

stress of reading. They are learning tools, as important as the pencil and crayons furnished to your child for the first day at school.

Behavioral optometrists and some educators are aware of the close relationship between vision and learning abilities.

Optometric vision therapy helps those with visual problems to redevelop the way they see, to make learning easier. Behavioral optometrists have thousands of case studies of children with learning-related visual problems.

These children develop abilities to use both eyes more efficiently, integrate vision with other senses, and do remarkably better in school.

Adults with visually demanding jobs, such as athletes and pilots, also attest to the value of visual training in sharpening perception skills for the betterment of their performance.

Vision therapy programs are tailored to individual needs and problems. They can be practiced in the office and at home.

Visual training and nearpoint lenses can open up a new world of achievement and joy to patients.

What Is a Behavioral Optometrist?

Behavioral optometrists spend years in post-graduate, continuing education to master the complex visual programs prescribed to prevent or eliminate visual problems and enhance visual performance.

Not all optometrists practice behavioral optometry, which includes developmental and functional optometry. To find an optometrist who does, log on to the Optometric Extension Program Foundation website at www.oep.org. Go to "Find an Optometrist" on the pull-down menu and input your city/state/zip code into the form to start your search. Or, call or write to the OEP Foundation at the address below.

Make sure you receive a yes answer to each of the following questions before you make an appointment:

- 1 Do you perform a full series of nearpoint vision tests?
- 2 Do you perform work- or school-related visual perception tests?
- 3 Do you provide full vision care and visual training in your office, or will you refer me to a colleague if needed?
- 4 Will you see me again during the year, and periodically to determine my progress?



Optometric Extension Program
Foundation, Inc.
1921 E. Carnegie Ave., Ste. 3-L
Santa Ana, CA 92705-5510
(949) 250-8070
oep@oep.org
www.oep.org

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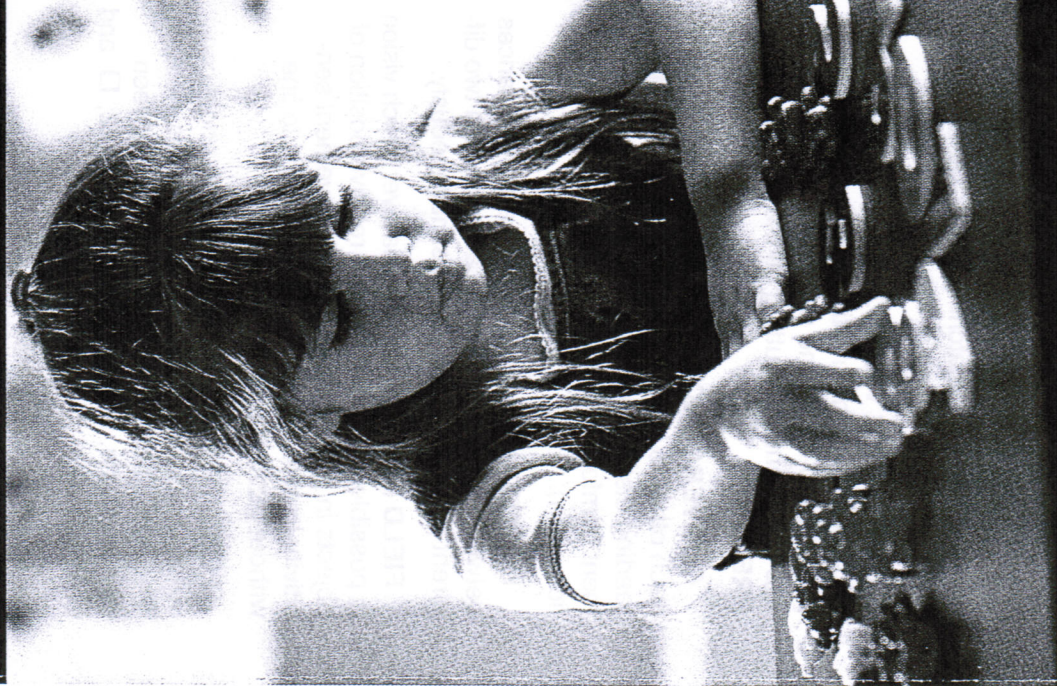
Vision Development Institute, P.C.
Hans F. Lessmann, O.D., F.C.O.V.D.
1789 S. Braddock Ave., Suite 130
Pittsburgh, PA 15218-1868

Voice: 412.731.5007

Fax: 412.731.5251

Is Your Child Really Ready for School?

