

## Optometry: the invisible member of the rehabilitation team

Allen H. Cohen, O.D.

After the noise of the emergency sirens and the dramatic activities needed to manage a "life and death" situation, the head trauma patient is thrust upon a team of caring health care professionals for rehabilitative services. The very nature of these treatment modalities incorporates, and is highly dependent upon, visual processing and visuo-motor ability.

The anatomical and physiological structure of the brain and skull makes visual problems one of the most common consequences of head trauma. The impact of visual function and visual processing deficits on the rehabilitation process is significant, yet the rehabilitation teams incredulously do not generally use the services of an optometrist.

The consequences of head trauma span all levels of optometric services. We are the only profession trained to impact on both the organic as well as functional deficits secondary to head trauma: eye health, low vision therapy, optometric visual therapy, and refractive analysis. Why are we so invisible?

The common thread of this *Journal* issue is to sensitize the profession to the effects of head trauma on the visual system and the significant contribution optometry can make to the total rehabilitation of these patients. As we become more involved with rehabilitation, we will be more visible.

The following letter from a young man who suffered head trauma clearly underscores this message.

On December 30, 1988, I was a senior in high school. On December 31, 1988, I was in a severe auto accident. Because I was close to death, the doctor put me on life support systems immediately. The next day I underwent surgery and spent 2 weeks in a coma. My parents set up camp in the waiting room and all of my friends, neighbors and relatives kept a 24-hour vigil. They took turns talking to me and moving my arms, legs, fingers and toes. Our pastor would come by to give support to my mom and dad and tell them the whole community was praying for me. Whatever they all did, it worked! I left the critical care unit 27 days later and was taken to a physical rehabilitation center. I left the medical center on January 27, 1989, and went to a rehabilitation center. At the evaluation they said, "Son, it will be 3 months before we have you walking

again." I didn't listen to them and in 1 month I was walking. They helped me overcome my physical disabilities. The only problem they couldn't help me with was my eyes. I had extremely bad double vision caused by severe trauma to the muscles in my eyes and a dry-eye condition caused by my tear ducts not working. No one on the staff was able to help these conditions. A steroid was prescribed for the dry-eye condition, which made it worse. It got so bad that my corneas became severely scratched from opening and closing my eyes. I went to see specialists but no one could help.

While at the rehabilitation center, I had heard that an eye doctor was giving a lecture to stroke victims. Still in my wheelchair, I left my rehab. session and went to listen to his lecture on vision rehabilitation. I knew he could help me. I went to his office immediately for an evaluation, and that is when our work began. Dr. Cohen diagnosed me as having esotropia and double vision and said that with a great deal of work, I could be helped. He gave me exercises to do at home that helped retrain the muscles in my eyes. My double vision was so bad that I'd look at something and there would be two of them—10 feet apart. After a while my eyes got better. At this point I had to travel to his office for more intense therapy. I still had a great deal of difficulty reading. I'd try to read but the double vision made it impossible. I would get nauseous and have headaches from trying to read. Dr. Cohen had a special pair of glasses made. The lenses were prisms. When I wore them - it forced my eyes to focus and I would see one image instead of two. This made it possible for me to read and play some sports. After many months of working at his office and home, my eyes were finally better. The double vision was gone and I had 20/20 vision. When people hear of rehabilitation, they think of drugs, alcohol or physical rehabilitation. People don't know about eye rehabilitation. When I started this, my insurance company refused to pay because they didn't know what vision training was. It is ridiculous that in my crippled state I had to find this man myself. I feel very strongly that eye rehabilitation should go hand and hand with physical or cognitive rehabilitation. Just think how many people are out there who didn't or couldn't do what I did!

By David Bracker, patient of Dr. Allen H. Cohen

516 Hawkins Ave.  
Lake Ronkonkoma, NY 11779