

# Objectives

- Adults with Small Angle ET Case
- Therapy used for Improving Functional Vision
- Patient's perspective of gaining 3D vision



# John 28 yo – March 2013

**CC**: Wants to be a police officer, but failed visual requirement 3 years ago and *really* wants to re-apply.



## **Vision Standards**

OPTOMETRIST / NAME OF OPTO OPHTHALMOLOGIST	METRIST/OPHTHALMOLOGIST	DATE OF EXAMINATION	PERIPHERAL VISION APPLICANT STANDARD Peripheral visual field limits with a 5 mm white target at 33cm (or a target with VES NO
ADDRESS OF OPTOMETRIST / OPHTHALMOLOGIST			similar angular size with respect to the candidate when glistance is should be no less than the limit prior between being the wing glistance is should be no less than the limit prior between being the limit of the
		TELEPHONE NUMBER	physiological blind spot. Limits for the various meridians are:
UNCORRECTED VISUAL ACUITY – NORMAL At least 20/40 (6/12) with both eyes op	Uncorrected VA ·	20/40 OU	Temporal (@* meridian) 75*     Nasal (180* meridian) 45*     Superior-demporal (45* meridian) 46*     Nasal-inferior (225* meridian) 35*     Superior (96* meridian) 35*     Inferior (276* meridian) 55*     Superior (96* (15)* meridian) 35*
FARSIGHTEDNESS – NORMAL Not greater than +2.00 D, spheroequiv	Less than +2.00D sphe	erical equiv	OCULAR DISEASE - NORMAL APPLICANT STANDARD
BEST CORRECTED VISUAL ACUITY - NORM At least 20/20 (6/6) with both eyes oper	BCVA · 20/20		Free from diseases that seems result per Ocular Health are to be a version of the performance of the perform
COLOUR VISION - NORMAL		APPLICANT STANDARD	CORRECTIVE SURGERY
Pass Ishihara (Book or Titmus) without a Chromagen) lenses	Normal Colour	Vision	PROCEDURE TYPE - Please indicate which propeding from the list below.
NOTE: Farnsworth Vision Test - is recommended j	on Ishihara	DIS STANDARD	Corneal Refractive Surgery Allowed, however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using Recruit Selection Standards approved
Pass Farnsworth D-15 without any col Chromagen) lenses	our corrective (e.g. X-Chrom,	I YES I NO	
DEPTH PERCEPTION – NORMAL Stereo acuity of 80 seconds of arc or I	Stereoacuity		Pseudophakic Intra-O     H N F D V = E P U R Z = "     Phakic Intra-Ocular L     Phakic Intra-Ocular L     Phakic Intra-Ocular L     Subsection of the section of the
LATERAL PHORIA FAR - NORMAL		APPLICANT STANDARD	Implants (Piol) = PERZU === A HNHZU = he Alberta Polic,
No more than 5 eso or 5 exo	Distance Phoria: 5		Transplants, and Intr
If No – please provide additional info double vision when fatigued or funct	Distance i noma. 50	unlikely to experience	Stromalcomeal Ringe UNRVE FHPZD
LATERAL PHORIA NEAR – NORMAL No more than 6 eso or 10 exo	Near Phoria: 6 esc	0 – 10 exo	Obtain minimum scol binocularly with, or w
	mation, which documents that the person is oning in reduced visual environments		1. Balley-Lovie Low      10gMAR     2. Balley-Lovie High     10gMAR
			3. Bailey-Lovie Low

## How are standards chosen?

#### License Plate

• 20/40 unidentifiable > 3 car lengths Facial Recognition

20/40 = questionable identification
 Shoot-No-Shoot Decisions

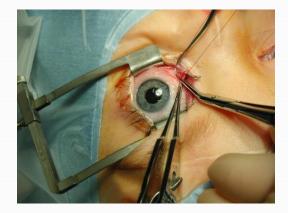
- ↑Errors > 20/40
- 80% of shooting incidents w/n 20 ft
- Detection ↑with use of two vs one eye

Literature suggests 20/40 – 20/20 vision required

↓VA = less accurate and slower responses

# John's Ocular History

Infantile Esotropia





Infantile vs Accommodative ET

Presents < 1 year

#### **Risks factors**

Genetics, Prematurity, Peri-natal complications, developmental delay, CP

Treatment

EOM Surgery, Botox, VT?

