COLLABORATION BETWEEN OPTOMETRY, DEVELOPMENTAL OPTOMETRY & PEDIATRIC OPHTHALMOLOGY

WISCONSIN 2018

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• Bear Creek Professional Center
• 17130 Avondale Way, #114
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Disclosure:

Goffe Torgerson, my husband, had a vision therapy supply company, GTVT and he sold the rights to reproduce some of the products to Bernell. 4/23/18 Nancy Torgerson, OD, FCOVD
COURSE GOALS

• To learn that cooperation between optometry, developmental optometry and pediatric ophthalmology enhances patient care

• To learn that cooperation between pediatric ophthalmology and developmental optometry enhances patient care

• To learn how to enhance patient care for those with developmental delays

• To learn how care for children and adults with strabismus can be enhanced

• To review cases

• To learn how to build a team approach in your community
Traditionally there has been a lack of synergy in patient care between developmental/behavior optometrists and pediatric ophthalmologists. Collaborative efforts between optometrists, developmental optometrist and pediatric ophthalmologist can, in many cases, provide a far superior level of patient care than either could offer without the other. We believe that our successful professional relationship can serve as a template for similar successful collaboration among our pediatric ophthalmologic, optometric and developmental optometric practices around the world.
COLLABORATION BETWEEN DEVELOPMENTAL OPTOMETRY AND PEDIATRIC OPHTHALMOLOGY

Introduction
THOMAS LENART, MD, PHD

Superior Eye Care for Your Busy Family

The Family Eye Doctors * The Children's Eye Doctors * Woodlawn Optical
17130 Avondale Way NE, Redmond, WA 98052
425 885-6600 Office | 425 885-4049 Fax
Transforming Lives Through Vision
ASK HARD QUESTIONS
FOUNDATION BASED ON CARING FOR PEOPLE
DR. THOMAS LENART’S JOURNEY

- Peace Corp
- Researcher
- PhD and MD
- Dr. Howard Freedman
  - Research on accommodation
- Practice with optometrist used home activities such as flip lens and PPU
- Father of two
- Assistant Football Coach Woodinville High School
DR. TORGERSON’S JOURNEY

• Glass full
• Learning related vision problems
• Special needs
• Vision therapy baggage
• Quirky people
• VT is misunderstood
LESSONS FROM ANDY

• Developing a Shell
LEsson FROM A VT GRADuATE

• Seeing From Another Perspective
OPPORTUNITIES TO HELP PEOPLE WITH:

- Vision and learning
- Amblyopia
- Traumatic brain injury
- Multiple sclerosis
- Brain tumors
- Stroke
- Schizophrenia
- Dyslexia
- Strabismus
- Sports
- Special needs
- Parkinson
- Autism
- Cerebral palsy
- Bipolar
- Neuro atypical
“WHY DOES OT AND PT WANT SPECIAL NEEDS AND THOSE ON THE SPECTRUM TO SEE YOU?” DR. LENART

PHONE CALLS
CRUCIAL CONVERSATIONS
LISTENING VS. TALKING

• Accommodative esotropia

• Yoked prisms

• Surgery for an accommodative esotrope who is unwilling to or just wants to get out of wearing glasses...
CRUCIAL CONVERSATIONS
SAME WORD, DIFFERENT MEANING

• Accommodation

• If you don’t test for it, you don’t find it

• If you don’t ask, they don’t tell you.
CRUCIAL CONVERSATIONS

• Discover each other’s professional strengths and challenges
• Same word, different meaning
• Help each other
• Build mutual respect
• Foundation: really want to help people
• Presented together at an optometric society meeting
TO HELP YOU DEVELOP COLLABORATION IN YOUR OWN COMMUNITY

HELP MORE PEOPLE – HELP MORE PEOPLE
Will show a sampling of cases to demonstrate the endless possibilities of collaboration.

Handouts are intentionally missing photos.

Some of the information on the slides are to spur memory.

