

# VA goes better with Lux!

Orthoptists display an extraordinary diversity of talent, skill and expertise in this edition of the *Australian Orthoptic Journal* that closes the twentieth century. The research reported forms not only the components of honours and graduate studies but also clinical trials in the public health care system, screening in the public education sector and enterprise screening for private corporations. Reports from private clinical practice provide anticipated controversy. A concise case exposé by Rando reminds us of the differences between the superior orbital fissure syndrome and the carotid-cavernous fistula.

Whilst it doesn't adopt as high a profile as some forms of research due to its lack of innovation and foreground noise, the project that questions validity and explores clinical variables in their pure and isolated form is often the best reminder to us in our day to day practice of unintentional and common sources of error. The study on room illumination and visual acuity measurement by Wozniak et al is an excellent example of such. Remind yourself of the differences between illumination, luminance and contrast, last considered as first year physical sciences subjects, and note the relevance it has not only to your VA measures, but to your monitoring of treatments over time, especially in clinics where testing rooms are interchangeable. This paper has the best treatment of the Snellen Acuity scale into a pseudo linear measure that I have encountered. Future researchers will be indebted. Vision screeners have just had their data nightmares eliminated. VA definitely goes better with lux!

Giribaldi and Wulff have brought enterprise eye health care screening for the corporate sector to the fore. This paper provides a blueprint for employee screening. Test types, outcomes and referral types and rates are displayed with actions taken for remedies. This study has implications for workplace recommendations. Screening is usually performed at formative visual ages to detect and treat pathology, while this study addresses environmental and workplace conditions in tandem with the binocular visual system of adults. Jones presents the more familiar vision screening programme that has been part of the orthoptist's role for several years now. A difference lies however in the adjunct look at the state of the eyes of children in Grade 5 in the public schooling system. You may be surprised by the findings. The protocol for screening of staged assessments utilizing school nurses with the orthoptist as a second round screening appears to be efficient and effective.

Vision levels sufficient to live in the community form the core of papers by Haynes et al and also by Fitzmaurice. Shopping, cooking, cleaning, walking, using transport, taking medicines, eating, reading, watching TV or sewing are activities that have been used to measure different levels of independence. Adequate performances of these activities are the measures and goals of those working in the field of visual rehabilitation. Monetary and social costs to the community of disabling levels of visual impairment are now recognized. Fitzmaurice investigates modes of treatments in this field across Australia, including eccentric viewing, null point and hemianopic training. Haynes reminds us that although cataract blindness is one of the leading causes of treatable blindness, we need to be cognisant of activities of daily living indicators, not only as well as but perhaps instead of the usual measures pre and post operatively of visual acuity. This is the second part of her and her colleagues' investigations into this field, part one having been published in volume 33. Outcome measures were assessed using the VF14 questionnaire for visual impairment and were compared with post operative VA scores. The two indicators corresponded in the majority of respondents but not in all instances. Satisfaction scores were the lowest. Is the patient's perception of their health the most valid measure of outcome? How do we assess this validity?

This extremely difficult area leads us to the paper by Lawson et al. Dyslexia per se is probably one of the most controversial states of consciousness ever encountered in the medical and associated fields. The borders of its definitions have never been fixed, its causes have countless hypotheses, and its managements have been as vast and diverse as any number of aspects of general care. The aspect of ocular health within this paradigm has been no less problematic. Lawson et al present a treatment modality – the Lawson Anti-suppression Device (LASD) for patients with learning difficulties. Signs and symptoms are listed, methods of training are outlined and results tabled. There is no doubt that effects are being seen in this group. There are many questions to ask of a study that has no controls or alternative treatment protocols that account for effects such as the Hawthorne, Rosenthal, or placebo effects or the bias of examiners, patients or carers. There is enough indication in this paper of an effect, but what is its source, be that single or multifactorial?

Letters are welcome for journal 2000.