

Wisdom from Clinical Care: Insights from My Recent Patients

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Disclosures

- None

Thanks



The GIANTS who came before us; who shape what I do every single day



IBO study group (Washington DC/VA/MD)



Tuesday Think Tank

Questions?



WHAT HAVE YOU
LEARNED FROM
YOUR PATIENTS?



HOW DO YOU
USE IT IN
PRACTICE?

Patient DK

- Initial Exam age 3years 10month old
- Non-verbal, no babbling at age 2, first sounds 3yo
- Covers ears when does not want to do something
- Early intervention program in elementary school and ABA in morning
- Parents notice OD XT

Exam at 3yr 10mo

Test	Findings
Stereo	Unable to respond
EOM	Full range w/ head movement. Saccades 50% undershoot w/ head movement
Cover Test	NCT 4XP to IXT OD / DCT Limited attention. Ortho
NPC	3"/5"/OD deviated, recedes 3.5"/5"/OD deviated, w/0.50 to 2"
MEM	+1.50 brief attention
VA	Gratings paddle at 3 ft OU 4 cpcm 2/3
VA Snellen matching	OS 20/25 OD 20/30 OU 20/20 NVA OU Lea matching 20/63
Step vergence	BI 8 ^Δ lost interest, BO 18 ^Δ lost interest
Retinoscopy	+1.50D OD, OS

Treatment Plan

- Home therapy procedures 30 min, 5-6x/week
 - Body awareness
 - Bilateral integration
 - Eye hand coordination – eye movements with motor feedback
 - Sensory bins
 - Wear sunglasses
 - RTC 4 to 6 weeks

Returned 2 years later!

- Currently in Kindergarten
- Improvement in function over last 2 years
- Speech therapy, ABA, OT
- Parent gave list of therapy procedures to OT who is working on them.
- Medication Symbicort inhaler

Exam at 5yr 11mo

Test	Findings
Stereo	RDS +250 sec of arc. Circles 400 sec of arc
EOM	Full range w/ head movement. Saccades 50% undershoot w/ head movement
Cover Test	DCT Ortho NCT 8XP
NPC	3" then backs away, recedes backs away at 4", w/0.50 to 2"
Accommodation	MEM OD and OS +1.50 to +2.00 Amps Pull Away OD 50mm OS 80mm
VA	DVA OD 20/20 OS 20/25 NVA OD 20/32 OS 20/20 OU 20/20
Step	Near BI x/18/12 OS x/30/35 Distance BI 2? BO 6?
Retinoscopy	+1.00 OD, OS
Chalkboard Circles	Asymmetrical. Reverted to symmetrical w/ contralateral

Diagnosis and Treatment Plan

- CI, Intermittent Exotropia (when tired), AI, OMD
- Rx +0.50sph OU
- Optometric Vision Therapy to improve visual function
- Parent wanted to continue with OT and coordinate care

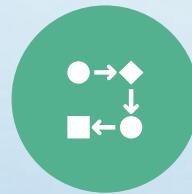
Exam Dec 2025



1st grade.
Reading, but it is slow. Getting help.



Do not notice eyes drifting.



Want to see if any changes. Still working with OT



Started Leucovorin. Initial dose 2.5mg



Does not look at the ball when catching.



