

Editorial

Stereo Sue(lutions)!

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Editor

Perhaps the solution to the problem of America finally recognizing the value of single, clear, comfortable, binocular vision and the therapy we use to achieve this miracle, is to have more articles in *The New Yorker*,¹ as well as numerous *National Public Radio* interviews by the patients we serve.² The buzz created around Dr. Sue Barry, a Professor of Neuroscience at Mount Holyoke College and her successful results from vision therapy have been remarkable. COVD Fellow, Dr. Theresa Ruggiero, was the only doctor Dr. Barry went to who even suggested a solution for Sue's long standing vision problem. Perhaps this is the REAL story.

Myths surrounding vision therapy

Why don't more doctors recommend vision therapy for their patients? Perhaps it's because of the many myths that seem to persist about vision therapy (VT) and what it can or cannot do for our patients. One such myth is that there are few vision problems within the patient population that require vision

therapy. When I ask my optometry students what the most common oculo-visual disorder is in the general population, they usually name some ocular disease entity. I inform them that while refractive problems are the most frequently encountered disorder (and yes that knowing how to do an appropriate refraction is still very important), the second most frequently diagnosed conditions involve binocular vision disorders. It has been noted that more than 20% of our patients' oculo-visual problems have to do with how the eyes move, focus, and work together.³ Disorders of the functional visual system are many. They should be routinely diagnosed and treated appropriately.

Another one of these myths is that VT doesn't work. This is usually said by one of our ophthalmological or optometric colleagues who haven't bothered to keep up with the recent literature on the subject. I used to look up all the relevant research for these colleagues and present it to them... only to discover later, that they never bothered to read any of the research papers I gave them. I suppose that once you know something, you do not have to let real facts or real science get in the way of your beliefs.

Does vision therapy work? The real question should be, "What do you mean by work?" You need to be much more specific. If by work you mean is there a scientific basis for vision therapy.... then yes, vision

therapy works. My colleague, Dr. Kenneth Ciuffreda⁴ has very nicely spelled out (in appropriate detail) the reasons why vision therapy can and does alter function in a positive manner. If you mean does it work for specific vision disorders, than yes, it works just fine. It has been clearly demonstrated that for convergence insufficiency (CI), optometric vision therapy is the best treatment for this anomaly.^{5,6} There have also been numerous research papers that show vision therapy works for oculomotor anomalies, other non-CI binocular vision disorders and amblyopia as well.⁷⁻¹⁴ Vision therapy has also been shown effective in relieving symptoms that decrease an individual's quality of life.¹⁵

What other groups benefit from vision therapy? Does vision therapy work for patients with genetic or acquired disabilities? Once again the answer is yes. Vision therapy has been shown to improve oculo-visual abilities for those with cerebral palsy, acquired brain injury, reading disability and other disorders.¹⁶⁻²⁰

An additional myth is that vision therapy is mystical in nature and has not been codified within the profession. Binocular disorders and their treatment using vision therapy have been solidly codified within the academic environment and the profession with dozens of textbooks now available on this subject. These texts have been written by many of

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the best known and well respected scientists and clinicians within the profession and have been accepted for use by all of the universities and colleges of optometry around the world.

Some of the most recent textbooks by major publishers include but are not necessarily limited to those by Mitchell Scheiman, Bruce Wick, and Barbara Steinman: *Clinical Management of Binocular Vision: Heterophoric, Accommodative, and Eye Movement Disorders*; John R. Griffin, J. David Grisham, and Kenneth J. Ciuffreda: *Binocular Anomalies: Diagnosis and Vision Therapy*, and Leonard Press: *Applied Concepts in Vision Therapy*. Once a certain area of expertise within a profession has its own text (or in this instance numerous texts), then you must admit that binocular vision/vision therapy has indeed been accepted and codified. It should be noted that expertise within the areas of binocular vision and vision therapy has also been codified by the many University and College affiliated residency programs, COVD's strenuous Fellowship program and the Diplomate programs offered by the American Academy of Optometry. The bottom-line is that the myths concerning optometric vision therapy, have been and continue to be debunked by good hard science and outstanding clinical results.

So why don't more doctors recommend vision therapy for their patients? Sometimes I'm as perplexed and as frustrated by this as you are. Occasionally I feel like throwing my hands up (using some very appropriate Italian sign language) and saying *&(^%\$*%&%\$!!!. Although this typically makes me feel better, I also do something more concrete by contributing to the COVD Making Vision Therapy Visible campaign. You can also provide support for the SAFE program (Students are Our Future Endowment) as well, and become

involved in any number of programs and activities that COVD offers (Please read "Tour de Optometry" by Dr. Bonilla-Warford on page 69 of this issue).

Another way to get the word out about vision therapy is to become involved in appropriate research projects being conducted by the faculty at the various schools and colleges of optometry. You should also feel obligated to write and present your clinical activities in the form of case reports and to submit these to organizations who have poster sessions during their annual meetings. These organizations include the College of Optometrists in Vision Development, the American Optometric Association, the International Congress of Behavioural Optometry, the American Academy of Optometry and the Southern Educational Congress of Optometry. After you have presented these case reports as a poster, the next logical step would be to submit them to *Optometry and Vision Development*, *Journal of Behavioral Optometry*, *Optometry*, and/or *Optometry and Vision Science* for publication.

It appears that many Sue(lutions) and solutions are available to us. Let's use them wisely to continue to get the word out about what we do to improve the lives of our patients. Please feel free to use the articles in this issue to help you inform your patients about what we do, the results we achieve and how we positively affect the lives of our patients every day. As always, I want your feedback and comments not only on this editorial, but on all we offer in every issue of the OVD. Please email your comments, praise (and yes, even criticism) to dmains@ico.edu. After all, this is your journal.

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