OEP
CLINICAL CURRICULUM NEWS

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New E Mail Address

Theresa has a new email address. Please use it for any correspondence with her. If you "contact us" from the web site, it will automatically come to Theresa's new address. From now on, use TheresaKrejciOEP@verizon.net to reach Theresa.

Web Site

If you have not been to the web site lately, you just might be missing something. There are several new videos of therapy activities as well as an expanded reference listing of articles. Why not check it out at your earliest convenience. www.babousa.org.

New ListServ Specifically for Therapists

If you have a therapist in the office, you might want to share this information with them. The COVD Therapist Committee has established a listserv especially for therapists. The listserv is open to any therapist who is working for an OEP Clinical Associate or a COVD member. The purpose of this ListServ is for therapists to be able to reach out and network with each other across the country. It is for therapists only, so that new therapists (or more experienced ones for that matter) can feel comfortable asking any question. It is for support and information exchange. Once enrolled, anytime a therapist posts a question or comment, all members of the serve will get the post. They are free to answer, just read and enjoy or ask further questions. It is designed for give and take of ideas and information and interaction with others sharing similar experiences.

To enroll in the Therapists ListServ contact Lyna Dyson at visionhlp@juno.com and give her your name, personal e-mail address and the doctor you work for. Lyna will forward the information to Dr Rainey. It is that simple.

Equipment Available

Polar Magnetic Steel Chalk Boards

The writing surface is a glass-hard, smooth, matte finish on steel for use with all types of chalk. Standard height is 4 ft. Standard lengths -3', 4', 6', 8'. Go to the web site www.dryeraseboard.com for more information

Red or Green Vinyl Film

Go to www.c-lineproducts.com/Covers-Folders.html#31347-P for a source of red and green report covers that are a relatively inexpensive source of see through red or green vinyl film. These are useful in many VT activities and are not easy to find.

Another source of inexpensive Rosulux theater gels that are used as syntonic filters is: www.fullstageonline.com. These large colored sheets are 24" X 25" and are under $6.00. The red-green ones can also be used for VT activities.

Autism and TBI/ABI Courses on 2006 Schedule

Because of the many requests for these two courses, TBI/ABI and Autism have been added to the Clinical Curriculum Course schedule for 2006. The Optometric Treatment of Autism, taught by instructor, Paul Harris, will be held in the office of Rob Lewis, in Phoenix, Arizona, January 21-22, 2006. This course deals with the full range of spectrum disorders, to include PDD and Asperger's syndrome. Many new procedures will be part of this course as well as how to modify therapy procedures for this population. A Readings CD, which includes a video of an in-office presentation on Autism, is part of the course.

The TBI/ABI course will be held in Baltimore, Maryland, April 1-2, 2006 and will be taught by instructor, Paul Harris. This course builds on your foundation from the requisite core courses and explores in detail the neurology of the brain and vision and how brain injury, be it from stroke, injury or disease, affects the visual process. A good foundation in neurology is key to understanding the interrelationship between head injury, brain trauma, and visual problems. In addition to a thorough discussion of neurology, testing and treatment options will also be explored. This will include many ways to modify vision therapy procedures to work with these unique individuals, as well as new activities for working with neglect, unilateral spatial inattention and patients with mobility and speech problems. A Readings CD is also part of the course.

Sports Vision Course

With these special courses, we put them on the schedule if there are enough requests for them. At this point, we have had several requests for a Sports Vision Course. We have not had enough requests to actually schedule it yet. If you are interested in the Sports Vision Course, please contact either Karen or Theresa at 800 447 0370 to let them know, so the course can be put on the schedule. Right now is we get enough requests, we are looking at May 2006.

Practice Opportunities Available

Heidi Johnson needs an associate in her growing, very busy practice in Marquette, MI. She is overwhelmed with patients and needs someone as soon as possible. Contact her directly if you or someone you know would like this wonderful opportunity: Phone 906 228 5194 or www.superioreye.com.

Chad Fellows is considering selling his vision therapy practice located in Midvale, UT. He has tons of equipment and a good system in place. Price and terms are negotiable. If interested, please contact Chad directly, 801 598 4622.

Help Needed: Alan Boyle, an OD from Beaumont, Texas, sustained moderate damage to his office after hurricane Rita. The electricity will not be restored for 3-4 more weeks. He is looking for temporary

employment of about 4-12 weeks. He is licensed in Texas and Kansas. If you can offer part time work, please email Alan directly, drboyle98@hotmail.com.

