

HARVARD UNIVERSITY CHIEF OF OPHTHALMOLOGY SUPPORTS VISION THERAPY

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 nonsurgical approach to the treatment of intermittent exotropia (a form of strabismus). **85% of the international group recommended nonsurgical 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. Nonsurgical therapy isn't as economically rewarding for the surgeon in the U.S. due to the personnel and fees involved.
3. Due to his/her lack of training in this area, the surgeon is reluctant to acknowledge the benefits of nonsurgical therapy for fear of losing patients.

Can vision therapy help with learning problems?:

Vision therapy can improve visual function so the patient/student is better equipped to benefit from education instructions. In 1991, **Firmon Hardenbergh, M.D., the Chief of Ophthalmology at Harvard University Health Services**, has 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.”

Vision therapy is directed toward resolving visual problems which interfere with education instruction. A multidisciplinary team approach to treating learning disabilities is recommended, and vision is one aspect of the overall picture.

MEDICAL DOCTORS TALK ABOUT THE SUCCESS OF VISION THERAPY

MDs Talk About Vision Therapy

Pediatrician and Parent Advocate for the National Center for Learning Disabilities

Dr. Debra Walhof is a Pediatrician who specializes in Integrative Medicine. During the past 20 years, she has practiced in hospital, academic and community-based clinical settings. Her work has focused primarily on multi-cultural and underserved populations who present as "at risk" across many developmental and behavioral domains. According to Dr. Walhof:

“It is important to remember that normal sight may not necessarily be synonymous with normal vision... That being said, if there is a vision problem, it could be preventing the best tutoring and learning methods from working. Now that certainly doesn't mean every dyslexic child needs vision therapy, however in my opinion, skills such as focusing, tracking and others are essential foundational tools for reading. In general, if your child has trouble with reading or learning to read, getting a vision evaluation to assess these skills from a qualified Developmental Optometrist would be a smart move.”

Psychiatrist & Physician

Dr. Katherine Donovan, a Psychiatrist from Charleston, S.C., was one of those parents who didn't give up, “It wasn't until my own child had problems with reading that I discovered that my medical training was missing a very valuable piece of information which turned out to be the key to helping my daughter, Lily. While I had taken Lily to many ophthalmologists and learning specialists,

desperate to understand why this very bright child still could not read well, or write legibly at age 12, I always got the same answers: ‘her vision’s fine’ and ‘she’s dyslexic.’”

“As a physician, I had been taught that vision therapy was controversial and could not treat learning disabilities. However, my personal experience with my daughter proved to me that vision therapy worked, when nothing else did,” Dr. Donovan shares. “While vision therapy cannot treat learning disabilities, per se, it absolutely corrected a vision problem which was blocking Lily from being able to learn. After a visit with a developmental optometrist who tested over 15 visual skills critical to reading and learning, I was shocked to learn that Lily was seeing double out to three FEET—which meant that when she tried to read, the words were double. No wonder she hated to read!”

Following optometric vision therapy, “Lily now reads 300 pages a day, in her free time; she puts down ‘reading’ as her favorite hobby; and she has a 95-average at Buist Academy with NO help from me on her homework! Prior to this, I’d been spending three to four hours each night, for many years, tutoring Lily,” Dr. Donovan shares with delight.

Physician and Medical Expert Witness for Medico-Legal Cases

Even though there is a wealth of optometric research which proves vision therapy works, as Dr. Donovan mentioned, there is false information in the medical community about vision therapy. This can be confusing for parents, especially when it comes from their child’s pediatrician.

Dr. Joseph Manley, a physician and medical expert witness for medico-legal cases, states, “The conclusions (particularly the failure to recommend vision therapy for children likely to benefit from it) of the American Academy of Pediatrics report on Learning Disabilities, Dyslexia and Vision are based on exclusion of the most relevant data and inconsistent application of the Academy's stated criteria for selecting evidence. They fail to acknowledge abundant published and anecdotal evidence supporting the use of vision therapy. This overlooked evidence includes controlled trials, observational studies, case reports

and consensus of experts - the same kinds of data that underpin the daily practice of medical professionals.”