Notes between the two of us do no always agree because we get different feedback from the same patient. We wanted you to see what the interaction is like.
BN: INTERMITTENT EXOTROPIA

History:
• 15 months old in which Mom reports X(t); POTS > 10%

Exam:
• Minimal hyperopia, no demonstrable strabismus,
  NPC: To nose.
BN: INTERMITTENT EXOTROPIA

Follow up:

• Over course of 9 months develops X(T) distance and near.

• Referred to Dr. Torgerson for Vision Therapy.

• Comanagement of X(T) in childhood (5 yr-7 yrs).
BN: EXOTROPIA

• Referral from Dr. Lenart: “Vision without glasses is central, steady and maintained at near and is unable at distance, secondary to age. She has a $30^\Delta$ intermittent exotropia at distance and that is comitant in up and down gaze and has a $25^\Delta$ intermittent exotropia at near. Fuses well on Worth 4 Dot at near and is unable at distance, secondary to age. Near point of convergence is to the nose. Cycloplegic refraction – reveals just a touch of hyperopia.

• Plan: Vision therapy with Dr. Torgerson. Return to clinic in 3 months for recheck of vision and motility.”
BN: EXOTROPIA

• Vision Therapy: every other week
• Progress evaluation 6/1/12
  — Has become more aware of when her eye is turning out and being able to bring it back in
  — Her body awareness and spatial awareness have also improved significantly
• Under extreme circumstances, sees $X(t)$
• Fructose malabsorption
• Stereopsis: 50 ”
• Ranges near: BO 10/8, BI 12/8
ES “D”: INTERMITTENT EXOTROPIA
2 YEARS OLD

History
• 2 year old, with history of X(T) POTS: 20-30%

Exam:
• Mild hyperopia
• 35 X(t) distance and 25 X(t)’ near.
• W4D fusion at near, unable at distance
• Stereo: 100”
ES “D”: Intermittent Exotropia
2 Years Old

• Refer to Dr. Torgerson for Vision Therapy.

• Comanagement of X(T) in childhood.
ES “D”: INTERMITTENT EXOTROPIA
2 YEARS OLD

• X(t) noted at 1 yr., saw an ophthalmologist 3 times who did not see eye turn. No other symptoms/concerns.

• Dr. Lenart: 35° X(t)

• Consult Dr. T: Stereo: < 400”; W4D: N fusion, D alt; NPC 4”

• VT started 5/29/12.
  • Gains despite home activities not being consistent
  • Parents added swimming and dance
ES “D”: INTERMITTENT EXOTROPIA
2 YEARS OLD

• Parents begin to note a great deal of gross motor difficulty relative to age matched peers.

• VT: stereo targets, bi-temporal patching, oculomotor, and accommodative activities in free space, vestibular, reflexes/movement

• Came home from school very happy b/c she had learned how to make the perfect isosceles triangle
ES “D”: INTERMITTENT EXOTROPIA
2 YEARS OLD

• Weekly Office VT visits

• 1st progress evaluation 8/20/12
  — “My eye takes vacation sometimes”
  — 25-30 POTS
  — Less blinking and asking for sunglasses
  — Stereopsis: 200”
  — Ranges of BO/BI with prism bar
    • D: BO 18/10, BI 8/2  N: BO 25/14, BI 12/8
ES “D”: INTERMITTENT EXOTROPIA
2 YEARS OLD

First 3 vision therapy visits:

Goal Directed Rolling       White Balloon
E/H Coordinator             Mental Map of Body
Marble Roll                Vecto Quoits
JND – yoked prism           Rotating Pegboard
Sanet Vision Integrator – saccades
Frog Hide ‘n Seek: NPC
ES “D”: INTERMITTENT EXOTROPIA
2 YEARS OLD

• Growth spurt, increasing vocabulary, increase in severity of XT

• Mom is happy because ES teacher saying she is a "happy, well adjusted child"

• Mom reports they still do not want surgery. They are grateful for Dr. Lenart's referral otherwise they may not have known there was another option to surgery.
BM
History - 2 year old

- Parent notes: in the last week and a half, BM’s eye hurts
- When focuses, right eye bounces or shakes
- No health concerns

Evaluation: left eye covered, not happy

- Right eye covered, okay
- VA OD 20/400 OS 20/20
- Monocular nystagmus OD

Called Dr. Lenart’s office: needs MRI
History:

• Referred by Dr. Torgerson for rotary nystagmus OD only (MRI).