Presents 2.5 yrs

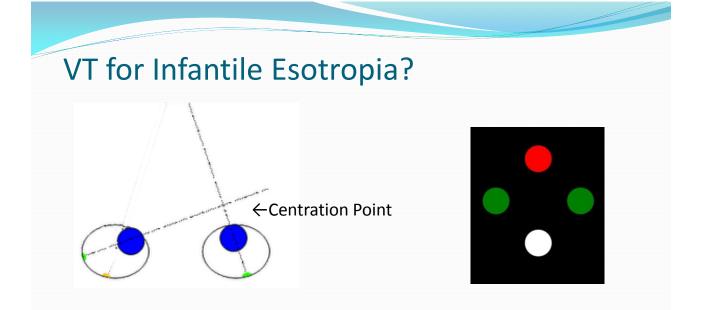
Causation

High refractive error High AC/A

#### Treatment

Glasses

No Tx increased risk of nonaccommodative component

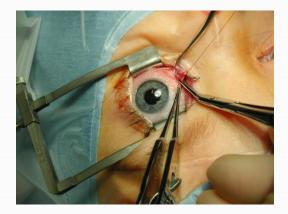


# Prescribing Accommodative ET

- Rx <u>least</u> amount of plus to get them ortho
- Cyclo wait full 40 minutes
- Cover Test with TF and Ranges

## John's Ocular History

- Infantile Esotropia
- Bilateral Strab Surgery (age 1)
- No hx of patching
- Glasses since age 4 yo



# Long Term Outcome of Strab Sx

#### Any type of Strab

 20-30% of those undergoing strab sx will require a 2<sup>nd</sup> surgery and of these, another 20-30% may need a 3<sup>rd</sup> surgery

## Strab Sx for Older Pt

• N= 17, 8yo+

No Sensory/Functional Improvement

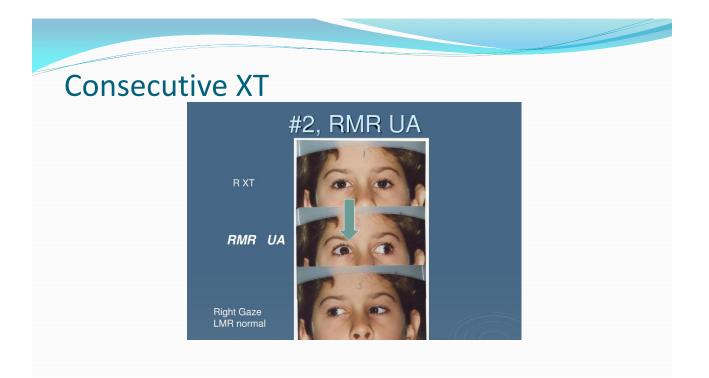
- All had monocular response to Bagolini lenses,
- Post-op 88% had central suppression with Bagolini lenses
- All 17 had no sensory fusion, either preoperatively or postoperatively on W4D or synoptophore, and no stereopsis with the Titmus stereo test.

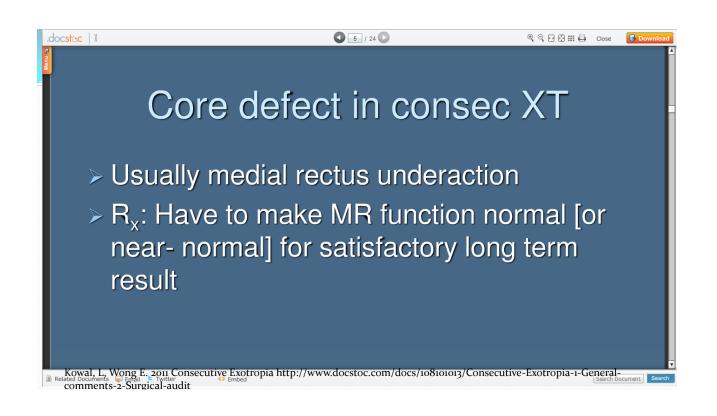
Murray AD, Orpen J, Calcutt C.2007 Changes in the functional binocular status of older children and adults with previously untreated infantile esotropia following late surgical realignment. <u>J AAPOS</u>. Apr;11(2):125-30.

