

Synthesizing evidence about developmental patterns in human visual acuity as measured by Teller Acuity Cards



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Motivation

Replication is a cornerstone of scientific rigor and a prerequisite for cumulative science. Direct replication is common in some subfields and topics, but less so in others. This project synthesized evidence from published research across a four decade period that employed a widely used measure of grating visual acuity (VA), Teller (Teller, McDonald, Preston, Sebris, & Dobson, 1986) Acuity Cards (TAC). We sought to capture findings about the development of VA in early childhood, harmonize them into an aggregated dataset, and share the dataset openly. The ultimate goal is to characterize how grating visual acuity develops.

Methods

To achive this, we did the following:

- 1. Searched Google Scholar for the terms "teller acuity cards", "visual acuity cards", or "teller cards" and found n=751 papers.
- 2. Determined which papers had full-text or PDFs available (n=432).
- 3. Evaluated each paper to determine which had extractable data or had summaries of data presented elsewhere (n=28).
- 4. Harmonized the data into a soon-to-be-shared Google sheet.
- 5. Created visualizations and summaries of the data.



Figure 1: QR Code for Project Site: https://gilmore-lab.github.io/visual-acuity

RESULTS: SOURCES SYNTHESIZED

- *n*=751 found
- n=432 had PDFs or full-text versions available
- *n*=28 had extractable data in a form suitable for synthesis (acuity values, age, sample size)
- Synthesis is ongoing

