

GUEST EDITORIAL

WHERE'S THE RESEARCH?

Gary Williams, O.D.

The question: "Where is the research?" has been one of the most persistent obstacles for the acceptance of vision therapy. The substance of this question has been eradicated in one huge swing by the Convergence Insufficiency Treatment Trial Study Group (CITT) research and report. Paul A. Sieving, M.D., Ph.D., director of the National Eye Institute (NEI) which is part of the National Institutes of Health (NIH) stated: "The CITT will provide eye care professionals with the research they need to assist children with this condition."¹

Dr. Mitchell Scheiman and his team accomplished what would have been easy to decide was impossible. Their multi-disciplinary team of optometrists, ophthalmologists, vision therapists, and orthoptists in multiple locations pre- and post-tested 221 symptomatic children with convergence insufficiency (CI).² See the Appendix on page 144 for sites and participants.

They randomized the subjects into four treatment groups:

1. At home pencil push ups
2. At home pencil push ups and a vision therapy computer program
3. In office vision therapy and home support activities
4. In office placebo therapy and placebo home support activities

Each group completed the Convergence Insufficiency Symptom Survey (CISS) before and after therapy. Twelve weeks of therapy were then completed, with exemplary compliance in each group. The data was gathered, analyzed and a consensus report was published in the *Archives of Ophthalmology*.² Their conclusion was that "office-based convergence-accommodation therapy with home reinforcement results in a significantly greater improvement in symptoms and clinical

measures of near-point of convergence and positive fusional convergence and a greater percentage of patients reaching the predetermined criteria of success compared with the other treatments"

In my 35 years of practice, I rank this accomplishment for our profession with our recognition as physicians by Medicare and our ability to use pharmacological agents. Those who choose to be ignorant and those who are advocates for third-party payers, will still argue; but they will now be in the position of confronting established facts with their prejudices. Vision therapy already had an excellent body of research supporting its outcomes,³⁻⁵ but this new research, under the guidelines of the NEI with participation by optometrists and ophthalmologists, is in a league of its own. In addition to the conclusion, there are some other very important clinical observations to be made. The changes in the symptoms and the changes in the objective measurements are almost identical. Assessing quality of life and changes in quality of life is now well-accepted in health care.⁶⁻⁸ Also, a careful look at the symptoms that were reduced in the CISS reveals a very close relationship with reading and other close work. Patients and parents understand that the nature of these symptoms tend to cause either avoidance or a decline in performance. The CITT group is now doing a 12-month follow-up on these patients to assess the benefits for the four groups over time. They will then commence the investigation of the relationships between CI and reading problems.

This research deserves the widest possible distribution. Our office sent out dozens of copies to our referral sources. We sent copies to our local media. Copies of this study are within arm's reach in our office

and are conspicuously posted. The profession owes thanks to Dr. Scheiman and the entire team for a job well-done.

References

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The Ohio State University College of
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University of California San Diego
Ratner Children's Eye Center
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