

# ***VISION THERAPY***

TREATMENT OF VISUAL DYSFUNCTIONS

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## THE VISUAL EFFICIENCY EVALUATION

Through optometric testing and analysis of your child's symptoms, your child's Doctor has determined the need for a complete analysis of his or her visual efficiency skills by Dr. Anthony McDonald. Dr. McDonald is a behavioral optometrist who specializes in the diagnosis and treatment of learning – related vision problems and stress – related vision problems.

Please familiarize yourselves with the enclosed sheet entitled “Information About Your Visual Efficiency Exam” so you are aware of the possible visual deficiencies Dr. McDonald will be addressing and the symptoms which accompany them. A consultation will be scheduled following the exam during which Dr. McDonald will discuss the results of the testing with you and your child and offer suggestions for treatment. Treatment often involves stress-relieving lenses, vision therapy sessions and home therapy which is performed over a period of 4-12 months, depending on the visual problem. Visual therapy is often partially covered by major medical insurance, which our staff will be happy to discuss with you.

Your input as a parent and your son or daughter's teachers observations are key factors in our team evaluation of his/her visual needs. Please, have the parent and teacher checklists completed and mailed to our office, if possible, prior to your child's appointment so Dr. McDonald has a chance to review them. If not, we ask you bring them with you on the day of the appointment. The visual efficiency evaluation requires the patient to be available for approximately 30 minutes. If perceptual testing is needed it will take an additional 30 minutes. After 3-5 days, when the results have been evaluated, a phone consult will be conducted to either arrange a consultation time or to arrange an appointment for additional testing. Vision therapy will be discussed during the consultation, if necessary. During the evaluation Dr. McDonald requires your child's complete attention and requests that siblings not be present. In most cases insurance will cover these types of visits so please bring proper information with you.

We hope this has answered your questions about your child's upcoming evaluation. In the event that you need to cancel or reschedule your appointment, please do so at least 24 hours in advance or you will be charged for the appointment. If you have any questions, please feel free to contact our office (952) 469-3937.

## INFORMATION ABOUT YOUR VISUAL EFFICIENCY EXAM

### **Visual Activity**

The Snellen fraction, 20/20, 20/30, etc., is a measurement of sharpness of one's sight. They relate to the ability to identify a letter of a certain size at a specified distance. They give no information as to whether meaning is obtained from visual input, how much effort is needed to see clearly or singly, and whether vision is less efficient when using both eyes as opposed to each eye individually.

### **Optics (Refractive error)**

An important part of any vision evaluation is a determination of the refractive error or optics of the eye. This refers to whether the child is nearsighted (has myopia), farsighted (has hyperopia), or is astigmatic. When a significant degree of refractive error is present, we often prescribe eyeglasses to manage these problems.

Inadequate eye movement control may cause a person to lose his or her place and skip or omit small words while reading, or having difficulty reading from a distance.

### **Eye Focusing (Accommodation)**

Another skill that is important for school, sports, or work performance while reading is focusing ability. The skill allows rapid and accurate shifts from one distance to another with instantaneous clarity, such as that from desk to chalkboard. It also permits a person to maintain a clear focus at the normal reading distance.

Symptoms of a focusing problem may include blurred vision, fatigue, or headaches while reading, or an inability to achieve clear distance vision after reading.

### **Eye Teaming (Binocular Vision)**

In order for an individual to have comfortable vision, the two eyes must work together in a very precise and coordinated fashion. If this does not occur, it may result in double vision or an inability to perform a visual task for a prolonged period of time. There are several different types of eye-teaming problems that can occur. In one type, one eye may actually turn in or out intermittently, or even all of the time. This type of problem is rather easy for an observer to notice. The more common form of eye-teaming occurs when the eyes have a "tendency" to turn out, in, up, or down and lack the ability to compensate for this "tendency."

## **Visual-Motor Skills**

Good hand-eye coordination skills are essential for the accurate production of written language symbols. To accurately reproduce a visual stimulus, a person must be able to see that the pattern is made up in a very specific manner. This ability is referred to as “analytical skills.” Then to reproduce the pattern, the child must call upon these “analytical skills, integrate this information with other systems, and then generate a motor response. The developmental Test of Visual Motor integration is utilized to assess these skills

Deficiencies in the area of Visual-Motor integration skills may make handwriting more difficult, resulting in poor spacing, inability to stay on the line, and excessive erasure. The child’s ability to complete written work within an allotted period of time may also be affected.

## Symptom Check List

Please mark any of the symptoms listed below that you have observed in your child and/or yourself.

