

### Vision Test Offers Early Glimpse of Concussion

In an article by Stephanie Smith, CNN Medical News Producer, February 2, 2011 -- Updated 2203 GMT (0603 HKT) it was stated that concussions are an ever growing problem for contact-sport athletes. The incidence of occurrence in the US is between 1.6 and 3.8 million per year. The likelihood of an athlete suffering



a concussion is 20% per season. The King-Devick Test is an accurate and reliable rapid sideline test to screen athletes who have suffered a head trauma. Since this type of injury is largely invisible, it is imperative that diagnosis be made as soon as possible after injury. Using the King-Devick Test, an athlete can be

screened immediately after injury. "Fifty percent of the brain's pathways are devoted to vision," said Dr. Laura Balcer, study co-author, who added that eye movement provides a window into overall brain function. "By doing this test, we can potentially catch a lot of what's going on with overall cognitive function and how impaired an athlete can be following a concussion." Here is a link to the entire article: [http://edition.cnn.com/2011/HEALTH/02/02/concussion.test/index.html?eref=mrss\\_igoogle\\_cnn](http://edition.cnn.com/2011/HEALTH/02/02/concussion.test/index.html?eref=mrss_igoogle_cnn)

"There has been a need for a rapid, objective screening test for concussion in athletes on the sidelines to determine whether they should return to play," said Balcer. "This test can be given quickly and is not prone to the judgments of the examiner." The King-Devick Test only takes about 2 minutes to administer. For a video explaining how to use the King-Devick Test, click on this link: <http://kingdevicktest.com/index.html>

### News Items

#### New 2011 VTE Catalog Now Available

Vision Training Equipment-Italy, Marco Grassi, General Manager, now has the new 2011 VTE Catalogue ready and posted on his new web site. You can view the catalog at [www.vteshop.com](http://www.vteshop.com) or contact Marco at [info@vteshop.com](mailto:info@vteshop.com).

#### Bernell Discount

Bernell has graciously offered all Clinical Curriculum Course attendees a discount on materials. There is a 10% discount on B-C items and a 5% discount on non B-C items. There is no discount on software. Use code GE 211 when ordering.

### Upcoming Events

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#### APRIL 2-3, 2011

2011 Eastern States Optometric Congress, Crowne Plaza Hotel, White Plains, New York  
SPEAKERS: David Troilo, O.D., Ron Siwoff, O.D., Cathy Stern, O.D., Randy Schulman, O.D. CONTACT: Stuart M. Rothman, O.D.

#### APRIL 9-10, 2011

Regional Clinical Seminar  
"Maximizing Stereopsis in Patients with Strabismus or Amblyopia," Boston, MA, SPEAKER: David Cook, O.D. CONTACT: John Abbondanza, O.D., 508-481-8558

#### MAY 11-15, 2011

The Art & Science of Optometric Care—A Behavioral Perspective (OEP Clinical Curriculum), Phoenix, AZ., TOPIC: Hands-on behavioral optometric clinical training in evaluation, alternatives presentations and prescribing.  
INSTRUCTOR: Robin D. Lewis, O.D. FCOVD, CONTACT: Theresa Krejci, 800 447 0370. Thirty-five CE hours available

#### JUNE 3-5, 2011

The Foundation of Vision Therapy Part I, Versailles, Kentucky, TOPIC: VT Education for Therapists Taught by Therapists, INSTRUCTORS: Alma Privette, COVT and Robert Hohendorf, OD, CONTACT: Theresa Krejci, 800 447 0370.

# ADD and Vision Problems

By: Rob Lewis, O.D.

Many optometrists, especially those who practice the behavioral philosophy of vision, see patients who have been diagnosed with attention deficit disorder (ADD) or for whom a stimulant medication has been recommended or prescribed.

Sometimes parents will ask us if their child really has ADD or if there is some other condition that has similar symptoms. Other times patients ask for themselves. They may have seen or heard that vision therapy may be an alternative to stimulant medication for themselves or their child.

What can be confusing for patients and family members is that ADD or ADHD is a syndrome rather than a disease with a clear-cut cause. A syndrome is a group of symptoms that consistently occur together or a condition characterized by a set of associated symptoms. The Oxford English Dictionary adds that a syndrome may be a characteristic combination of opinions, emotions, or behavior, which is all too true among parents, professionals, and patients as we try to understand and treat ADD.

I think one of the most important things about a syndrome is that nothing says that because the symptoms are the same, the cause must be the same nor does the presence of a syndrome mean that any particular treatment is best. The presence of many of the symptoms associated with ADD does not mean that a person is suffering from a dietary shortage of Ritalin, Concerta, Strattera, or other medications.

According to the National Institutes of Health, some of the signs associated with ADD or ADHD are:

<http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/complete-index.shtml#pub1>

- Be easily distracted, miss details, forget things, and frequently switch from one activity to another
- Have difficulty focusing on one thing
- Become bored with a task after only a few minutes, unless they are doing something enjoyable
- Have difficulty focusing attention on organizing and completing a task or learning something new
- Have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities
- Daydream, become easily confused, and move slowly
- Have difficulty processing information as quickly and accurately as others
- Struggle to follow instructions.
- Fidget and squirm in their seats
- Have trouble sitting still
- Be very impatient
- Have difficulty waiting for things they want

## Upcoming Events (continued)

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### **JUNE 4-6, 2011**

TBI/ABI (OEP Clinical Curriculum) Memphis, TN. TOPIC: The diagnosis, management and treatment of brain injury patients. INSTRUCTOR: Paul A. Harris, O.D., FCOVD, CONTACT: Theresa Krejci, 800 447 0370.

