

Table S2: Exotropia Control Assessment Procedure – online only

Control of exodeviation will be measured at distance and near using the Office Control Score.⁷

- Distance (6 meters) – fixing on an accommodative target such as a video or reading optotype letters
- Near (1/3 meter – fixing on Lang near-viewing stick or similar accommodative target)

The scale below applies to both distance and near separately.

Intermittent Exotropia Control Scale

5 = Constant Exotropia

4 = Exotropia > 50% of the 30-second period before dissociation

3 = Exotropia < 50% of the 30-second period before dissociation

2 = No exotropia unless dissociated, recovers in >5 seconds

1 = No exotropia unless dissociated, recovers in 1-5 seconds

0 = No exotropia unless dissociated, recovers in <1 second (phoria)

Not applicable = No exodeviation present

Directions:

Step 1: Assessment before any dissociation: Levels 5 to 3 are assessed during a 30-second period of observation; first at distance fixation and then at near fixation for another 30-second period. Both distance and near are assessed before any dissociation (i.e., before step 2, when assessing control scores of 0, 1 and 2). If the participant is spontaneously tropic (score 3, 4 or 5) at a specified test distance, then step 2 (assessment after standard dissociation) is skipped at that specific test distance.

Step 2: Assessment with standardized dissociation: If no exotropia is observed during step 1 (i.e. the 30-second period of observation at the specified test distance), levels 2 to 0 are then assessed as the worst of 3 rapidly successive trials of dissociation:

1. An occluder is placed over the right eye for 10 seconds and then removed, measuring the length of time it takes for fusion to become re-established.
2. The left eye is then occluded for a 10-second period (second assessment under dissociation) and the time to re-establish fusion is similarly measured.
3. A third assessment under dissociation is performed, covering the eye (for a 10-second period) that required the longest time to re-fuse.

The worse level of control observed following the three 10-second periods of occlusion should be recorded. Since the level under dissociation is recorded as the worst of the three assessments, if a score of 2 (>5 seconds recovery) is noted on the first or second dissociation, then subsequent dissociation(s) are not needed.

If the patient has a micro-esotropia by cover test but an exodeviation by prism and alternate cover test, the scale applies to the exodeviation.