Significant improvement in verbal skills and attention

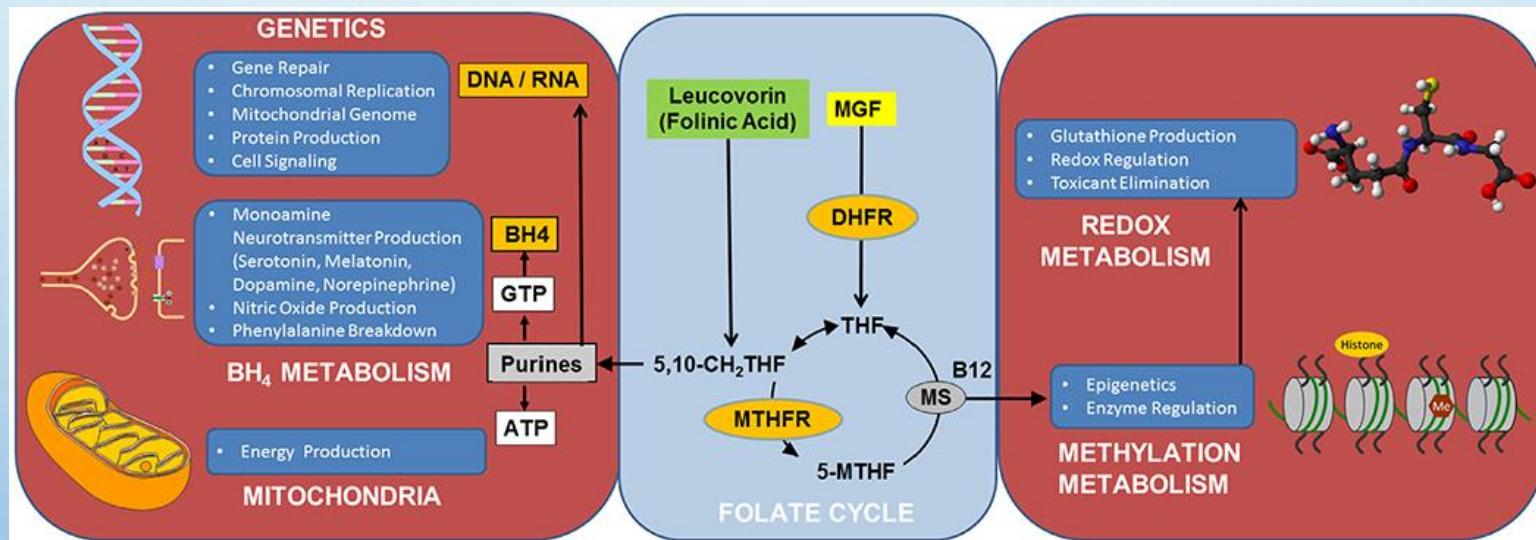
Exam at 6yr 11mo

Test	Findings
Stereo	RDS +250 sec of arc. Circles 400 sec of arc Animals 100sec
EOM	Full range, jerky w/ head mvmt, fixation loss. Saccades full head & body mvt
Cover Test	DCT Ortho NCT 4XP
NPC	2" then backs away, recedes 2.5"/4"/+dip/OS, w/0.50 to 2.5"/3"/OS out
Accommodation	MEM OD, OS +1.00 -0.25x90 Amps Pull Away OD 85mm OS 90mm
VA	DVA OD, OS, OU 20/20 NVA OD 20/20 OS 20/20-3
Step	Near BI x/14/12 OS x/18/14 Distance BI 4/1 BO 6/4
Modified Thorington	H 8 exo V iso? W4Dot: Fused at 16", 3ft, 6ft, 13 ft
Retinoscopy	OD -0.25 OS +0.50

QUESTION FROM PARENT

HOW COME YOU DID NOT DISCUSS LEUCOVORIN?

Leucovorin



Frye RE, Rossignol DA, Scahill L, McDougle CJ, Huberman H, Quadros EV. Treatment of Folate Metabolism Abnormalities in Autism Spectrum Disorder. *Semin Pediatr Neurol*. 2020 Oct;35:100835. doi: 10.1016/j.spen.2020.100835. Epub 2020 Jun 25. PMID: 32892962; PMCID: PMC7477301.

Folate Receptor Antibody Test (FRAT)

- Developed by Dr. Edward Quadros at the State University of NY (SUNY Downstate)
- Assay that screens for both blocking and binding folate receptor autoantibodies.
- Folate Receptor Autoantibodies hinder the transport of essential folate (vitamin B9) to the brain and Cerebrospinal Fluid (CSF).
- Children with Autism have been found to have Folate Receptor Autoantibodies. Presence of these autoantibodies suggests that not enough folate (vitamin B9) is being transported into the brain
- Deficiency can contribute to Cerebral Folate Deficiency Syndrome, neurodevelopmental and neuropsychiatric disorders



WHAT IS OUR ROLE?

Patient G

- 10yo 4th grade
- Loses place when reading, repeats words and has to reread. Difficulty with math word problems.
- Not good at reading aloud. Difficulty with spelling.
- Reverses b,d

Patient G Initial Exam

Test	Results
Stereo	+RDS 250 sec of arc, Circles 25 sec of arc
EOM	Saccades 50% undershoot with head movement
CT	Distance and Near 2EP w/ 1 R hyper
NPC	3"/2.5"/4"/OS dev/+ dip. Recedes 4"/3.5"/5.5"/OD dev/+ dip w/0.50 2"/3" Near Point of Comfort 3.5"/5.5"
Step Near	BI x/8/6 BO x/8/6
Modified Thorington	H Ortho V ½ Rt hyper
Accommodation	MEM OD+1.50 OS+1.00 Amps Pull Away OD & OS 78mm MinLens OD13D OS13.25D MAF OD 11cpm OS 14cpm BAF 11cpm
Worth 4 dot	Fusion with luster at 16" Suppression OS at 3 feet
VA	D 20/15 OD, OS, OU N 20/20 OD, OS, OU
Retinoscopy	OD & OS +0.50 – 0.25 x90

Patient G Initial Exam Cont.

