

Tracking Progress in VT: A Developmental Scheme

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Plan

- I would like to address three issues today and I hope that you will join in.
- I don't bring these up because I have the solutions, but they are issues that I have felt a need to tentatively resolve in order to keep moving forward.
- As a friend and colleague recently put it these are like a "pebble in my shoe," and I would like to see if others are aware of the same kind of discomfort.

The basic issue is:

1. How do we know when patients are making
“progress?”

- Although, I can look at this as the basic issue, I'm not sure that we should address it first.
- We may need to engage in some groundwork and come back to this.

Groundwork

- A fair amount of that groundwork may be related to:
 2. What observations do we make of patients during visual training?
- In my scheme of things, what I observe depends a great deal on what I am looking for and what I expect to see.

The Pieces and The Whole

- We like to talk about “vision” as a holistic process that cannot actually be separated into independently functioning pieces.

The Pieces and The Whole

- We then, almost immediately, find ourselves:
 - breaking it into pieces,
 - devising tests to assess the pieces,
 - identifying deficient pieces,
 - prescribing procedures typically identified by their association to specific, deficient pieces,
 - all in an effort to put Humpty Dumpty together again.

The Pieces and The Whole

Somewhere in this we convince ourselves that what is quickly becoming a vicious circle is actually a straight line headed toward “Progress.”

The Pieces vs. The Whole

- If you disagree with my characterization, then I would ask you to explain why VT procedures are so frequently titled and/or catalogued by a specific purpose related to a specific function.
- Why do so many questions in optometric forums ask about what specific procedure should be used for a specific patient with a specific condition?
- (And why do so many people attempt to answer these questions in the terms they are asked?)

What a Mess - More Freaking Questions!

- If we could actually see each VT procedure involving the visual process as a whole, why would we ever need more than one procedure?
- And what would it be?
- If every procedure must actually engage the whole of the visual process, what distinguishes one procedure from another?
- What is gained by incorporating multiple procedures?

A Suggestion

- I suggest that what distinguishes different tests and VT procedures is not that they target deficiencies of various pieces of “vision”, but that they exploit or access different attributes, characteristics, or qualities of the visual system and the medium of light.

Exploiting the Visual System and the Medium of Light

- Some procedures exploit the fact that we have two eyes.
- Others exploit the ability to move those eyes and look (in many ways).
- We manipulate the visible environment in predictable ways, especially with lenses.
- Some exploit the expansive and restrictive aspects of the visual array.
- Procedures can access the anticipatory, visually biased characteristics of the neurology to incorporate visual elements into action - speech, balance, movement, etc.

Difference in Orientation *****

- Seeing, discussing, working with the visual process as a whole involves a different orientation than seeing, discussing and working with an amalgamation of pieces.
- I can already hear some people saying, “What difference does it make?” and I am sensitive to the comment because even as I prepare this, the distinction can oscillate from one orientation (one point of view) to the other, like a retinal rivalry or a reversible figure. *****

Difference in Orientation *****

- I think that there is a difference because switching from one orientation to the other changes what you look for and how you see it, ultimately changing how you work with a patient and how you manipulate a procedure *****
- but I fully appreciate that the differences may not always be obvious.
- Bringing us to my third issue.

The Third Issue

- How do you organize your observations of patients' behavior(s) in Visual Training?
- Your answer(s) will likely reflect which orientation you choose when you look at your procedures because this determines the “lens” you use for viewing your patients.

Organizing Observations

- In one case, observations tend toward scores and grading.
 - Pass/Fail,
 - Norms,
 - Reduced deviation,
 - Faster,
 - Etc.

Organizing Observations

- Alternatively, each procedure presents layers of questions and puzzles which are only solved by self-initiated, directed action. The questions and puzzles derive from the operational parameters of the procedure and not from a presumed “purpose.”
- From the other orientation then, what we observe is the individual using the visual process in the action of creating answers and solutions.

Back to the Beginning

- How do we know when patients are making “progress?”
- I tend to see certain developmental stages as patients work through Visual Training. I tend to characterize these as:
 - Resisting
 - Following
 - Initiating/Exploring

Thank you for your attention
and
I look forward to your comments