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# Did you ever ask yourself why?

- Why do you do what you do?
- Why those tests ?
- Why those techniques ?
- Why do you reach a different outcome than others?
- Or just why?

# Why do we do what we do ?

- We examine the entire visual pathway ... why ?
- We check the hardware... muscles, ocular components, visual cortex, body muscles, contortions, overreactions, gate, etc....
- The software and the interactions within all the above and the black box is of more concern... including breathing, posture , stress levels, etc...
- Many of us also sit done and just look at the patient and analyze their functioning and ask why.



### 'hen

- After we are done asking why, we select the test battery that verifies our beliefs in most cases.
- Including and not limited to blood work, neurological testing, etc....
- However .....Our biggest problem lies within the individual, if you just listen, they will tell you.
- They know why they came to you, they just don't know why they are for their feelings, as well as a resolution of their symptoms.

experiencing what they are experiencing and they are seeking a validation

# Why do our outcomes differ ?

- may differ, but...
- alleviate the patient's symptoms.
- with them.
- So why not just say it .....

• Even in this room our outcomes on the battery of test choice or the approach

• We in here will reach an outcome that is similar and a resolution that will

Many will over-test, many will shoot for various procedures that may be necessary to convince the patient but we all know deep down what is wrong



- A great practitioner is usually a good listener.
- Just listen, they will tell you the how they got where they are.
- You just need get to the why !

Patients with varying symptoms

- 8 yr old boy
- Seemingly nonverbal, understood hispanic
- Difficulty tracking, had typewriter type gaze
- Eyes locked in up gaze and no lateral movements possible
- Seemingly bilateral hemi-field
- Field of view along primary gaze up and down only
- Very timid, shy, and wouldn't explore any new areas without parental help

### Case 1 : BM

- After viewing training, techniques were used to increase peripheral gaze and oculomotor function
- Acuvision, pegboard and visual organizational puzzles were also incorporated into the visual techniques used
- Child became more verbal and more independent
- Actually maintained gaze with parents and wasn't afraid to move around in areas that were new to him

### Cont case BM



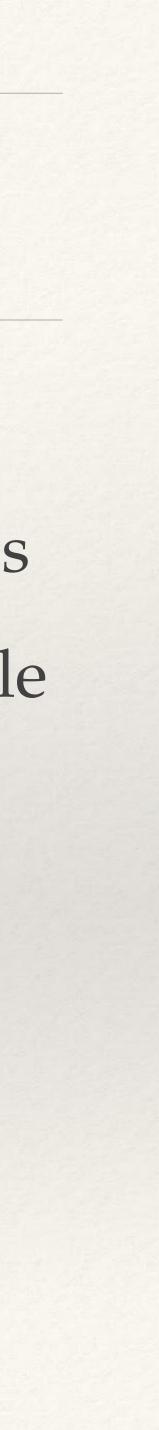
### Case 2: RF

- 56 year old women who suffered a stroke
- Seems to have make-up only on one side of her face and only brushed one side of her hair
- Visual neglect seemed to be the culprit
- Fear of the borders of her vision she would slide along wall to go to her mailbox

### Cont RF

- course
- Three corner Brock string to view different areas
- Marsden ball bunting
- Her knees hurt but she eventually viewed the whole world better

Treatment included four corner viewing to increase figure ground awareness Also moving around furniture and having her try to walk along new obstacle



### Case 3: TF

- 36 year old nurse suffered a heart attack made to wait before leaving her station
- Anomia type of aphasia, named shirt color wrong but couldn't correct it
- Constricted visual fields to 10 degrees on automated, yet on manual chart she could draw out fields that correspond with at least 60 degrees, Giannoutsos et al



## Cont TF

- Treatment included whole language approach to learning
- Memorization helped relieve anomia
- Tracking work helped her open up visual fields
- helped her open up to see the world, as per patient comment

She felt scared and constricted, once she felt more at ease and her techniques



### Case 4: LR

- 45 year old lawyer
- lenses or contacts
- Came out of surgery not being able to fuse or do any near work
- Lost job, and couldn't find himself able to read anymore
- Anxious individual