# Strab Sx for Older Pt

- Kim S et al.
  - n = 43, 18yo +
  - Strab > 10 yrs without prior sx
  - Improvement seen in 80% exotropes, 30% esotropes
  - Improvement = ~450+/-815 seconds of arc (sec) in exotropes and 1000+/-1337 sec in esotropes

Kim S, Yi ST, Cho YA. 2005. Postoperative Recovery of Stereopsis in Longstanding Adults Constant Horizontal Strabismus. <u>*I Korean Ophthalmol Soc.*</u> Nov;46(11):1831-1836





#### The Number of Placebo Controlled, Double Blind, Prospective, and Randomized Strabismus Surgery Outcome Clinical Trials: None!

Dominick M. Maino, OD, MEd, FAAO, FCOVD-A Editor

Keywords: double blind, clinical trials, placebo controlled, prospective, randomized, Strabismus surgery outcomes

Recently a colleague of mine asked if I knew of any placebo controlled, double blind, prospective and randomized strabismus surgery outcome clinical trials (RCT). Are there one or more clinical trials that note the efficacy of strabismus surgery? This is an important question to ask for several reasons. One reason is that allopathic

insist that optometry must have clinical trials completed before we can conduct optometric vision therapy for our patients with binocular vision anomalies and/or learning related vision problems. The second reason is that if our ophthalmology (OMD) colleagues require us to have such evidence based treatment, then it

must follow that they have many such clinical trials to support the surgical intervention of a child with strabismus and that these clinical trials reflect the highest level of evidence based medicine. Finally, the most important reason is that if we refer a patient for surgical intervention, it would be most appropriate to have evidence based research supporting this surgical intervention.

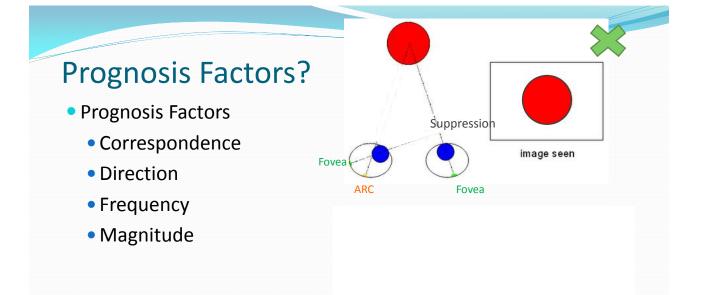
Unfortunately when my colleague asked me about supporting clinical trials for the efficacy of strabismus

medicine continues to (( ... I hope medicine crafts its surgical art so that the patients' outcomes yield higher success rates, fewer complications ... and yes, one or more evidenced based, placebo controlled, double blind, prospective and randomized strabismus surgery outcome efficacy clinical trial ...

surgery, I had to tell him that I did not know of any clinical trials offhand, but would see what I could find out. I then went to PubMed and conducted a literature search for placebo controlled, double blind, prospective and randomized strabismus surgery outcome clinical trials ... and found none! I did find articles about globe perforation during strabismus surgery,1 strabismus surgery for

# So what is the best age?

- Patching until equal VA OU
- VT
  - Maturity
  - Cooperation
  - Parents' Support



# **Prognostic Factors**

- Age ?
  - Well-known case: Sue Barry, a neuroscientist who developed stereopsis through vision therapy in her 50s
  - She describes from a patient's perspective what it feels like when she gained 3D vision.

TEDxPioneerValley - Sue Barry - Fixing My Gaze https://www.youtube.com/watch?v=XCCtphdXhq8



## Police Stereo Requirements

RCMP - 100" British Columbia - no std Alberta - 80" Calgary - 80" Saskatchewan - normal BV Manitoba - 70" Ontario - 80" Quebec - 100" Montreal - no std PEI - 70" New Brunswick - 70" Nova Scotia - normal BV Newfoundland - 70"

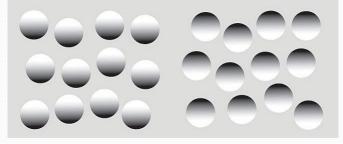
**Stereo Requirements** 

70-100"

http://www.science.uwaterloo.ca/~a2hill/AdamHill-PoliceStandards.pdf

# **Stereo and Job Performance**

 "Little evidence that stereoacuity measurements with standard office tests of stereoposis give a true and complete indication of depth perception ability for a given task." "...because stereoacuity tests, in their quest to only measure stereoacuity, attempt to eliminate other depth cues such as monocolar cues that are present in real-life situations."



