INTRODUCTION

According to David Bostock Harman, “We are a bilateral horopter organism. Anything that we see in isolation, anything that is not enfolded into the organism as a whole, is not seen as a whole. Our problem is that of the holistic gestalt at the center of our experience.” Often, the symptoms of one eye may appear as the result of the dominance and the interaction of the other eye. Such symptoms are not seen as separate entities but as a whole. In this context, the significance of this holistic approach is emphasized.

The importance of vision therapy in the early stages of development cannot be overstated. It is crucial to establish better symmetry in the person’s use of their visual process. During the developmental period, vision therapy can help in promoting the symmetrical use of the whole body. As this emerges, it should become easier for the child to use both eyes more symmetrically, thereby allowing her some binocular overlap and a chance at establishing a more symmetrical use of her body.

CASE

Sophia, a 3-year-old female, was referred to us by her pediatrician because her parents felt that she had a “lazy eye.” They reported that she had a constant right eye deviation toward her nose. At each visit we asked the parents to give us a sense of the amount of time spent looking with the right and left eyes we began to move the binasals inwards. We would move our face to our right and left slowly and watch for the “hand-off” of fixation from the right to the left eye as we moved left and back to the right eye as we moved right. The child sat on a stool about 2-3 feet in front of her while she sat on either her mother or father’s lap. The primary way we checked the fixation pattern was to have her look at our face while we covered, thereby allowing her some binocular overlap and a chance at establishing a more symmetrical use of her body.

Inspection of the binasals was performed after the child had been oriented to the environment. The child was oriented to a picture of a teddy bear in front of her. The examiner then placed the occluder on the right eye, then the left eye, and so on until the child was oriented to the picture. This procedure was repeated with the child’s right eye covered and then left eye covered. The examiner then placed the occluder on both eyes. The child was oriented to the picture with both eyes covered, then with only the right eye covered, then only the left eye, and so on. The examiner then placed the occluder on both eyes and removed it. The child was oriented to the picture with both eyes uncovered, then with only the right eye uncovered, then only the left eye, and so on.

At this second visit a series of bilateral activities were given to Sophie’s parents. The activities were designed to help the child learn to use her body more symmetrically to prepare her for school. The parents were given a series of simple exercises to do at home to help their child develop better visual skills.

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APPENDIX

ADDITIONAL FIGURES

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

REFERENCES

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