectacle wear
      iv. Improved binocularity
   c. What are we fitting them with?
      i. Silsoft
      ii. Soft
         1. Extended range
         2. Custom lenses
   d. Case Example – Aphakia

III. Amblyopia
   a. Who are we fitting?
      i. Ages
         1. Young and older children
      ii. Conditions
         1. Strabismic amblyopia
            a. Constant, unilateral strabismus
         2. Refractive amblyopia
a. Isoametropic
   i. What refractive error causes amblyopia
b. Anisometropic
   i. What refractive error causes amblyopia
3. Deprivation amblyopia
   a. What conditions cause amblyopia
b. Why are we fitting them?
   i. Aniseikonia
      1. Knapp’s Law
      2. Measuring aniseikonia clinically (New Aniseikonia Test)
   ii. Improve binocularity
   iii. Penalization therapy
b. What are we fitting them with?
   i. Soft
      1. Patching
         a. High Plus
         b. Occluded lens
   ii. RGP
      1. Spherical
      2. Bitoric
   iii. Scleral lenses
d. Case Example

IV. High Refractive Error
a. Who are we fitting?
   i. Myopia
   ii. Hyperopia
   iii. Astigmatism
b. Why are we fitting them?
   i. Increase field of view
   ii. Improved compliance/cosmesis
   iii. Spectacle intolerance
      1. Patients with special needs
c. What are we fitting them with?
   i. Soft lenses
   ii. RGP
   iii. Scleral lenses
   iv. Medically Necessary
      1. Billing
d. Case Example

V. Achromatopsia
a. Who are we fitting?
   i. Color deficiencies
b. Why are we fitting them?
i. Enhanced Color perception
c. What are we fitting them with?
   i. X-Chrome lenses
   ii. Fitting pearls
d. Case example

VI. Nystagmus
a. Who are we fitting?
   i. Nystagmus
   ii. Albinism
b. Why are we fitting them?
   i. Increase stability
   ii. Improve vision
c. What are we fitting them with?
   i. Soft
   ii. RGP

VII. Corneal Irregularities
a. Who are we fitting?
   i. Dystrophies
   ii. Trauma
b. Why are we fitting them?
   i. Improve visual acuity
   ii. Cosmesis
c. What are we fitting them with?
   i. Soft
   ii. Hard lenses
      1. RGP
      2. Piggyback lenses
      3. Sclerals

VIII. Iris Irregularities
a. Who are we fitting?
   i. Aniridia
   ii. Coloboma
b. Why are we fitting them?
   i. Photosensitivity
   ii. Improved visual acuity
c. What are we fitting them with?
   i. Colored lenses
   ii. Tinted lenses
   iii. Hand painted iris lenses