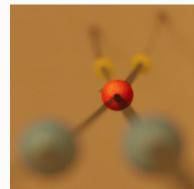
Long, J, Siu C. 2005 http://www.scientificamerican.com/article/seeing-is-believing-aug-08/

# Depth Perception ≠ Stereopsis

- Monocular Cues
- Colour, texture, size, overlap etc



- Binocular Cues
- Retinal Disparity and Convergence



# John's Visual Findings Continued

**Fusional Ranges** 

- BI Distance: OD supp
- BO Distance: OD supp
- Bl near: OD supp
- BO near: x/18/10

Acc'd Facility

- BAF w/ supp: 8cpm
- MAR OD 11 cpm, OS 16cpm

#### Amps

• OD 7.75D OS 8.75D Min amps for age 8D

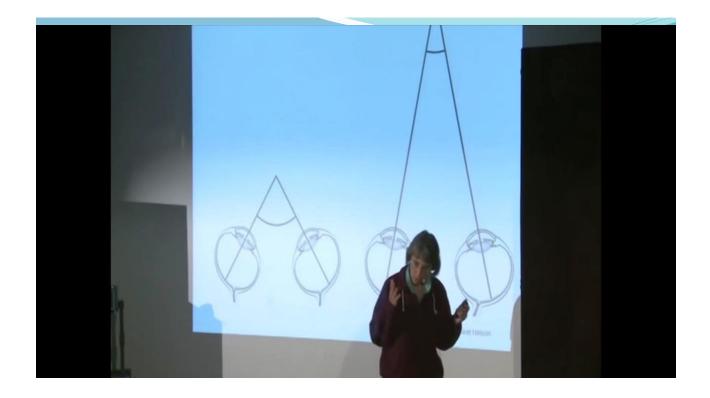
# Stereoacuity Goals?

Normal subjects can detect up to 2-10 sec of arc

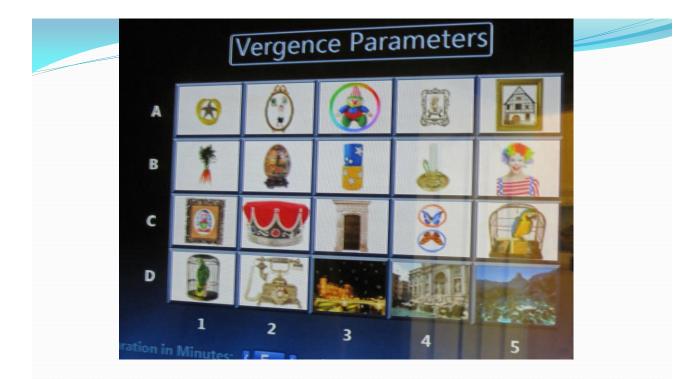
### <u>Microstrabs</u>

- Motor fusion amplitudes can be normalized
- NRC with peripheral binocular stimuli and ARC with central fusion stimuli.
- Can get local stereoacuiuty (Wirt Circles) ~80"
- Will not get global (RDS) stereoacuity

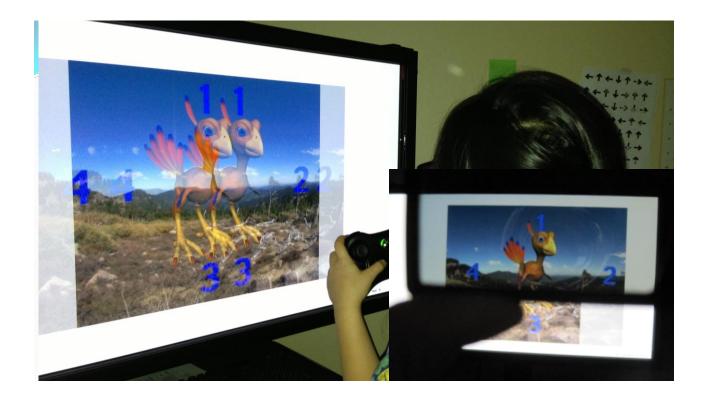
Harwerth R, Fredenburg P. 2003. Binocular Vision with Primary Microstrabismus. Invest. Ophthalmol 4293-4306. http://www.iovs.org/content/44/10/4293.long

