

> VISION REHABILITATION NEWS



THE VISUAL CONNECTION

to Helping Patients with ASD



Since April is Autism Awareness month, we wanted to take a moment to share with you some of the work that we are doing with children who are on the spectrum.

Children with autism spectrum disorders (ASD) or other developmental delays often have a variety of undiagnosed vision problems contributing to their challenges. The symptoms of these vision disorders are often mistakenly thought to be part of the spectrum disorder. When these vision problems are properly addressed and corrected, it often transforms a child's behavior and greatly increases the child's ability to learn and interact with others.

Ricki G. Robinson, MD, MPH, is a Clinical Professor of Pediatrics at Keck School of Medicine and the Co-Director of the Descanso Medical Center for Development and Learning in California, which is a practice devoted to children and families affected by Autism Spectrum Disorders. In her book, *Autism Solutions: How to Create a Healthy and Meaningful Life for Your Child*, Dr. Robinson states:

“Precise coordinated eye movements are needed for focusing, eye tracking and binocular vision (eyes working together). All are required for maintaining eye contact and spatial awareness, even hand-eye coordination. All are potential concerns for children with ASD. However, if these skills are delayed, they can be learned.”

The optometric vision therapy program at our office includes visual-spatial integration training. Good visual-spatial skills help a child understand where he/she is located in relationship to other people and objects. It eliminates the need for the child to solely depend on touching to determine

where the objects are in space.

In addition, we have also found that therapeutic prism lenses can often make a big difference for children with ASD by improving their spatial awareness.



Children with special needs require a more in-depth evaluation than an eye exam; and it doesn't matter if that eye exam is provided by an optometrist or an ophthalmologist, it still isn't sufficient. It is vital that all of the visual skills that are required for reading, learning and ADL are evaluated and that the child is given adequate time to respond to the testing.

The Developmental Vision Evaluation performed in our office can run from 45 minutes to an hour for the first appointment and may include a total of up to 2 hours (split up into multiple appointments) depending on the child. In addition, the emphasis of the evaluation is based on how the child relates to his or her environment. Sometimes lenses alone can open up a child's world.

70% OF mTBI PATIENTS HAVE VISUAL DEFICITS THAT CAN INTERFERE WITH THEIR RECOVERY

With hockey season coming to a close, you will probably be seeing more children and teenagers who have suffered concussions or other head injuries. It is important to remember post-concussion symptoms not only impact their athletic performance, but also their academic performance. Some of your clients may have a difficult time recovering due to post-concussion visual disturbances.

You might be interested to learn that nearly 70% of mTBI patients have post-concussion visual deficits impacting their recovery. As published in 2015 in the AAP journal, *Clinical Pediatrics* ("Vision Diagnoses Are Common After Concussion in Adolescents"):

"A total of 100 adolescents were examined, with a mean age of 14.5 years. Overall, 69% had one or more of the following vision diagnoses: accommodative disorders (51%), convergence insufficiency (49%), and saccadic dysfunction (29%). In all, 46% of patients had more than one vision diagnosis." As a reminder, this study is a collaboration between 2 optometrists and four pediatricians who were also concussion specialists.

As you may know, convergence insufficiency is a very treatable eye coordination dysfunction which can cause double vision when reading. Saccadic dysfunction is an eye tracking or eye movement dysfunction which can cause loss of place when reading or overall difficulty with tracking along a line of print, and accommodative disorders can make it difficult to focus up close for reading.

We continue to help patients who were struggling with reading after a head injury due to poor oculomotor or convergence skills. In some cases, the vision



problems were completely missed by previous health care providers because a lot of these patients have good visual acuity and a more in-depth binocular vision evaluation is needed to identify these disorders, in other cases the patients were told nothing could be done.

The actual symptoms can really vary and difficulty with reading is one of the more common signs. To give you a quick reference guide for the visual sequelae that can occur, please email us to receive a copy of the symptom checklist that was used in the above study: lindsay@sdvisions.com

HOW YOU CAN HELP

When you refer a child to our office, please use our referral form so we are able to keep you informed of your client's progress. For more information, a referral form or a weighted symptom checklist to assist in identifying potential Binocular Vision disorders, please email our Patient Care Coordinator, Lindsay at: lindsay@sdvisions.com.

CHECK OUT OUR FREE IN-SERVICE PROGRAMS:

Double Vision, Field Neglect, Dizziness and Motion Sickness: The Visual Connection

Post Trauma Vision Syndrome: A Co-Management Approach

Vision Development Problems in the Special Needs Population

These workshops are available on a limited basis, as our doctors' schedules allow. For more details or to schedule your in-service program, please call our office and ask for Lindsay or email: lindsay@sdvisions.com