RESULTS: TYPICALLY DEVELOPING CHILDREN

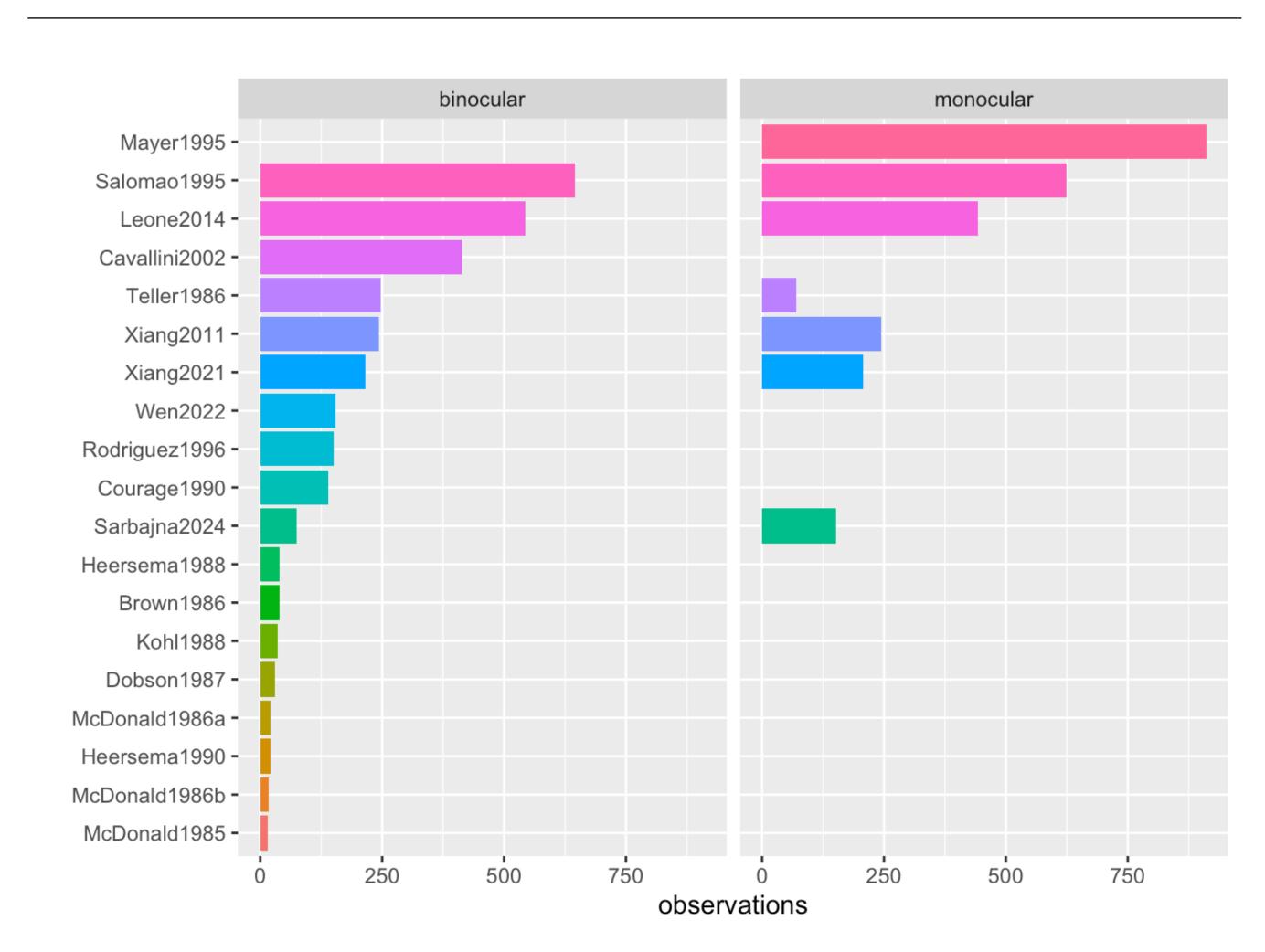


Figure 2: Number of participants by eye(s) tested for papers reporting bycondition sample sizes.

Across the n=20 papers, n=5,700 participant observations are included. The n's per age group are in [1, 84] with a median of n=20.

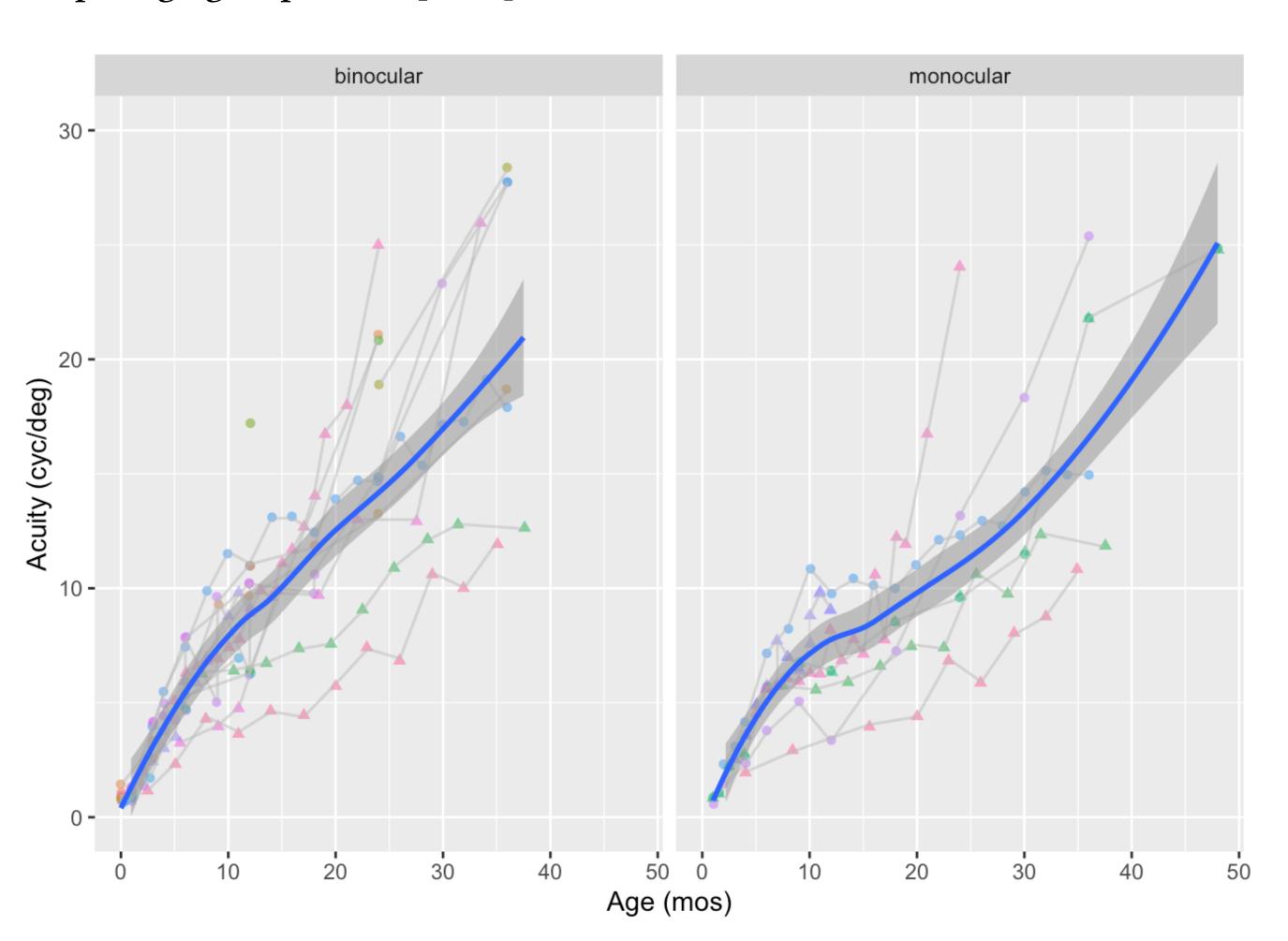


Figure 3: Mean or median visual acuity by age (mos) across n=19 papers. Binocular values (left column); monocular values (right column)

