

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

1. Direct patching is the most effective treatment for amblyopia.
2. Astigmatism is genetically encoded.
3. Bilaterality precedes binocularity.
4. Prisms are indicated whenever a fixation disparity is measured.
5. The fused cross cylinder test result can be prescribed for near without modification.
6. The child of two myopes will become myopic.
7. Autorefractors have made the retinoscope obsolete.
8. Visual information processing proceeds from the optic nerve to the LGN to the visual cortex and then on to higher centers of the brain in an orderly fashion.
9. Most refractive conditions are secondary to postural asymmetries.
10. The 14B (fused cross cylinder at near) represents the maximum plus lens acceptable.
11. Most strabismus is secondary to eye muscle problems.
12. The analytical consists of 21 separate tests which may be done in any order.
13. 60% of the patients in a general optometric practice should end up in a VT program.
14. My VT staff and I directly make our patients better.
15. Infants are born with a fully functioning visual process.
16. Internal picturing and/or imagery can be helpful in practicing a new skill.
17. Functional/developmental amblyopia may be reversed at any age.
18. Minus cylinder axis 90 is normally associated with problems of Centering.
19. Developmentally binocularity precedes bilaterality.
20. Prisms shift the image of the object towards the apex.
21. Balancing the 20/21 (PRA/NRA) is a good way to get the lens that can be prescribed for near.
22. Myopia is primarily genetic and secondarily environmental.
23. In stress point retinoscopy the motion of the reflex is the critical factor.
24. "Magno" and "Parvo" are new names for the focal and ambient channels of Trevarthan.
25. A neck or upper back problem can shift the cylinder axis in the patient's refraction.
26. Plus lenses for near are only indicated when patients have signs or symptoms of near visual stress.
27. Most strabismus is the result of a child development problem.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

28. The purpose of the present day analytical is to derive a "safe" lens prescription.
29. I am most comfortable presenting the patient with the one option I feel is the best for them.
30. Successful VT depends on the patient doing the activities exactly in the right manner.
31. Gerry Getman was a pioneer in vision development.
32. Spelling is an ability which requires the making, storage and retrieval of internal pictures of words.
33. Amblyopia is a binocular problem.
34. Minus cylinder axis 90 is associated with problems of Antigravity.
35. Laterality is first established for two objects in space.
36. In embedded patients prisms can be used easily and are very effective.
37. Acceptable plus lenses for near is the goal for all patients.
38. The first optometric signs of developing myopia are blurred distance sight and squinting to make things better.
39. Nearpoint retinoscopy is critical in determining the amount of plus lens to give at near.
40. The optic nerve distributes information to many different parts of the brain other than the visual cortex.
41. The degree of curving forward or backward of a person's shoulders may provide insight into their measured phorias.
42. All patients could benefit from a relative plus lens for near.
43. Most 2 month olds will show intermittent strabismus if observed over time.
44. When performing ductions tests base in should be done prior to base out.
45. I routinely present several alternatives to my patients so that they can make an informed choice.
46. Successful VT depends on exposing the patients to the right equipment in the right sequence.
47. Convergence insufficiency is a direct result of weak extraocular muscles and requires eye exercises to increase muscle strength.
48. The majority of all movements done are covert. (Covert: hidden from view, unseen by an observer)
49. Patching is the most effective treatment for Amblyopia.
50. Minus cylinder axis 180 is associated with problems of centering.
51. Hand dominance is genetically determined.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

52. Low powered base in prism is similar in effect to low powered minus lenses.
53. All patients can benefit from plus lenses for near.
54. I generally give the full subjective.
55. Streak retinoscopes and spot retinoscopes are equally good when doing near point retinoscopy.
56. The superior colliculus is involved in integrating information from the whole body.
57. Anisometropias often result from working with things that are significantly above or below the line of sight.
58. Plus lenses increase the tonicity of the supporting muscles of the upper back and neck.
59. Accommodative esotropia generally develops around 6 months of age.
60. The higher the recovery findings the better off the patient is.
61. I present VT to patients more aggressively when I know that they have insurance coverage for VT.
62. Most VT techniques are to be used for specific visual conditions and would be of little or no benefit to patients with other conditions.
63. Reversals and directionality problems are due to cross dominance (Ex. left hand - right eye).
64. Inner speech is an effective way to enhance one's visualization and visual imagery abilities.
65. Pleoptics forms the basis of amblyopia therapy.
66. Minus cylinder axis 90 is associated with problems of identification.
67. Preferred hand and dominant eye should always be on the same side.
68. Yoked prisms when prescribed are most helpful in highly embedded patients.
69. All patients need plus lenses at near.
70. I generally fully compensate for the anisometropia I find in the subjective.
71. The MEM, Book, Bell and Stress Point retinoscopy methods are really different variations of the same procedure, but they all come up with the same number.
72. 20 percent of the optic nerve goes to the superior colliculus, representing over 80% of the retinal receptor fields.
73. In the typical hyperopia posture the buttocks (rear end or backside) are usually tucked in and the pelvis rotated forward.
74. When prescribing plus, one should never reverse the PRA/NRA balance.
75. The development of alternating strabismus is more prevalent in esotropes than in exotropes.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