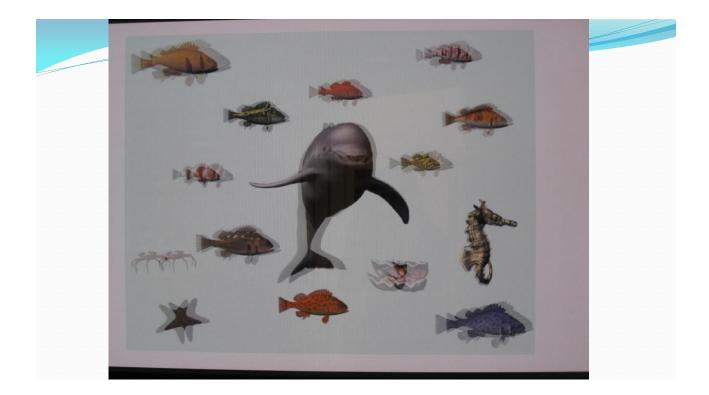


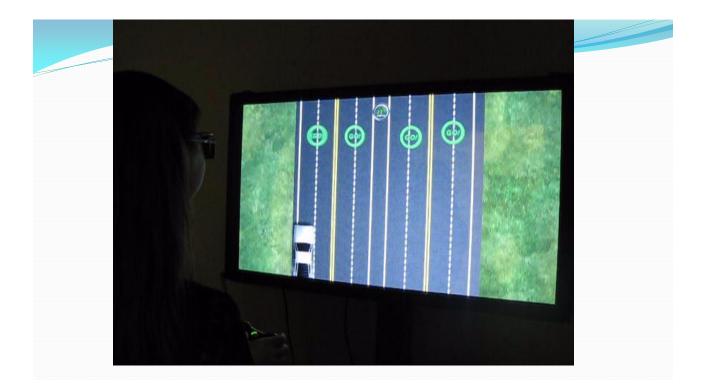


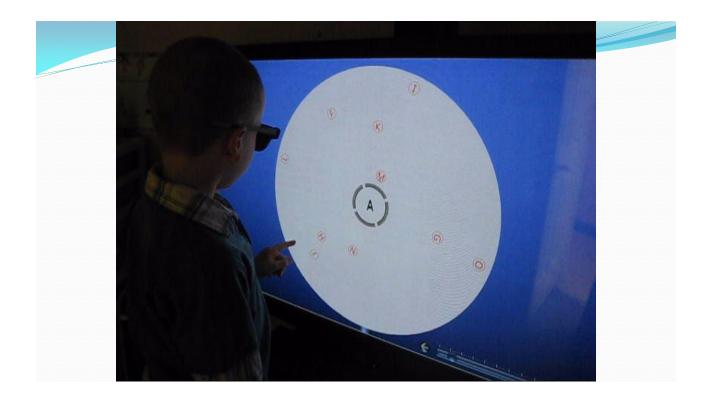




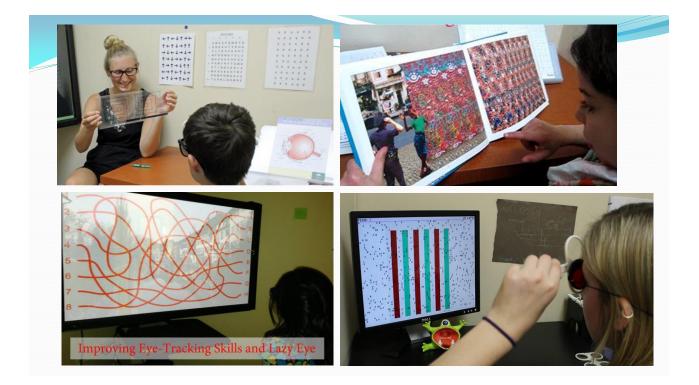












## **Perceptual Learning**

- <u>Perceptual learning</u> is the process of learning improved skills of perception
- Dennis Levi from Berkley
  - 2011 Charles F Prentice Medal ; Am Academy of Opt
  - Stereoblind or stereoanomalous recovered stereopsis
  - Positive subjective improvement in activities of daily living and sports

Dennis M. Levi (April 2005). "Perceptual learning in adults with amblyopia: A reevaluation of critical periods in human vision". *Developmental Psychobiology* **46**(3). pp. 222–232 Jian Ding; Dennis M. Levi (September 2011). "Recovery of stereopsis through perceptual learning in human adults with abnormal binocular vision". Proceedings of the National Academy of Sciences of the United States of America (PNAS) 108 (37). pp. 15035–15036..