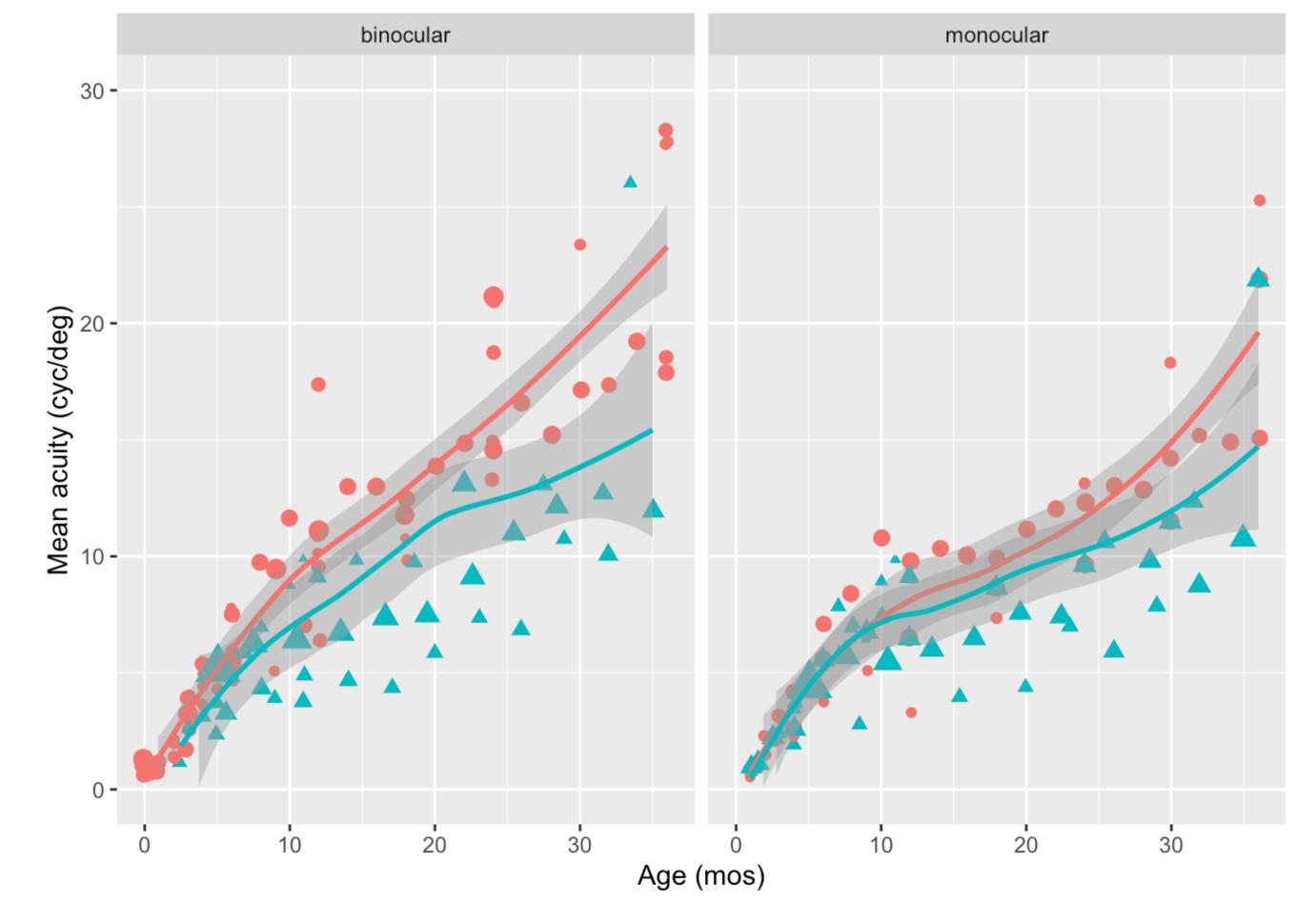


Figure 4: Developmental time course of mean grating acuity (in cyc/deg) for typically developing children as assessed by two types of Teller Acuity Cards, TAC-I (purple circles) and TAC-II (yellow triangles) and *loess* fits.