• 2 y/o rotary nystagmus OD only

• Cycloplegic refraction: +4.50 OU

• Va: OD non-central, non-steady, non-maintained (nCnSnM) OD, CSM OS

• Fundus: OD optic nerve pallor and large cup to disc.
Management:

• Called Pediatrician and confirm need for head MRI
• Head MRI revealed a suprasellar mass.
• Neurosurgery performed a craniotomy and brain tumor resection next day with pathology confirmed Pilocytic Astrocytoma.

• Utilization of Pediatric Ophthalmologist for neuro-imaging and severe systemic diseases/disorders.
History:
• Referred by local behavioral optometrist for co-management of early onset accommodative ET
• 4 mo old crossing eyes since birth
JL: Early Onset Accommodative Esotropia

Exam:

• Visual Acuity:
  • OD: CSM
  • OS: nCSnM

• Cycloplegic refraction:
  • OD: +3.00 sphere
  • OS: +5.00 sphere

• Cover Test
  • Near: 35 ET

• Management:
  • Prescribed glasses
JL: Early Onset Accommodative Esotropia

- 2nd Visit 3 weeks later:
  - Wearing Rx full time
  - Va (n)CS(n)M OD, (n)CS(n)M OS prefers OS fixate, but alternates.
  - Cover Test:
    - 25 AET’ near cc
    - 35 AET’ near sc.

- Refer back to local optometrist who goes on maternity leave.

- Patient referred to Dr. Torgerson for 3-4 months of Vision Therapy.
JL: Early Onset Accommodative Esotropia (4 months old)

- Consultation
- 7 vision therapy visits prior to surgery
JL: Early Onset Accommodative Esotropia (4 months old)

Vision Therapy

- Monocular:
  - Fixations, Pursuits, Saccades

- Spinning in chair

- Bi-nasals

- Developmental Movement
  - Enhance Your Baby's Development, Etta Rowley, OEPF

- Yoga Ball Roll

- Tactile/Auditory Visual Match

- JND: prisms
JL: Early Onset Accommodative Esotropia

• Follow-up after 1 unit of VT (12 wks):
  • Cover Test:
    • 30 ET distance & near with Rx.
  • Management:
    • Strabismus surgery
• Post-op day 3:
  • Ortho distance and near.
  • Referred back to Dr. Torgerson for Vision Therapy.
• Follow-up at age 16 months.
  • Ortho distance and near.

• Comanagement of Early Onset Accommodative Esotropia.
One vision therapy visit after surgery
Return to initial optometrist
History:

• 8 month old boy with “left turned in since birth.”
• Moved from Florida, waiting to have surgery in Seattle area
JP(L): Infantile Esotropia

Exam:
• Cycloplegic refraction: +1.50 ou
• Cover Test: 30 LET distance and near.
• Near Point Convergence: To nose.

