

## WHO WILL SPEAK FOR VISION THERAPY?

A paper entitled "Recommendation Rates of Contact Lenses at North American Schools and Colleges of Optometry" was presented on December 14, 1997, at the American Academy of Optometry's 1997 meeting. The presenter was optometrist Sally M. Dillehay, who is employed by CIBA Vision Corporation. In this study, optometrists who practiced in proximity to each of the 19 schools and colleges of optometry identified five patients whom they had successfully fit with contact lenses. They were uncomplicated cases, and were free of conditions that would preclude these devices.

Each of these 95 patients were then scheduled as a spectacle lense wearer for a visual evaluation at his or her designated school or college and was instructed not to actively mention or inquire about contact lenses. In this phase of the study none of the patients were informed of contact lenses as a treatment option. In the second phase, 87 of these same patients were again later scheduled at their same facility for another evaluation, but were instructed to actively inquire about these devices. Some 47 of this total of previously successful contact lense wearers were fit, while the remaining 40 patients were given various reasons for not considering this option: some 70% of the latter group were told that refractive surgery was a better option.

The results of this study understandably caught the attention of the contact lens manufacturing industry. It

should be noted that these companies have generously supported optometric education over a long period of time. Nevertheless, the industry's organization, the Contact Lens Institute (CLI) sent a letter on August 25, 1998 to each optometric institution's dean or president expressing its concern and surprise at the results of the study. CLI felt that the situation was the result of "...a widespread lack of adequate training in optics and in contact lens fitting...."

Although there is justifiable concern on CLI's part, in pointing fingers they are in the right church, but the wrong pew. A recent study of the curricula of the nation's optometric educational institutions showed that the mean number of clock hours for contact lenses had actually increased when comparing the 1991-1992 curriculum to that of 1995-1996.<sup>1</sup> Consequently, its not a case of fewer hours of classroom instruction, but rather something else.

In a previous editorial in this *Journal*, it was proposed that a major factor explaining the significant decrease in the percentage of optometrists providing vision therapy in the span from 1987-1997 was the nature of the clinical primary care faculty who instruct optometry students during their third and fourth professional years.<sup>2</sup> Over the last decade these teachers have increasingly had rigorous residency training with emphasis in the diagnosis and treatment of ocular disease. They represent the "new optometry" and do so superbly in terms of teaching ability and clinical acumen in

the areas in which they received their advanced education and training.

And therein lies the dilemma. As the scope of optometric practice widened, new priorities arose. It became necessary to develop a cadre of clinicians who at first needed expertise in the array of techniques that became available with the use of diagnostic pharmaceutical agents, and then, not much later, in the treatment of ocular disease. These individuals did more than was expected of them: not only did they become superb clinicians in the diagnosis and treatment of ocular disease, but they also fulfilled the roles of teachers, researchers and authors of articles and texts. Optometry owes its present position and vitality to them, for without these individuals who pioneered in the 1970s and 1980s, we would have been virtually shut out of the present health care system.

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The downside—and with progress there is always a downside—is that these individuals developed a value system and set of priorities that has redefined, and continues to redefine, optometry. It accounts for what many perceive to be a relative loss of expertise that recent optometric graduates possess in refraction, contact lenses and vision therapy. CLI's action, and a subtle, but well orchestrated campaign to "put the optics back in optometry," indicate that it is members of the optical industry who seek to return these areas to the stature they once held in optometric practice. And while there is undoubtedly self interest involved, they can do the profession a great service: they can do much to foster a reawakening of the importance of our historical and proven areas of strength so that refraction and contact lens care are not lost to others who are anxiously waiting in the wings. But who will speak for vision therapy?

### References

1. Bamberg HM, Grenier EM, Harris MG. An evaluation of U.S. Optometry School Curricula, *Optom Educ* 1998; 23: 41-47.
2. Suchoff IB. Shooting the messenger (an editorial), *J Behav Optom* 1998; 9: 2,6.



Optometry is the health care profession specifically licensed by state law to prescribe lenses, optical devices and procedures to improve human vision. Optometry has advanced vision therapy as a unique treatment modality for the development and remediation of the visual process.

Effective vision therapy requires extensive understanding of:

- > the effects of lenses (including prisms, filters and occluders)
- > the variety of responses to the changes produced by lenses
- > the various physiological aspects of the visual process
- > the pervasive nature of the visual process in human behavior.

As a consequence, effective vision therapy requires the supervision, direction and active involvement of the optometrist.