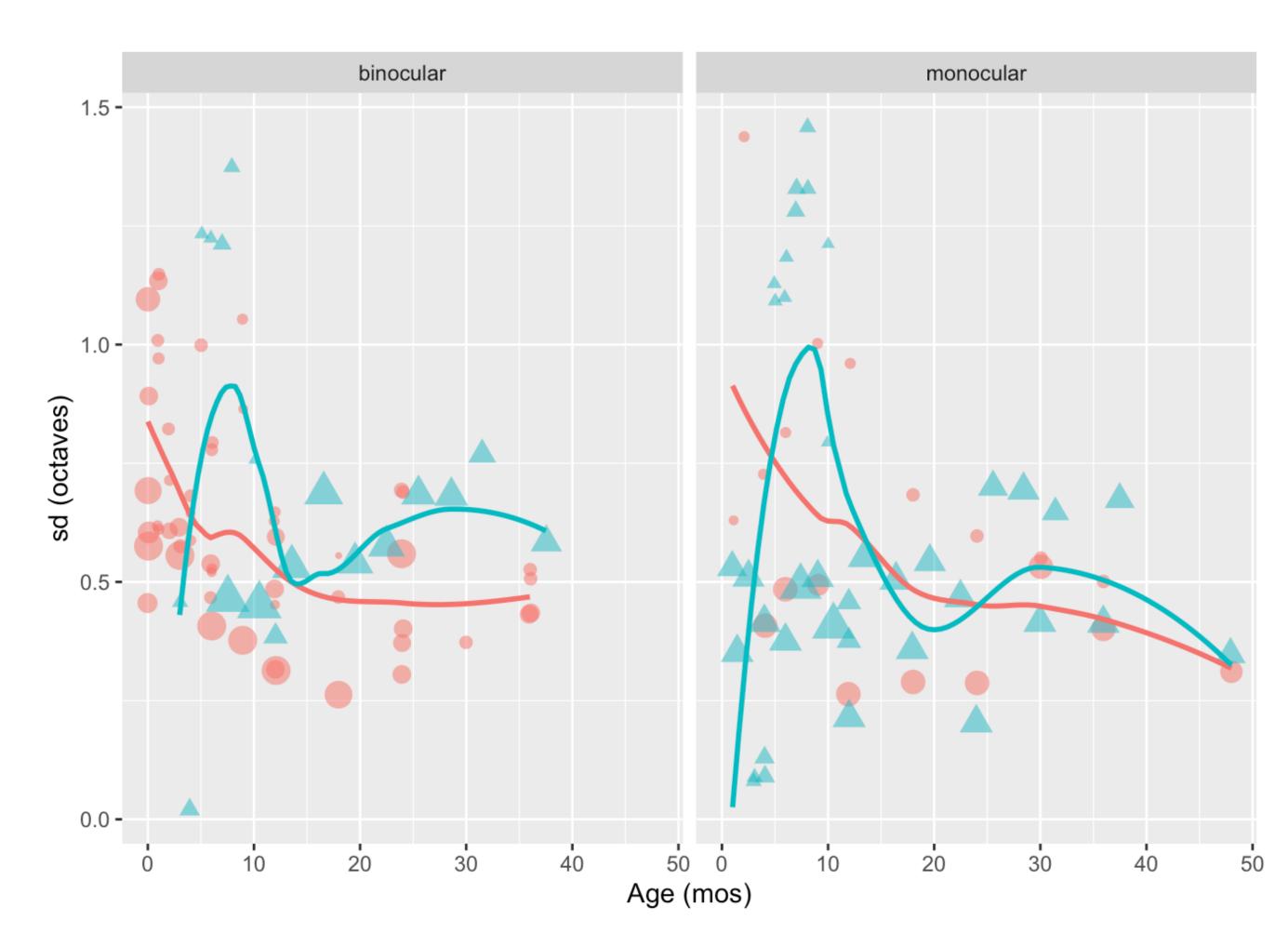


Figure 5: Relationship between the standard deviation (SD in octaves) of estimated visual acuity (cyc/deg) observed in typically developing children as assessed by Teller Acuity Cards and child age in months for both card types: TAC-I (red circles) and TAC-II (cyan triangles).