76. AC/A ratios are derived as a routine part of analyzing the data from the analytical.
77. I prefer to use optometric terminology in my case presentations.
78. Techniques should always be done the same way. In this way the therapist will become a better therapist.
79. Visual attention problems are most easily remedied by Ritalin.
80. As shapes are "drawn" on a person's back and identified, kinesthetic (the feeling of movement) imagery is exclusively being used.
81. Treatable amblyopia affects all spatial frequencies on contrast sensitivity.
82. Minus cylinder axis 180 is associated with problems of accommodation.
83. Cross dominance (hand - eye) causes decreased athletic performance and is difficult to overcome.
84. Greenwald recommends putting over-correcting prisms (Prism power is greater than the measured angle of deviation) on strabismics.
85. Progressive lenses perform as well or better than bifocals.
86. Visual hygiene counseling is rarely effective.
87. The retinoscope can give insights into the cognitive processing of the patient.
88. Models of attention place the major emphasis on stimulus based attention mechanisms.
89. Head tilts (top of the head over to one side) are indicators that if cylinders are present, the axes will add up to 180: ex. OD X 100, OS X 80.
90. Near point retinoscopy techniques will generally show less plus acceptance than the 14B.
91. The presence of Anomalous Projection (AP or ARC) is a reason to feel that vision training will not be successful and therefore VT should not be offered as an alternative of care.
92. Phoria measures are excellent predictors of how a person deals with "real-world" spatial judgements, particularly in athletes.
93. I routinely write reports about my VT patients and distribute them to all health and educational professionals involved with my patient.
94. Any VT technique can be used with any patient as long as the "loading" of the technique is altered to fit the needs of the patient.
95. Visual development problems are human development problems viewed optometrically.
96. After images and other entoptic phenomena can be used to "jump start" visualization and visual imagery in many VT patients.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

97. Treatable amblyopia affects all spatial frequencies equally on visual evoked potentials.
98. A patient's astigmatism remains constant throughout life.
99. Reversals are often seen without any other visual signs or symptoms.
100. Greenwald recommends overcorrecting prisms: ex: 60 Base Out on a 50 diopter Esotropia.
101. Plus lenses facilitate visual relaxation, therefore maximum plus allows maximum relaxation.
102. In the unembedded patient vision therapy will be needed to halt further progression of myopia.
103. Stress point retinoscopy is a fundamentally different procedure than MEM, Bell or Book retinoscopy.
104. The optic nerve is purely an afferent nerve bringing information from the eye to the brain.
105. Functional leg length differences may cause slight vertical fixation disparities.
106. In cases of accommodative esotropia, adds can be given up to the full NRA finding.
107. Maximum plus should be pushed at all distances on all accommodative esotropias.
108. The distance retinoscopy and the subjective should match and differences in these findings indicates poor technique.
109. "Reports never get read so why take the time to write one that can be understood anyway?"
110. VT is done to the person.
111. Vision is acquired in a specific sequence, therefore VT must recapitulate natural developmental sequences.
112. Picturing an activity in the mind's eye is an effective way to practice an activity as long as some actual real world practice is mixed in.
113. Treatable amblyopia affects latencies on VEP's more than amplitudes of VEP's.
114. Astigmatism is affected by posture.
115. Reversals are signs of dyslexia.
116. The use of prisms is an integral part of most comprehensive VT programs.
117. Cycloplegics are necessary for prescribing the appropriate plus lenses for hyperopes.
118. In the embedded patient plus lenses will be very effective in slowing further progression of myopia.
119. The retinoscope has been used in conjunction with lie detector apparatus and found to change prior to the other physiological changes as detected by the lie detector.
120. The visual cortex sends as many fibers back to the lateral geniculate (LGN) as travel from the LGN to the visual cortex.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

