

A rare case.

Presented at the KISS meeting in
Washington DC, January 24 – 26, 2009

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Case history.

- Emiel (male), born Dec. 13, 1995.
- Referred from local optometrist due to poor acuity and very odd visual findings.
- Premature birth: 31st week.
- 2 weeks in incubator.
- Was wearing a CPAP for 3 days to help respiration.
- Ophthalmological examination at birth revealed healthy retinas and eyes in general.

Case history.

- Several visits as infant and child at hospitals with medical specialists including ophthalmologists.
- Medical routine checkups at age 1, 2, 5 and 6: No comments about eyes and vision.
- General development: No crawling – started walking at about 13 months of age.
- Late learning to ride a bike – still clumsy and knocks things over.

Case history.

- School situation: 6th grade where he is averaging the middle of his class.
- Emiel is very unconcentrated during classes.
- Onset of problems: Uncertain but he started complaining sometime during spring of 2007.
- Family history: Several (3) relatives have deceased within the last 3 years.

Prior visual exams.

- Ophthalmologist: Summer 2007
 1. visit – dry exam. -5.00 ou.
 2. visit – wet exam. -1.00 ou.
- VA: ?
- Conclusion: No Rx or any other treatment – “come back in one year”.

Prior visual exams.

- Several visual exams by optometrist prior to this visit with divergent results.
- Referring optometrist
Best result: OD. -8.25 -0.50 x 110 20/40
OS. -8.00 -3.25 x 5 20/40
- With this Rx in trial frame Emiel projected esotropia and reported diplopia.

1. Visual assessment.

- Oct. 10, 2007: Optometrist Pernille Østberg.
- Appearance: Shy – no eye contact.
Low self esteem.
- Optometric findings:
- Hab. VA. Dist: OD, OS., OU. @ 4 m – 20/400
Constant diplopia
- Cover Test: Large esophoria/intermittent
esotropia – distance and near.

1. Visual assessment.

- Eye movements: Poor.
- NPC: To the nose – single vision
from 30 cm and inward.
- Retinoscopy: OD. -2.75, OS. -1.75
- BVA: OD. -6.00 VA. 20/200
- Pinhole: No improvement.
- Best subjective dist: Rx above – constant diplopia.
6 PD BO - images closer, no
fusion.
- Best subjective near: -2.50 OU. – reads 20/20 at 15 cm.
+1.00 – same.

1. Visual assessment.

- Keystone Visual Skills: Alternating suppression
Blurry – varies constantly
Eso tendency dist/near
- Primitive reflexes: ATNR – not integrated
STNR – integrated
TLR – not integrated
SPGR – not integrated
MORO – not integrated
- Dietary situation: Well balanced diet including a
fair amount of daily intake of
vegetables.
Not sugar addict.

1. Visual assessment.

- Conclusion: Streff Syndrome
Psychosomatic myopia
?
- Recommendations: -2.00 OU. for constant wear.
A vision therapy program with
in office training and follow up
of home program every 2 weeks.

VT program initiated Oct. 22, 2007.

VT program.

- 1st VT session Oct. 22, 2007: VA 20/400 OU
Good rapport with Pernille day 1.
- 2nd VT session Nov. 5, 2007: VA 20/160 OU With Rx -2.00 OU
Constant diplopia.
BVA -9.00 OD 20/22
-7.75 OS 20/22
New RX -4.50 OU (CL)

VT program.

- 3rd VT session Nov. 21, 2007: VA 20/20 OU with -4.50 OU
(CL)
New RX -2.75 OU – full
stereopsis
- 4th VT session Dec. 10, 2007: VA 20/33 Hab. Rx -2.75 OU.
VA 20/33 with Rx +1.25 OU.
2 week vacation in Thailand.
- 5th VT session Jan. 9, 2008: VA 20/40 OU no Rx.
VA 20/25 with +1.25 OU.

VT program.

- 6th VT session Jan. 28, 2008: VA 20/67 OU no Rx.
VA 20/22 with +1.00 OU
Low motivation regarding VT
Full analysis
Full stereopsis distance and near
Primitive reflexes all fully integrated (SPGR 0-1)
- 7th VT session Feb. 25, 2008: No show

VT program in office and home.

- 1st VT session Oct. 22, 2007: Eye control
Stomach exercise 3
Bear walk homolateral
Racetacks
- 2nd VT session Nov. 5, 2007: Eye control
Stomach exercise 3
Bear walk cross lateral
Slap Tap A+B
Ball bunting
Dodge ball

VT program in office and home.

- 3rd VT session Nov. 21, 2007: Eye control
Stomach exercise 3
Punch ball
Slap tap A+B+C
Flashlight pointing
Ball bunting
- 4th VT session Dec. 10, 2007: Eye control
TTNR
Hart Chart – Near/Far
Mental Minus -4.00
Kirshner arrows

VT program in office and home.

- 5th VT session Jan. 9, 2008: Hardly any homework done since last visit.
Same program + look hard/soft
Para glided during vacation.
- 6th VT session Jan. 28, 2008: VA 20/67 OU no Rx.
VA 20/22 with +1.00 OU
Low motivation regarding VT
Full analysis
Full stereopsis distance and near
Primitive reflexes all fully integrated (SPGR 0-1)
Same program
- 7th VT session Feb. 25, 2008: No show

VT program.

- Frequent contact with Emiels family during spring and summer of 2008.
- Very positive behavior changes since the first VT session.
- Planned follow ups have been postponed several times up to this date.
- Sept. 24, 2008: P.Ø. called the family and had a talk with the father.
Emiel is happy and content with a high level of self esteem.
He is doing very well in school.
Uses Rx (+1.00) on and off.
- Will contact the clinic for an appointment in the near future.

What did the "trick"?

- Was it just rocking the boat with: The initial Rx?
The VT program?
The Reflex program?
- Was it purely psychological?
- Was it that he was been taken care of?
- Was it all of the above?
- OR?
- Would you have handled this differently?