Consultation Corner

Edited by: Robert Hohendorf

This is a continuation of AH which was first published in the February 2005 Clinical Curriculum News
Click here to access the February Newsletter
http://www.babousa.org/CLINICAL%20Curriculum%20News%20February%202005.pdf
This is a case from 1983

Patient: AH **DOB:** 2/14/74 Female (age 9 yrs. 6 mos.)
Occupation: Child, 4th grade student in one month

Chief Complaint:
1) Headache
a) When sits in the back of class
b) When eyes get tired
c) Without glasses outdoors
2) Academic progress dropped at the end of 3rd grade
a) Slower speed in doing work
b) Less accuracy in completed work

Case history:
1) Chose +0.50 DS prescription option ½ years ago at this office. Used for full time wear until recently broken.
2) Possibly allergic to aspirin/grape jelly (certain brands)
3) Negative for ocular health issues and medication use

CURRENT EXAM

Chairside Tests and History:

King Devick	1	1 error	29"	Eyes barely lead head movement	
	2	1 error	27"	Eyes barely lead	
	3	2 errors	31"	Eyes barely lead	
	Totals:	4 errors	87"	Speed age 7+3/4,	Accuracy age 7+1/2 1 omission, 3 substitutions

Unaided Visual acuity: Far: OD 20/20-1, OS 20/25, OU: 20/20
Near: OD 20/25, OS 20/25, OU: 20/20-

Cover test: Far: Orthophoria
Near: Lo Exophoria, (<2)

Motilities: Pursuits 3.5/5 eyes barely lead head movement
CNP: To nose
Stereopsis: No Changes Noted
Color Vision: No Changes Noted
Internal: No Changes Noted
External: No Changes Noted

#4 Retinoscopy:	OD:	+0.75	20/20
	OS:	+1.00-0.50 X 180	20/25
Mon refraction pre #7:	OD:	Plano-0.12 X 175	acuity not taken
	OS:	+0.50	20/20
#7 Subjective	OD:	+0.75	
	OS:	+0.75	
#7A Largest	OD:	+0.50	
	OS:	+0.50	
	OU:	20/20	
#8 dist phoria through Plano:		Ortho	

Control Indicator: Plano
#9/10 Far Equilibrium BO: x/x/8 (did break finding 3 times, each time I stopped moving prisms, she reported diplopia) no SILO responses reported

#11 BI: x/9/0
#13B Near Phoria 2 exo (4/1 gradient)
#14A Unfused Cross Cylinder: OD: +2.00 **G**
OS: +1.75 **G**
#14B Fused Cross Cylinder: OD: +1.50 **G**
OS: +1.25 **G**
#15B Phoria with 14B: 4 exo

NEAR CONTROL: +0.50
#16 Near Equilibrium: BO: x/moves to right/20
#17 :BI: x/14/7
#20 PRA: +3.00 **G**
#21 NRA: -4.00 **G**
#12 Vertical Phoria No Changes Noted

It worked! The low plus improved the visual acuity and reduced the asthenopia. But, some troubling academic signs were mentioned. The Development Eye Movement test (DEM) was slightly improved in speed and accuracy, but only a 0.75 of a year gain during 1.5-years of school. Pursuit eye movements were also less efficient. The analytical evaluation showed both that there was more plus acceptance at all distances and that this plus would be more beneficial. From the way I was thinking at the time the changes in the equilibrium findings seemed negative and confusing to me. A lens helped, but her adaptations were not keeping up with the increased demand (third grade).

My recommendations were:
Option 1: Do nothing and watch the asthenopia symptoms return.

Option 2: Continue using the +0.50 prescription and sit closer to classroom board. I would expect the findings to remain stable. I cautioned them to be wary of any lags in school performance.

Option 3: Continue using the +0.50 prescription and add in vision therapy. (NOTE: The vision therapy I proposed is similar to what we now teach as the VT/Visual Dysfunctions curriculum.) I would expect more accurate eye movements, done more efficiently, when performing visual tasks.

This was definitely not a lens-only case at this point.

Forward your email comments to: TheresaKrejciOEP@Verizon.net, or fax to 410 252 1719.

The Value of Therapists

By Rob Lewis, O.D.

