KISS 2021 by Thorkild Rasmussen

The 4 Circles.

When I learned about Vision Therapy, almost 50 years ago, I used Eye Control Movements, Brock-String and Aperture-ruler as my toolbox. That was all – and it worked!

Yes, it did work, for some patients; but not for all. Most off these "Convergence insufficiency patients" was released from their symptoms, and was extremely grateful: And because of that, I considered the therapy I offered a success!

There were also patients who improved their optometric measures; but who still suffered eye strain, head aches or fatigue. Finally, many of the "successful" patients came back with symptoms after some time.

Today, almost 50 years later, I realize that success has many levels. Today almost 100% of those with the symptom Convergence Insufficiency recover completely, and almost no one need to come back for repeated therapy later. Almost anyone can benefit from VT, even though they may not feel the need for it. And today it is not only people with obvious visual problems that I see in my office. Even people with behavioral and developmental issues, are having help from Vision Therapy. But what have changed?

The answer to that is: I have completely changed my paradigm.

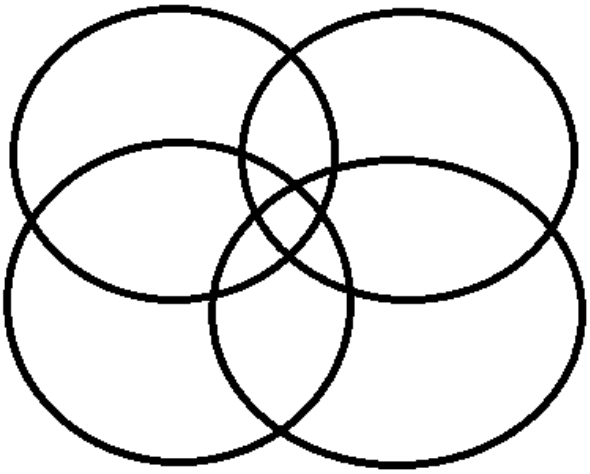
Skeffington's 4 Circles was not thought in Optometry school. In my mind, vision was an "eye-brain thing". We never learned the connection to the rest of our body.

When I in 1992 for the first time heard about Skeffington and his 4 circles, I was "forced" to change my paradigm around vision. Not an easy process after working "successful" with the conventional thinking: Accommodation/Convergence. The journey from what I learned in Optometry School and to my understanding of Skeffington's 4 circles has been everlasting. And I hope it will continue. Today I want to share with you how I understand the four circles, and how I use them as a template for my VT programs.

I feel confident that Dr. Skeffington would forgive me for using other terms than he did. I hope you will forgive me too!

Where am I

What is it



Where is it

Speech/auditory

I have listed the four

my therapy programs.

Where is it

1. Where am I. (Anti-gravity)
2. Where is it. (Centering)
3. What is it. (Identification)
4. What do I know about it – how can I interact with it. (Speech/Auditory).

Where am I?

The understanding of our body part's are weak at birth, and the control of them are mainly controlled by our primary reflexes.

Under the right circumstances we develop good motor perception and good motor control. All that starts with developing control of neck and head, before control of arms and legs. Going from control of gross motor to later of fine motor.

Our brain has to learn each muscle group to know, and that in relation to all the other muscle groups. We have to learn the right sequence and timing in many different movements. To learn to move; and build a solid grounding.

And we learn to learn from the same process.

We cannot take it for granted that our patients have good motor perception and control. We even cannot take for granted that adults have well integrated primary reflexes. Therefore we cannot take for granted that their base for to know "Where they have themselves" is solid enough. And that base is important to know "Where it is" in relation to them

At the same time, we know for sure that everybody can benefit from improved motor perception and motor control. We can provide most people a more solid base.

That is the reason why all my patients will do activities to improve body perception and control. Starting with the most basic – controlling head, neck, arms and legs, laying on the floor so they don't have to balance. From there I move them through more complex activities.

All way through I try to respect the developmental sequence for motor development: From up and down, from in and out; gross motor before fine motor.

As an example; I would not let a patient up on a walking rail before I'm sure that they have sufficient control of neck and head. Even they may be able to walk the rail; they can do it with less effort if they have good head control. Less effort also means less compensatory tension and more freedom.

Even convergence is affected by insufficient neck control, or by tension in the muscles of the neck. I very often see improved comfort with convergence from doing activities with head control on the floor. Balance and body stability also improves from these activities.

Therefore, most of my VT programs starts with slow controlled movements, laying on the floor. That goes for adults and seniors, as well as for children.

Where is it and What is it.

Parallel with developing improved motor skills as described above, we start to work on centering and identification.

I'm very careful to respect the patients level of motor control in any activity, so that the visual skills they develop do not build on compensatory strategies.

I start with big global objects and peripheral awareness, as long as we parallel works on activities for gross motor control. As we move ahead to more fine motor skills, we also move to activities with more central fixations.

I also try to match the demand of perceptional activities to their level of motor perception.

Together with an improved and more effortless posture, body control and balance we moves more and more into doing activities with binocular demands.

Speech/Auditory was the circle in Skeffington's 4 Circles that has been the hardest to understand. But actually, that is the final goal of vision: To figure out what it is, what happens, what do we know about it and how can we interact with it.

From building experience by doing and trying movements (concrete thinking); to planning actions by visualizing the result – (abstract thinking from experiences).

Parallel with the other "areas" we start activities for Speech/Auditory. Therapy in this area starts already when the patient by trial and error do their first motor activity flat on the floor. When they try to figure out how to do the next sequence in a novel move – they visualize!

From here we move step by step from more concrete problem solving (motor), into more abstract visualization (cognitive) planning.