

Kraskin Invitational Skeffington Symposium on Vision

January 24, 25, 26, 2009

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2 cases

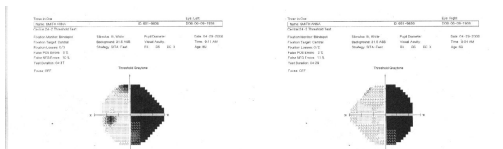
- visual eval - TBI
- Unintentional switching of Dominant eye

Referral from Neurorehabilitation Services

- Referring Mrs. Smith 70 yo for immediate visual defects after cervical vertebral fusion procedure – May 2008
- CC: has to study almost every letter while reading – only sees 1st half of the word
- Has been a reader all of her life
- Had to retire as a court recorder

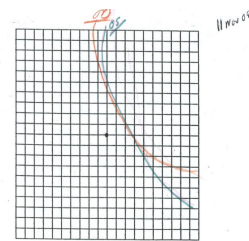
- EOM: F,S,U
- PERRLA – APD
- NPC – To Nose
- #7A - +0.50 sph OU
- +2.50 sph for reading
- OD - Dominant

Humphrey says she has a right homonymous hemianopsia



Amsler says she has a right superior field defect

- With paramacula sparing



Vision Therapy plan

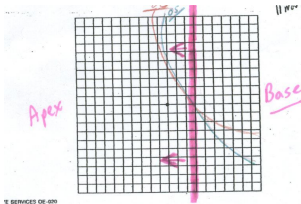
- Press on prism
- Balance
- Basic Skills
 - Saccades (large, medium, small, large print readers digest)
 - Pursuits
 - BI and BO

Final treatment

- 5 pd base out (apex in)
- OS only
- Nasal to edge of visual field
 - Approx 20.5 mm in

My thoughts

- 5 pd on non-dominant eye gives enough split second peripheral info during saccade to help guide the macula to the next word
- After one week Mrs. Smith was very excited to be reading 10 pages / hour



Advice from the web

- You may benefit from turning your head towards the blind side thereby maximizing the non affected visual field.
- Turning your head instead of your eyes when looking from side to side.
- Move all furniture, such as the bedside cabinet to the non-affected side to prevent accidents.
- Make sure you get out of bed on your non affected side.
- Try to scan round to the affected side as much as possible when moving around to prevent bumping into things.
- It may be possible to centralise your visual field with the use of plastic prisms that are applied to the inside of your glasses. Your Orthoptist will be able to do this.
- With reading problems, it may be useful to put a coloured marker down the side of the page towards the blind side so that you are aware of where the beginning and the end of the line is. Using your finger to follow the line of print may help or moving your head from side to side to locate the print.
- Some people find that using a typoscope helps with reading. This is a black piece of card which has a window cut out to allow the reader to view a small amount of words at a time.
- Sometimes people find turning the page, vertically and reading vertically instead of from left to right, useful.
- **These techniques need practice and patience, trial and error is the key.**
- These adaptations will encourage you to maximize the residual field of vision. They will reduce clumsiness and may enable you to improve mobility and quality of life. It may also benefit the treatment given by other therapists.
- **If you would like any further advice please contact the Orthoptic Department by telephone. The number is 0 1 9 4 2 - 8 2 2 3 1 0**

Range Master Referral

- Referring Cpt Smith 51 yo for a visual eval because he qualified with his non dominant eye – expert score
- CC: dist VA is fine – intermediate seems different
- Always qualifies with an expert score last qualification had same result
- 20+ years on Richmond PD

Dominant vs. Cross Dominant

- Dominant terms
 - Dominant eye, Master eye or master shooting eye
 - Dominant hand or Strong hand
 - Non-dominant hand or Weak hand
- Cross Dominant
 - Dominant eye and weak hand
 - Non-dominant eye and strong hand

Entering VA with specs:

Dist OD 20/20+
 OS 20/20+
 OU 20/20+

Near OD J 1
@ 18 in. OS J 2
 OU J 1

Present Rx (8 x 35 ST) and 7A
 OD -0.75 sph / 2.00
 OS -0.25 -0.75 x 180 / 2.00

EOM F,S,U
NPC To Nose
DFE Unremarkable

Final thoughts

- Feel eye dominance is equal
 - I did not check eye dominance during exam
- Used strong hand and OD while he practiced regularly
- Now on staff position – he is the chief during his night shift – range is closed
- Some loss of muscle memory.

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