Test	Results
Phoria	DLP 1 eso DVP ½ R Hyper NLP 3 eso W/ +1.00 1 exo VP ½ BU to ½ BD OS
Vergence	D BO 10/14/10 BI 2/6/0 N BO 16/26/18 BI 6/24/10
	NRA +1.00D PRA -0.25D
DEM	V 65 percentile H 27 percentile Ratio 6 percentile Accuracy 4 percentile
Standing Angels	Segmented, motor overflow especially L arm
Chalkboard Circles	Off phase on symmetrical and contralateral. Head turned to Rt
Rx trial frame	Prefers +0.50 OU to +0.25 OU or vertical prism. Reads w/ greater fluency
Dx	Decreased bilateral integration, CI, AI, OMD, VP deficits
Tx plan	Rx. +0.50sph OU
	Optometric Vision Therapy and Visual Processing Evaluation recommended

Patient G Visual Processing Tests

Test	Results
Gardner Execution	9 percentile
Beery VMI	16 percentile
Wold Sentence Copy	Speed 7 th grade, neat above grade level
TVPS Visual Discrimination	75 percentile
Visual Memory	16 percentile
Spatial Relations	63 percentile
Form Constancy	37 percentile
Visual Sequential Memory	10 percentile
Figure Ground	5 percentile
Visual Closure	37 percentile

Conversation with Parent

- Emailed to schedule a makeup therapy session – available for back-to-back sessions?
- Parent response - Patient still loses place when reading and still stutters when they read.
- Patient has shown significant improvement, but we are still working on several aspects of visual function.
- Did they think that OVT would resolve stuttering?
- What led them to think that OVT would fix stuttering?
- Did my explanation of improved visual function mean less stuttering?

Patient TC

- 80yo male
- Diplopia – diagonal. Left image higher.
- Pain on right side of right eye. Circles and halos in superior field.
- Difficulty reading, mixes 2,6,7. Can no longer drive at night.
- Hx of glaucoma and Htn. Neg hx of falls, head injury, stroke, recent hospitalization
- Lung section (2011), prostate cancer (2006). Watching heart.
- Rx OD +1.00-1.00 x90 OS +0.25 Add +2.50 OU

TC Exam

Test	Results
VA	Distance 20/20 OD, OS, OU Near OD 20/40 OS 20/30 OU 20/30
EOM	Non-com OD restricted adduction. Difficulty fixating and following target
Stereo	RDS none Circles 200 sec of arc Animals 100 sec of arc
CT	DCT 3 right hypo NCT 2 XP 4 right hypo
Modified Thornington	H 2 exo V 3 Rt hypo
Worth 4 dot	4 dots 3 feet, 6 feet, 8 feet and 13 feet
NPC	6.5"/10"/OD dev/neg dip Recedes 6.5"/12"/OD dev/neg dip w/+0.50 6.5"/10"/OD dev/-dip NP Comfort 12 to 15"
Subjective	OD+1.00 - 1.00 x90 OS +0.25 +2.50add
Phoria	DLP 1 eso VPH 9 BD OS

9 Gaze

Recheck History

Asked patient again and wife

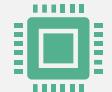
3 strokes in 2019 – front, right side and back

Patient forgot about stroke! Did not recall hospital stay.

Treatment Plan TC



Trial frame: Able to fuse with prism. No adaptation while in the office.



Rx OD +1.00-1.00x90 3.5 BU
OS +0.25sph 3.5 BD +2.50 add OU



Neuro-Optometric Visual Rehabilitation therapy recommended.



In office and home reinforcement therapy procedures.

Patient TT

- 35yo female healthcare professional
- Cannot see when removes glasses. After CL OK.
- Cannot read or look at screens after wears Rx < 1hr.
- Nauseous and eye strain with glasses.
- Feels eye want to slow down w/ glasses. Stares into space.
- Wants to wear glasses more often. Went 3x to other OD. They adjusted glasses but still has the same problem. Can see far w/ glasses.
- Hx. of TBI. Hit on top of head 1.5 yrs ago. 8yrs ago jammed cervical thoracic spine (whiplash type injury)

Patient TT

Fell down stairs 4yo

History of COVID 3x May 2022, Sept. 2024, August 2025. RSV Oct 2023 “coughed a lot”.

After COVID felt brain fog and difficulty focusing on screens but felt she recovered.

New job that requires computer use 20 hours/week.