If student; grade level: \_\_\_\_\_

History of concussions? If yes, how many: \_\_\_\_\_

Referred by: \_\_\_\_\_

- \_\_\_\_\_ Frequent squinting
- \_\_\_\_\_ Bothered by light
- \_\_\_\_\_ Holding a book very close to the eyes (i.e. 7"-8" away)
- \_\_\_\_\_ Avoidance of close work
- \_\_\_\_\_ Covering/Closing one eye while reading
- \_\_\_\_\_ Finger used to trace lines in a book
- \_\_\_\_\_ Frequently skips lines or loses place while reading
- \_\_\_\_\_ Letter or lines "run together" or "jump" when reading
- \_\_\_\_\_ Tilting or moving the head back and forth when reading
- \_\_\_\_\_ Omitting, miscalling or repeating words when reading aloud
- \_\_\_\_\_ Sub-vocalization during reading; murmuring or silent moving of the lips
- \_\_\_\_\_ Confuses similar words/letters
- \_\_\_\_\_ Reversals of letters or words past the second grade
- \_\_\_\_\_ Poor Spelling
- \_\_\_\_\_ Poor Handwriting
- \_\_\_\_\_ Tasks/Homework takes longer than they should
- \_\_\_\_\_ Reads well, but has a difficult time recalling what was read
- \_\_\_\_\_ Short attention span when reading
- \_\_\_\_\_ A drop in scholastic or athletic performance
- \_\_\_\_\_ Poor hand-eye coordination
- \_\_\_\_\_ Fatigues easily with everyday tasks

Date:

Patient Name		Gender:		Date of Birth:	
Address:	Street: _____ City, State Zip: _____				
SSN	____/____/____				

Communication					
<p>Under <i>Preference</i> please mark how you would prefer to receive communication about your <i>eye care</i> services.  <i>Preference DOES NOT</i> indicate your communication <i>preference</i> for confirmation of appointments or sending exam results.          If you wish to continue to receive BLUE Recall post-cards as reminders, please select U.S. Mail.          Selection of other methods does not guarantee we will communicate with you in that manner at this time.</p>					
Preference <sup>2</sup>	<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail <input type="checkbox"/> U.S. Mail (recommend US mail)				Home Phone # <sup>2</sup>
Work Phone # <sup>2</sup>		Extension		Cell Phone # <sup>2</sup>	Carrier <sup>1,2</sup>
Email <sup>2</sup>					
This allows us to e-mail your Continuity of Care Document (CCD) to your patient portal at the end of your visit.					

Information	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other
Preferred Language <sup>2</sup>	
Race <sup>2</sup>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Specify
Ethnicity <sup>2</sup>	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Decline to Specify

Emergency Contacts / Other Contacts			
Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Salutation			
First Name			
MI			
Last Name			
Relation			
Home Phone #			
Work Phone #, EXT			
Cell Phone #			
Release Medical Info	<input type="checkbox"/> Any <input type="checkbox"/> Medical Info Only <input type="checkbox"/> Financial Info Only	<input type="checkbox"/> Any <input type="checkbox"/> Medical Info Only <input type="checkbox"/> Financial Info Only	

Signature: \_\_\_\_\_ (authorizing the release of specified information to the above contacts)

## PATIENT HEALTH HISTORY INFORMATION

**PLEASE REVIEW, MAKE NECESSARY CHANGES AND SUPPLY ANY MISSING INFORMATION**

<b>Primary Care Physician</b>		<b>Reason for Last Visit</b>		<b>Approximately when was your last visit</b>	
<b>Last Eye Doctor</b>				<b>Approximately when was your last eye exam</b>	

**What are your visual symptoms? Please MARK any that apply:**

<input type="checkbox"/> Blurred Vision @ Distance	<input type="checkbox"/> Burning Eyes	<input type="checkbox"/> Floaters, Floaters or Spots	<input type="checkbox"/> Headaches
<input type="checkbox"/> Blurred Vision @ Near	<input type="checkbox"/> Itchy Eyes	<input type="checkbox"/> Halos	<input type="checkbox"/> Loss of Vision
<input type="checkbox"/> Double Vision	<input type="checkbox"/> Red Eyes	<input type="checkbox"/> Poor Night Vision	<input type="checkbox"/> Droopy Lid
<input type="checkbox"/> Eye Strain or Tired Eyes	<input type="checkbox"/> Watery Eyes	Other:	
<input type="checkbox"/> Eye Pain/Soreness	<input type="checkbox"/> Sand/Gritty Feeling		
<input type="checkbox"/> Eye Infection	<input type="checkbox"/> Mucous Discharge		