McGill University Health Centre

# Dpmt of Ophthalmology, Dr. R.F. Hess





Centre universitaire de santé McGill

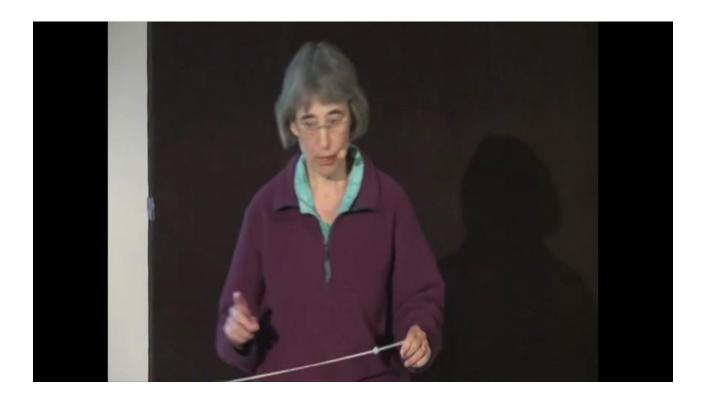
Retrieved from: http://muhc.ca/newsroom/news/%E2%80%9Clazy-eye%E2%80%9D-disorder-%E2%80%93-promising-new-therapeutic-approach-1 Hess R-F, Thompson B, Black J.M., Machara G, Zhang P., Bobier W.R., Cooperstock J.: An iPod treatment of amblyopia: an updated binocular approach, Optometry, 2012, Vol. 83, Nr. 2, pp. 87-94. Hess, R. F.; Thompson, B; Black, J. M.; Machara, G; Zhang, P; Bobier, W. R.; Cooperstock, J (2012). "An i Pod treatment of amblyopia: An updated binocular approach". Optometry (S: Louic Mo.) & Society (

	April 2013	June 2013	August 2013	November 2013	
Accommodative Training	MAR +/- 1.00 D	MAR +/- 2.00 D	BAR +/- 1.50	BAR +/- 2.00	
Anti-suppression	Suppression at 3 ft	Suppression at 5-6 ft	No Suppression	No Suppression	
Brock String	Having troubles keeping X on bead	Can hold X for ~5-9 see before losing a string; brings X back with occlusion	Can bring X back without occlusion	Working on jump ductions	
BI Fusional Range	OD sup.	x/5/4	x/10/7	x/21/18	
Vectograms (BI)	Rope - P R&L Flickers Cannot appreciate float or SILO	Clown - P R&L Flickers Cannot appreciate float or SILO	Spirangle – M Less Flickering	Mother Goose – M or P Now trying with +/- 1.00D	
Stereoacuity	None	200"	140"	80″	

# John's Progress

- Near Stereoacuity
  - March None
  - June 200"
  - August 140"
  - Nov 80"

- Maintenance therapy
  - Brock String
  - Vectogram
  - +/-1.50 Word Rock with RG bar readers



# What is it like to gain 3D vision

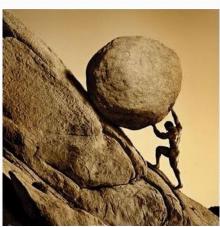
- Immersed in a volume of space
- Even photographs (2D) have more depth
- Heighted awareness of other senses





# What makes a good candidate?

- Drive
- Hard Working
- Self Awareness
- Right Training



# Conclusion

- Small-Angle Esotropes can develop stereopsis through vision therapy
- Age is <u>not</u> a limiting factor
- Although patients with reduced stereopsis can appreciate depth perception, it is not to the same extent.
- Gaining stereo vision improves quality of life

# Locating a Developmental Optometrist

www.covd.org -> Locate a Doctor



Feel free to contact me at <u>dr.luk@browzeyeware.com</u> www.visiontherapycalgary.com

