

OCTOBER 2004



*Dedicated to bringing
Vision Training
Solutions to you and your
patients*

Please check out these websites for helpful vision information:

- www.headlinevisionenterprises.com
- www.shoestringvision.com
- www.eyesontrack.com
- www.pavevision.org
- www.covd.org
- www.oep.org



Happy Fall to Everyone! My THANKS to everyone who has shared ideas for activities using my vision training products. It seems those of you who have read **The Vision Therapist's Toolkit** are applying the concepts of Loading/Unloading demand levels very well. The ideas you have developed were so good, I felt everyone involved with Behavioral Optometry could benefit from them, so I've done a "newsletter" of activities.

Those of you who have not yet used the HVE Anti-Suppression charts or activity booklets can use these ideas with other charts you may have in your offices. If you are not familiar with the concepts of adjusting demand levels in your vision therapy procedures, you may want to read **The Vision Therapist's Toolkit** to learn more about how this is accomplished. You can visit www.shoestringvision.com to learn more. The authors' are also proud to announce that **The Vision Therapist's Toolkit** is being translated into Spanish by Berenice Velázquez Sánchez, and should be available by year-end.

Back to **Headline Vision Enterprises'** business. Many of you have commented that you love the versatility of the charts and the booklets because both pediatric and adult patients can use them. It appears your adult patients enjoy the **Fixation Fun, Anaglyphic Activity, and Word Search** booklets as much as your kids. It seems the adults want to improve their own ocular motor skills, directionality skills and other visual perceptual/visualization skills in addition to accommodative and binocularity skills.

Many times, it seems with our adult patients, the emphasis for the vision therapy program is on **Myopia Control** or **Computer Vision Syndrome**. We may neglect ocular motor or visual perception training simply because the patient is an *adult*. However, we have to remember that with adult patients, we need to treat **ALL** of the areas of **VISION**. That's why it is quite appropriate that at this year's **COVD** meeting in Cancún México, there is a **Symposium on Vision Therapy for Adult Patients**. Hopefully, the importance of developing all areas of an adult patient's visual system will be stressed.

Now, for a couple of announcements. I will be soon releasing two new products—**Anaglyphic Crossword Puzzles** and **Stereo Photographs**. Please visit my website for more product news and updates www.headlinevisionenterprises.com or call

Phone: 408-528-9509

Fax: 408-528-9509

Hope you enjoy the activities!

Sincerely,

Thomas C. Headline

IDEAS



A therapist shared this **Loading** idea for the **Colorful Charts** with me. "I have the patient standing about arm's distance from the chart. I use any characters (letters, numbers, shapes, arrows) that the patient can handle. The patient reads the chart, but he has to perform a motor function depending on the box color. For example, on **Green** boxes, the patient may perform a Jumping Jack. On **Red** boxes, he may hop on his **Right Leg**. On **Orange** boxes, he may hop on his **Left Leg**. Of course, I adjust these motor activities to whatever motor function level a patient can do successfully. So, the patient reads the chart while performing the motor activity at the same time. My doctor often prescribes yoked prisms to stress the balance skills, and we may use a metronome if the patient can handle it."

She also shared this idea for **saccadic eye movements**. "Well, I love the checkerboard design of these because it works well for saccadic training. My doctor likes to prescribe flippers with this activity. It is very simple. I instruct the patient to read only boxes of a **certain** color following the reading motion (left-right, top-bottom). The patient should "flip" the flipper after reading each character. I may also use a metronome with this as well. Since the boxes are spaced a certain distance apart from each other, the patient has to make an accurate saccadic eye movement to get there. Plus, he is having to shift accommodation; and if the metronome is running, his ears better be turned on too!"

UPPER-CASE/LOWER CASE ACCOMMODATION: Another therapist shared a great near/far accommodative activity. “I cut one of the Lower-case letter charts into individual tiles. I mount a Capital Letter chart to a wall at the prescribed training distance. I place Red/Green Anaglyphs on the patient. The patient is seated at a table with a large piece of black construction paper lying on the table. The patient is then supposed to arrange the small tiles on the black paper to match the Capital Letter chart. I like this procedure because it helps the patient to become more comfortable shifting between the Upper Case and Lower Case versions of the alphabetic characters. I am also working on accommodation and binocular vision skills at the same time. Also, I like that I can mix and match between the Multi-color charts and the Single color charts. Also, I can incorporate more fine motor skills if I have the patient use tweezers to pick up the tiles.”

BDPQ BODY TAPPING: Here is a nice visual motor integration procedure that uses the **BDPQ** charts. “I have the patient lay on his back on the floor while wearing the Red/Green Anaglyphs. I tell the patient that his body represents the “stick” of the b, d, p or q. The patient reads the chart taps one of his arms or legs gently on the floor. Here’s how the tapping works. If he is looking at a letter “b”, he will tap his right leg since the bubble of the “b” is on the lower right side of the stick. If the patient is looking at a letter “d”, he will tap his left leg against the floor. If he is looking at a letter “q”, he will tap his left arm against the floor, and lastly, if he is looking at a letter “p”, he will tap his right arm against the floor. The bubble of the letter represents the extremity he uses for the tapping.

Now, the therapist/parent holds the chart while standing over the patient, so the patient can read the chart more easily. I **load** this procedure more by using a metronome, so the patient must do one tap/one letter per beat. Also, I can increase the tracking demand by moving the chart in a gentle circular motion while the patient is reading it and doing the tapping.”



PRESENTATIONS: A few doctors have mentioned to me that they have been using the charts and booklets during presentations to professionals *outside* the realm of optometry to demonstrate the **POWER** of Behavioral Optometry. They use the charts and booklets with Red/Green Anaglyphs to show Teachers, Occupational Therapists, Speech Pathologists and Educational Therapists how difficulties in binocular vision can make even the simplest of tasks very challenging. They have also been able to demonstrate that Behavioral Optometry has access to “tools” that target and train very specific skills in the visual system. **Bravo!**

MATH SACCADES: Another great idea uses the **Numerical** charts. “I have the patient read certain columns or rows while at the same time, he has to perform a specific mathematical operation with the numbers he is reading. He must read the numbers to me and give me the solution to the math problem, **before** going to the next row/column. I **load** this further by using a metronome, walking a balance beam, and **if prescribed by the optometrist lenses or prisms.**”

GEOBOARDS: On a 25-nail geoboard, scotch tape down letter tiles one tile per nail. You will need one of each letter, but omit one letter since there are **26** letters in the English alphabet. Put Anaglyphs on the patient. Give the patient small plastic rings and a pickup stick. Mount a large letter chart on a wall at the prescribed training distance. The patient will look at the large letter chart. Then, he will “scoop” up a ring with the pickup stick and find the matching letter from the chart on his geoboard and “ring” the nail. You can **unload** this activity by having the patient picking the rings up with his fingers. As an alternative, have the patient spell words and ring the nails that spell his word.