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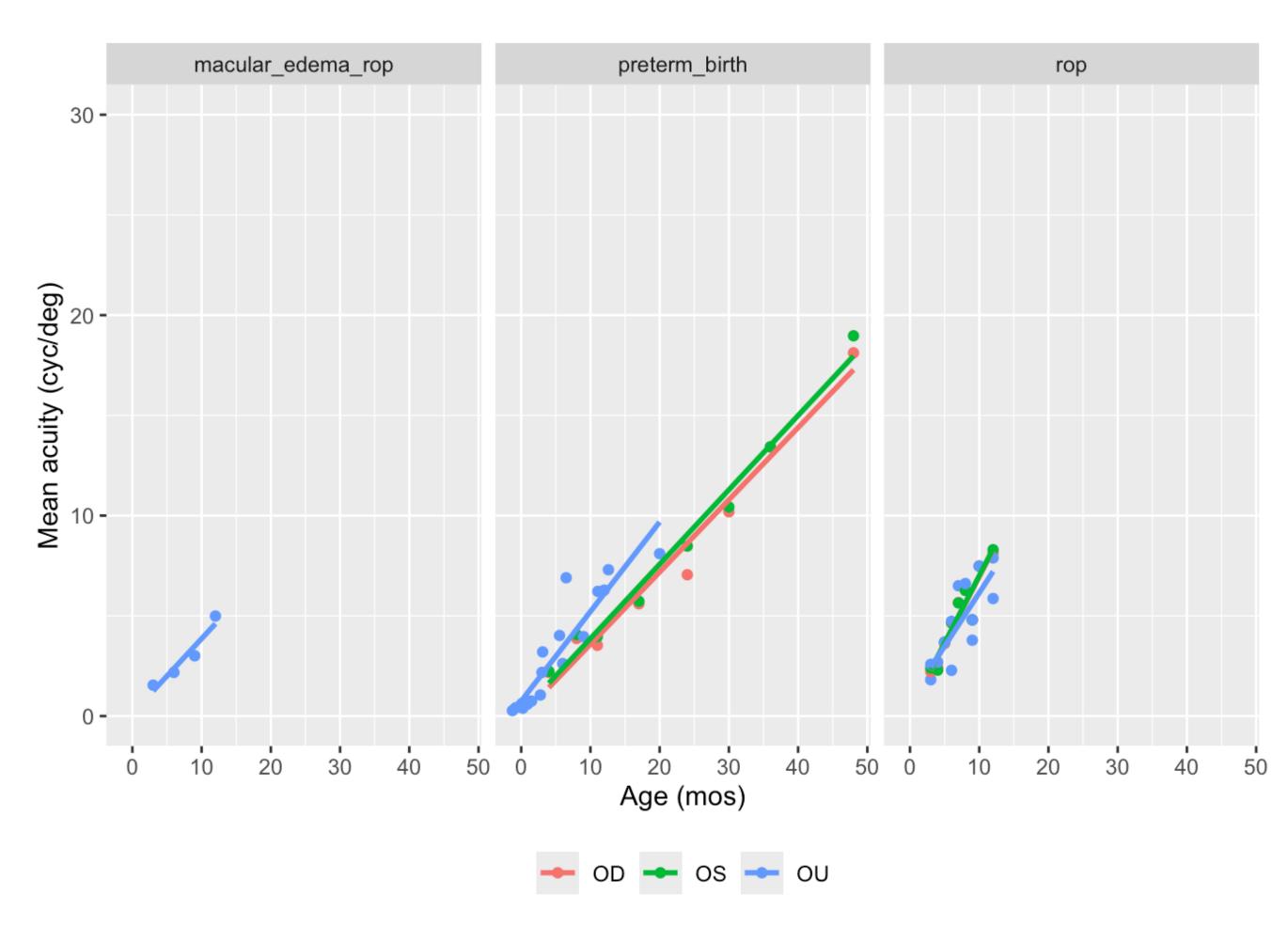


Figure 6: Developmental group mean acuity patterns for atypically developing children with varied diagnoses: Retinopathy of Prematurity (ROP), macular edema + ROP, and preterm-birth.

Conclusions

- Synthesizing evidence about core facets of human visual development is important and illuminating.
- Variation in mean acuity thresholds at different ages and by card type pose challenges for norm and standard-setting (Neijzen et al., 2025).
- Idiosyncratic practices for reporting data in published papers make evidence synthesis challenging, even when researchers use a common method.
- Vision scientists should adopt open data sharing practices more widely and should curate shared data in ways that make synthesis, aggregation, and reuse easier.

BIBLIOGRAPHY

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Teller, D. Y., McDonald, M. A., Preston, K., Sebris, S. L., & Dobson, V. (1986). Assessment of visual acuity in infants and children: the acuity card procedure. *Developmental Medicine and Child Neurology*, *28*(6), 779–789. https://doi.org/10.1111/j.1469-8749.1986.tb03932.x