
- While the Canadian Ophthalmological Society (COS) recognizes that the eye examination is the foundation of sound eye care, it emphasizes that there is no clear directive on appropriate screening intervals or recommended elements of the examinations because the elements of the examination have been mostly dictated by third-party insurers and not by evidence-based research.

- COS conducted an extensive clinical practice evidence-based data analysis to form guidelines on the recommended frequency and necessary elements of comprehensive eye examinations for adults aged 19 to 64.

- The greatest single cause of visual impairment for individuals under age 60 is uncorrected refractive errors, not pathology. Data suggest that less than 10% of the population between 19 and 65 are visually impaired, and that within those who experience impairment, 90% of the impairment is from uncorrected refraction errors.

- The prevalence of asymptomatic or unrecognized ocular disease appears to be very low. Studies show that nearly all individuals (more than 99%) who were found to be visually impaired – either due to uncorrected refractive errors or pathology – were aware of a decrease in vision before getting an eye examination.

- Since clinical practice evidence suggests a very low prevalence of ocular disease in asymptomatic low-risk adults, frequent routine eye examinations for asymptomatic low-risk adults are not cost effective and will unlikely find pathology.

- Frequent routine eye examinations would most benefit high-risk individuals (those with previous visual problems) and symptomatic individuals. However, the frequency of exams would depend on the underlying cause of visual impairment.

- Individuals over 60 are at a higher risk since the prevalence of diseases such as glaucoma, cataracts and age-related macular degeneration increases significantly with advancing age.

- Frequency recommendations:
  - **Asymptomatic low-risk patients**
    - Aged 19-40 At least every 10 years
    - Aged 41-55 At least every 5 years
    - Aged 56-65 At least every 3 years
    - Aged 66 and over At least every 2 years
  - **Symptomatic patients**
    - All ages Any changes in the eye should be assessed as soon as possible
  - **High-risk patients**
    - Aged 40 and over At least every 3 years
    - Aged 50 and over At least every 2 years
    - Aged 60 and over At least every 1 year