### Review Of Systems

**Please MARK any current illnesses, symptoms or problems**

<b>Constitution:</b> <input type="checkbox"/> None <input type="checkbox"/> Insomnia <input type="checkbox"/> Cancer <input type="checkbox"/> Development Delay <input type="checkbox"/> Sleeping all of the time <input type="checkbox"/> Other	<b>Cardiovascular:</b> <input type="checkbox"/> None <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Other	<b>Ears, Nose, Throat:</b> <input type="checkbox"/> None <input type="checkbox"/> Ringing in Ear <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Upper Respiratory Tract Infections <input type="checkbox"/> Other
<b>Respiratory/Lungs:</b> <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Emphysema <input type="checkbox"/> COPD <input type="checkbox"/> Other	<b>Stomach/Intestines:</b> <input type="checkbox"/> None <input type="checkbox"/> Chron's <input type="checkbox"/> Colitis <input type="checkbox"/> GERD <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Other	<b>Urinary/Reproductive:</b> <input type="checkbox"/> None <input type="checkbox"/> Bladder Infections <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Other
<b>Bones/Joints/Muscles:</b> <input type="checkbox"/> None <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Back Pain <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Other	<b>Skin/Hair/Nails:</b> <input type="checkbox"/> None <input type="checkbox"/> Eczema <input type="checkbox"/> Rosacea <input type="checkbox"/> Psoriasis <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Dryness <input type="checkbox"/> Other	<b>Neurological:</b> <input type="checkbox"/> None <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Tumor <input type="checkbox"/> Migraines <input type="checkbox"/> Other
<b>Psychiatric:</b> <input type="checkbox"/> None <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Other	<b>Endocrine/Hormonal:</b> <input type="checkbox"/> None <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Thyroid (Hyper/Hypo) <input type="checkbox"/> Hormonal Dysfunction <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Other	<b>Other:</b>
<b>Blood/Circulation:</b> <input type="checkbox"/> None <input type="checkbox"/> Anemia <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other	<b>Allergic/Immunologic:</b> <input type="checkbox"/> None <input type="checkbox"/> Aids or HIV <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Lupus <input type="checkbox"/> Other	

<b>Are You Pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are You Nursing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you use a computer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hours per day</b>	
<b>Head or Eye Injuries</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Eye Surgeries</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>		<b>If yes, please explain:</b>	

Diabetic Information		
Type of Test	Results	
SMBS: Self Monitoring Blood Sugar test	Date of Last Recorded Test:	
	Value:	
	Location / Timing:	
HgbA1c: Hemoglobin A1c test	Date of Last Recorded Test:	
	Value:	
	Location / Timing:	

Past / Present Ocular History		
Please MARK any past or present ocular illnesses, symptoms or problems		
Please list any additional past or present ocular illnesses, symptoms or problems		Date Diagnosed
Glaucoma	<input type="checkbox"/> None <input type="checkbox"/> Ocular Hypertension <input type="checkbox"/> Open Angle <input type="checkbox"/> Suspect <input type="checkbox"/> Unspecified	
Cataracts	<input type="checkbox"/> None <input type="checkbox"/> Other	
Macular Degeneration	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Wet	
Eye Injury	<input type="checkbox"/> None <input type="checkbox"/> Foreign Body <input type="checkbox"/> Burn	
Retinal Disease	<input type="checkbox"/> None <input type="checkbox"/> Other	
Other Disease	<input type="checkbox"/> None <input type="checkbox"/> Other	
Blindness	<input type="checkbox"/> None <input type="checkbox"/> Congenital <input type="checkbox"/> Injury Related <input type="checkbox"/> Legally Blind	
Strabismus (Crossed Eye)	<input type="checkbox"/> None <input type="checkbox"/> Exotropia (out) <input type="checkbox"/> Esotropia (in) <input type="checkbox"/> Muscle Surgery <input type="checkbox"/> Patching	
Amblyopia (Lazy Eye)	<input type="checkbox"/> None <input type="checkbox"/> One Eye <input type="checkbox"/> Both Eyes <input type="checkbox"/> Patching	
Diabetes	<input type="checkbox"/> None <input type="checkbox"/> Diabetic Retinopathy	
Dry Eye	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Refractive	<input type="checkbox"/> None <input type="checkbox"/> Glasses Full-time <input type="checkbox"/> Glasses Near <input type="checkbox"/> Contact Lenses	
Other (example)	LASIK or other Laser Vision Correcting Procedure	
Other		

Family History		
Please list any family members, (grandparents, parents, siblings, children, living or deceased) with these conditions		
Glaucoma	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Cataracts	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Macular Degeneration	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Eye Injury	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Retinal Disease	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Other Disease	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Blindness	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Strabismus (Crossed Eye)	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Amblyopia (Lazy Eye)	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Diabetes	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Cancer	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Heart Disease	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Hypertension	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
High Cholesterol	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Kidney Disease	<input type="checkbox"/> None <input type="checkbox"/> Yes	If Yes, relationship:
Other		



Social History <sup>2</sup>	
Alcohol Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco Status:	<input type="checkbox"/> Current Every Day Smoker <input type="checkbox"/> Current Some Days Smoker <input type="checkbox"/> Tobacco User <input type="checkbox"/> Former Smoker <input type="checkbox"/> Never Smoked
Occupation	
Hobbies	

Medications			
Please list all medications you are taking including prescription, over the counter (OTC), supplements and herbal.			
The government requires the doctors report: <b>Name, Dosage, Frequency, and Route for EACH medication.</b> Please have that available.			
Name	Strength/Dosage	Frequency	Route or additional information

Allergies			
Allergy	Onset Date	Reaction	Severity

Medical Alerts
Please list all medical alerts (i.e., Do Not Dilate, epilepsy)

Contact Lens History			
Type of contact lenses you currently wear (gas permeable, soft daily, extended)			
Wearing Type (daily, extended)		How often do you replace your contacts? (daily, weekly, monthly)	
Average number of hours that you wear your contacts		Number of hours worn today	