Management
• Surgery:
  • Does well initially but over the course of a year develops 20 E(t) recommend 2nd surgery.
  • 2nd Surgery performed
    • Does well over next 2 months, but mom notices X(t) intermittently
• Refer to Dr. Torgerson for Vision Therapy.
After 11 VT sessions, changes noted by mom:

- eyes straighter
- balance better
- can walk up and down stairs
- stacking better
- looking at and can actually follow toys
- ball tap and now can catch!
<table>
<thead>
<tr>
<th>VISION THERAPY ACTIVITIES</th>
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<tbody>
<tr>
<td>Ball roll</td>
<td>Balloon bat: R/G – luster?</td>
</tr>
<tr>
<td>Balance board</td>
<td>Step up/down</td>
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<tr>
<td>Bears on rotator</td>
<td>Sit ‘n spin</td>
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<tr>
<td>• Bear walk</td>
<td>Tracking tube</td>
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<tr>
<td>• Balance beam</td>
<td>Ball pursuits</td>
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<tr>
<td>• Guided Rolling</td>
<td>Yoked prisms – loves 15 Base Up</td>
</tr>
<tr>
<td>• Keystone – reaches for 3-D!</td>
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Remains relatively ortho over next 9 mos.

Family moves back to Orlando.

Comanagement of infantile Esotropia.
MR: ORBITAL DERMOID
RIGHT LATERAL RECTUS

History:

• Orbital dermoid removed (lateral canthal area) by California Oculoplastic surgeon 2 months prior to patient’s visit with me

• Resulted in Right sixth cranial nerve palsy “look”

• Horizontal and vertical binocular diplopia for 3-4 months and worse since orbital surgery
  • Prior to surgery diplopia in right gaze, after surgery diplopia in all fields of gaze except primary

• Known myopic
Exam:

- **Va:** 20/20 ou with correction
- **Cycloplegic refraction:**
  - **OD:** -2.50 Sphere
  - **OS:** -4.00 Sphere
- **Measurements:**
- **Motility:**
- **Worth 4 Dot:**
  - **Distance:** Fusion with int. unX’d diplopia
  - **Near:** Fusion
- **Stereopsis:** 3000”
- **NPC:** To nose

**MR:** **ORBITAL DERMOMID**
**RIGHT LATERAL RECTUS**
MR: ORBITAL DERMOID
RIGHT LATERAL RECTUS

Management:

• Mom wanted me to discuss surgery with the oculoplastic surgeon

• Spoke to Oculoplastic surgeon and he informed me that the resection of the orbital dermoid was difficult and had intercalated between the fibers of the right lateral rectus muscle.

• Oculoplastics surgeon assured me a strabismus surgery would have to be performed if patient ever wanted to have normal alignment/motility again.

• Referred to Dr. Torgerson for Vision Therapy
Vision therapy

1st progress evaluation

- Increase in stereopsis
- Increase of BO and BI ranges at distance and near
- Plan: 6 more VT visits without home activities
  - Follow up with Dr. Lenart
  - Without home activities would she be stable or backslide?
  - At progress showed continued to make gains
  - Continued in office vision therapy

MR: ORBITAL DERMOMID
RIGHT LATERAL RECTUS
Follow up 4 months:

- VA 20/20 OU distance and near
- Cover Test:
  - Ortho primary near and distance.
  - 10 ET R gaze; 12 XT L gaze
- Motility: Right eye -2 Abduction deficit, and -1/2 adduction deficit.
- Worth 4 Dot: Fusion N & D
- Stereopsis: 100”
- NPC: To nose.

MR: ORBITAL DERMOID
RIGHT LATERAL RECTUS
MR: ORBITAL DERMOID
RIGHT LATERAL RECTUS

• Role of Vision Therapy in restrictive/paralytic strabismus.
MR: ORBITAL DERMOID
RIGHT LATERAL RECTUS

• Took a break from vision therapy
• Reports she is noticing less diplopia in daily life
• Driving improved (no diplopia in rearview mirror)
EK: L DUANE SYNDROME

History:

• 1 year old with Left Duane Syndrome
• VA: CSM OU
• Cycloplegic refraction +1.50 OU
• 15 degree face turn
• Motility: -4 abduction deficit OS, ortho primary distance & near
• Narrowing of palpebral fissures on adduction
EK: L Duane Syndrome

Management:

• Discussed treatment options with parents and they opted for strabismus surgery
• Transposition SR & IR to LR with posterior fixation sutures
• Patient seen every 3-4 months and had a dilated exam every year for the next 5 years.

