Kraskin Invitational Skeffington Symposium on Vision

January 17-19, 2026

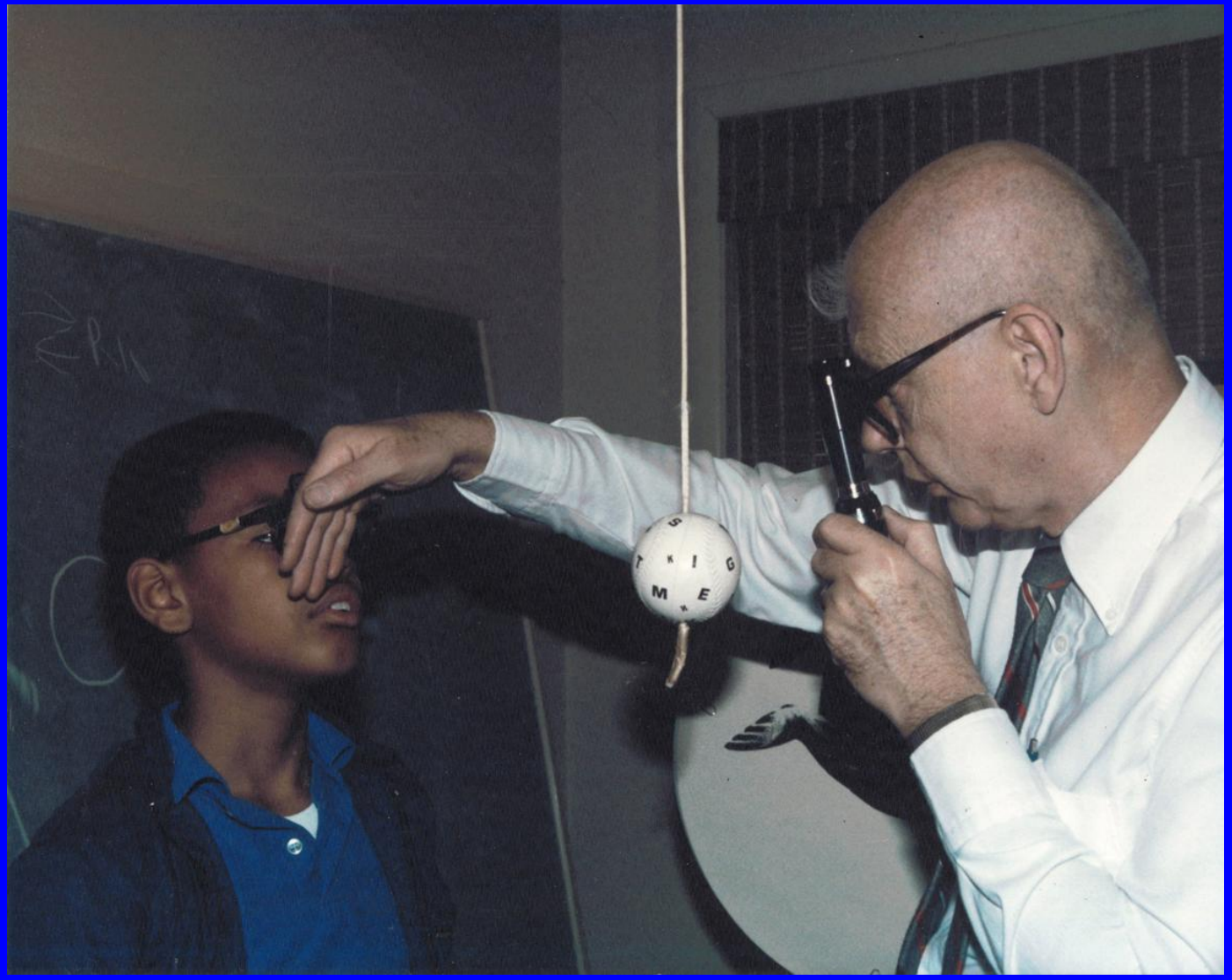
On The Shoulders of Giants

Steve Gallop, OD

Martin Kane, OD

Harold Wiener, OD

Robert Kraskin, OD



Robert Kraskin, OD

Another Riveting Episode
of
Old Doc Gallop's

Adventures in Lenses

Adjusting Astigmatism

Adjusting Astigmatism

Steve Gallop, OD

Julie S

January 2007

- 45 y.o. Acupunturist, semi-pro tennis
- First Rx age 8
- Cc: trouble at near for the past year
- Motion sickness
- What some would call a skeletal myope
- Referred/brought in by holistic vision practitioner

All testing done with Rx

Current Rx

OD -3.25 – 0.50 x 30 $20/20^{-2}$

OS -4.00 – 0.50 x 170 $20/20^{-2}$

20/20 OU

NVA w/Rx: 1.0M @ 32”

Stereo

(+) GF 100” Randot

Pursuits: 95% jumpy, w/ head mvt

Saccades: 90% big u'shoots

Z-axis: good-

Retinoscopy: (w/ PL)

Distance: -4.00 OU

Near: -2.50 OU

Maddox Rod (near)

