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ONE “FINDING” THAT MOST ALL MY VISION THERAPY PATIENTS HAVE “OUT OF BALANCE.”

I often find **eye tracking** that is **consistently inadequate**, in about all of my Vision Therapy (V.T.) patients which are having **“Vision Problems”**. In my **“Model of Vision”**, I consider eye tracking as the preverbal **“Canary in the Mine” of Vision**. In the coal mines of old, they didn’t have instruments to tell when the mine was filling with poisonous gasses or reduced oxygen levels, which would be harmful or deadly to the miners. They would put a canary in a bird cage and watch him/her. If the bird started to show certain behaviors and /or signs, they knew they were in trouble until the atmospheric conditions of the Mine improved.

The same for eye tracking – **THE SOONER YOU CAN GET THE V.T. PATIENT TO IMPROVE THEIR EYE TRACKING**, both **pursuit and saccadic, eye movements**, the better will be their responses on other procedures and their overall progress. One goal the patient and the Optometrist should have at the **conclusion of ANY V.T. Program** is for the patient to have **efficient high level Eye Tracking at various increasing speeds** of movement of the stimulus target(s). Also it should be developed to the level of not **“breaking down” over time** or with **future increasing Vision** demands.

Over the years, I have not found it that difficult to develop high level efficient eye tracking in my V.T. patient population. To help my patients program, for themselves, efficient eye tracking and improving their other vision imbalances, I use real **“in space” procedures** which I find, and a number of studies show, is the **best way** to accomplish this.

I feel that the basic cause of poor eye tracking is in the area of **“Spatial Localization”**. You can develop or reprogram efficient eye tracking with “real space” V.T. procedures and experiences in our **“3D physical reality”**. The **“2D artificial environment”** of a flat or slightly curved Computer or TV screen is not a very good way to establish better Spatial Localization ability in my and many other Optometrist’s opinions.

Over the years, I have seen a number of **“first time patients”** who had previous V.T. programs from other Optometrists, who only used, or primarily used **“Computerized” V.T. procedures**. About every one of them that I saw still had **“jerky pursuits, even at low speeds, and inadequate Saccades**.

I feel that we who do V.T. should really be aware of how our patient’s eye tracking is developing, if it is inadequate. Yes, I truly feel it is the **Canary in the “Mine of Vision”**. When it starts to look “sick” the miner (patient) needs to address it. If they don’t, they do it as their **OWN VISION PERIL!**

Show audience my Pursuit and Saccadic “testers,” techniques, and rating scales.

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