• Follow up 5 yrs later:
EK: L Duane Syndrome
EK: L Duane Syndrome

• Referred to Dr. Torgerson for Vision Therapy

• Role of vision therapy in paralytic strabismus
EK: L DUANE SYNDROME

- Before VT, reading was difficult, difficulty remember things on tests, rubs eyes, etc.
  - No BO/BI ranges, suppression, low stereopsis

- 10 months of VT
  - Stereopsis: 70”
  - Ranges BI/BO distance and near in spite of a small vertical deviation
  - Reading comprehension increased
  - Reading stamina increased
  - Spelling easier to remember
  - Writing easier to align on lines and pages
  - Parents bought a 3-D TV for him to practice!
EK: L Duane Syndrome

- 2 years after Vision Therapy
  - Alignment/motility similar but Stereopsis 100” and fuses near and distance with Worth 4 Dot
RB: THYROID OPHTHALMOPATHY WITH LARGE ANGLE ET

History:
• 66 y.o. male
• Retired school psychologist
• Thyroid ophthalmopathy treated with steroids (no decompression)
RB: Thyroid Ophthalmopathy with Large Angle ET

Exam:

• Refractive error:
  • OD: -3.00 -1.00 x031
  • OS: -3.00 -1.00 x130
  • add +2.75

• 20/25 OU distance and 20/30 OU near

• Cover Test:
  • Distance: 60 LET & 10 LHOT
  • Near: 55 LET’ & 10 LHOT’

• Motility: see exam sheet
Strabismus surgery:

• Bimedial rectus recession of 5.0 mm
RB: Thyroid Ophthalmopathy with Large Angle ET

Follow up 4 months post-operatively:

- Exam:
  - 40 RET & 6 RHT distance and 35 RET' & 8 RHT' near
  - W4D: unx’d diplopia near and distance
  - Negative Stereo
  - Motility: -2 abduction deficit OU; -1 elevation deficit OD & -2 elevation deficit OS
RB: THYROID OPHTHALMOPATHY WITH LARGE ANGLE ET

Strabismus surgery

• Bimedial rectus recession of 3.0 mm, Left inferior rectus recession of 2.5 mm.
RB: Thyroid Ophthalmopathy with Large Angle ET

3 months post-operatively from 2\textsuperscript{nd} surgery:

- **Exam:**
  - 20 ET & 4 LHT distance and near
  - Negative stereo
  - W4D: Unx’d diplopia with intermittent LHT -1 elevation and depression deficit OU
  - Motility
RB: Thyroid Ophthalmopathy with Large Angle ET

Strabismus Surgery:

• Bimedial rectus recession of 2.5 mm.
RB: Thyroid Ophthalmopathy with Large Angle ET

3 weeks post-operatively after 3rd strabismus surgery:

• Exam:
  • 2 ET & 2 LHT distance and 6X’ & 1-2 LH’ near
  • W4D: distance unx’d diplopia & LHT diplopia, near fusion!!
  • Stereopsis: 100”

• Management:
  • Referred to Dr. Torgerson for Vision Therapy
RB: Thyroid Ophthalmopathy with Large Angle ET (3 surgeries)

• Double vision at distance, seems to be decreasing with surgery, uses eye patch to drive

• After 12 visits, great gains in VT
  
  • “Vision is improving. No more double. Sometime images overlap. Driving more now. There are still areas that can continue to improve. But feels like he could graduate.”

