

1234 Cherry Street
San Carlos, CA 94070
650.593.1661

VOLUME 2, ISSUE 2

FVC OUTLOOK

EYECARE NEWS FROM FAMILY VISION CARE

SPRING 2006

www.FamilyVisionCare.Org

FVC TALKS TO MEMBERS OF OUR COMMUNITY

INSIDE THIS ISSUE:

FVC TALKS TO THE COMMUNITY 1

TOXINS AND BRAIN INJURY 1

VISION AND AUTISM 2

CHILDHOOD MYOPIA PREVENTION 3

CONTACT LENS SAFETY 4

VISION BENEFIT PROGRAM 4

Our doctors and staff have been busy educating those in our community about vision. Dr. Hong and therapists, Signe and Karen, spent an evening with the Belmont Oaks Academy, Parent's Group, discussing "Smart in Everything, Except School: Could it be a Learning-Related Vision Problem?" We also provided the Belmont Oaks' teachers with our **Educator's Vision Resource Binder** and spent the afternoon providing a hands-on workshop on "How to Spot Learning-Related Vision Problems". Parents and teachers at Belmont Oaks were so excited about what they had learned that we are scheduling a **Right Start Learning-Related Vision Screening** on their campus.

Dr. Oh spoke to parents and professionals at **Parca**, a non-profit organization which helps developmentally delayed children, about "Vision and Learning." Vision is often overlooked in the special needs population. Attendees learned how improving vision is instrumental in helping to change the quality of life for these children.

Dr. Kim just returned from a night at Sequoia Hospital's Diabetes Support Group where she

educated patients about "How Diabetes Affects Your Eyes and Vision." For individuals with diabetes, an annual eye examination is essential in order to monitor eye health for any adverse changes.

Dr. Stasko had a full house for her in-service about "The Relationship Between Vision and Dyslexia." It was attended by parents, a teacher of Skyline College's Human Development Course and almost her entire class.

If you are interested in having one of our doctors speak to your group, team, school or office, please call to schedule your free in-service.

OPTOMAP CREATOR VISITS FVC



Many of our patients have had the chance to have an **OptoMap™** retinal scan during their annual exams. In March, we were honored to have **Douglas Anderson**, the creator of this cutting-edge technology, visit us. This instrument has greatly enhanced our ability to detect disease.

From Left to Right: Teri Yamashita, Douglas Anderson, & Dr. Kristina Stasko

VISION, ACQUIRED BRAIN INJURY, AND ENVIRONMENTAL TOXINS

In March Dr. Stasko was fortunate enough to attend the annual conference of the **Neuro-Optometric Rehabilitation Association (NORA)** in Tucson, Arizona. As a member of **NORA**, we join a diverse group of professionals dedicated to advancing the art and science of rehabilitation of the neurologically and cognitively injured and disabled traumatic brain injury survivor population and their families.

The theme for this year's conference was "Vision, Acquired Brain Injury, and Environmental Toxins." The speakers were a fascinating mix of those in the areas of Optometry, Neuro-Psychology, Chiropractic, Occupational Therapy, Osteopathy and Neuro-Anatomy. The speakers presented cutting edge research, often about topics and

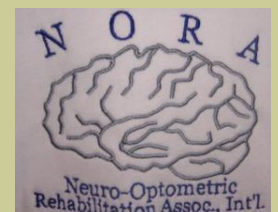
studies that have not yet been published.

Dr. Stasko learned how to use prisms to shift a patient's posture and improve their balance, along with methods of successful treatment for visual field loss and visual neglect. She also gained insight on how different portions of the brain communicate with each other and how exposure to environmental toxins, such as lead, can affect the brain in ways that are similar to having a stroke or a car accident. Dr. Stasko looks forward to sharing detailed information with her colleagues and using what she has learned to enhance the visual care of patients at FVC and VT.

Neuro-Optometric Rehabilitation is an individualized treatment regimen that maximizes the potential of the patient and their rehabilitation team with a multidisciplinary approach. This rehabilitation specifically treats acquired visual dysfunction as determined by standardized diagnostic criteria. The treatment regimens

encompass medically necessary glasses, prisms, with or without patching, vision therapy and other appropriate treatment strategies.