Glasses History	
Do you wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> All the time <input type="checkbox"/> Work Only <input type="checkbox"/> Driving Only <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Reading Only
Are you planning to get new glasses today?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup>Needed if Cell Phone is your communication preference

<sup>2</sup>Required due to the one of the following federal laws: American Recovery and Reinvestment Act of 2009, Patient Protection and Affordable Care Act of 2010 (ACA)and/or Health Insurance Portability and Accountability Act of 1996 (HIPAA)

## **VISION THERAPY INSURANCE INFORMATION**

We are providers for and will submit insurance to Aetna, Araz, Blue Cross/Blue Shield, Tricare, Patients Choice, Health Partners, Medica, Medicare, Preferred One, Select Care, UCare for Seniors, United Health Care, Vision Service Plan (VSP) and Workman's Comp.

It is necessary for you to contact your insurance company before your appointment. Prior authorizations and/or referrals may be needed. The procedure codes your insurance company will need to determine your coverage are:

92060 Sensorimotor Exam (VEE)

97110 Rehabilitation Vision Care

97530 Orthoptic Therapy

92065 Vision Therapy

Each insurance company has many different contracts. It is not possible for our staff to know your coverage. Please contact them in regards to your coverage and benefits. Thank you.



## VISION THERAPY FAQs

1. What is vision therapy?
2. Are "orthoptics" and "vision therapy" the same thing?
3. What is the difference between an optometrist and an ophthalmologist?
4. What should patients or parents keep in mind while researching vision therapy on the Internet?
5. Why would some ophthalmologists claim that vision therapy doesn't work?
6. Does the public assume that ophthalmologists (M.D.s) are the ultimate authorities about everything in eyecare, including vision therapy?
7. Can you give an example of a case where the outcome depended on whether the parent relied on the opinion of an optometrist or an ophthalmologist?
8. Can orthoptics or vision therapy help with learning problems?
9. Is there scientific evidence that vision therapy works?
10. What's the position of educators regarding vision therapy?
11. Can special colored lenses or filters be used instead of vision therapy?
12. Does insurance pay for vision therapy?
13. Is it true that there are certain conditions, like lazy eye, where the patient is too old, or it's too late to intervene with vision therapy?
14. Concluding thoughts on how vision therapy can help.

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**1. What is vision therapy?**

You can think of vision therapy as physical therapy for the eyes and the brain. The neurological aspect is very important because the eyes are direct physical extensions of the brain. We see with our brains and minds, not just our eyes. There are plenty of web pages which give accurate definitions of vision therapy. Let's move on to some frequently asked questions which aren't covered on lots of other pages.

**2. O.K., are "orthoptics" and "vision therapy" the same thing?**

Orthoptics, which literally means "straightening of the eyes", dates back to the 1850s and is limited in scope to eye-muscle training and the cosmetic straightening of eyes. Vision therapy includes orthoptics, but has advanced far beyond it to include training and rehabilitation of the eye-brain connections involved in vision. Clinical and research developments in vision therapy have been closely allied with developments in neuroscience throughout this century.

**3. What is the difference between an optometrist and an ophthalmologist?**

In the United States, there are two different types of licensed vision care professionals: the optometrist and the ophthalmologist. The optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual health problems as dictated by state law. Some optometrists specialize in vision therapy. The ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye. A small number of ophthalmologists work with or refer to vision therapists or orthoptists. To read some special educators' statements regarding differences between optometrists and ophthalmologists, see Choosing an Eye Doctor.

**4. What should patients or parents keep in mind while researching vision therapy on the Internet?**

As with any subject matter, the public must be careful to consider the source. Vision therapy is a well established field within the optometric profession. I would, therefore, recommend that the reader place most credence in information acquired from optometric web sites or from patient or parent advocate sites which look at the subject objectively. Readers need to be aware that some web pages are misrepresenting vision therapy.

**Can you be more specific?**

Let's say you were seeking information on the Web about treatment of a hip problem. If you had a question about physical therapy, you would look to a physical therapist (P.T.). For information on surgery, you would rely on an orthopedist (M.D.). In this particular example, you could get accurate information about either treatment options from both professionals. That's because orthopedic surgeons and physical therapists have learned to work together in the best interests of the patient. Unfortunately, this is



not the case in vision care where optometrists and ophthalmologists don't always agree on vision therapy. Some ophthalmologists have even taken it upon themselves to post unjustifiably negative information on vision therapy on the Internet.

**5. Why would some ophthalmologists and their organizations claim that vision therapy doesn't work?**

In 1993, Paul Romano, MD, the editor of Eye Muscle Surgery Quarterly, conducted a worldwide survey of eye muscle surgeons. He asked surgeons to indicate whether they would favor a surgical or non-surgical approach to the treatment of intermittent exotropia (a form of strabismus). 85% of the international group recommended non surgical approaches, as compared with only 52% of the American surgeons. Dr. Romano postulated three important reasons why this might be so:

1. Insurance companies and single-payer systems outside of the U.S. have stricter medical standards in regards to approving payment of eye muscle surgery. Also, they do not pay as well for eye muscle surgery as insurance companies in the U.S.
2. Non surgical therapy isn't as economically rewarding for the surgeon in the U.S. due to the personnel and fees involved.
3. Due to his lack of training in this area, the surgeon is reluctant to acknowledge the benefits of non surgical therapy for fear of losing patients.