121. A newly acquired neck or back problem may cause significant changes in cylinder powers.
122. With plus, if a little is good, then more is always better.
123. In general, the smaller the amount of eye turn the easier the case is to "cure".
124. The analytical is thought of by many as a single test which flows from beginning to end and yields insights into human behavior.
125. Reports are a major source of generating new referrals.
126. Each diagnosed condition will require a unique program or sequence of VT activities.
127. Vision development occurs as a direct consequence of time and cannot be accelerated by treatment or therapy.
128. Visual imagery is always connected to vivid internal picturing.
129. Patients with more easily treatable amblyopia typically show improvement from 20/100 to only 20/50 with a 2.0X telescope.
130. Chronic face turns relative to the target affect the cylinder axis.
131. Single letter reversals by a first grader are indicative of a significant visual problem.
132. Space through the apex of the prism is compressed.
133. Cycloplegics are necessary to avoid over-prescribing for young progressive myopes.
134. The myope's head is thrust (pushed, shifted, or displaced) forward relative to their torso.
135. The retinoscope has been used to give insight into cognitive processing.
136. The current labeling system for the visual cortex calls this area: Brodman's Area 17.
137. A newly acquired neck or back problem may cause significant changes in cylinder axes.
138. Plus lenses in the unembedded case may fully stabilize the progressive myope.
139. Troposcopes, synoptophores, and pleoptics are essential tools for treating strabismus.
140. The amount of stress a person can cope with can be determined from the analytical.
141. I present VT only to those patient who I feel really need VT.
142. Vision therapists, at best, are an extra pair of hands.
143. Good development is a result of having the appropriate experiences at the appropriate time.
144. It is most effective to learn to shut off the inner voice when learning to see in the mind's eye.
145. Amblyopia discovered after the age of 10 is untreatable.
146. Chronic head tilts up or down relative to the target affect the cylinder axis.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

147. "ON", "NO" types of reversals in a second grader would be cause for concern.
148. Space through the base of the prism is moved further away.
149. Over minusing a young convergence insufficiency patient may solve their problems in the long term.
150. Progressive myopia occurs as a result of the eyeball elongating over time.
151. The retinoscope is an antique optometric instrument and should not be used anymore.
152. Cognitive neuroscientists have identified sections of the brain which they call the "what" and the "where" sections.
153. Scoliosis is a localized problem in the back and will have no impact on vision.
154. There is an optimum level of plus prescribeable for each person that maximizes their performance on near centered tasks.
155. The cure rates of surgery versus vision therapy are similar.
156. Qualitative observations shared by the patient during duction/equilibrium testing generally just slow down the data collection process without giving additional behavioral insights.
157. Progressive addition lenses are excellent lenses to use for behavioral optometric prescribing.
158. To adjust the loading of an activity a therapist must understand the "why" of each and every procedure they work with.
159. Without good visual development excellent performance in school is highly unlikely.
160. Repeated mantras are more effective in improving athletic performance than visual imagery.
161. The Streff Syndrome is a bilateral refractive amblyopia.
162. Cylinder axis 80 in both eyes indicates a chronic head tilt to one side.
163. The Piaget Left-Right Test is an excellent test when working with adult patients.
164. Prisms shift space in the direction of the base-apex line but do not distort space.
165. The level of myopic compensation prescribed has little or no effect on the patient's progression.
166. Excessively close working distances contribute to progressive myopia.
167. The degree of embeddedness of the patient can be obtained directly from the analytical examination.
168. Amblyopia is predominantly associated with exotropia.
169. Cylinder axis 100 in both eyes indicates a chronic head tilt to one side.
170. Systematic reversal of part II of the Piaget Left Right test is a higher level of development

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

than random mistakes on part II.

171. When considering yoked prisms, lateral yoked prisms may be used in treating anisometropia.
172. Anisometropia should always be fully compensated.
173. Sustained near centered visual stress is the main trigger of the process of becoming more myopic.
174. Low break points would generally indicate an embedded case.
175. Haidingers brushes are absent in all forms of amblyopia.
176. Early identification of cylinder is important because full correction must be initiated as soon as possible.
177. The Jordan Left-Right Test is usefull in commincating with educators and parents.
178. Vertical yoked prisms are often used in treating cases of autism and pervasive developmental disorder.
179. Binocular sphere power lenses affect heart rate and breathing rate.
180. Any amount of myopia can be recovered in vision therapy.
181. Low recoveries would generally indicate an unembedded case.
182. The presence of eccentric fixation means that vision therapy will not be effective.
183. There are more cylinders "with the rule" than against the rule.
184. The development of a stable laterality must precede the development of a stable of directionality.
185. Vertical yoked prisms may be used in cases of progressing myopia.
186. Binocular sphere power lenses affect muscle tone in the neck and upper back.
187. Vision therapy is effective in stabiliazing all progressive myopes.
188. The lighting levels when performing the analytic do not affect the findings.
189. The treatment of refractive amblyopia rarely requires the full compensatory lens to be prescribed.
190. Astigmatic refractive components of 0.75D or less vary often in both power and axis depending on current levels of visual stress.
191. Use of mneumonics such as, "I WRITE with my RIGHT." are helpful in developing stable laterality and directionality.
192. Lateral yoked prisms affect muscle tone in the lower back.
193. Spherical equivalents should be used whenever possible instead of prescribing cylinders.

Optometric Extension Program Foundation

Technical Concepts & Philosophy Survey

194. Myopes are generally very hesitant when reading the acuity chart and are reluctant to guess.
195. Instructional sets can be very individualized and do not affect the findings a great deal.