For more information about NORA, please visit them on the web at: www.nora.cc



AUTISM & VISION—WHAT YOU SHOULD KNOW

What are Autistic Spectrum Disorders (ASD)? According to WebMD.com, Autistic Spectrum Disorders “are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior. “ Those with this neurobiological disorder often have difficulty processing and responding to information from their senses.

What is Vision? Vision is a set of skills and abilities, which include, not only 20/20 eyesight, but also control of eye movements, focusing, and eye teaming skills, and the ability to integrate, interpret and act on what is seen.

Vision Problems are Common in those with ASD. Visual symptoms of those with ASD can include lack of eye contact, staring at spinning objects or light, fleeting peripheral glances, side viewing, and difficulty attending visually. ASD individuals often use visual information inefficiently. They often have 20/20 visual acuity, but have poorly developed vision skills, so that maintaining clear vision becomes exhausting. Tracking difficulties, an inability to change focus and crossed eyes are common in the autistic spectrum.

Hyper or Hypo-sensitivity to Touch and Vision. Many with ASD are tactually or visually defensive. Tactually defensive individuals are easily over-stimulated by input through touch. They avoid contact with specific textures. On the other hand, they may always move and wiggle due to the need for more sensory information. Visually defensive persons avoid contact with specific visual input and might have hypersensitive vision. They have difficulty with visually "holding still" and frequently rely on a constant scanning of visual information in an attempt to gain meaning.

Poor Motor Coordination. Visual development is often poor in children with ASD because their motor system is often compromised. ASD individuals are often seen as being clumsy and more prone to accidents. Motor development is the sequential development of the body, brain

and eyes as a coordinated unit. A child’s intellectual development is often limited by an inefficient control of one’s body and visual skills.

Poor Integration of Central and Peripheral Vision. Autistic individuals can ignore peripheral vision (side vision) and remain fixated on a central point of focus for excessive periods of time. Some individuals scan or shift from the extreme right to the extreme left, moving the head as the eyes shift. This results in picking up fragments of visual information, instead of the full picture. Poor integration of central and peripheral vision can lead to difficulties in processing and integrating visual information. Motor, cognitive, speech, and perceptual abilities can also be affected when visual processing is interrupted.

Vision Exams for Autistic Patients. Methods for evaluating the vision of those with ASD will vary depending on individual levels of emotional and physical development. Testing is often done while the patient is asked to perform specific activities while wearing special lenses. For example, observations of the patient’s postural adaptations and compensations will be made as he or she sits, walks, stands, catches and throws a ball, etc. Such tests help to determine how the autistic person is seeing and how he or she can be helped.

Treatment of Visual Problems Associated with Autism. Depending on the results of testing, lenses to compensate for nearsightedness, farsightedness, and astigmatism (with or without prism) may be prescribed. Vision Therapy activities can be used to stimulate general visual arousal, eye movements, and the central visual system. The goals of treatment may be to help the autistic patient organize visual space and gain peripheral stability so that he or she can better attend to and appreciate central vision; gain more efficient eye coordination (eye teaming) and visual information processing.

Doctors here at Family Vision Care are experienced in examining and treating autistic spectrum individuals, as well as other developmentally delayed or non-verbal individuals. Please contact one of our doctors should you have specific questions relating to ASD and Vision.

ASD Behaviors	Vision Problem
Inability To Pay Attention	Inefficient Focusing Or Teaming
Unusual Fears: Clumsy, Accident Prone	Poor Depth Perception
Needs To Touch Everything	Underdeveloped Vision, Tactile Sense Directs Vision
Marked Resistance To Change In Environment	Poor Form Constancy, Poor Recognition Of Objects From A Different Angle
Unusual Repetitive Body Movements Such As Spinning, Rocking, Flapping, etc.	Decreased Body Awareness
Delayed Language Or Reading	Poor Visualization Or Integration of Visual And Auditory Processing Persistent
Preoccupation With Parts (Doesn't Look Beyond Grasp)	Decreased Central Peripheral Vision Integration

Success of a Jedi Warrior

Our exceptional ASD child had poor eye contact and focusing abilities, along with poor reading comprehension. We used theme-based visual activities, tailored to his Star Wars interests, and had 100% compliance, as he was eager to accomplish each new “assignment”.