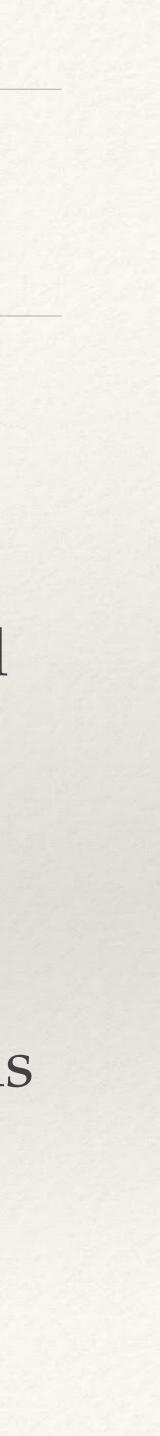
• Wanted alleviate himself from the necessity of wearing any compensating

### Cont LR

- to aid reading
- Bigger culprit was underlying convergence issue that just needed to be tweaked and opened him up
- whenever he feels he needs booster work

Colored filters helped reduce glare and helped him read again, Solan et al • Yellow only increased symptoms, grey or blue reduced contrast and seemed

Patient loved doing lifesaver cards on balance board and continues to do this



- 34 year old police officer
- Recently retired, couldn't handle all the paperwork
- Biggest issue was the shooting eye felt off
- On average these patients tend to be farsighted, once desk job takes over they seem lost
- Mild compensating lens on one eye to balance him and he felt he saw a new world

Case 5: pt JC



## Case 6 : RC

- 26 year old fashion designer
- Large issue with being told he was lazy eyed, wall eyed
- large cylinder
- Felt he was moon walking and refused most treatment

Large angle exo but evidence he was alternating and can be yelled at to fuse • Acuities were reduced and wore a very uncomfortable compensating lens

## Cont RC

- viewing was evident
- brick string

Remove the compensating cylindrical lens since with visuoscopy eccentric

Spherocylindrical equivalent compensating lenses were given along with a

The patient felt much more comfortable and felt he was in a new world

- 58 year old patient
- Worry wart, anxious for life
- Prostate cancer survivor, had stroke
- After stroke, diplopia, found large brain tumor •
- End result ... Large angle turn causing diplopia •

Case 7: Pt GK



- Fresnel prisms were given that were changed as he improved with the surgical intervention of the tumor
- removed
- Now patient functions with small prismatic compensating lens
- Very happy and felt world was returned to him

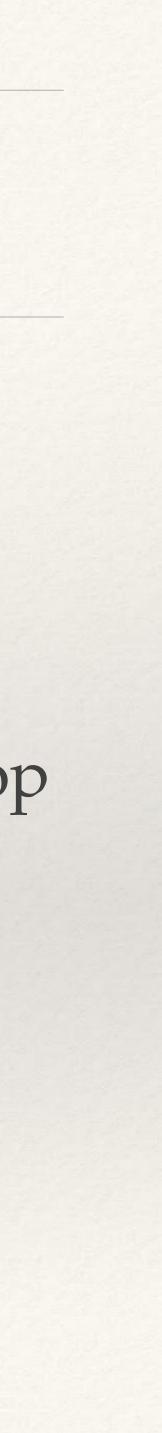
### Pt GK

Warned against surgery for the diploma since it will change after tumor

# Case 8: pt AFC

- 23 year old school teacher
- She feels she can't see anymore
- Fish bowl viewing after work •

### COVID changed her teaching techniques since now she is glued to her laptop



### Cont AFC

- Low compensating lenses
- NO blue light lenses not necessarily needed •
- •

# Usually work better with a few techniques to help maintain their work habits



- Why do they feel the way they do? •
- Just listen they will tell you
- Then validate it and prove it to yourself
- patient

## As seen here, why is necessary

Then finish up the treatment plan in an effort to find a resolution for the

### Keep asking why

### Just ....

