



Why?

Dr Maria Asprogerakas
Private Practice in Astoria, NY

Did you ever ask yourself why ?

- Why do you do what you do ?
- Why those tests ?
- Why those techniques ?
- Why do you reach a different outcome than others ?
- Or just why ?

Why do we do what we do ?

- We examine the entire visual pathway ... why ?
- We check the hardware... muscles, ocular components, visual cortex, body muscles, contortions, overreactions, gate, etc....
- The software and the interactions within all the above and the black box is of more concern... including breathing, posture , stress levels, etc...
- Many of us also sit done and just look at the patient and analyze their functioning and ask why.

Then

- After we are done asking why, we select the test battery that verifies our beliefs in most cases.
- Including and not limited to blood work, neurological testing, etc....
- However Our biggest problem lies within the individual, if you just listen, they will tell you.
- They know why they came to you, they just don't know why they are experiencing what they are experiencing and they are seeking a validation for their feelings, as well as a resolution of their symptoms.

Why do our outcomes differ ?

- Even in this room our outcomes on the battery of test choice or the approach may differ, but...
- We in here will reach an outcome that is similar and a resolution that will alleviate the patient's symptoms.
- Many will over-test, many will shoot for various procedures that may be necessary to convince the patient but we all know deep down what is wrong with them.
- So why not just say it

Patients with varying symptoms

- A great practitioner is usually a good listener.
- Just listen , they will tell you the how they got where they are.
- You just need get to the why !

Case 1 : BM

- 8 yr old boy
- Seemingly nonverbal, understood hispanic
- Difficulty tracking, had typewriter type gaze
- Eyes locked in up gaze and no lateral movements possible
- Seemingly bilateral hemi-field
- Field of view along primary gaze up and down only
- Very timid, shy, and wouldn't explore any new areas without parental help

Cont case BM

- After viewing training, techniques were used to increase peripheral gaze and oculomotor function
- Acuvision , pegboard and visual organizational puzzles were also incorporated into the visual techniques used
- Child became more verbal and more independent
- Actually maintained gaze with parents and wasn't afraid to move around in areas that were new to him

Case 2: RF

- 56 year old women who suffered a stroke
- Seems to have make-up only on one side of her face and only brushed one side of her hair
- Visual neglect seemed to be the culprit
- Fear of the borders of her vision she would slide along wall to go to her mailbox

Cont RF

- Treatment included four corner viewing to increase figure ground awareness
- Also moving around furniture and having her try to walk along new obstacle course
- Three corner Brock string to view different areas
- Marsden ball bunting
- Her knees hurt but she eventually viewed the whole world better

Case 3: TF

- 36 year old nurse suffered a heart attack made to wait before leaving her station
- Anomia type of aphasia, named shirt color wrong but couldn't correct it
- Constricted visual fields to 10 degrees on automated, yet on manual chart she could draw out fields that correspond with at least 60 degrees, Giannoutsos et al

Cont TF

- Treatment included whole language approach to learning
- Memorization helped relieve anomia
- Tracking work helped her open up visual fields
- She felt scared and constricted, once she felt more at ease and her techniques helped her open up to see the world, as per patient comment

Case 4: LR

- 45 year old lawyer
- Wanted alleviate himself from the necessity of wearing any compensating lenses or contacts
- Came out of surgery not being able to fuse or do any near work
- Lost job, and couldn't find himself able to read anymore
- Anxious individual

Cont LR

- Colored filters helped reduce glare and helped him read again, Solan et al
- Yellow only increased symptoms, grey or blue reduced contrast and seemed to aid reading
- Bigger culprit was underlying convergence issue that just needed to be tweaked and opened him up
- Patient loved doing lifesaver cards on balance board and continues to do this whenever he feels he needs booster work

Case 5: pt JC

- 34 year old police officer
- Recently retired, couldn't handle all the paperwork
- Biggest issue was the shooting eye felt off
- On average these patients tend to be farsighted, once desk job takes over they seem lost
- Mild compensating lens on one eye to balance him and he felt he saw a new world

Case 6 : RC

- 26 year old fashion designer
- Large issue with being told he was lazy eyed, wall eyed
- Large angle exo but evidence he was alternating and can be yelled at to fuse
- Acuities were reduced and wore a very uncomfortable compensating lens large cylinder
- Felt he was moon walking and refused most treatment

Cont RC

- Remove the compensating cylindrical lens since with visuoscopy eccentric viewing was evident
- Spherocylindrical equivalent compensating lenses were given along with a brick string
- The patient felt much more comfortable and felt he was in a new world

Case 7: Pt GK

- 58 year old patient
- Worry wart, anxious for life
- Prostate cancer survivor, had stroke
- After stroke, diplopia, found large brain tumor
- End result ... Large angle turn causing diplopia

Pt GK

- Fresnel prisms were given that were changed as he improved with the surgical intervention of the tumor
- Warned against surgery for the diploma since it will change after tumor removed
- Now patient functions with small prismatic compensating lens
- Very happy and felt world was returned to him

Case 8: pt AFC

- 23 year old school teacher
- COVID changed her teaching techniques since now she is glued to her laptop
- She feels she can't see anymore
- Fish bowl viewing after work

Cont AFC

- Low compensating lenses
- NO blue light lenses not necessarily needed
- Usually work better with a few techniques to help maintain their work habits

As seen here , why is necessary

- Why do they feel the way they do ?
- Just listen they will tell you
- Then validate it and prove it to yourself
- Then finish up the treatment plan in an effort to find a resolution for the patient

Just

- Keep asking why

