

Harmonious Correspondence

A Real Breakthrough! Success in the Therapy Room!

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When I was a third year student in optometry school, we had guest lecturers discuss with us the option of residency training and I thought no way! No way was I going to spend another year of my life in “school,” making little to no money and being ordered around by faculty! As people talked about residency training, I began to listen. Then I began to ask questions—just now and then because I didn’t want anyone to get the wrong idea! By the end of that semester, the idea of doing a residency started to sink in. The following year I began the process of finding that perfect residency.

There are many reasons to pursue residency training. I wanted to explore all my options before making a final decision as to what avenue of optometry I wanted

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Proctor A. A Real Breakthrough! Success in the Therapy Room! *Opt Vis Dev* 2007;38(3):113-114.

to pursue. My past optometric experience included working for private practices, employment at a large ophthalmology practice, externships at the optometry school, a VA hospital, a special needs vision clinic, and the Commission for the Blind. I enjoyed many areas of these optometry practices and I wanted to explore my options a little further. Knowing that I wanted to spread my wings and fly away from the optometry school I graduated so I could learn from other perspectives, I decided to choose a residency-based program located at a university. This allowed me the opportunity to explore the world of academia in a slightly different environment. I wanted to see a large number of patients, but also wanted to see challenging patients that I could follow their treatment progress. Mostly, I wanted to spend a large percentage of my time focusing on pediatrics and vision therapy while not forgetting about contact lenses and glaucoma. If I did a pediatric or vision therapy residency, I would pretty much have to say goodbye to contacts and the geriatric population. If I did a primary care residency, it would not be so easy to custom build my schedule. Then I discovered Northeastern State University Oklahoma College of Optometry’s Family Practice residency program.

The Family Practice residency program allows the resident to

customize a program that fits their needs. I was able to schedule opportunities for didactic lecturing and assisting in laboratories, supervising students in clinic, as well as scheduling time to visit other optometric practitioners in the area, attend various conferences, and clinical time with a variety of diverse patients.

One of my most memorable patient encounters happened in the optometric vision therapy room. I started working with patient HS during the second month of my residency. Being very green to many of the behavioral optometry concepts used, I asked a lot of questions as to how to treat this 10 year-old with intermittent exotropia and suppression of the left eye. Her therapy regimen began in April 2005 with gross motor, oculomotor, and anti-suppression activities. When I began working with her in August, she was unable to appreciate physiological diplopia. We used the squinchel technique with different targets and amounts of yoked prism. Gradually she accepted the notion of two images. At the end of her first six-weeks of therapy, we conducted a progress evaluation.

After doing the normal battery of tests, I decided to grab a Brock string and 12 prism diopters of base-in yoked prism. I had HS wear the prism and tell me what she saw with the Brock string. When she reported

diplopia, I asked her to tell me what she saw when I took the glasses off. A puzzled look came across her face and she reported that she saw two beads. I felt a big smile come across my face as she couldn't believe her eyes and I couldn't believe it was actually working! This went on for a few minutes as we went between looking through the glasses and without the glasses at different beads. She could hold the image for about a minute. She told me it felt "weird".

I worked with HS throughout my residency on a regular basis and I looked forward to working with her each time. As time passed, she gained more control of her binocular system and her subjective complaints decreased. In her opinion, she thought she was healed! I last saw her during my final week of my residency. She had mastered many of our therapy activities including: vectograms (quoits and spirangle), the saccadic fixator, chalkboard circles, and the cat card. Optometric vision therapy not only changed this patient's life, it changed mine. I now feel confident in working with these challenging and exciting patients. When I finished my residency, I accepted a position as assistant professor where I teach didactic courses and work in our clinics. It brings me joy to see our patients change before our eyes, and watch as our student clinicians have their own breakthroughs while they experience success in the therapy room.

Research notes that optometric vision therapy can eliminate symptoms and improve a patient's quality of life. It not only changes the patient but also those who work with them.

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