Twenty-one CE hours available.

### **JUNE 11-12, 2011**

Regional Clinical Seminar, VO Star-A Visual Behavioral Pattern, Wyoming, MI, SPEAKER: Stephan Collier

CONTACT: Bob Hohendorf, O.D., 616-534-4953

12 Hours of Continuing Education

### **JULY 15-17, 2011**

OEP/SCO Conference on Clinical Vision Care (CCVC) Memphis, TN, TOPIC: Understanding the Why of our VT procedures. Contact: Howard Bacon, O.D.

### **JULY 16-17, 2011**

Regional Clinical Seminar, Eye Movements, Reading, Visual Attention & Automaticity: Are They All Related?, Florida, SPEAKER: Jack E. Richman, O.D.

CONTACT: Debra Shim, O.D., 561-625-4380

### **JULY 22-26, 2011**

VT/Learning Related Visual Problems, OEP Clinical Curriculum. Grand Rapids, MI, TOPIC: Behavioral optometric visual training for learning related visual problems. INSTRUCTOR: Robert A.

Hohendorf, O.D., CONTACT: Theresa Krejci, 800 447 0370

Thirty-five CE hours available.

### **AUGUST 18-22, 2011**

VT/Visual Dysfunctions, OEP Clinical Curriculum. Memphis, TN, TOPIC: Behavioral optometric visual training for all general binocular dysfunctions.

INSTRUCTOR: Paul A. Harris, O.D.

CONTACT: Theresa Krejci, 800 447 0370  
Thirty-five CE hours available.

# ADD and Vision Problems Con't

According to COVD, some of the signs associated with vision problems are quite similar: <http://www.covd.org/AboutVisionLearning/SymptomsChecklist/tabid/114/Default.aspx>

- Able to read for only a short time
- Poor reading comprehension
- Holds things very close
- Says eyes are tired
- Able to read for only a short time
- Moves head excessively when reading
- Frequently loses place, skips lines when reading
- Uses finger to keep place
- Short attention span
- Mistakes words with similar beginnings
- Difficulty recognizing letters, words, or simple shapes and forms
- Can't easily distinguish the main idea from insignificant details
- Trouble learning basic math concepts of size, magnitude, and position
- Poor speller
- Poor copying skills
- Trouble writing and remembering letters and numbers
- Avoidance of close work or other visually demanding tasks
- Poor hand-eye coordination
- Difficulty following a moving target
- Loss of place, repetition, and/or omission of words while reading
- Difficulty changing focus from distance to near and back
- Poor posture when reading or writing

As a syndrome, the diagnosis of ADD is primarily based on symptoms. Essentially, if six or more of the defining symptoms are present in multiple environments, the child has ADD. For a more thorough discussion, you may see: <http://www.helpforadd.com/criteria-for-add/>. An important point is that visual problems are a contributing factor in most ADD, and often visual therapy and the use of appropriate lenses can provide enough change in behavior so in some cases, enough of the symptoms disappear that the ADD diagnosis no longer applies.

An important goal of vision therapy is that patients are able to lead independent and successful lives. An important part of the successful independent direction of action is the ability to direct attention or select a volume of information-space. We want to provide the patient the maximum ability to learn to direct their own attention. This is not as easily done with attentional circuits altered by medication. In the interest of the best outcomes, it may be best to delay the prescription of medications if not already in use or to modify the dosages and timing of medications if they are already being taken.

A few words of caution: Many ADD medications are psychotropic medications and require some expertise in prescribing and monitoring. In some cases, the potential for real harm exists if the drugs are stopped without competent medical supervision. Please have the patient consult with their physician before they make any change in the medicine they are taking.

## Upcoming Events (continued)

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### AUGUST 19-21, 2011

The Foundation of Vision Therapy Part 2, Versailles, Kentucky, TOPIC: VT Education for Therapists Taught by Therapists  
INSTRUCTORS: Alma Privette, COVT and Robert Hohendorf, OD  
CONTACT: [Theresa Krejci](mailto:Theresa.Krejci@oepf.org), 800 447 0370

### JULY 16-17, 2011

Reional Clinnical Seminar, Eye Movements, Reading, Visual Attention & Automaticity: Are They All Related?, Florida, SPEAKER: Jack E. Richman, O.D.  
CONTACT: [Debra Shim, O.D.](mailto:Debra.Shim@oepf.org), 561-625-4380

### SEPTEMBER 15-18, 2011

VT/Strabismus & Amblyopia, OEP Clinical Curriculum. Grand Rapids, MI, TOPIC: Behavioral optometric visual training for strabismus and amblyopia.  
INSTRUCTOR: Robert A. Hohendorf, O.D. CONTACT: [Theresa Krejci](mailto:Theresa.Krejci@oepf.org), 800 447 0370

Twenty-eight CE hours available.

### SEPTEMBER 15-19, 2011

The Art & Science of Optometric Care A Behavioral Perspective, OEP Clinical Curriculum. Baltimore, MD, TOPIC: Hands-on behavioral optometric clinical training in evaluation, alternatives presentations and prescribing.  
INSTRUCTOR: Paul Harris, O.D.  
CONTACT: [Theresa Krejci](mailto:Theresa.Krejci@oepf.org), 800 447 0370

Thirty-five CE hours available.

### SEPTEMBER 24-25, 2011

Regional Clinical Seminar, "Attention & Memory Training in an Optometric Neurorehabilitaion Practice" Gainesville, VA—"Metro Washington DC"  
SPEAKER: Ray Gottlieb, OD, PhD  
CONTACT: [Tod Davis, OD](mailto:Tod.Davis@oepf.org)  
12 Hours of Continuing Education

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