After six months of VT, tracking and fixations improved. The child demonstrated more awareness of surroundings and better visual memory. According to the parents of our Jr. Jedi, they observed his greater attention to details, improved eye contact and a much more relaxed child.

PREVENTING CHILDHOOD MYOPIA

Myopia was once thought to be genetic – inherited from your parents – but it's clear that this idea was only partially correct.

What Is Myopia? Myopia, or more commonly, nearsightedness, is a condition of the eye that refers to a person's inability to see objects at a distance. People who have myopia see far objects as blurred, while close objects appear clear.

What Does the Research Show? Countless modern studies indicate that nearsightedness is the result of doing more near-work than our eyes were made for, and people are susceptible in degrees that vary with their heredity. That is to say, some people are more prone to nearsightedness than others, but the main contributor (except in cases of disease) is the strain of excess near-work.

For instance, the British Journal of Ophthalmology reported a study of 429 people who applied to enter the Singapore military. Nearsighted applicants generally had more education than their “clearer-seeing” counterparts. One theory on why higher educated people are more likely to be nearsighted is because of the stress on the eyes that comes with extensive reading and studying.

What Can Parents Do? First, be sure that your children have regular vision care as early detection and treatment are the keys to success. The American Optometric Association and American Academy of Optometry both recommend routine comprehensive eye exams before age 1, at age 3 and yearly during one's academic career. In addition, having the proper study environment and use proper visual hygiene habits can make a huge difference in controlling the amount and speed at which myopia progresses. (See insert below).

What about Vision Therapy? Because one of the most significant contributors to increasing myopia is near point stress, a visual condition caused by performing near-work, vision therapy can improve any deficient visual skills that contribute to near point stress and therefore decrease the progression of myopia.

How About Contacts Lenses? For the control of myopia, bifocal contact lenses have shown to reduce the progression of myopia as compared to conventional contact lens wear in certain patients.

Do Paragon CRT® Lenses Show an Advantage? The most recent research on myopia control and Paragon CRT®, a form of orthokeratology, demonstrates that children who wear CRT lenses show less progression in the deterioration of

vision than children that wear glasses. This contact lens therapy, which provides the patient with great vision without contacts, glasses or surgery, gently and temporarily reshapes the cornea while the wearer sleeps. CRT is ideal for children and active adolescents as there are no more torn lenses, no more broken or lost glasses and no more hassles during sporting events.

So, Can We Conquer Myopia? Well, we may not be able to stop it dead in its tracks, but we are able to slow it down using one or more of the treatment modalities listed above. Tyler, an eight year old CRT patient of Dr. Hong's is a perfect example of combining Vision Therapy and CRT for successful myopia control! See his story below.



PREVENT MYOPIA SO YOU WON'T BE MISSING OUT

TYLER'S STORY

Tyler has been a patient of Dr. Hong's since he was 6 months old. We have always been concerned about his eyes because of the significant nearsightedness that runs in our family. My husband and I are VERY nearsighted and want to do everything we can to prevent Tyler's eyes from deteriorating as quickly as our eyes did once we started wearing glasses.

Tyler participated in a program of vision therapy to improve and enhance his tracking, focusing and eye teaming skills. Vision Therapy helped with Tyler's concentration at school and on the baseball field.

Earlier this year Tyler started turning his head when watching TV, marking the start of his nearsightedness. We sought the advice of

Dr. Hong who recommended CRT.

CRT is the perfect solution for us! We were afraid that Tyler would lose, break or forget to use his glasses. CRT frees him from this and from needing contacts or goggles during sporting events. Tyler is very competitive and didn't want glasses to interfere with his peripheral vision or sports performance.

