Kraskin Invitational Skeffington Symposium on Vision

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There are teachers, and there are mentors. Teachers are a dime a dozen…that is, if you're smart. A crappy expression in this case. While teachers are all around us all the time, again, if we're smart, they are worth their weight in gold…not a dime.

Most of you here today have taught me things. Most, if not all, of my patients have taught me things along the way. But mentors are special, they to you and you to them. I had three wonderful mentors during my optometric childhood. Two were gone before I reached my teens, and the third passed on since we last met here.

I always attempt to keep in mind that if I have seen farther than others it is because I have stood on the shoulders of giants. After the passing of my dear friend and mentor Dr. Harold Wiener last year, I would like to spend some of my time paying tribute to this giant and others, especially those first three. Actually, I don't know that I've seen any farther, but I have, as most of us here have, definitely seen differently than others.

I became an optometrist for a few reasons. They are, in chronological order:

1) I was at a crossroads in my life.

2) I picked up the Bates-inspired book that my Aunt had given me many years prior.

3) Wanted to find a different kind of OD for my nearsightedness. As my nearsightedness continued to worsen, starting with my first Rx at age eight, I eventually – around age 28 – began to think "There has to be another way." I decided the only way I could figure this out was to become an optometrist.

As my first day at PCO drew near, I was convinced that I was going to create something new and exciting. Then I stumbled upon the "pediatric" clinic and soon came to realize that the thing I wanted to create was already extant.

Being an older entrant in optometry school at the age of 30, I wanted to hit the ground running. My classmates were amazed that such an elderly person not only rode a bike seven miles each way to school – including during a hurricane – but could handle a Frisbee with the best of them. As soon as I could, I sought out the person in charge of the clinic I had wanted to create – Mitch Scheiman. I asked him how I could get involved in this "pediatric" wing asap. I guess he could see I was trouble right away and told me to take a hike…I mean, an elective. I would have to wait until third year to get hands-on with VT. I was advised to sign up for a weekend elective with Wiener and Kraskin.

Before that wonderous show came to town, I found another elective that looked interesting. It was taught by a very dapper gentleman named Martin Kane (a fellow late arrival to the profession at the age of 50), who ultimately became my first optometric mentor. Marty dressed for success, but that was one lesson I just could not learn. As it turned out, one of my brothers, who had strabismus surgery as a child had done VT back then – in the early '70s. This only came to light years later when Marty passed away after an ice-skating accident – right after leaving this very meeting early, in order to ice-skate with his son. I eventually purchased Marty's practice from his family and my brother helped me collect and move all the contents of Marty's office. As we approached the building, my brother said, "I know this place." He then proceeded to describe the interior of the building to a T. He had done VT in that office many years earlier.

Marty was instrumental in ensuring I was hooked on the developmental/behavioral model of optometry. He taught an elective entitled *Perception, Cognition and Learning* that delved into the nature of the visual process once it gets beyond the retina, sharing concepts completely absent from the classroom and clinical instruction that made up the formal PCO curriculum.

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I signed up for the Weiner and Kraskin show first chance I got. It ran for two days – a weekend, no less. My life would never be the same. Also, these two gentlemen would become almost inseparable in my mind. I would end up watching their extraordinary performance four times, including the year after I graduated. I'm a slow learner. But mostly I was hoping they would buy me lunch. Not only did I end up getting a number of free lunches, but I was paid handsomely for those meals by having quality time with my mentors.

I subsequently spent three months of my senior year at the offices of Drs. Hal and Marc Wiener. Hal instilled in me the importance of peripheral visual awareness. He also showed me a side of VT that was worlds away from what I had experienced in school. This was a developmental, behavioral approach to helping people expand their visual process. This was what I was looking for.

Both Hal and Bob worked under the assumption that it wasn't the procedure that mattered, it was how the interaction unfolded.

Me: What's the purpose of the Wallach Rings?

Bob: it's just another way of observing how the person uses their visual process.

Whenever I have occasion to speak with students or new practitioners, I always recommend Bob's *Vision Training in Action* and *Lens Power in Action* series from OEP.

Hal would often "rediscover" an activity he had forgotten about and then proceeded to do it with most, if not all his training patients for a week or so.

The first time I went to the Wieners' satellite office, Hal informed me that he would be doing an exam and asked if I would be okay with the five VT patients coming in during that time – most of them having overlapping sessions. I assured him that I had no real idea what I was doing, but was happy to do my best. Hal proceeded to rattle of what activities I should do with which patients, and off I went. Never to look back.

I recall sending a patient interaction report to my preceptor back at PCO – it was a child with exophoria, or CI who Dr. Wiener had in low plus at near. My preceptor was horrified at the thought of such a thing and let me know that this was an unacceptable treatment plan for this child. I informed her that she should take it up with Dr. Wiener since it was his doing and I was merely reporting what I saw. That never happened.

Lastly, at least during my optometric childhood, I was privileged to live-a-week of optometry with the Kraskin family. They were not only the most gracious of hosts, but watching them work together in the VT room was inspiring. Bob taught me the importance of plus lenses at near along with a host of other concepts, notions and ideas. It was a wonderful and mind-bending experience.

I have had other mentors since Marty, Bob and Hal, and being short I have been fortunate to have more than enough shoulders to stand on. Most notable for me have been Stuart Clark, Paul Harris, Barry Cohen and Greg Kitchener, all of whom are thankfully still with us. And through Barry and Greg and all those in the Behavioral Vision Project, the incredible mind and optometry of Bruce Wolff. I am eternally grateful to have fallen in with such a bunch of renegades.

I'd also like to give an honorable mention to Bob Sanet, who we recently lost. Not one of my mentors, but someone – like so many others at this gathering – who I had the good fortune to see and hear, and who provided inspiration during my early years in practice. And clearly a mentor to many.

A favorite moment from the Wiener/Kraskin elective…

Resident: You can't see in the periphery without dilating the eyes.

Wiener: No *you* can't see in the periphery without dilating the eyes. I've been doing this for 40 years and I've gotten pretty good at it.

Hal then took half the class into the lab to demonstrate the classic 21-point Skeffington Analytical. It took him about 12 minutes to glide through this brilliant process, which Bob Krasin always described as "a single test comprised of 21 probes."

Part 2: Lens Power In Action

We want to use lenses that provide opportunities for change and development. Yes, lenses change the instructions/feedback to the brain, that enable people to change how they process time and space. And therefore, how they move and behave.

Just as Kraskin talked about presenting options for treatment after the initial evaluation, and VT is about providing conditions for people to engage the visual process consciously and otherwise for the purpose of growth and development, the lenses we provide offer similar opportunities.

I often tell patients that typical lenses are designed to boss them around, to make them conform to the will of the lenses. I want the person to be in charge. To that end, I almost always alter any habitual Rx at the start of therapy to remove the oppressive influence of uninformed lenses. As you know, most Rxs these days begin with an autorefractor, which tells the doctor what to think. I don't need a machine telling me what to think. I barely even think; I just do. After working with me, even if the person should return to the old Rx, the relationship between person and Rx will never be the same.

It also seems to me that compensating lens prescriptions often have less to do with the person who will be wearing the lenses than with the doctor prescribing them.

It has also been said that one of the fundamental themes of VT is providing conditions within which a person learns how they utilize the visual process while allowing them opportunities to exchange less efficient, less effective patterns for more efficient, more effective ones.

The remainder of the paper covers a number of Rx changes for patients with various presenting complaints, the crux of which appears on the slides. There are also a few slides providing my prescribing tips and some pithy quotes from various people.