**6. Does the public assume that ophthalmologists (M.D.s) are the ultimate authorities about everything in eyecare, including vision therapy?**

The public needs to be aware that ophthalmologists are not the ultimate authorities in all areas of visual health. Ophthalmologists are wonderful surgeons and excellent authorities about eye disease, but as a rule they're under informed about subject areas such as, visual processing, convergence, accommodation and vision therapy. Some ophthalmologists concede this. In the medical journal, Transactions of the American Ophthalmological Society, eye muscle surgeon and researcher David Guyton, M.D., states: "We [ophthalmologists] have probably abdicated the study of accommodation and convergence to the optometric profession. A perusal of the literature will reveal that most of the advances in this area are being made in the optometric institutions by vision scientists who use definitions and terms with which we are not even familiar."

So, if an ophthalmologist says, "Vision therapy doesn't work", remember that this is an opinion from a professional who has little knowledge of the subject. Many of the M.D.s who criticize vision therapy have not done their homework. As I said before, it is important to consider the source of information. Optometrists who specialize in vision therapy are the authorities regarding developmental vision and vision therapy.

**7. Can you give an example of a case where the outcome depended on whether the parent relied on the opinion of an optometrist or an ophthalmologist?**

Yes. This is just one example among many. Lauren, a nineteen year-old, was referred to me by an occupational therapist. Lauren had initially been prescribed glasses and patching for a lazy eye. When she reached age nine, an ophthalmologist assured her mother that Lauren no longer needed glasses and that her lazy eye would not worsen further.

To make a long story short, Lauren had multiple problems throughout the years. Reading fatigued her. As she read, print jumped around, words went uncontrollably in and out of focus and she skipped lines. Her mother observed that Lauren's lazy eye would turn inward when she was tired. Each year, her mother took Lauren back to the ophthalmologist, only to be told that everything was fine.

Because the ophthalmologist said that everything was fine, Lauren's avoidance of reading was determined by the school to be due to laziness. Her aversion to reading was so strong that the school suggested to the family that she was dyslexic, and needed large print books and taped material.

Lauren's mother finally decided to seek a second opinion from a vision specialist. I tested Lauren on the Visagraph, a standardized computer which records and analyzes eye movements while the patient is reading. Results showed that Lauren, age nineteen, was reading at a 4th grade level. At this point, I tested her eyesight with eyedrops in place and discovered that Lauren did not really have a lazy eye! Lauren's so-called lazy eye could see 20/20 with the proper prescription lens. I prescribed glasses for reading, and a vision therapy program and Lauren has made great improvements. It is unfortunate that Lauren went so many years without proper treatment. In a perfect world, the ophthalmologist might have said: "Although I do not find any eye health problems or the need for glasses or medication, Lauren has significant problems and does not seem to be psychosomatic. Therefore, I will refer her to a vision specialist for more extensive testing."

#### 8. Can vision therapy help with learning problems?

Vision problems often can and do interfere with reading and learning. Optometrists do not claim that vision therapy is a direct treatment for learning disabilities, such as LD, dyslexia or ADD. Vision therapy is directed toward resolving visual problems which interfere with educational instruction. The statement on vision therapy and learning disabilities by the American Optometric Association and the American Academy of Optometry makes it clear that a multidisciplinary approach to learning disabilities is recommended, and that vision is but one aspect of the overall picture. Statements to the effect that vision therapy has no place in the treatment of learning disabilities are inaccurate and misleading.

Vision therapy can improve visual function so the patient/student is better equipped to benefit from educational instruction. In 1991, Firmon Hardenbergh, M.D., the Chief of Ophthalmology at Harvard University Health Services, had this to say regarding a double-blind scientific study of children with reading disability and convergence difficulty:



"The application of orthoptics [included in vision therapy] to all learning/reading disabled or deficient children who manifest convergence insufficiency should be the first line of therapy."

Regarding visual processing and learning disabilities, Corinne Smith, Ph.D., Associate Dean of Education at Syracuse University, noted in her 1997 text on Learning Disabilities, that students with visual perception disabilities have trouble making sense out of what they see.

"The problem is not with their eyesight, but with the way their brains process visual information."

For interested parties, there are many references which touch on the subject of visual processing and learning disabilities, see [Vision Therapy References](#). For web sites offering accurate and useful information on this subject, see [Vision Therapy Links](#).

[Return to Top](#)

#### **9. Is there scientific evidence that vision therapy works?**

In a word, yes. Studies on vision therapy are on a par with the published literature in parallel rehabilitative interventions such as physical therapy and occupational therapy. Furthermore, the data which supports vision therapy is considerably more impressive than the data which has substantiated other forms of visual intervention before these were put into public use by eyecare practitioners. The same profession (ophthalmology) which calls for "more scientific" studies of vision therapy had no qualms about recommending elective procedures such as eye muscle surgery or refractive surgery prior to any scientific study whatsoever.