It's comforting to know that Tyler has perfect 20/20 vision all day long and that CRT can minimize the deterioration of his vision. Lastly, we love the fact that Paragon CRT therapy is done at home and under our supervision. Thank you so much, Dr. Hong, for taking such good care of our family's vision care needs!

~CC, mother of successful VT and CRT Patient

PROPER VISUAL HYGIENE

- Limit the amount of continuous reading or near-work
- Rest every 20 minutes and look at something at least 10' away
- Do not hold reading material closer than 14"
- Play sports/Do outdoor activities
- Limit computer/video game play
- Use good posture while reading
- Place near-work on a slanted surface of approximately 20°

**OPTOMETRIC CENTER FOR
FAMILY VISION CARE &
VISION THERAPY**

1234 Cherry Street
San Carlos, CA 94070
Phone: 650.593.1661
Fax: 650.595.5203

Carole L. Hong, O.D., FCOVD
Kristina Stasko, O.D.
Susan Oh, O.D
Julie Kim, O.D

PRSR STD
U.S. POSTAGE PAID
SAN CARLOS, CA
PERMIT NO. 21

Recommendations for Clean and Safe Contact Lenses

- Always wash your hands before handling contact lenses.
- Carefully and regularly clean contact lenses, as directed by your optometrist.
- Store lenses in the proper lens storage case and replace the case every three months. Clean the case after each use, and keep it open and dry between cleanings.
- Use only products recommended by your optometrist to clean and disinfect your lenses. Saline solution and rewetting drops are not designed to disinfect lenses.
- Never re-use old solution. Contact lens solution must be changed according to the manufacturer's recommendations, even if the lenses are not used daily.
- Always replace old contacts when you get a new contact lens prescription.

RETURN SERVICE REQUESTED

CONSUMER ALERT: RENU® SOLUTION RECALL

Art Epstein, O.D., chair of the Contact Lens and Cornea Section of the AOA, urges patients to immediately discontinue use of ReNu® with Moisture LOC until further notice. Fusarium Keratitis, a corneal fungus, is a serious infection that can cause permanent loss of sight.

We recommend multipurpose disinfection solutions **Opti-Free®** or **Complete®**. Call us with your questions or visit: www.aoa.org/x5119.xml.

Vision and Misbehavior Workshop

On **May 31, P.A.V.E.®** will host this free workshop.

This workshop will be presented by our **Dr. Carole Hong** and **Ms. Connie Allen, M.A.** in Psychology, founder of **Joy with Children Consulting**. The workshop will discuss the social, emotional and educational consequences of undetected vision problems. Ms. Allen will share her insights on how to make dramatic improvements in children's behavior.

Please call us to R.S.V.P. as seating is limited.

NEW FVC VISION BENEFIT PROGRAM

FVC now provides a **Hassle Free, NO co-pay, NO cost to administer Vision Benefits Program** to businesses that are not already offering a vision benefit program.

We all understand the importance of annual vision examinations, but if vision care is not in a company's benefit package, it can easily become neglected. Well, this new program brings that to an end!

FVC's Vision Benefit Program includes discounts on professional services, eyewear materials, and sunglasses for employees and their immediate family members.

Our new Vision Benefits Program proves to be mutually beneficial for both employers and employees. Everyone wants to see more clearly, relieve eyestrain and fatigue, avoid headaches, and work more accurately and efficiently. Studies continually demonstrate that it is in the best financial interest of the employer to assist in the provision of vision care services. This benefit adds directly to the company's bottom line by bringing greater comfort and increased productivity.

Call our office today to find out how your company can participate in FVC's Vision Benefit Program.



Family Vision Care & Vision Therapy

Calendar of Events

- May 17**—Right Start Vision Screening*
- May 20**—Foster City Little League Sponsor Booth
- May 31**— "Vision and Misbehavior" Workshop*
- June 21**—Right Start Vision Screening*
- July 12**— Right Start Vision Screening*
- August 16**—Right Start Vision Screening*
- September 13**—Back to School Workshop*
- September 20**—Right Start Vision Screening*

* These events are free of charge