

Finley (Finn) born 4.1.26



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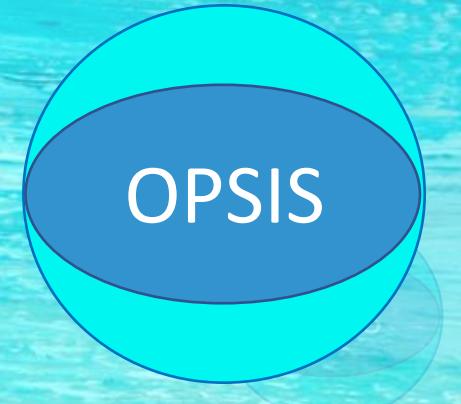


OPSIS

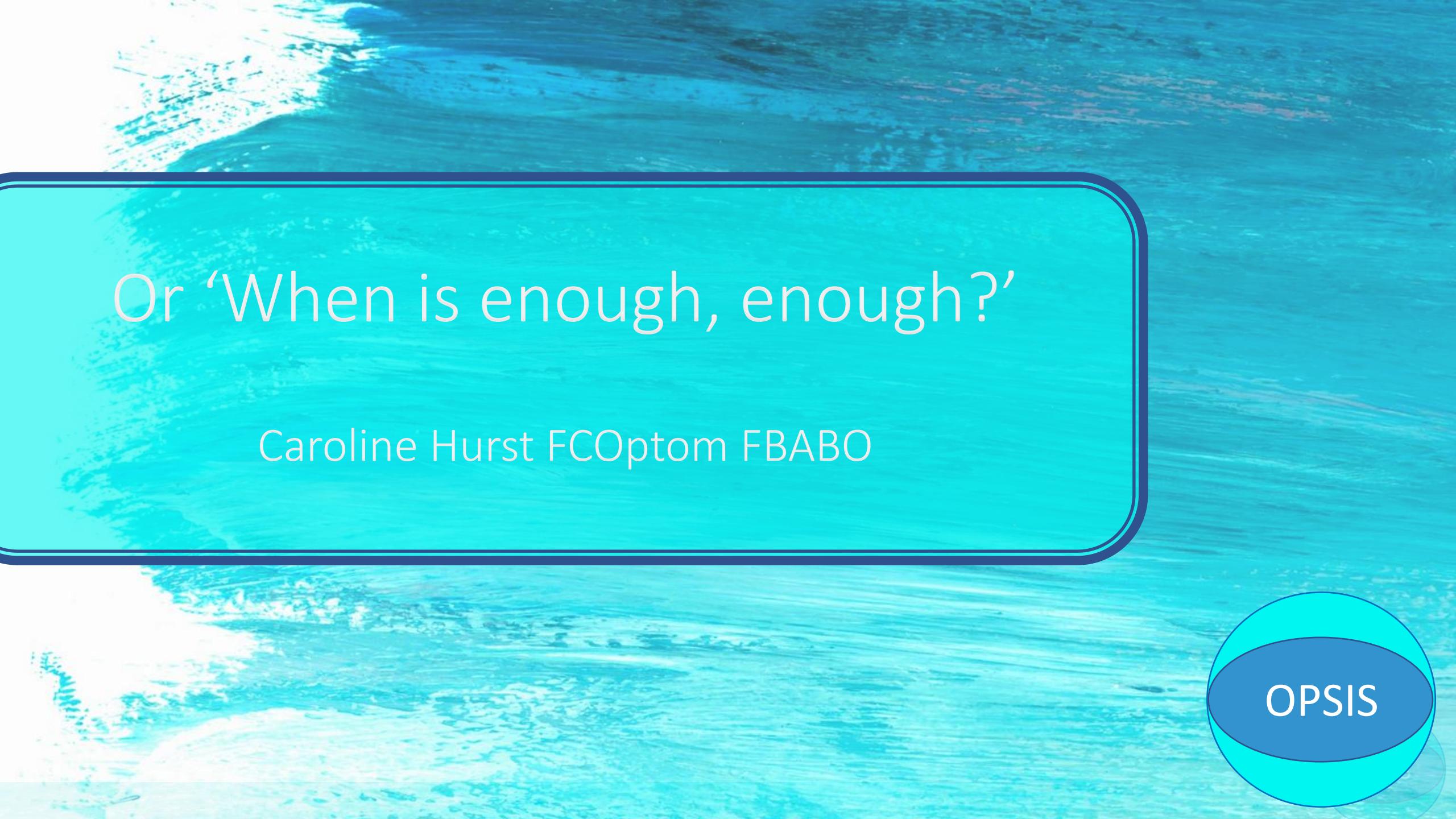


Another cup of tea dear?