I have been asked to explain how and why we use vision therapists in our practice.

This explanation assumes that the doctor is already an experienced vision therapist. If not, it is important that you become accomplished as a therapist. I don't believe that it is possible to fully understand the benefits to be realized from participation in a therapy program unless you have been directly involved in the therapy. Once these benefits have been fully understood and the process of therapy becomes a part of your understanding, it is much easier to communicate the value of therapy to your patients. This will result in more of your patients being able to take advantage of your therapy program. The unique skills of an optometrist who is practicing the full scope of his or her profession are at the heart of a successful optometric practice, especially one offering vision therapy.

The best way to explain this is to share a bit of how we came to use a curriculum model of therapy.

First we should talk about the contrast between the doctor doing all the therapy and the doctor working closely with a dedicated and well-trained therapist. Some might expect the doctor would always do the best therapy. I once believed this myself. While I am an accomplished therapist, I can only see a patient from my own perspective. The additional perspective of my therapists often provides a greater depth of understanding than I had by myself. I am assured that the quality of the therapy we provide is as high or higher with the well-trained therapists we have than it would be with the doctors alone.

When we did all our own therapy, we rarely had more than 15 VT patients per doctor. Each of these patients took up a full one-hour exam slot. VT and exams had about the same fee per hour. I had about 20 examinations and about 15 therapy sessions to do each week. The more VT I did, the less time I had to do examinations. Our VT census was stuck at about 30 and no therapy happened if we were out of the office.

Then we added a therapist. We had to show her how to do each procedure and we would program each activity in advance. She could do about 20 to 25 patients per week and each doctor still saw 10 patients. Our census was better—we could now help about 45 patients but we faced the same problem. We still only had time to do about 20 exams per week. We had more VT happening, but now we had to program for each patient, which I found was about as difficult as doing the therapy myself and far less satisfying.

We soon added a second therapist and had developed a set of procedures that most patients went through. These relieved us of some of the programming, and let us see more patients, but it was inconsistent. Over time we developed a series of activities each therapist learned and could follow. We still saw about 45 VT patients, but now we had increased freedom to see exam patients and take part in other aspects of our profession.

It was about this time that Paul Harris approached a number of optometrists including both Bob Hohendorf and myself about starting a system for training doctors and therapists to provide quality vision care based on the behavioral philosophy of optometry. Paul had formalized a curriculum of therapy based on successful patients in his own office. The formal curriculum of activities matched the system we were developing in our own office and it was already done!

Curriculum based therapy allowed us to train our therapists in a systematic way and gave them a sense of confidence based on a well-structured and organized system we can all count on.

Since we began using a formalized VT curriculum we have been able to accept many more patients into our VT program and I believe the overall quality has increased based on the increased confidence and skill of our four therapists. We now have four doctors seeing patients and approximately 100 therapy patients.

Each of our doctors is responsible for the VT room one day a week (I cover the "extra" one). On our "therapy days" we do progress examinations, consult with therapists, and provide exams for patients from our referral sources. This means we have most of the other four full days to provide primary care in our office. Most of our VT patients come from our primary care population. Our primary care patients are scheduled for the same amount of time as any other patient. Taking the time to discover each patient's unmet needs is the secret of success. It takes time and attention to do this.

How valuable is a trained vision therapist? Trained therapists allow us to spend more of our time and attention meeting the needs of our patient population. This, in turn, allows more people to take advantage of the opportunities vision therapy offers. Having trained therapists has allowed us to increase our therapy census from a maximum of thirty to over 100. The value of changed lives is impossible to count. The monetary value to the practice is a little easier to calculate.

We have 100 patients in our VT program. We provide 10% of our VT on a scholarship basis. So that means we have 90 patients paying $3,900 for a program that averages 10 months in length or about l.2 programs per year. 1.2 VT programs per year, times 90 paying patients works out to about $420,000 per year. We give a 10% discount if the program fee is paid up front. About half of our patients take that option. Given the discount, we net about $400,000 per year directly from vision therapy.

Each full time therapist will make in the neighborhood of $27,000. With benefits, this figure is closer to 30,000. We have $120,000 in employee cost to generate $400,000 in fee-based income. Since we have one doctor dedicated to the therapy program each day, it might look like the cost is higher, but the doctor is generating fees for most of the therapy day that offset their employment cost. There are also the attendant costs for rent, utilities and equipment, but these are far lower than the costs associated with other activities in the optometric office.