V = Ortho H = 5-6xo

intermittent central suppression OU

Prism Bar Ranges

Distance: BO x/5/2 BI 6/3

Near: BO x/20/16 BI x/10/8

Lens Ranges

Near: -1.50 to -3.00

Distance: -2.75 to -3.50 (clear @ -3.25)

Subjective:

OU -3.00 $20/20^{-2}$ (OD 20/20; OS 20/30)

OU -2.00 $20/25^{-3}$

OU -1.50 $20/50^{-2}$

NVA w/Rx: 1.0M @ 32”

Stereo

(+) GF 100” Randot

New Rx

OD -1.50
OS -2.00 20/50 OU

Also -3.00 OU as needed
and OD -1.25 OS -1.75 sun Rx

Feb 2009

OD -1.50 20/40-3

OS -2.00 20/40 OU 20/30

Been wearing Rx mostly to drive

"-3.00 is too strong"

All testing with PL

better eye movements; stereo now 70"

all else about the same

Rx -2.00 OU 20/20

started VT shortly after...did 3 sessions

May 2012

OD -1.50 20/40-3
OS -2.00 20/40 OU 20/30

excellent eye movements; stereo now 40”
all else about the same

started VT shortly after…did 13 sessions (ending Sep 2012)

June 2012

OD -1.25 OS -1.75 20/20 OU

November 2013

OD -0.75 20/30
OS -1.25 20/40^{-3} OU 20/30

as of Sep 2013

excellent eye movements; stereo now 50”
all else about the same

April 2017

OD -0.75 20/20-
OS -1.25 20/30 OU 20/20-

usually goes without lenses
excellent eye movements; stereo now 25”
all else about the same

August 2019

OD -0.75 $20/15^{-2}$
OS -1.25 $20/20^{-2}$ OU $20/15^{-3}$

PL OU 20/25 OD 20/25 OS 20/60

usually goes without lenses
excellent eye movements; stereo still 25”
all else about the same

resumed VT

July 2025

OD -0.75
OS -1.25

PL OU 20/20
OD 20/20
OS 20/30

usually goes without lenses
excellent eye movements; stereo still 25”
all else about the same

Pete L

April 2023

- 70 y.o. retailer/wholesaler, Deadhead
- Cc: To see if my left eye can be made to stay straight in line with the right
- Huge left exotropia (can alternate)
- Significant cataract OS
- Diplopia

Pete L

May 2023

OD -2.50 -2.00 x 180 $20/20^{-3}$

OS -2.25 -2.50 x 180

VA OS $20/200^{+1}$ (20/60 w/ -1.00 over)

Pete L

May 2025

OD -2.50 -2.00 x 180

OS -2.25 -2.50 x 180

VA OS 20/20

Pete L

May 2025

Proposed new Rx:

OD -2.50

OS -2.50

DVA OU $20/20^{-2}$

DVA has been sustained as of Nov 2025 and binocularity is improving

Scott B

September 2025

- 70 y.o. OOW adult literacy instructor
- Cc: My best friend for 56 years
- Nearsighted, presbyopic

Scott B

September 2025

- Been wearing -1.50 DVO since 2017
- Been wearing +0.50 NVO since 2021
- Anxious about impending cataract consult

Scott B

September 2025

- Survived cataract consult
- Given new Rxs

Scott B

October 2025

DVO

OD +1.00 -2.00 x 90

OS +0.50 -1.50 x 90

20/30 OU

20/40 w/ PL

NVO

OD +2.25 -1.75 x 90

OS +1.75 -1.25 x 90

Scott B

November 2025

DVO

OD PL -1.00 x 90
OS PL -1.00 x 90
20/30 OU

NVO

OD +1.00
OS +1.00

Mark S

October 2025

- 34 y.o.; on computer all day
- 1st Rx ~age 9, no issues until 2024
- Cc: H/a, asthenopia, dizzy, diplopia, motion sick, nauseated, lightheaded
- All Sx exacerbated by close work
- PALs (Dec '24) provided temporary Sx relief for 6 mos.
- Sx = worse w/ any Rx

All testing done with Rx

Current Rx

OD -1.75 – 1.50 x 170 20/25

OS -2.50 – 2.50 x 5 20/30

20/20 OU

NVA w/Rx: 1.0M 8”- arm’s length

Stereo

(+) GF 70” Randot

Maddox Rod (near)

V = 4 R hyper H = 7-9 xo

intermittent central suppression OU

Prism Bar Ranges

Distance: BI 6/2 BO x/2/1

Near: BO x/14/1 BI x/6/2

2 Weeks Later

Dispensed New DVO Rx

OD -2.00 -1.00 x 180

OS -2.50 -1.25 x 180 20/20 OU

Planning Ahead

OU -2.50 20/40 OU

2 weeks later, 20/30 OU (been wearing consistently)

“Lenses change the orders to the system.”

A.M. Skeffington, OD

“It’s not what a lens does to a person, but what a person does with a lens that matters.”

