

# EDITORIAL

## *So Different Yet So Much the Same*

In the Letters to the Editor section of this issue, Dr. Arnold Sherman states that there is a paucity of articles in the literature regarding the use of lenses and prisms. His point is well taken: I leafed through several year's worth of back issues in this and other optometric journals and found some articles on the physical and geometric optics of various ophthalmic devices, but virtually none on their clinical applications. Consequently, it might appear that the Viewpoints articles by Goss and Apell in this issue are in fact a planned response to Dr. Sherman. Let me assure the reader that it isn't; we were not aware that these three optometrists would appear together until the very last stage of construction of this first issue of 1996. It just fortuitously fell into place, and I can't say I'm displeased.

Contributing editor Dr. Martin Birnbaum did a masterful job in first choosing the topic of nearpoint lens prescribing and then in identifying Goss and Apell as two experts who have contributed to this area as teachers and authors. In the minds of many, these two optometrists represent very different schools of thought on nearpoint prescribing. Dr. Goss is characterized as being based in the "in-instrument" findings prerequisite to graphical analysis, while Dr. Apell carries the flag of Skeffington analysis, with the added dimension of "out-of-instrument" behaviorally-based testing.

Over the years, each approach has gained strength by virtue of research and the fact that they both are quite effective in making particular patients more visually comfortable and efficient when reading and performing other nearpoint activities. I believe that a healthy tension

has developed within the profession because of these two approaches; the one serves to keep the other honest and on its toes. The very difference has been one of our great strengths; indeed, I can think of no other area of optometry that induces such passion and in some, evangelism.

However, if we compare this optometric concern over nearpoint prescribing to that of ophthalmology, the great optometric difference significantly lessens. My reading of the journal and textbook literatures, in addition to interactions with practitioners of both professions has led me to the conclusion that ophthalmology has far less awareness of the nuances and importance of arriving at the patient's optimal nearpoint lens. My impression is that generally, only in the cases of accommodative paresis or paralysis, presbyopia and esotropia is a nearpoint prescription seriously considered. Further, the ophthalmological method of arriving at the most appropriate lens is not as intellectually well founded, probing or discriminating as those proposed by Goss or Apell. Indeed, the expertise that optometry has developed in this domain, whether one prescribes strictly according to either Goss or Apell, constitutes an area that significantly separates us from ophthalmology. Interestingly, it is one that ophthalmology has not vigorously pursued in spite of the fact that finding the optimal nearpoint prescription is undoubtedly one of the main reasons people seek eye care, particularly in today's computer-based, information-filled society.

While the two methods of nearpoint prescribing might well seem quite different, as Birnbaum points out in the introduction to this issue's Viewpoints, these

two methods are really complementary. In practice, there is not really a dichotomy, but rather a blending; enlightened optometrists usually apply some of what Goss proposes and some of what Apell proposes appropriately according to the needs of the individual patient. Consequently, what on face value might appear to be so different from a limited perspective is far more the same from a broader perspective. The great commonality of the two methods is that they are distinctly and uniquely optometric.



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