This is all great, but where does one get a trained therapist? It is possible to train your own therapist. Docs have been doing this for years. It didn't work well for me. The time and effort needed was enormous for both the therapist and myself. I had to pay the therapist to watch me do therapy while she learned. I had wages going out and I was working harder.

There are a number of doctor and therapist courses available in the US. The most in-depth course is the O.E.P.F. Clinical Curriculum. It consists of a two-day introduction and theory course, a five-day course that begins the vision therapy curriculum, a four-day course that covers the additional therapy needed for learning related vision disorders, and an additional four days that cover strabismus and amblyopia. The entire core curriculum for a therapist is fifteen full days. Most therapists take two years to complete the program. After taking the first five-day therapy course a therapist is already equipped to handle much of the therapy needed by most patients. At the end of two years, after finishing the entire curriculum a therapist should be able to handle most vision problems requiring therapy.

The cost of the Clinical Curriculum Courses is $4,275 for tuition. If we assume that it will cost another $2,500 for housing and travel to attend the courses, it is possible to train a therapist for less than $7,000. For most of this time, he or she will be making money for the practice. If the therapist is able to handle just 10

basic therapy patients the first year, that should provide $37,000 in income to the practice: Easily enough to justify the costs of training, wages, and the investment of time and effort needed to support your new therapist.

Until you think it through, it seems expensive to pay out $7,000 over two years to train a therapist, but in our office, we spend more than that in a month just for frames. The cost of the finest curriculum in the world for therapists comes out to less than $300 per month for two years—not a lot more for doctors. (And, Yes, Theresa does set up time payments.) The time payment option means it is possible to make the training generate positive cash flow after the first couple of patients.

Without our highly trained and committed therapists, we would not be able to provide the level of care that we do in our practice. Therapy generates the income that allows us to spend more time with patients, which allows us to understand more patient's needs, which generates more patients into therapy, which changes more lives.

A lot of this was about money, but the bottom line are lives changed for the better, not just our patients' lives, but our own as well. I can't think of a better feeling than being there when a 30 year old strabismic sees depth for the first time, hearing that a young person has played catch with dad for the first time, or seeing a young person dream dreams that they never dreamed before. One of my therapists, a former VT patient, told me last week that she is going to become an optometrist—She could not imagine doing anything else after experiencing what we do here!

Bernell Discount

Bernell has graciously offered all Clinical Curriculum Course attendees a discount on materials. There is a 10% discount on B-C items and a 5% discount on non B-C items. There is no discount on software. Use code GE 05 when ordering.

Course Schedule

2005 Nov 30-Dec 4	VT/Visual Dysfunctions, Phoenix, Arizona
2006 January 21-22	The Optometric Treatment of Autism, Phoenix, Arizona
2006 January 25-29	The Art & Science of Optometric Care –A Behavioral Perspective Phoenix, Arizona
2006 February 11-12	Essentials of Behavioral Optometry, Phoenix, Arizona
2006 February 16-19	VT/Strabismus & Amblyopia, Phoenix, Arizona
2006 March 18-20	TBI/ABI, Baltimore, Maryland
2006 March 23-27	VT/Visual Dysfunctions, Grand Rapids, Michigan
2006 March 24-27	VT/Learning Related Visual Problems, Baltimore, Maryland

2006 April 7-11	The Art & Science of Optometric Care –A Behavioral Perspective, Fort Lauderdale, Florida *This course is co-sponsored by NOVA Southeastern University College of Optometry*
2006 June 3-4	Examining Infants & Children Through Age Three, Baltimore, Maryland
2006 July 16-19	VT/Learning Related Visual Problems, Southern College of Optometry, Memphis, Tennessee
2006 July 27-31	VT/Visual Dysfunctions, Baltimore, Maryland
2006 September 14-18	The Art & Science of Optometric Care –A Behavioral Perspective, Grand Rapids, Michigan
2006 October 6-9	VT/Strabismus & Amblyopia, Baltimore, Maryland
2006 November 4-5	Examining Infants & Children Through Age Three, Grand Rapids, Michigan
2006 November 9-12	VT/Learning Related Visual Problems, Phoenix, Arizona
2006 December 1-5	VT/Visual Dysfunctions, Grand Rapids, Michigan

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