Article for Behavioral Clinical Insights

To Train or Not: Why is There a Question?

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Over the years I have seen a number of patients who have a chronic systemic disease or some physical or neurological condition which affects them to varying degrees over time. These may include diseases such as Multiple Sclerosis or the occular motor mechanical problems associated with Duanes Syndrome. I was asked by a Norwegian Optometrist recently if I would consider training a patient with stabilized Myasthenia Gravis. I found that, whatever the situation or condition, I would have the same answer, so I decided to answer him in a general way rather than specifically. Here is the answer that I gave.

When dealing with chronic systemic difficulties which may have episodes of "attacks" and periods of remission it is important that the patient be under the care of a primary care physician who is very knowledgeable in that condition. The work we will do will in no way be directed at the treatment of the underlying disease process. It needs to be made totally clear to the patient that they need to continue seeing their physician and that we are not taking over the treatment of the primary disease condition.

Then, if the patient is experiencing a visual problem (an unmet need that can be satisfied by improving their visual abilities) then by all means jump in with both feet! Not only is it all right to do the visual training but it is desirable. Please refer to the graph (figure 1) for the explanation of "why".

The top line on the graph represents the maximum potential (if such a thing exists) in terms of the person's performance. At times when there is a flare up of the neurological condition there is a sharp drop in performance which slowly resolves. Many times the patient never returns to the same level of performance they had before the attack.

I can't recall ever seeing a patient who performed at their maximum performance level. The difference between their actual performance level and their maximum performance level is the wedge of opportunity within which visual training can help that patient more fully realize their potential.

I have shown on the graph two acute attacks between which a program of visual training is done. Note that following the visual training the actual performance of the patient is higher than before, even during the acute phase of the attack.

One patient of mine with MS told me that she felt that the visual training helped her keep her job and her independence for a period of 2 years beyond the time when her doctors had told her she would no longer be able to function.

I had one patient with Duanes Retraction Syndrome who earned his livelihood studying the teeth of certain species of fossils and how they were worn in order to determine what type of food they ate and from that infer what their habitat must have been like when they were alive. He had 20 seconds of arc of stereopsis in an area of space the size of a small grapefruit. Everywhere else, everything was double! He would always make sure that when he studied his fossils that they were in this little area. Without it, he said he could not do his job properly and that no one else could help him because only he knew just what to look for. His fixation disparity plot was nearly a straight vertical line. After six months of visual training, he now had stereo acuity from near to far, up and down, all the way to his left and to 5 degrees to his right. I did nothing to "cure" the Duanes. He will always have the Duanes. I did, however, provide him the opportunity to more fully utilize the abilities and potentials he had.

I clearly remember the externs who were working in my office at that time wondering why I would take on this case. Surely I should know that Duanes is incurable and all they could think of was that I was doing the VT for other reasons. My Duanes patient is ecstatic about what VT did for him. My MS patient has told many others in her MS support group about what VT did for her. In my opinion there is no choice to the question, "To train or not?" The only answer is "YES!"