PRESCHOOL VISION



Because many learning problems are visually related, correction of visual problems allows learning to occur more effectively. Use of lenses for seeing at near and optometric visual training are highly successful tools.

The new lunchbox, crayons and outfit are all ready for the first day of school. You know the teacher's name and classroom. When the bus arrives, your child will be waiting and ready. Really?

Is Your Child Ready To Learn?

While making sure their child is healthy enough to enter school, many parents overlook the most dominant learning system, vision. Immunization shots, physical examinations and dental checkups are important. They will insure that your child is healthy and makes it to school each day. However, tests of information processing abilities tell how well your child will do once in the classroom.

Tests of the development of vision and hearing abilities may expose a removable roadblock that interferes with learning and give your child a chance to learn to his full capacity. Children's vision problems can be detected or prevented before affecting their grades.

A child who has a learning-related visual problem can be taught to learn better through use of lenses for near work and optometric visual training.

School vision screening is often not enough and sometimes too late.

Although your child may receive an "eye test" at school, school programs usually detect only the most obvious eye defects.

Schools use the Snellen wall chart, which tells only if your child can clearly see letters 20 feet away. No test is made of abilities to see at near (reading and writing distance), where most learning takes place. No child holds his or her work 20 feet away.

Some eye specialists test only for "refractive error," also doing little more than the Snellen test.

Only an optometrist trained in behavioral optometry can tell you if your child has problems in addition to clear distance and near sight, such as with focusing ability, eye coordination, depth perception, side vision and understanding what is seen.

Behavioral optometrists spot and remedy subtle, but serious vision problems before they can limit your child's learning.

Clinical evidence shows that academic achievement depends on visual abilities. Vision is basic to learning and is your child's most dominant information-getting system. Vision is a mental act involving determination of object placement in space, form, distance, color, control of speed and direction of movement.

These abilities, once thought to be genetic, are also learned, developed and changed throughout life. Learning takes place more easily when one uses both eyes together efficiently and combines visual information with that received through other senses, such as hearing, touching and moving.

Visual problems, such as not using the eyes as a team, interfere with information processing and learning.

Vision is a complex process. Seeing clearly, measured by the Snellen test, is only one part of visual information gathering and understanding.

To read, understand and solve mathematical relationships, or catch a ball in a physical education class, your child needs not only clear sight, but also much more.

Studies indicate that poor readers usually have healthy eyes, no eye muscle problems and 20/20 "perfect" sight, called acuity. However, they lack other important visual skills, ignored by the Snellen Test.

The important Visual Skills

FIXATION: aiming the eyes or shifting rapidly from one object to another (reading from word to word on a line).

TRACKING: following moving objects smoothly and accurately (catching a ball; keeping your place when the book or the reader moves).

BINOCULAR VISION: seeing with both eyes and combining information received through each eye to make one mental picture. Using one eye and mentally shutting off the other is **SUPPRESSION**.

CONVERGENCE: turning the eyes toward each other to look at near objects (words at reading distance), and maintaining eye alignment comfortably and efficiently over time (attention span).

STEREOPSIS: determining relative distances between objects by looking at them from two different places (the two eyes) simultaneously.

FIELD OF VISION: the area over which vision is possible, including motion, relative position of objects in space, contrast and movement sensitivity in side vision (reading from line to line without getting lost on the page).

FORM PERCEPTION: organizing and recognizing visual sensations such as shapes, noticing likes and differences (the difference between **was** and **saw**, **that** and **what**, **21** and **12**, **□** and **O**, **e** and **o**).

Behavioral Optometric Care

Behavioral optometrists test for and prevent visual problems, and develop visual abilities using lenses and optometric visual training.

Correcting acuity with lenses is only one reason for prescribing glasses. Lenses for near tasks make vision easier. They also aid slow or poor focusing, imbalance of the eyes, and other visual problems. Lenses can make sight clearer at both near and far, but lenses for near can reduce the