The most concise source of information re: [scientific studies on vision therapy](#) can be found at the Indiana University School of Optometry web site. See [Vision Therapy References](#) for other publications.

#### **10. What's the position of educators regarding vision therapy?**

According to law in many states, if a child is classified as having a specific learning disability, the school is required to either provide the necessary therapy, or to pay for the parents to obtain the necessary help not provided by the school. This puts educators in a tight spot. Funds are limited, so schools understandably try to minimize expenditures. Regarding perceptual impairment or visual processing disorders, educators are sometimes faced with two basic choices:

- a. have someone already on staff provide the therapy necessary or
- b. deny that the therapy has anything to do with the child's learning problems. Some school systems try to adopt the latter approach, which leaves more money in the pot for services which are provided within the school system.

In the case of the former, the school might assign the child to a staff Occupational

Therapist. OTs are highly skilled in helping children with developmental, gross motor, and fine motor activities particularly handwriting, but they are not trained or licensed in vision therapy. Specifically, occupational therapists can not administer important vision therapy procedures which involve lenses, prisms, and devices which insure that both eyes work together as a synchronous team.

Fortunately, we are seeing an increase in schools which recommend that parents of children with visual problems seek evaluation and treatment with a licensed optometric vision therapist.

**11. I've heard a lot about special lenses or filters which can improve reading. Can that be done instead of vision therapy?**

You're probably referring to Irlen Tinted Lenses and no, they're not a substitute for vision therapy. Experiments continue to try to look for passive means such as filters to improve vision and reading. What sources tend to overlook is Irlen's caution when she introduced the concept of SSS, or Scotopic Sensitivity Syndrome, as a possible basis for reading difficulty with some dyslexics. Many of the symptoms of SSS overlap with visual dysfunction such as instability of print, loss of place when reading, and difficulty concentrating when reading. This prompted Irlen, in her 1991 book: "Reading by the Colors", to write that individuals interested in being screened for SSS should first see a vision specialist for a complete visual examination.

Irlen, an educational psychologist, recognized the difference between routine eye examinations and a vision therapy evaluation. She noted:

"When individuals take a routine eye examination, the vision specialist normally assesses acuity, refractive status, and binocular function. When the exam is more than routine, additional tests will analyze the visual system in greater detail and will also evaluate focusing ability and tracking skills. The doctor will also check for the presence of eye diseases. For SSS treatment to be successful, existing visual problems need to be treated first. Perceptual skills are based on a solid visual foundation. It is essential for individuals to eliminate all visual problems prior to getting treatment for perception or other learning difficulties."

**12. Does insurance pay for vision therapy?**

In this era of insurance cost cutting measures, it can be difficult to receive adequate insurance coverage. Patients are much more effective in getting reimbursement when they pursue their claims directly, armed with knowledge and facts from the doctor's office. There are national optometric guidelines formulated for covered conditions and length of treatment. The College of Optometrists in Vision Development (888-268-3770) has an insurance committee that offers to conduct peer review of claims when it becomes obvious that the individual or individuals reviewing the claim are not optometrists. Ultimately the patient must consider the following:

1. What problems or concerns are you having with your vision or performance?
2. What options have you tried other than vision therapy, and what has been the result?



3. If you have not had success pursuing other interventions, and the doctor's diagnosis and treatment proposal make sense, what value would you place on improvement?

Vision therapy is rarely the first form of help that patients discover. If the patient or family is struggling, and other suggestions have not borne fruit, investing in vision therapy makes sense. Insurance reimbursement is helpful, but not all our decisions about our welfare, or our children's future, are made based on someone else paying for it.

13. Is it true that there are certain conditions, like lazy eye, where the patient is too old, or it's too late to intervene with vision therapy?

First, let's define the terms. What the public knows as "lazy eye" is technically amblyopia. A diagnosis of amblyopia means that one eye doesn't see as clearly as the other eye **even with proper glasses or contact lenses**. Amblyopia can occur with or without strabismus, which is a crossing or turning of the eyes. Strabismus is sometimes attributed to one or more weak eye muscles, however the problem is more often due to a defective neurological signal to the involved muscle(s) rather than to an actual muscular abnormality.

Secondly, allow me to emphasize that, in regards to amblyopia and strabismus, the eye muscle training benefits of vision therapy are medically proven. There is no controversy there. Where eye doctors do not always agree is in regards to this question you have asked. There are eye surgeons who promote the idea that if a child has an eye turn, you must operate by age two to get meaningful results, and if there is amblyopia, or lazy eye, intervention of any kind is only meaningful before age 6 or 7. There are many scientific articles in optometric journals which prove that it's never too late to treat a lazy eye, but I'd like to refer to an study by an eye surgeon.

