## 2025 Presenter Questions

**Maria Asprogerakas** - What do you see as our future in twenty years from now, do we do enough for the next generation of ODs?

**Curtis Baxstrom** - What are the differences and similarities in visual motion when discussing the use of lenses, prism, selective occlusion and tints/filters?

**Steve Gallop** - What is the genesis of most standard Rxs and how do so many people tolerate most of these Rxs?

**Elisa Beth Haransky-Beck** - Do you integrate breath awareness into vision therapy/movement?

**Paul Harris** – The role of reflexes is to provide a basis for motor development. If that is so, how is this done?

Behavioral vision care enables learning and sets the stage for learning to learn. All learning is motor learning and is driven by images of accomplishment. Why then does treatment in this area seem to have a regularly go back to the foundations for extended periods of time?

**Caroline Hurst** – So, we see that the figure/ground process in both perception and in the response to a stimulus of the whole CNS. How would this understanding of the figure/ground process aid our Vision Therapy?

**Greg Kitchener** – Why do we tend to view dualities within the visual system (central/peripheral, ambient/focal, etc.) as dichotomies?

Elements of a performance (e.g. structuring the field) are often overlooked. How can we make them more visible in our VT?

What relationships do you see between our ability to structure the field and our ability to attend?

**Benjamin Lane** - Are you comfortable with the concept of "fail-safe" mechanisms in metabolic systems, as Dr Ben Lane's epidemiology studies suggest as to reversible epiretinal and pre-retinal behaviorally induced membranes .?

Is elevation of IOP good, bad, or other? Are you comfortable with Hermann Cohn of the 19th Century and Ben Lane's understanding from his data that humans use modification of IOP purposely to modify the refraction?

**Rob Lewis** – When considering vision as an emergent, the entity is greater than the sum of its parts, or the sum of the actions of any part or parts. We also realize that each part and the interactions between the parts are the source of the emergent we see expressed; first as behavior and then as structure shaped by the balance between behavior and environment.

How do we, as careful clinicians and scientists, find an appropriate balance between the dual understandings of the visual process? For example, retinal defocus and axial length change in myopia compared with behavioral understandings that tell us why a complex process of change is triggered as a means of coming to the best balance available in the existing environment.

What is the clinical significance of that balanced understanding?

**Kavita Malhotra** - How do you handle patients or patient's parents who have emotional outbursts? This could be due to trauma that they have disclosed ex. TBI or undisclosed ex. sexually abused. What do you do if you have a patient/parent who is angry and lashes out at you?

**Margaret Ronis** – Do you have any other peripheral activities to add to this list?

**Amber Smith** - Bubbles are enjoyed by children and adults alike, from childlike screams of laughter to a simple smirk. Could this psychological effect of joy be stimulated by the visual complexity of bubbles? What may be the neurological pathway for this stimulation?

**Glen Steele** - Does it have to be a light stimulus for the actions of vision to begin engagement?

How are changes in the patterns of scaffolding and observations in Just Look Retinoscopy linked, i.e., instantaneous brightness changes in the reflex as the patient directs action toward engagement?