

# IOA Scope of Practice

(Adopted June 2025)



INTERNATIONAL  
ORTHOPTIC  
ASSOCIATION

The International Orthoptic Association (IOA) has endorsed the Scope of Practice for Orthoptists to define the attributes of the orthoptic professional, the qualifications, knowledge, skills and experience of orthoptists, and the common workplaces where orthoptics is practiced. The Scope of Practice for Orthoptists is based on feedback from 24 countries.

## Orthoptic Work Practice and Health Service

Orthoptists work autonomously or within a team in settings which include:

- private orthoptic practices
- private ophthalmic practices
- community and outreach clinics
- eye clinics of regional and university hospitals
- rehabilitation clinics
- inclusive schools and schools for the Blind and Visually Impaired
- homes for the Elderly / Nursing homes
- high street opticians
- educational institutions
- academic units and universities
- school and health authorities

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## Attributes

Orthoptists fulfil different roles within their working environment and during their working life. These can be described as attributes which are associated with a number of competences:

- expert
- communicator
- team member
- leader
- health advocate
- educator
- professional



## Competences

As experts in their field orthoptists identify information needs and gather information about their patients' history. They choose and apply diagnostic measures based on hypotheses, interpreting and analysing the results of the orthoptic process. As a result, orthoptists suggest further non-orthoptic investigations and measures. After stating an orthoptic diagnosis they define reviewable treatment aims and inform the patient accordingly, aiding them in a shared decision-making process. Orthoptists choose and implement appropriate treatment measures and instruct patients and carers accordingly. They evaluate effectiveness of treatments and decide, when to cease orthoptic treatment.

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Within the whole orthoptic process orthoptists make evidence-based decisions and document all data in a standardised way.

Orthoptists establish a professional, non-biased relationship with patients and carers using effective and empathic communication, that is culturally appropriate. They can adapt to special or additional needs, e.g. learning disability, dementia and autism. Orthoptists communicate effectively and open-mindedly within intra- and interprofessional teams aiding informed decision making, maintaining privacy and confidentiality at any time.

As member of a team orthoptists co-operate effectively with colleagues and other health care or social professionals in the interest of their patients. They share knowledge and experience with other orthoptists and within the interprofessional team.

Orthoptists are leaders as they manage available resources including personal resources to balance the individual needs of patients with organisational demands and framework conditions of the health care system. They support the implementation of quality management concepts and participate in quality development in orthoptics and/or within the organisation they work in through service evaluation and auditing. Orthoptists treat others with respect, support other team members clinically and professionally and set examples of good practice.

As health advocates orthoptists identify bio-psycho-social factors that influence health when defining health objectives as well as actions promoting public as well as individual health. They recognise the orthoptic role in prevention and promoting health of individuals, e.g. in early intervention or rehabilitation.

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Orthoptists are educators. They coach and supervise learners in work settings and particularly foster the development of orthoptic students, future doctors and other health professionals. Orthoptists educate patients, parents, carers and health professions as well as other stakeholders within their work setting.

As professionals, orthoptists recognise and respect ethical, moral and legal principles or the interaction of all participants in the orthoptic process. They plan and implement continuing professional development in the interest of life-long learning. They contribute to the development and professionalism of their own professional group, e.g. by creating and implementing clinical guidelines and standards.

## Areas of Expertise

Across all age and diversity groups orthoptists may be involved in:

Assessing visual function

- visual acuity
- colour vision
- assessment of binocular vision
- assessment of eye alignment
- assessment of eye movements
- assessment of nystagmus
- assessment of eye lids
- assessment of pupils

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## Screening for

- amblyopia
- refractive error
- strabismus
- visual impairment

## Reaching and communicating a diagnosis

- disorders of visual function incl. amblyopia
- non-paretic and paretic strabismus, including eye movement disorders in congenital cranial dysinnervation disorders, supranuclear eye movement disorders
- congenital and acquired nystagmus
- ptosis and other lid disorders
- pupil disorders

## Planning and monitoring treatment

- amblyopia
- refractive error
- non-surgical therapy in strabismus and eye movement disorders
- decision and timing of strabismus surgery
- identifying postoperative risks

## Prescribing, e.g. prisms and eye patches

## Teaching, e.g. orthoptic students and ophthalmology residents

## Working in extended roles

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## Extended Scope of Practice

In most countries, providing quality patient health care is strongly dependent on cost effectiveness. Therefore, orthoptists may participate in extended clinical roles and tasks resulting in adding to their scope of clinical practice. Orthoptists are committed to continuing professional development and will seek out specific training which, is necessary to extend their clinical practice. Formal acceptance of the orthoptists' extended roles and responsibilities are essential for any extension of scope of practice of individual or all orthoptists within a country.

Extended roles may include:

- visual assessment of children with special needs or specific learning difficulties
- subjective and objective refraction
- neuroophthalmology
- low vision assessment and fitting of vision aids
- stroke and brain injury assessment and rehabilitation
- visual field assessment
- fitting contact lenses
- tomography (OCT), electrophysiology, ultrasonography
- cataract assessment
- glaucoma diagnostics
- diabetic retinopathy monitoring