In the American Journal of Ophthalmology, von Noorden, a well-known strabismus surgeon and researcher reviewed the records of 408 patients who had eye turns shortly after birth, and divided their surgical outcomes based on age at the time of surgery:

AGE	Surgical Outcome	Percentage
4 mos.-2 yrs.	Optimal	24%
	Desirable	4%
	Acceptable	36%
	Unacceptable	36%
2 yrs. - 4 yrs.	Optimal	15%
	Desirable	5%
	Acceptable	44%
	Unacceptable	36%

## SUCCESS STORY

Name: Kaitlyn Shirley

Action completed: Vision Therapy Program

Vision Therapy Session

Vision therapy helped Kaitlyn with her vision and was successful in getting her eyes to work together. We saw dramatic improvement in her schoolwork- specifically her reading. Her confidence grew and her grades also improved. Dean was great in pushing her outside of her comfort zone and getting her to be more vocal and descriptive. Eye therapy was a challenging and rewarding experience for Kaitlyn and our family.

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## Vision Therapy Program Success Story for Carter Wood

Carter is 7 years old and has Aspergers. Prior to vision therapy, he tried to participate in sports like his big brother, but his hand-eye coordination and running ability seemed very much behind his peers. In school he also had a great deal of difficulty with switching some letters and numbers backwards, and reading was a challenge as well. His Occupational Therapist provided us with a brochure on vision therapy, and what the signs were, and it was then that we realized that Carter could be helped greatly by a vision therapy program. After looking at 2 other vision therapy clinics in the metro, we came across Eye Care Associates and met Dr. McDonald and Dean Bruemmer. We knew instantly that we had found the perfect place for Carter. Carter knew instantly as well, and couldn't wait to start his therapy with Dean. The success of the program was apparent within weeks, and Carter worked so hard with Dean, and at home with his homework. As the weeks went on, the improvements grew, and Carter couldn't wait for his visits each week. Working with Dean was such a pleasure. His therapy methods create a fun, warm, and nurturing atmosphere in which the patient sees the therapy exercises as fun. The homework was not at all hard, and could be fit into our daily schedule, and sometimes even combined with homework reading assignments. Carter recently graduated from his vision therapy program, and he is so happy to have such improved vision skills. He finally enjoys riding bike, can run now instead of shuffling, is a much better reader, and has been acing most of his spelling tests. Carter tells us often that things are a lot easier for him now, and that he is happy to finally have good vision skills. We highly recommend Eye Care Associates and Dean Bruemmer to all parents considering vision therapy for their child. This therapy has changed Carter's life, and we will forever be grateful to Dean, Dr. McDonald, and the entire Eye Care Associates staff.

Sandie and Bill Wood (parents of Carter)



# Learning problems could lessen with vision therapy

by **Laura Adelman**  
THISWEEK NEWSPAPERS

Holding a bead-festooned string next to his nose, Michael Fossum's eyes move rapidly, together focusing from one brightly colored bead to the next as proud parents Craig and Sandy Fossum watch.

The exercise, along with many others the eight-year-old has performed over the last few months, has cured a vision problem that impaired his ability to read and kept him discouraged.

"He was always the last one done with his school work in class; it took him forever to do his homework," said Sandy.

Michael's ability to focus, and shift his eyes simultaneously (track) without losing his place has come with weeks of activities and dedicated practice using the vision therapy program at Eye Care Associates, Lakeville.

Just because a person has 20/20 vision doesn't mean they are seeing correctly, said Eye Care Associates Business Administrator Patti McDonald, who helped establish the practice's vision therapy program.

Problems with visual skills, such as eye tracking, teaming, and focusing, can lead to learning problems and even physical pain, like headaches, said McDonald.

These types of problems

*"I try to keep things really positive in there so when they come to see me they don't think that I'm going to cut them down in any way."*

— Wanda Boblitz  
VISION THERAPIST

don't typically show up during a routine eye exam, either, she said.

"The vision screenings that they do at the school are great, but it's kind of a false sense of security for these kids...they often see 20/20 and parents automatically think no problem. So then when they struggle academically, parents think well they passed the vision screening so there must not be a problem," she said.

Often visual efficiency problems first crop up when kids change from learning to read to reading to learn.

Wanda Boblitz, vision therapist at Eye Care Associates, said children with undiagnosed visual efficiency problems can become frustrated, and think they are dumb.

"Although a child may have perfect vision, when they go to read they have great dif-

ficulty," said Boblitz, who heads up the program with Eye Care Associates owner, Dr. Tony McDonald.

Dr. McDonald makes an initial diagnosis using a series of visual tests, works with Boblitz to create an customized program and consults with Boblitz as each individual performs various exercises to correct vision problems.

He re-tests and evaluates clients as they continue through the program.

Michael said the activities were fun to perform, and particularly liked learning to keep beat, using a small exercise trampoline and a piano time keeper.

Boblitz guides clients through a series of fun, yet challenging activities that work to correct vision problems. Each program is tailored to the client's specific needs.

The program is also available to adults and can even help people improve their ability in sports activities.

Vision therapy exercises range from pointing a flashlight on-beat, using peripheral vision to visually following twisting lines through a maze of intersections and balancing on a beam while focusing on an object ahead.