Neurologists & Leading Clinicians on Learning Disabilities

Brock Eide, M.D., M.A. and Fernette Eide, M.D., leading clinicians and writers on learning disabilities, state, “In spite of the very positive research findings validating the role vision plays in learning, some are still claiming visual dysfunction plays little or no role in the reading challenges that dyslexics face. This is a shame. When we look specifically at the results of studies performed to address specific visual issues, the evidence supporting visual therapy is quite strong.”

The Eides run the Eide Neurolearning Clinic in Edmonds, Washington, are authors of the popular book, *The Mislabeled Child: How Understanding Your Child’s Unique Learning Style Can Open the Door to Success*, and lecture throughout the U.S. and Canada to parents, educators, therapists, and doctors. Drs. Eides have published extensively in the fields of gifted education, learning disabilities, and twice exceptionalities such as giftedness and dyslexia, and served as consultants to the President's Council on Bioethics.

“While not all children or adults with dyslexia have visual processing problems, many --at least two-thirds in some studies-- do. This makes sense from a neurological standpoint, because several of the structural neurological features associated with dyslexia appear to predispose to visual difficulties,” Dr. Brock Eide adds.

“Not surprisingly, several types of visual difficulties are more common in dyslexic than non-dyslexic children. In one study of dyslexic children, just one type of visual problem, near-point convergence insufficiency, was present in 30-40% of the dyslexic children, compared to just 20% of controls. As can be seen from this control figure, visual processing problems are also quite common in non-dyslexic school-age children,” Eide continues.

Dr. Fernette Eide explains, “The bottom line is that visual problems are common, though not universal, in children who struggle to read; and optometric vision therapy can help address visual problems in children with significant visual dysfunction. A good visual examination is an important part of the workup of every struggling reader.”

Ophthalmologists

Ophthalmologist, Dr. Bruce Sumlin, writes, “Optometric vision therapy makes sense. It is very similar to other kinds of treatment and therapies we provide in the medical disciplines which help to develop neural connections in the brain.”

John B. Ferguson III, MD, an ophthalmologist who has been in practice for over 34 years, was not always a strong believer in vision therapy. When asked what made him change his mind, Dr. Ferguson shared, "Among ophthalmologists, vision therapy has been thought to be reserved for certain eye muscle disorders. I was unaware, and I believe many other ophthalmologists are also unaware, of the significant effects that these eye muscle disorders have on the attitude and behavior of some children. I thought that at the most these children, if left untreated, might experience headaches or read less efficiently. However, I had the opportunity to speak with children and the parents of children who went through vision therapy and I was very impressed by the dramatic and positive academic and behavioral changes they experienced.”

According to ophthalmologist, Robert Abel, in his book *The Eyecare Revolution*: “Vision therapy is taught at optometry schools; ophthalmologists know very little about it ... It can change people’s lives, as it has for President Lyndon Baines Johnson’s daughter, Lucy, whose dyslexia was helped greatly by vision therapy.”

In an editorial responding to an article, “Optometric Vision Therapy & Training for Learning Disabilities and Dyslexia,” Dr. Paul Romano, ophthalmologist and editor of the *Binocular Vision & Strabismus Quarterly* states:

“...why should I think that my fellow ophthalmologists are correct about dyslexia and learning disabilities virtually never being a real eye problem and amenable to some eye directed therapy? I must trust my own 30 years of personal experience.”

“There is no doubt in my mind that the exams most orthoptists, ophthalmic technicians and ophthalmologists, including pediatric ophthalmologists, perform for the learning disabled or the dyslexic child are too often inadequate or incomplete and are unable to find these ‘subtle abnormalities of monocular and binocular vision which may give rise to these problems...”

“Also I simply do not believe the current organized ophthalmology-pediatric ophthalmology mantra that virtually nothing with regard to binocular vision (except maybe convergence insufficiency) can be affected, altered or improved by anything other than surgery. There are too many other areas in medicine where change is achieved without drugs or surgery.”