• Before VT: no fusional ranges at near

• Now: BO: 18/14, BI 12/0
  
  • Distance: 2 eso, BO: 20/20, BI 4/-3
  
  • 20” stereopsis!
RB: Thyroid Ophthalmopathy with Large Angle ET

- Prior had intermittent suppression at distance and 14 BO for single at near
- Goal 6 more VT visits to achieve BO/BI balance and endurance
- Loves the book, “Fixing My Gaze,” Susan Barry
- Fascinated with the Brock String
- Wears a baseball hat to VT
  - When reading a distant chart, he would use his brim as a level and use it to guide vertically
  - Must be careful in VT to monitor. Help people to not rely on “crutches” for the visual system.
RB: Thyroid Ophthalmopathy with Large Angle ET

- Post-op 7 months, orthophoric, 40 seconds of arc stereo and fuses on W4D Distance and Near
- Role of Vision Therapy in restrictive strabismus.
KW: ORBITAL TRAUMA, OS 4TH CRANIAL NERVE PALSY

Referred to initially by an OD

• KW had long-term visual issues, strabismus surgery at 5 years old. As a teen had significant vertical heterotropia and esophoria. Able to fuse at times and suppressed at others
• Summer 2011 had a concussion at work
• Significant double vision, balance and dizziness issues. Saw a neurologist.
• Had PT and S/L
Consultation:

- Seeing double I-Pad and phone
- Very fatiguing
- Because of the large vertical deviation
  gave option of diagnostic VT for 8 sessions
  with a progress evaluation to assess next steps
- OR surgical consult: recommended 2 surgeons; Dr. Lenart
- Book: Fixing My Gaze by Susan Barry, PhD
Hello Dr. Torgerson, First I want to thank you for the incredible visit before I left for Alaska! It was incredibly encouraging to have you confirm that I am not seeing normally and to give me hope that I will get better... I am tired of double-vision, walking with a head tilt to level things out and the fatigue and headaches that follow my vision. I am willing to do the work but if I work for months and then still need surgery I would rather have the surgery and then do the therapy in my recovery. ...
• My physical therapist hopes that my neck will improve if my sight doesn't cause me to tilt my head all day. I know that no matter what avenue we take there will be considerable work. I am concerned about pushing that work too far into the summer as this is when my work load really increases. ....Once again, thank you so much for giving me hope!!!
BEST FIT FOR HIS LIFE: SURGERY AND THEN VT
KW: Orbital Trauma, OS 4\textsuperscript{th} Cranial Nerve Palsy

History:

- 30 y.o. male
- Trauma to right orbit
  referred by Dr. Torgerson
KW: Orbital Trauma, OS 4th Cranial Nerve Palsy

Exam:

• Plano refractive error 20/20 OU distance & near
• 20 LHT distance & 10 LHT’ near and maps to L 4th Cranial Nerve palsy
• W4D: LHT diplopia distance and LHT & X’d diplopia near
• Negative stereo

Management: strabismus surgery:

• Left superior rectus recession of 8.0 mm
KW: Orbital Trauma, OS 4th Cranial Nerve Palsy

4 months post-operatively:

- **Exam:**
  - Ortho near and distance, but 6 RHT up gaze
  - Motility: -2 elevation deficit in adduction OS
  - W4D: fusion distance and near.
  - Stereopsis: 40"

**Management:**

- Referred back to Dr. Torgerson for post-operatively for Vision Therapy
KW: Orbital Trauma, OS 4th Cranial Nerve Palsy

Surgery with Dr. Lenart and then 14 VT sessions

Progress evaluation:

• “Can fuse now when double,” “3-D movies are different, still has headaches with visual activities, and double with lack of sleep.”

— With VT gained 50” stereopsis

— BO ranges at distance and near, BI ranges at near

— Phoric on cover test with slight head tilt to the right
KW: Orbital Trauma, OS 4th Cranial Nerve Palsy

- Moving to Oregon
- Referred to VT practice
- Will continue
- Happy with results
AC: 4 MONTHS OLD

- Referred by Dr. Lenart at 4mos.
- Post occipital stroke (L) in utero
- Not responding to R side, developmental delays
- Began 8/31/10 trial VT: could we get increased attention on R side, fixation and following
- VT: initially used yoked prisms, lights, tints, r/g for stimulation
  - Home: musical toys, gentle visual/vestibular activities. Lay on back for fixations/pursuits/saccades to take out gravitational & motoric demands. Emphasized pursuits and saccades across midline and bilateral reach/grasp/release. Began to roll and make global development increases.
• Started VT every other week in 2/11
  • Every other week in 2/11, weekly in 5/11
  • While tracking, eye hand, motor coordination, movement all increased, but no significant change to esotropia, even with binasals occlusion, red/green, and visual/vestibular work. At times, hyper OD noted.

