



Just Look Retinoscopy - Background

- An assessment of the process of the manner in which the patient is looking out to you
- Think of vision as originating within oneself therefore the reflex is an observation of how the patient is looking out to you
- Know that vision is not a passive process

Assessing Development with Just Look Retinoscopy

- "Success does not come from what you do occasionally. It comes from what you do **consistently**."
- Marie Forleo is an American life coach, motivational speaker and author
- Consistency in action becomes a pattern
- We can assess how a patient is actively engaging **consistently** - or inconsistently - with Just Look Retinoscopy
- We can directly observe development of their patterns of LOOKING-ATTENDING-FOCUSING-IDENTIFYING-ENGAGING through Just Look Retinoscopy

Gesell

- "Babies grasp the world first with their eyes and then with their hands. Vision is therefore a prime constituent in the development of the total child." Gesell – Infant Vision; Scientific American Nov 1950
- With the retinoscope, we are observing the individual's effort to connect with the outside world – the actual observation of a developmental process that is unfolding - Bubba

Bubba on Gesell

- Observing with a retinoscope can provide the information about the choices the child is making and has made and the patterns they are developing or have developed in determining how to LOOK and ENGAGE.
- As one gains proficiency in observing these subtle differences, the manner in which the developing child has gone about the process of development becomes much clearer

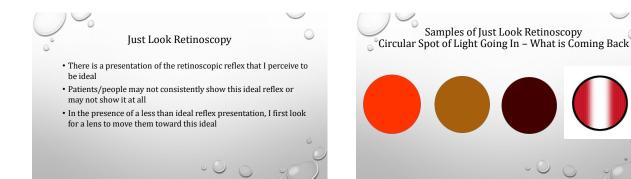
Look and Touch Hand and Eyes

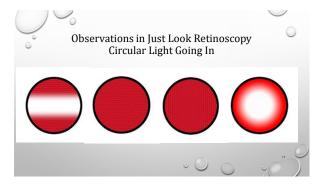
- Assessing the accuracy of LOOKING with touch and with simple looking
- Now what information would be added when you use a retinoscope



Just Look Retinoscopy

- Not an assessment of refraction or an eye(s)
- Just Look Retinoscopy is an assessment of how the infant and young child are going about the process of looking and engaging in their world
- Vision is not only a reflection of overall development it must become the **leader** and **instigator** of action
- As the observer, think of Just Look Retinoscopy as recording a video giving you an observation through time





Just Look Retinoscopy

- Each of these is either a developing pattern or a formed pattern
- Much is missed when one limits their testing only to a final "number" refraction

Observations During Retinoscopy

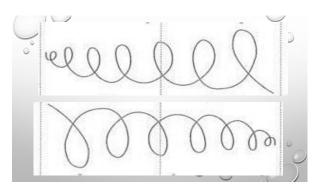
- To many, the variabilities in the retinoscopy reflex get in the way of reaching the final "static" refraction
- Cycloplegia and fogging are used to "control accommodation"
- To me, these variabilities are an indication of the stages of visual development of the patient and the potential to more appropriately "look" or "search"

Observations During Retinoscopy

- We should not lose our ability to attend to these variations
- They are not random so it becomes important to observe them over time!!
- The variations and modulations we see during Just Look Retinoscopy are actually observations of the processes in this process of development and have specific meaning within development and are well beyond "errors" of refraction!

Modulations

- Modulations occur in every part of development including vision
- Depending upon the magnitude and should they persist, intervention may be necessary
- Modulations have meaning for me
- Is this a modulation for refinement or a "where in the world am $I^{\prime\prime}$ or "where is it" modulation?



Observations During Just Look Retinoscopy

- I am observing patterns that are the very core of overall development of which vision is the **leader and instigator** in a developing child.
- If they are still in a searching mode when they should have progressed on into a refinement mode, vision may not be the leader and it is an interference rather than a leader

Observations During Just Look Retinoscopy

• It is the continuous observation over several seconds that creates a mental video of the changes in the reflexes. This allows one to determine if there are possible times where the reflex moves toward better rapport or away from rapport. Glen T. Steele

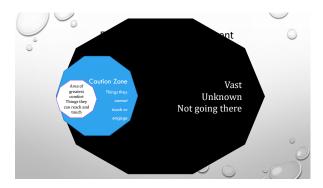


Assessing with "Just Look" Retinoscopy?

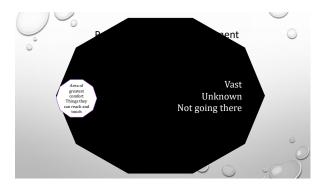
- I always start with no lenses in place
- Example of patient with -17.00 and +3.00
- How are they looking out at the object/task or person?
- Think of vision originating in the gut and we are assessing HOW the patient is LOOKING out to the target
- The motor reach comes first

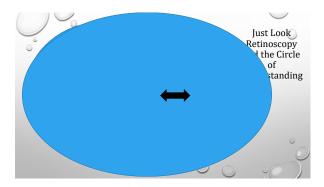
Just Look Retinoscopy

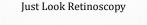
- Throughout life, we see the accumulation of various patterns of development, but especially in early development
- We can determine **HOW** a developing child is initiating the "looking process" – the beginnings of developing appropriate visual patterns or developing the "substitute performances" as described by Skeffington
- Or even how are they developing abilities of self-regulation and life











