

The First Optometric Vision Therapy and Vision Rehabilitation Residency in a Private Practice

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The first private practice residency offered in Vision Therapy and Vision Rehabilitation started July 1, 2008 at Appelbaum Eye Care Associates (AECA) in Bethesda and Annapolis, Maryland. It is affiliated with Southern College of Optometry in Memphis, Tennessee and is currently the only program of its type- preparing the recent graduate with both clinical and practice management education. In addition to obtaining advanced clinical competence, the goal is for the resident to gain first-hand experience in the day-to-day operation of a successful optometric private practice that emphasizes vision therapy.

The Need for Private Practice Residencies

Why is it that although private practice was surveyed as being the ideal mode of practice amongst optometry school students, the majority of recent graduates end up working in a "commercial" setting? An article in Optometric Management proposes that the reason for this is the increasing amount of debt incurred by students and the higher salaries offered in commercial settings. Well, the salary may be higher initially but all the other advantages of owning a private practice far outweigh any financial burdens, so how can this growing trend of young optometrists in the commercial setting be explained? Perhaps the assumption is that only the business savvy can build a successful private practice but "business-mindedness" like the malleable visual system, is something that can be learned. What better way to promote private practices and encourage our new graduates to strive for what they want than with the option of a private practice residency?

Residencies are often viewed as a "fifth year of schooling" and even those that are residency trained end up working in a commercial setting. This is due, partly because residency curriculums have not changed much since they were first offered in the 1970's. With the world around us ever changing, new curriculums and programs need to be available for the young optometrists.

The Practice and the Supervisors

AECA was established in 1977 by Dr. Stanley A. Appelbaum. Dr. Appelbaum graduated from the Illinois College of Optometry in 1974. Also in 1974, he completed the first available one year optometric residency program which happened to be in the VT specialty at SUNY College of Optometry. Dr. Appelbaum is a certified Fellow in the College of Optometrists in Vision Development. He has published several papers including one for OEP titled, "Sensory Integration: Optometric and Occupational Therapy Perspectives." He also lectures nationally on the topic of Visual/Vestibular Assessment & Treatment.

Dr. Henry Friedman graduated from the New England College of Optometry in 1980 and has been with AECC for over twenty years. Dr. Friedman is an exceptional behavioral/developmental optometrist who provides helpful insights about difficult cases. His expertise also includes low vision and acquired brain injury patients.

Details about the Residency Program

The mission of the residency is to prepare optometrists to provide full-scope primary pediatric, vision therapy and vision rehabilitation optometric care by providing post-graduate clinical

experience beyond that provided in the Doctor of Optometry program, in a setting that promotes excellence in patient care, education and research. The length of the program is one calendar year and commences on July first. The resident has approximately 60 VT patient encounters per week which totals to nearly 3000 encounters by the end of the program. The office has three fully equipped exam rooms, two vision therapy rooms, a visual field/visagraph room and a visual skills work-up room; thus there is plenty of space for all three optometrists to see patients simultaneously.

At AECC, there is always a doctor in the VT room when patients are receiving VT. Patients are involved in office based vision therapy under the direct care of the resident. These patients have a diagnosis of one or more of the following conditions: binocular or accommodative dysfunction, strabismus, amblyopia, visual perceptual or information processing dysfunction, Sensory Integration Dysfunction, ADHD, autism spectrum, or acquired brain injury. Both children and adults receive VT at AECC, because as you already know, the above diagnoses apply to all age groups. Occasionally, patients from foreign countries will come for therapy because sadly, vision therapy services are nonexistent in their home country. These patients undergo "intensive" sessions of vision therapy which entails one or two 50 minute sessions per day for 1 to 3 weeks. The results are remarkable and parents/patients insist on returning during their next visit to the United States for more vision therapy at AECC. It is no surprise that we encounter these foreign patients since the office is in close proximity with our nation's capital.

The VT Resident also does primary care at AECC. This allows the resident to keep up with technical and diagnostic skills as well as gain knowledge about fees, codes and managed care/insurance plans. The process of referring patients to non-optometric providers and developing a network of referral sources is also an important part of the resident's education. In addition, the program offers various 'bonuses' including ortho-keratology patients, low vision

evaluations, and easy access consultations with the occupational therapists that practice within the office building.

The didactical aspect of the program comes from weekly case discussions, book reviews, and seminars/presentations offered at meetings such as COVD and IBO (Institute for Behavioral Optometry). The applied concepts courses at COVD meetings are particularly beneficial. IBO is a local meeting of Behavioral/Developmental optometrists that convenes monthly at private offices throughout the Washington DC, Maryland, and Northern Virginia areas.

Many clinical opportunities are presented to the resident by both the **Behavioral Optometrists and Occupational Therapists** at Appelbaum Eye Care Associates on topics such as: Amblyopia and Strabismus, Rehabilitative Optometry, Optometric Intervention in the Learning Disabled Population, Behavioral Optometry, and combining Optometric Vision Therapy with Occupational Therapy in the same office.

The Resident serves as a teaching assistant to clinical staff and learns how to make effective presentations to teachers, therapists, parents, etc. and is required to complete a publishable paper by the end of the program.

Conclusions

From my first year in optometry school, I planned and aimed to one day open up my own practice. I had this notion that patients got the best care in a private practice setting. I also wanted, from the very beginning, to specialize in VT. I have to admit however that my education at SUNY led me to change my mind many times and even doubt the impact that VT has on patients' lives—something I am a bit ashamed to admit because that powerful impact has now become something I passionately believe in. Our education was initially emphasized with medical optometry that by the time we learned about the functional aspects, many students had already made up their

mind that the medical component was more important and what they wanted to pursue. Fortunately, I had several great mentors such as Doctors Harold Friedman, Barry Tannen, and Esther Han that helped me mold my definition of vision.

There is a mutual need for both student and optometrist interest. If you are an optometry student who is considering specializing in VT, I urge you to look into this program. You will find it rewarding beyond your expectations and come out with enough confidence to start your very own VT practice. If you are a private practitioner with a successful VT practice and willingness to mentor, I urge you to consider taking in a resident. It is my hope that, with the AECA residency program serving as a prototype, more private practice VT residency positions will be created. The future of our specialty depends on preserving, expanding, and increasing VT practices and VT optometrists.