Just started D3 w/ Vitamin K 2 weeks ago. Mg, Vitamin B

Current Rx OD +1.50-1.25 x104 OS +3.00-1.75 x065

Contacts Acuvue Oasys OD+1.50-1.25x110 OS+3.00-1.75 x070

Patient TT Initial Exam

Test	Results
Stereo	+RDS 250 sec of arc, Circles 30 sec of arc
EOM	Head tilt to left. Multiple fixation losses. Saccades 20% undershoot
CT	Distance 1 L Hypo Near 6 XP w/ 1 L hypo
NPC	6.5"/3"/5"/OS dev/- dip. Recedes 6.5"/3.5"/5.5"/OD dev/- dip w/+0.50 6.5/3.5"/5/+vertical dip Near Point of Comfort 10"/15"
Step Near	BI 8/OS XT at 16 neg dipl / 14 felt OS eyes align (move) BO 18/20/18 (Using OD)
Modified Thorington	H 3 exo V iso (head tilt?)
Accommodation	MEM OD+2.00 OS+2.00 Amps (minus lenses) OD 4.25D OS 2.75D
Worth 4 dot	Fusion with luster at 16" Suppression OD 3ft to 6ft Fused 13 feet
VA	D OD 20/15-1 OS 20/20-2 OU 20/15 N OD 20/20 OS 20/40+2 OU 20/20-3
Subjective	OD +1.50 -1.5 x110 OS +3.25-1.75 x70

Patient TT Initial Exam Continued

Test	Results
Phoria	DLP Ortho VP 1/2 to 1L hypo NLP 3 exo w/ +1.00 4 exo VP 1 to 2 left hypo
Vergence	D BO Supp OS BI x/10/4 Near BO Supp OS BI 18/22/12 c/o v. uncomfortable
	NRA +2.00D PRA -0.75D
DEM	V 86 percentile H >99 percentile Ratio 96 percentile Accuracy 32 percentile
Standing Angels	Lag on movement, segmented on contralateral, slight motor overflow
Chalkboard Circles	Not done. Patient felt off
Rx trial frame	Likes 0.50 BD OS. Also liked binasals (preferred binasal or uninasal) Reads w/ greater fluency and looking outside felt more comfortable. Did not like unequal add
Dx	Possibly decompensated phoria. Aniso, BVD, dec. bilateral integration, CI, AI, OMD
Tx plan	Binasals. Rx. w/0.50 BD OS, Computer +0.50add OU, and VT

Patient Response to Exam

- Felt other doctor did not understand how debilitating symptoms were.
- Quality of life was affected, and they did not try to figure out a resolution.
- Never offered another exam.
- Only readjusted glasses 3 times.
- Email: “The tape seems to be helping! I still felt my eyes a bit tired by the end of the day after wearing my glasses, but the tape seems to help when looking at a screen.”



INSIGHT

COMMUNICATION!

Communication

- Clear communication
- Expectations
- Goals
- Assistance from family/caregivers

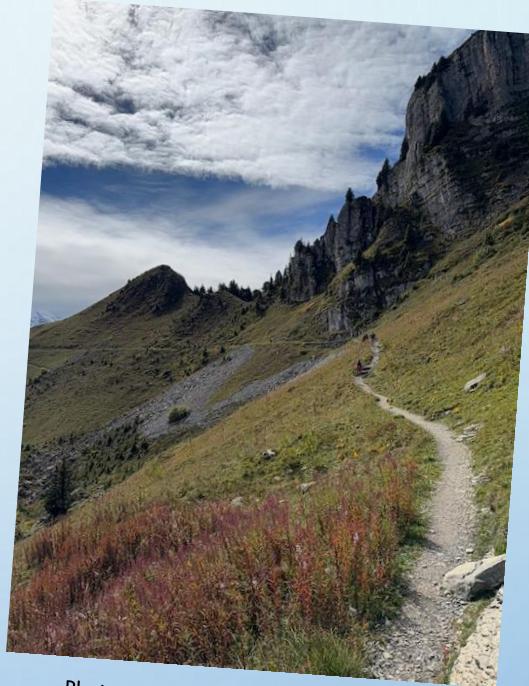


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References

- Frye RE, Rossignol DA, Scahill L, McDougle CJ, Huberman H, Quadros EV. Treatment of Folate Metabolism Abnormalities in Autism Spectrum Disorder. *Semin Pediatr Neurol*. 2020 Oct;35:100835. doi: 10.1016/j.spen.2020.100835. Epub 2020 Jun 25. PMID: 32892962; PMCID: PMC7477301.
- Frye RE, Lane A, Worner A, Werner BA, McCarty PJ, Scheck AC, Collins HL, Adelman SJ, Quadros EV, Rossignol DA. The Soluble Folate Receptor in Autism Spectrum Disorder: Relation to Autism Severity and Leucovorin Treatment. *J Pers Med*. 2022 Dec 8;12(12):2033. doi: 10.3390/jpm12122033. PMID: 36556254; PMCID: PMC9786140.

Questions?



WHAT HAVE YOU
LEARNED FROM
YOUR PATIENTS?



HOW DO YOU
USE IT IN
PRACTICE?



Thank You

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