



Clinical Management of Binocular Vision

Scheiman M, Wick, B. *Clinical Management of Binocular Vision, Heterophoric, Accommodative, and Eye Movement Disorders*. 3rd ed., 2008, Lippincott Williams & Wilkins, Philadelphia, PA. 748 pages. ISBN-13: 978-0-7817-7784-1

Reviewed by Christine L. Allison, OD, Illinois College of Optometry.

Clinical Management of Binocular Vision by Scheiman and Wick, has always been a must-have text for those optometrists who choose to examine children and adults with binocular vision disorders. Now, with the third edition, the authors have added an entire stand alone chapter for the primary care optometrist. Thus, this text is now an important addition for any optometrist's office.

The text is divided into five parts, along with a useful series of appendices. In Part I, Diagnosis and General Treatment Approach, the first three chapters provide a thorough look at diagnostic testing, case analysis, and general treatment modalities including prognosis. The fourth chapter is a new part found only in the third edition. It is a chapter dedicated to the primary care optometrist. This chapter gives good advice on how to incorporate binocular testing efficiently into a primary care practice, and also when to refer.

In Part II, Vision Therapy Procedures and Instrumentation, there are four chapters. The first chapter reviews general concepts when choosing vision therapy techniques and clearly outlines the advantages and disadvantages of using certain categories of techniques. Chapters 6-8 describe how to do therapy with specific techniques. While there are many techniques to use in vision therapy, the authors have chosen widely used and very effective techniques to describe in these chapters. These chapters are invaluable for the student or practitioner who is new to vision therapy.

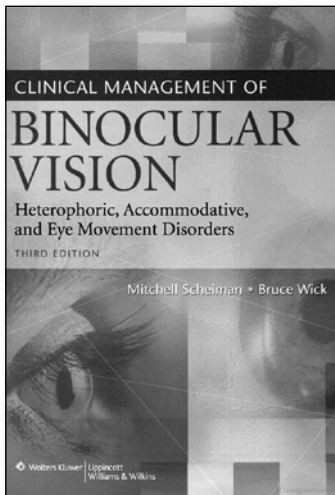
Part III, Management, is broken into seven chapters, discussing the management options for common binocular vision conditions. The chapters have clear sample therapy programs to use for different types of patients, and tables with well written objectives for the therapy. Chapter 15 discusses fixation disparity in clear and concise terms. There are also many example fixation disparity curves to help the reader understand how to manage patients based on these curves.

Part IV, Advanced Diagnostic and Management Issues, includes nine chapters discussing more complex management issues. Diagnoses such as nystagmus, aniseikonia, and refractive amblyopia are found in this part of the text, as well as chapters on problems related to computer use, acquired brain injury, and learning problems. There are two new chapters in this part of the text. Chapter 23 is a thorough discussion of the newest information on the development and management of refractive error. This chapter is a very interesting read, and thoroughly discusses myopia, hyperopia, and astigmatism. The last chapter in this section is also new and deals with binocular vision problems associated

with refractive surgery. This chapter is a much needed addition to this book as the popularity of refractive surgery has grown with our patients. The chapter is complete with many interesting cases to clearly outline the issues that can occur with refractive surgery.

The final part, Vision Therapy and Optometric Practice, includes one chapter which deals with practice management issues in vision therapy. It is a great resource for the vision therapy practitioner, or for those who are considering adding vision therapy to their practice. It provides a discussion on communication, office setup, and insurance issues, as well as giving a list of equipment to get you started in practice.

The three appendices are very useful. The first has sample letters to parents, other professionals, and insurance companies. The second appendix



lists sources of additional information, such as recommended articles regarding the effectiveness of vision therapy. The last appendix has lists of patient instructions for home therapy activities. The write ups are simple to understand, yet thorough - exactly what you want to give to your patients.

This third edition is very well-written and the three new chapters make it an invaluable resource, even if you own the other two editions of this book. I would highly recommend this text as an excellent resource for both the student and the practicing optometrist.

COVD Congratulates the New Fellows and Certified Optometric Vision Therapists

Twenty-six optometrists became Board Certified Fellows (FCOVD) and one became a Board Certified Academic Fellow (FCOVD-A) at the COVD 39th Annual Meeting, October 17, 2009 in Denver, Colorado. Congratulations to the new FCOVD and FCOVD-A members of COVD and thanks to their Mentors.

Andrew R. Adamich, OD, FCOVD
Deborah Michelle Amster, OD, FCOVD
Mary Bartuccio, OD, FCOVD
Jacee R. Cotton, OD, FCOVD
Vicky Fischer, OD, FCOVD
Richard S. Graebe, OD, FCOVD
Mehrnaz D. Azimi Green, OD, FCOVD
Sidney I. Greenberg, OD, FCOVD
Elisa B. Haransky-Beck, OD, FCOVD
Paul E. Harvey, OD, FCOVD
Sarah Hinkley, OD, FCOVD
Paula Johnson, OD, FCOVD
Kristi D. Kading, OD, FCOVD
Neera Kapoor, OD, FCOVD-A

Shelley Kim, OD, FCOVD
Scott R. Lewis, OD, FCOVD
Megan Petty, OD, FCOVD
Robert W. Prazer, OD, FCOVD
Stephanie M. Rice, OD, FCOVD
Gloria Hermida Salamanca, OD, FCOVD
Emily Schottman, OD, FCOVD
Christine A. Semenza, OD, FCOVD
Nadira S. Shadeed, OD, FCOVD
Samantha Slotnick, OD, FCOVD
Jennifer W. Smith, OD, FCOVD
Vicky Johns Vandervort, OD, FCOVD
Wanda Lee Vaughn, OD, FCOVD

In addition, seventeen optometric vision therapists completed the COVD certification process at the COVD 39th Annual Meeting. Congratulations to the newly certified therapists and thank you to their mentors.

Patricia Andrlich, COVT
Jill Combs, COVT
Christy A. Conde, COVT
Dinorah G. de Jones, COVT-I
Krystal N. Hanegan, COVT
Mindy Heino, COVT
Gail K. Henry, COVT
Nelli Khanukova, COVT
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Tanya Knezevic, COVT
Richard A. Miller, COVT
Angi Mitchum, COVT
Debra S. Murray, COVT
Barbara S. Nelson, COVT
Marianne E. Ports, COVT
Barbara Sumner, COVT
Amy E. Zeiger, COVT