Because the exercises can be frustrating and difficult, Boblitz offers each patient healthy doses of humor, encouragement and patience.

## Could vision therapy help?

Symptoms that could indicate vision therapy may be beneficial include:

- Frequent squinting
- Short attention span/daydreaming
- Often losing place when reading
- Sensitivity to lights
- Confusing similar words or letters
- Complaints of headaches, double vision or blurred vision
- Covering one eye when reading
- Tilting the head or moving back and forth while reading instead of moving eyes
- Reversal of letters, numbers or words past the second grade

"In the vision therapy room, a child has to be built up constantly, you have to encourage them," she said.

Instead of pointing out mistakes, Boblitz suggests trying the activity a different way.

"I try to keep things really positive; in there so when they come to see me, they don't think that I'm going to cut them down in any way," said Boblitz. "You don't say no, don't do it like that, do it like this — they hear that enough."

Clients attend weekly 45-minute sessions with Boblitz, who guides the patient through proper techniques, and then assigns 20-minute homework exercises to be done by the client and a helper who tracks progress or difficulties.

The homework, said Boblitz, is absolutely critical to success of the program.

"I can't correct a vision problem in 45 minutes a week," she said.

Although the program offers fun activities, it is also serious therapy.

For Michael, some of the

skills were so challenging that he broke down in tears.

Parents are advised to exhibit patience, offer encouragement yet make sure the activities are being done properly.

Patti McDonald has done an exceptional job at keeping Michael on-task and up-to-date with his homework, said Boblitz, who emphasized that her dedication has made all the difference in the world for Michael's success.

Since taking vision therapy, his grades have improved dramatically, and he's reading at a sixth-grade level, said Sandy.

"I'm the best reader in my class," Michael said proudly.

Those kind of results, said Boblitz, are the reason she is involved in vision therapy.

"These kids come back here after the program is done and their school year is totally different from the last one. I love hearing that," she said with a smile.

Laura Adelman is at [dceditor@frontiernet.net](mailto:dceditor@frontiernet.net).



# Required exams uncover kids' eye problems

BY LAURAN NEERGAARD  
Associated Press

WASHINGTON — Dr. William Reynolds covered the 5-year-old's left eye while the boy read an eye chart. The boy's mother wondered aloud why an exam from an eye specialist was now required to enter Kentucky schools — especially since her son seemed to see fine.

Then Reynolds covered the boy's other eye, and the youngster piped up, "Oh, that's the eye I don't see out of."

Kentucky's new law, the first in the nation to require a comprehensive vision exam to enter school, meant the boy's problem was caught in time to cure. Now a study shows that nearly one in seven youngsters examined thanks to the law needed glasses, and an additional 5 percent had major undiagnosed problems.

Lawmakers in other states and Congress are considering similar action to get more youngsters to eye doctors.

An estimated 10 million children age 10 and younger have vision problems. The earlier they're caught, the better: Not only do eye problems hinder learning, but some, such as lazy eye, can lead to virtual blindness if not treated in the first few years of life.

Catching eye problems in pre-schoolers is a tough task for parents and general pediatricians. Like Reynolds' 5-year-old

patient, those born with disorders such as nearsightedness, focus problems or lazy eye have no way to know they're not seeing right, and it's easy to miss the subtle signs.

"No child is going to raise their hand and say, 'Mommy, I can't see the TV,'" says Joel Zaba of Virginia Beach, Va., an

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*Vision screenings in schools don't test if eyes focus and shift properly between distances, if eyes work together or are hooked up to the brain correctly to give realistic images.*

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optometrist and child development specialist who co-authored the Kentucky study with Reynolds.

Instead, kids might squint, or turn their head so the best eye aims at the TV. They might seem restless with books or coloring. Once in school, teachers may report behavior problems that really are bad eyes: If focusing is a strain, "they're going to

close the book and kick the kid next to them," Zaba says.

Many children undergo "vision screening" — an eye-chart test, with letters or symbols, to check distance vision — either before school or in early elementary grades.

Often given by a nurse or pediatrician, screenings don't test if eyes focus and shift properly between distances, if eyes work together or are hooked up to the brain correctly to give realistic images. And most only check for nearsightedness when pre-schoolers more often are farsighted, says Reynolds, a Richmond, Ky., optometrist.

Some pediatricians do additional checks, such as seeing if a baby follows bright objects and if eyes are completely aligned. But there are no strict standards, and only 14 percent of children under age 6 have received a comprehensive eye exam, says the Vision Council of America.

Federal legislation that would help states fund eye-exam programs is expected to be introduced this spring.

Meanwhile, what should parents do?

An exam from an eye professional by age 3 is a good idea even if a child displays no signs of problems, says Dr. James Donovan of the Ochsner Clinic Foundation in New Orleans.

Watch for signs of vision problems, including: an eye that slightly turns in or out; squint-

ing; closing one eye or turning the head when focusing; avoiding coloring or books; clumsiness or becoming easily frustrated during play or, for older children, study.