OPTOMETRISTS AND OPTICIANS BOARD

ADVISORY ON VISION THERAPY

2011

An Expert Committee on Vision Therapy has developed this advisory on vision therapy to guide practitioners, and to protect the safety and interests of patients who may be prescribed vision therapy. Optometrists who practice vision therapy are expected to comply with the advisory which could be used by the Board as a professional yardstick to determine the appropriateness of a practitioner's actions in relation to providing such therapy.

ADVISORY ON THE USE OF VISION THERAPY

Prescription of Vision Therapy

***Note on use of terminology**: Optometrists, ophthalmologists and orthoptists are considered qualified providers of vision therapy, and will hereon be collectively termed as 'vision therapy providers'.*

1. Statement of Intent

1.1 This advisory is intended for vision therapy providers prescribing the use of vision therapy.

1.2 It is based on the recommendations of the workgroup and the best available evidence at the time of development, and will be reviewed and revised as needed. Adherence to this advisory may not ensure a successful outcome in every case. The contents of this advisory should not be construed as including all proper methods of care, or excluding other acceptable methods of care. Each practitioner is ultimately responsible for the management of his/her patient, in light of the clinical data presented by the patient, and the diagnostic and treatment options available.

2. Statement of Caution

2.1 Patients enrolling in a vision therapy programme invest their time and finances and potentially put themselves at risk if vision therapy is not the right treatment for their condition.

2.2 Hence, vision therapy providers shall make a proper assessment of the patient before prescribing any intervention, and practice within their areas of competence. They shall give due consideration to the effects from a lack or delay of proper medical interventions and refer when in doubt of the diagnosis or if the condition does not improve. Each practitioner must endeavour to ensure that patients' safety and interests are accounted for when providing vision therapy.

3. Introduction

3.1 Vision therapy has been regarded by some optometrists to be beneficial in the treatment of some binocular vision anomalies. **So far, based on some evidence from randomized controlled trials that were reviewed, vision therapy seems to be useful only for patients with symptomatic convergence insufficiency.**

3.2 The therapy consists of orthoptic/binocular vision exercises administered and supervised in the office based on a treatment plan, under the guidance of a vision therapy provider. Reinforcement exercises or activities that supplement the treatment provided in office are normally taught to the patient to be used at home.

4. General Recommendations

4.1. Patient Education and Informed Consent

4.1.1. Vision therapy can only begin after the patient has been duly informed and advised on the treatment methods available and the likelihood of success.

4.1.2. Vision therapy providers need to obtain informed consent from patients before starting vision therapy.

4.2. Standard Eye Examination

4.2.1. In protecting public interest, patients should not undergo vision therapy without first undergoing a comprehensive eye assessment to rule out organic eye diseases or serious conditions requiring medical or surgical intervention. For example, patients suffering from strabismus should have their eyes thoroughly examined by registered optometrists or ophthalmologists to rule out organic eye diseases. A comprehensive eye assessment shall include, at the minimum, the following:

a) History of visual/ocular health and general health of patient and his/her family

b) Ocular examination
   i) External eye and adnexae
   ii) Pupillary function
   iii) Anterior segment (including ocular media)
   iv) Posterior segment (including ocular fundus)

c) Visual acuity
   i) Best corrected visual acuity for each eye individually and for both eyes together, at distance and near

d) Refraction
   i) Evaluation of refractive status
   ii) Presenting monocular visual acuities
   iii) Cycloplegic refraction when indicated

4.2.2. Refractive errors should be corrected before vision therapy can be conducted.

4.2.3. If the vision therapy provider is unable to perform the necessary tests and reasonably exclude organic eye diseases, he or she will have to refer the patient to an ophthalmologist or any competent medical practitioner.

4.3. Orthoptic/Binocular Vision Assessment

4.3.1. Binocular vision or orthoptic assessment has to be done prior to starting vision therapy, especially in treating convergence-accommodation dysfunctions. Vision therapy should be performed only if the patients are presenting with symptoms and signs of poor visual efficiency or a binocular vision anomaly.

4.3.2. Binocular vision or orthoptic assessment tests could include (but are not limited to) ocular motility and alignment, near point of convergence, fusional vergence, relative accommodation measurements, accommodative amplitude and facility, and stereopsis.

4.3.3. Once organic eye diseases are reasonably excluded, binocular vision assessment is done, and informed consent has been given by the patient, the vision therapy provider should then develop an appropriate and detailed treatment plan and document patient progress in patient case records to ensure that adequate care is provided to the patient.

5. Amblyopia

5.1. Special caution should be taken with regards to patients with amblyopia. Appropriate therapy should not be delayed for these patients, considering the 'critical period' for the development and treatment of the condition.

6. Discontinuation of the Vision Therapy Treatment

6.1. Should there be no improvement in the patient after 12 weeks of the vision therapy programme, vision therapy providers shall advise the patient to discontinue the treatment and/or evaluate if the patient requires referral to other professionals.

END OF ADVISORY