- As young children go through the process of development, these patterns are fragmented and variable
- Later, performance and function become stable "defined formed patterns" that include growth AND development.
- These defined patterns are habits of response to a particular task which we later call diagnoses

Just Look Retinoscopy

- Just Look Retinoscopy is the observation of the definable patterns OR forming patterns by a patient in response to a person, object, or task
- The patterns you observe can be fragmented and variable (searching modulations or related to search) or stable (refining modulations related to the task)

Just Look Retinoscopy

- · The concept of Just Look is so simple yet so very complicated
- It not only requires an understanding of the overall process of development, including vision, it requires an understanding of vision as the leader and instigator within overall development
- Vision is SO CRITICAL in the process of overall development that if it is disrupted, development is disrupted

Bubba's Observations

- SO Where is a child "really looking and pointing?
- Do both eyes look the same motion brightness color pupil size – astigmatism - anisometropia? What does it mean when asymmetries are present?? Not stable??
- How accurate and consistent is the child's ability to focus on the task? How stable?? Is it appropriate for the task? Can they sustain?
- 20/20 emerges out of LOOKING rather than needing 20/20 to LOOK – paraphrase from Steve Gallop

Bubba's Observations

- Can the school aged child accurately focus at near and release to far and return to near - facility? How well do they make the change?? Is it at the expected level for what you know they have to do every day in the classroom?
- What can you do to make visual processing easier and more efficient??
- How do you help a patient learn to LOOK in order to SEE?

Bubba's Observations

- What happens when you ask the patient to focus at near point while looking through their distance lenses?
- Are adjustments needed
- How do these questions relate to how the child tries to connect to their everyday world?

Bubba's Use of Lenses

- Remember, lenses move the world. They do not make changes in the eye(s)
- We are not "correcting" anything by matching their "refraction."
- · We are moving the point where the lens focuses the image
- AND We are likely stabilizing and embedding the position at that point where the patient has limited their "looking"

Just Look Retinoscopy

- Our goal is to nurture development in infants and young children just as we nurture and water plants - AND remove noted barriers?
- We are looking beyond refraction to determine the child's readiness and determination of barriers that may be in place or forming
- Don't be a barrier to the child in your chair!

Developing Ability in Just Look

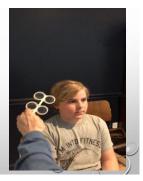
- Children with "delays" often show a "focus point" but it is not active as in normal development, not as bright, and does not change as quickly or at all in direct response to the "task" presented
- The passive or blah reflex

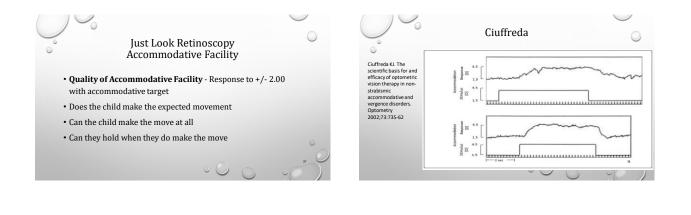
Just Look Retinoscopy - What It Tells Us

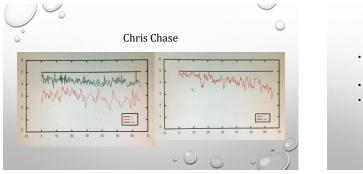
- If there is difficulty in developing the ability to "look," this will also be shown on the retinoscopic reflex as a continuing instability in the reflex.
- 2.00 of fluctuation on a six year old child is much more significant than 2.00 of fluctuation on a three year old child
- Showing with motion at near and 2.00 of "myopia" at distance tells us something
- I ask student to tell me what the distance measure should be if they show 0.75 of with motion at near



+/- 2.00 Accommodative Facility



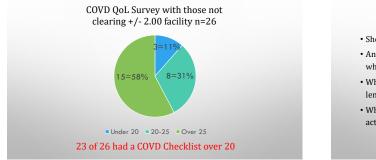




Accommodative Facility Observations With A Retinoscope

- What would be the expected classroom performance in each instance in the previous examples?
- Research versus clinical application?
- Clinical evaluation best observed with a retinoscope Just Look!





Prescribe for Increasing Efficiency

- Should always be considered when there are underlying issues
- Anytime there is need to initiate a change in the manner in which a patient is LOOKING
- When you see the reflex calm and stabilize with the use of lenses
- When you determine the patient needs support in nearpoint activities in testing or observations

Partial Refractive Compensation

- Consider partial refractive compensation only when there is:
- Stable refractive conditions of abnormal degree that are consistent at all distances
 - and even then do not go for maximum
- When significant anisometropia or ametropia is present that increases the risk for amblyopia, and equal lower power lenses do not alter the reflex patterns



Just Look Retinoscopy

- Use Just Look for more than refraction
- Basic distance refraction and phoria are insufficient to assess function and development that's a reflection of the past
- Just Look Retinoscopy is a primary tool for observation of the process of how the patient is using vision to direct action
- Begin with no lenses in place
- Observe responses and reactions to tasks and lenses
- Prescribe for development