Robert A. Kraskin, OD

Basic Prescribing Concepts

- Prescribe for the person, not the measurements or the eye.
- Prioritize prescribing for comfort, performance and development, not acuity
- Start at near and work from there.
- Use balanced lenses whenever possible.
- Avoid prescribing, or at least reduce, cylinder whenever possible.
- Change the habitual Rx to help move from the past to the future

“The optimal lens is not covariant with the refractive status of the eye but is determined by the clinical understanding of the problem.”

A.M. Skeffington, OD

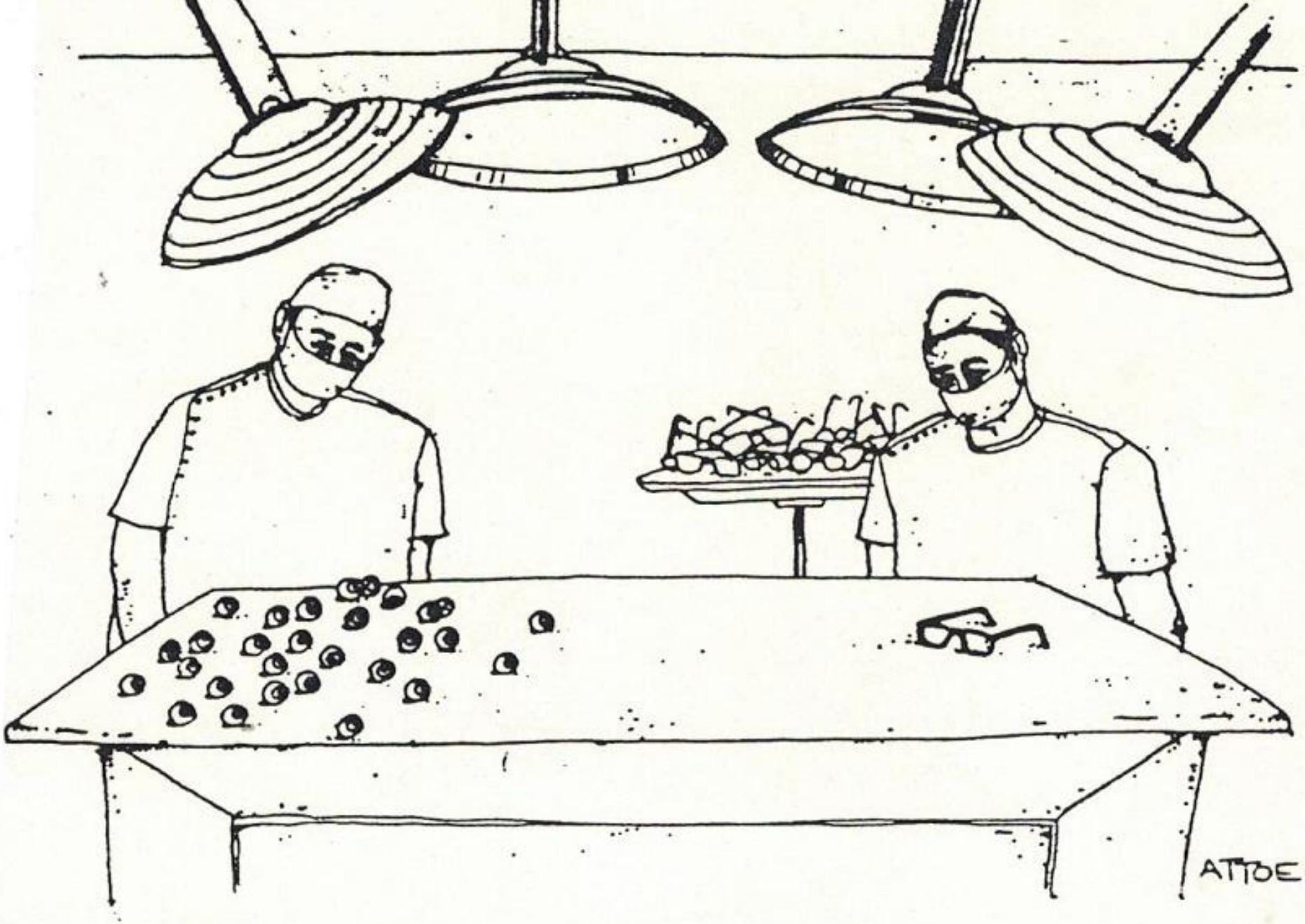
Compensating lens prescriptions often have less to do with the person who will be wearing the lenses than with the doctor prescribing them.

Steve Gallop, OD

“The value of the lens to the wearer is the change made in the output. True, there is a change in the input. However, this change brings about altered responses within the organism and so affects changes in the output. These output changes are the ones that lend significance to the use of lenses.”

A.M. Skeffington, OD

It is often helpful to think of a prescription as a means to an end and not an end unto itself.



"It's no use, they keep rejecting them."

“[W]e have to remember that what we observe is not nature in itself but nature exposed to our method of questioning.”

Werner Heisenberg

“[W]e have to remember that what we measure is not the visual process in itself but the visual process exposed to our method of measuring.”

Steve “Uncertain” Gallop

My question for the groups:

Why is that when you scratch an itch
the itch seems to move?

Thank you

Steve Gallop, OD
Visit us at GallopIntoVision.com