**Supplemental Digital Content**

**The authors’ suggested technique for effective clinical saccadic assessment**

1. The patient’s visual acuity, sufficient for saccadic testing, should be confirmed using the patient’s ability to see the examiner’s index finger of one hand, and a pen held by the examiner in his or her other hand, for each eye of the patient.
2. The examiner should be assessing a patient’s saccadic characteristics only when the patient is instructed to move the eye.
3. The finger of one hand of the examiner, and with a pen in his or her other hand, are employed as visual targets approximately 6cm apart and about 30cm from the patient, respecting the patient's possible presbyopia.
4. SAS testing is carried over a small range of excursion, aiming for 7 degrees.
5. If the strabismus is incomitant, saccadic testing must be performed monocularly, avoiding diplopic confusion on the patient’s part, and allowing the SV of a specific muscle to be more readily assessed.
6. The patient must be allowed to rest his or her eyes and blink frequently. This avoids the confounding effects of Bell's phenomenon because of the dry, exposed eye of a concentrating patient.
7. Only one well-tested saccade is necessary for a diagnosis.