• Bilateral strabismus surgery with Dr. “X” 9/11
  • OD XT noted after, increased in following 2 months. Occasional patching and -1.00 RX (Dr. X Rx’d -2.00) in the evenings
AC: 4 Months Old

• In VT: added +/- lenses, cover-uncover-recover

• By August 2012, Dr. X said that 2nd surgery did not need to be done!

  — Therapy continues to stabilize XT/Hyper OD and increase developmentally appropriate visual information processing supports global development

• AC is walking, running, talking, counting, accurately identifying shapes/colors, and working on understanding/communicating concepts such as "in/out" to be ready for stereoscopic targets (e.g, "tell me when the dog is out of the circle.")
Informal WACS assessment shows 56th percentile (3 yrs -3.5 yrs) in Identification of Objects even though she is 2 yrs 9 mos old.

She is doing sorting of attributes, knows all her colors and basic shapes and can identify most letters.
Mom said, “If Dr. Lenart had not been our ophthalmologist we would not have found vision therapy and AC would not have received the help she needed in order to reach developmental milestones like sitting up, crawling, walking and learning.”
There are endless possibilities for collaboration.
REMEMBER...

• Each of us see the other doctor’s problems
• We usually don’t see their successes
• If patient was doing well, why would they come to us?
REMEMBER...

- Patients need to show and tell their successes
SHARE DR. PRESS’ INTERVIEW

• Join Elsevier, Health Sciences PracticeUpdate.com

• Interview on the PracticeUpdate site:
  http://www.practiceupdate.com/ExpertOpinion/1040/0/5

• Invite Pediatric Ophthalmologist for lunch, coffee, your office for education
What Collaboration Can Do: A Pediatric Ophthalmologist, an Optometrist, and Putting the Patient First

Interview with Nancy Torgerson OD, FCOVD and Thomas Lenart MD, PhD

Interview by Leonard J Press OD, FAAO, FCOVD

Invalid user name or password. Please try again.
A Sit Down - with Thomas Lenart M.D., Ph.D.

This post appears as part of a series called Sit Down - candid conversations with real people detailing their journeys and experiences with Vision Therapy.

A Sit Down - with Dr. Thomas Lenart
A Sit Down - with Dr. Nancy Torgerson

While all events are factual, patients discussed in this blog are assigned an alias, in the interest of privacy and patient confidentiality. No patients - past or present - are referred to by their true name, unless they have provided expressed and written consent allowing their story to be shared.

PATIENT PRIVACY

CATEGORIES

- From My Perspective...
- Sit Downs

RECENT POSTS

- A Sit Down - with Emilie Christensen
- A Sit Down - with Abby Asaad COVT
- Smarts...
- High Speed
- A Sit Down - with Dr. Nancy Torgerson
- VT Ninja Training
The Speed of Trust

In his book, The Speed of Trust, Covey writes:
CRUCIAL CONVERSATIONS IN YOUR COMMUNITY

• Illuminate the bright spot!
  • What is ALREADY working in your community?
  • What collaboration ALREADY exists?
  • How can you multiply it?
OUR COMMUNITY IS CHANGING

So much to be thankful for...
WHAT ABOUT IN YOUR COMMUNITY?

• We want to help!

• Email us!

Dr. Lenart
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Dr. Torgerson
drt@alderwoodvisiontherapy.com
Research update on Visually-Based Reading Disability
Barry Tannen, O.D., FCVD
Effect of Vision Therapy on Reading Performance