

symposium paper

Management of Binocular Anomalies: Efficacy of Vision Therapy. Introduction

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Vision therapy (visual therapy, visual or vision training) is defined as "The teaching and training process for the improvement of visual perception and/or the coordination of the two eyes for efficient and comfortable binocular vision."¹

Typically, vision therapy programs include passive and/or active components. Passive refers to the use of lenses, prisms, and/or occlusion to bring about changes in visual function. Active refers to in-office and/or home vision therapy techniques designed to modify visual function "actively", through practice and the development of conscious awareness (biofeedback).

Although vision therapy has been a part of optometric practice for over 40 years, its image as an effective treatment mode for numerous vision conditions has suffered from a lack of solid scientific evidence. Many of the early therapy regimens and techniques were based on clinical experience and insight, with success determined empirically rather than by rigorous scientific investigation. However, over the last 10 to 15 years, both basic and clinical scientific evidence continues to accumulate in support of the effectiveness of vision therapy in modifying visual physiological function.

Despite the accumulation of supporting evidence, questions continue to arise from within²

This paper is based on an oral presentation given by Dr. Rouse on December 10, 1985 at the Symposium on Management of Binocular Anomalies: Efficacy of Vision Therapy. This meeting was sponsored by the Binocular Vision and Perception Section at the Annual Meeting of the American Academy of Optometry in Atlanta, Georgia.

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and outside the profession³⁻⁵ as to the effectiveness of vision therapy. In addition, insurance companies and other third party payers are evaluating the efficacy of including vision therapy as a treatment option for their members. The question of effectiveness needs to be qualified by first asking "What are the specific treatment goals of a vision therapy program?" Many sources, either by design or due to oversimplification, have confused the real role of vision therapy. They have tried to draw direct correlation between single visual functions or treatment intended to improve visual function and, for example, reading ability.^{5,6} The real issue that needs to be addressed is not whether vision therapy is effective at improving for example, reading, but whether vision therapy is effective at remediating or improving deficient visual function and eliminating associated subjective complaints. Then the effect of improved visual skills on academic performance can be evaluated.

The Symposium's goal was to attempt to answer three important questions: First, is vision therapy effective in treating specific vision conditions? Second, is vision therapy effective in either partially or totally eliminating the patient's subjective problems, e.g., headache, blurry vision, tired eyes? (not general complaints such as poor academic performance). And third, what areas in the literature need additional investigation to clarify the efficacy and role of vision therapy?

The literature supporting the efficacy of vision therapy will be reviewed in the following papers: Dr. Garzia, amblyopia; Dr. Wick and Dr. Cook, anomalous correspondence; Dr. Griffin, nonstrabismic vergence anomalies; Dr. Rouse, accommodative deficiencies; and Dr. Duckman, exotropia.

REFERENCES

1. Cline D, Hofstetter HW, Griffin JR. Dictionary of Visual Science. 3rd ed. Radnor, PA: Chilton Book Co, 1980.
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REVISED CALL FOR PAPERS

The Papers and Program Committee of the American Academy of Optometry invites members to submit abstracts of papers and posters for presentation at the Academy's next Annual Meeting, to be held December 5 through 8, 1987, in Denver.

All members of the Academy who intend to register for the Annual Meeting are invited to submit abstracts for papers and posters. Preliminary information concerning hotel reservations will be supplied in the spring; registration materials will reach you early in the fall.

This Call for Papers is a request for abstracts for the General Program—the program held during the afternoon sessions—and for the Section on Disease and Optometric Education. The meetings of the Academy's other 6 sections, to be held during the morning hours, will be organized individually by each section.

Abstracts for papers and posters must include the following information: the experimental design, subjects, and procedures; the major results obtained; and your interpretation of the results. The time allotted for each paper will be 15 minutes, which will include 12 minutes for the presentation and 3 minutes for discussion.

Abstracts for case reports are encouraged. Case reports will be considered for presentation as papers in the morning meetings of the Section on Disease, but only as posters (not as papers) in the afternoon General Program.

Some suggestions concerning posters: lettering should be large (approximately 2" high) and handouts are helpful for detailed information. Two people general run a poster better than one, because of the fatigue factor.

In order to be considered for presentation, abstracts must be RECEIVED by the Academy's Office NO LATER THAN JULY 10th. The Papers and Program Committee looks forward to receiving your abstract!