Caroline Hurst FCOptom FBABO

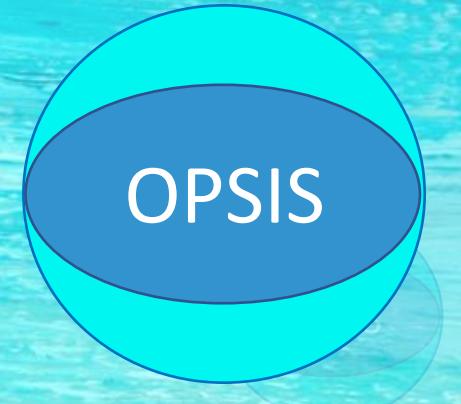


OPSIS



Or ‘When is enough, enough?’

Caroline Hurst FCOptom FBABO



OPSIS

When is enough, enough?

- When do we feel we have done enough VT to finish?
- But first, when/why did we start?
- What made us decide to offer VT?



VT Principles

The purpose of visual training is to arrange conditions to permit a patient the opportunity to develop adequate abilities to satisfy his needs.

Visual training is directed towards the development of more adequate and necessary visual abilities that will permit the patient to attain his goal.

Kraskin (1965) VT in Action

VT Principles

- *The patient elects to do VT. We accept them based on our assessment of their potential success.*
- *Age is not a significant factor.*
- ***Activities are not chosen to fix any specific thing/diagnosis, but emerge from an understanding of the visual process.***
- *Value in itself.*
- *Prepare for future procedures.*
- *Practitioner and patient feedback.*

Kraskin (1965) VT in Action

Assessment

So, why carry out an examination and an analytical if it does not lead to a plan for VT?

- History and symptoms – why the patient came, and where do they feel they need help?
- Vision is motor, and vision directs our movements.
- From our examination we can see the visual process in action we need to see the directed movements that the patient makes.
- We can see the patient's response to our probes, and to stress at near, and how they posture themselves to act.

Assessment

- I probe the patient's movement responses in the exam room, and in my VT room.
- Many of the movement probes yield qualitative responses as well as quantitative eg vergence movements like convergence can yield a number, (NPC), and qualitatively, how they made the movements.
- Posture is a dynamic position of readiness to begin a movement, alters as the movement is made, and returns to the starting, or a resting posture.
- So, with our convergence example, where does the patient posture themselves to begin the task?

Examination

What am I looking for in my exam?

- The quality of the patient's total performance, from their visual process.
- Have they developed their visual process as I would expect?
- I want to see where the patient looks to direct action, are they looking where they'd like to act?
- Can they take up fixation, and follow?
- I want to see that they have appreciation of the space around them in x, y and z axes, and in time - which is also space.

Examination

What am I looking for in my exam?

- Before directed movement, there is posture – putting the whole person in a position of readiness to take action.
- Does the patient know where their body parts are to develop the postures needed for action?
- Can they move accurately in space?
- Do they have dynamic, efficient, elegant, fluid, movement skill?

Question 1

Which factors in your exam encourage you to offer VT to your patient?

Offering VT

Would the patient like to enhance their visual process?

Everyone can benefit from VT.

VT Programme

Activities are not chosen to fix any specific thing/diagnosis, but emerge from an understanding of the visual process. R Kraskin 1965

If we want to enhance the visual process in total, then having a VT programme for mankind,

– following the same VT protocol for each person –
will ensure the whole visual process has been developed to each person's potential, if they are willing to do so.

VT Programme

- VT – second chance to learn how to look, fixate and follow.
- VT is set for the patient to be able to access the task, and make changes, but with room to learn and develop.
- Development feedback, and assessment of own performance.
- Develop task awareness and management.
- With specific, targeted praise and encouragement for each achievement during VT, we can build self awareness, confidence and self esteem.

VT Prescribing

Prescribing matches VT.

- Rx lenses, especially low plus, that patient can access, and be able to make changes.
- Prescribe in direction we want the patient to move, heading towards emmetropia whether hyperopic or myopic.
- Lens prescribing and VT work together and progress together – keep checking Rx as VT progresses.

When is enough enough?

Considering the initial history and symptoms have we covered why the patient came, and where they felt they needed help?

- Robust visual system process so that the patient can work all day at school, or office etc, without any symptoms.
- Dynamic, efficient, elegant, fluid movement skill, with appropriate posture, and appreciation of space.
- Flexibility and adaptability of directed action, to take on any task given and respond with confidence.
- Patient acts without excess energy use.
- Reading for pleasure.
- Confidence and self-esteem.

Questions

1. Which factors in your exam encourage you to offer VT to your patient?
2. When is enough enough? What triggers your thoughts behind that decision?