

SURVEYS AND ALL THAT!

by Patricia Wister

1970 saw the beginning of the involvement in the community of Victorian orthoptics. In November of that year the first amblyopia survey sponsored by Lions International was held at Healesville, Victoria, orthoptics being involved in assessment of visual acuity, cover test et cetera, and orthoptists by doing the work. This survey showed that of approximately 300 children screened (age group 3½-6 years), 10% had a visual defect.

These results inspired other Lions Clubs in Victoria to sponsor surveys; thus orthoptics and orthoptists became more involved with the community of Victoria.

Since the end of 1972 I have been directly involved, asking, begging, pleading, bribing orthoptists to spend their Saturday at amblyopia surveys.

It is on these surveys that I wish to comment.

From January 1973 to April 1975 we have carried out 81 surveys, 46 being in country areas and 35 in metropolitan areas.

During this time approximately 10,000 miles have been travelled in country areas alone. From Portland in the West, Bairnsdale and Orbost in the East, to the New South Wales border, Phillip Island and Tasmania in the South. All manner of transport, car, plane, hydra-foil, and on one occasion, tow truck, have enabled us to reach our destinations, more or less on time, depending on the map reading capabilities of one's navigator. In these areas one is totally involved with the community, especially in more remote areas. The hospitality and friendship shown us are extraordinary. Some families travel fifty miles or more and combine attendance at the survey with a picnic in the local gardens. A very noticeable aspect of these surveys is the way the children are dressed, all scrubbed and in their Sunday best. The people are so grateful for our coming, School Medical Service visits being few and far between, that the opportunity is taken to mention among other things, speech, hearing, reading and writing difficulties. All are listened to sympathetically, and tactfully within our capabilities, advice regarding possible means of treatment is offered.

Orthoptists also benefit from this involvement inasmuch as we get to know and get along with all manner and type of person; to know our State highways intimately; to become acquainted with fascinating bits of history and local folk-lore. One never realised what a wealth of interest there is in our own home State.

Metropolitan surveys are a test of our fractured Italian and Greek, especially in the Western suburbs, where there is a high density migrant population. Usually an interpreter is on hand; if not, one has to seek a bi-lingual parent.

Sometimes one meets with resentment from parents who don't like to think there is anything wrong with their child. A great deal of tactful persuasion, on the orthoptist's part, has to be employed. Notice of such a situation is brought to the attention of the sponsoring Lions Club, who follow up all referrals but these cases in particular, to see that the child receives appropriate medical attention and treatment.

Children up to the age of six years in these areas speak little if any English, which makes one ponder on their difficulties when they start school, and the burden of language barriers placed upon the teachers in Prep and Grade 1. Mostly the eastern suburbs are on a higher socio-economic level. The warmth, spontaneity and intense involvement, i.e. "we're all in this to help the children", seem to be lacking.

81 surveys have been conducted - 50 in 1973, 15-20 orthoptists being available. In 1974 - travel fever, home and family commitments depleting our numbers - only 24 surveys were possible; to this date 7 have been run in 1975.

No two surveys are alike. They range from the sublime - adequate venue, superb organisation - to the ridiculous - icy east wind blowing into a concrete floored fire brigade station and no organisation - total disaster.

On these latter occasions the true mettle of the Victorian orthoptist comes to the fore. Smiling faces greet every child, charming tactful voices advise parents, all the while legs and hands are freezing, feet hurting and I'm sure wishing me (the organiser) to the other end of the earth. As yet I haven't been lynched!!

The average age of the children seen is $3\frac{1}{2}$ -6 years. Marked differences are noted in the intelligence, hand-eye co-ordination and attention span of this age group, especially $3\frac{1}{2}$ - $4\frac{1}{2}$ years, not to mention the many and varied ways of demonstrating the "E" game, from gymnastic enthusiasm to the merest indication with one finger held tight against the chest or leg.

In screening, we use the cover test, and also test ocular movements, convergence and visual acuity. Psychology and patience play a big part in our professional lives, but never so great as when one is confronted with one's 75th tearful, shy, obstinate or rude child for the day. An interesting note is the number of children who cannot converge voluntarily.

The average number screened during each survey is about 300. One momentous day at Bendigo in 1972, 1074 children were seen. The approximate total, over 81 surveys, is 24,300, and the average referral rate is 10%, i.e. 2,430. This means that 2,500 children in this age group have a visual defect, a very sobering thought when one considers there are 141,051 (1973) school children in Victoria in Preparatory and Grade 1.

The greatest percentage of these referrals are refractive errors, followed by latent intermittent and manifest deviations, then amblyopia in its strict definition.

Apart from visual defects, i.e. children with low or unequal vision, we find those with equal vision, but with possibly every known syndrome and muscle imbalance, e.g. Duane's, S.O. Tendon Sheath, Jaw Winkers, C.H.P. head posture with and without muscle imbalance, A & V patterns, I.O. overaction for no apparent reason, and of course sore eyes, itchy eyes, sticky eyes and runny eyes; these are all referred for further assessment.

The sponsoring Lions Club follows up all referrals by visiting the family concerned. If no action is taken, two or three repeat visits are made. In fact these clubs do all in their power to see the child received appropriate medical advice and treatment. Under-privileged families have been assisted with transport and offers of financial help, e.g. for glasses.

Occasionally one comes across parents seeking a second opinion; here one can only tactfully suggest they go back to their own doctor. In nine cases out of ten, one finds they have an appointment anyway!

In these 81 surveys we have found a very meaningful role for orthoptists in Victoria, and an almost frightening rate of visual defects in the $3\frac{1}{2}$ -6 year old age group. We believe that orthoptic assessment could with advantage be incorporated into the School Medical Service.

I would like to thank Glenys Van Den Breck of the Photography Department at Royal Victorian Eye and Ear Hospital, who prepared my slides at such short notice, the Lions of District 201M for their financial generosity to our Department at R.V.E.E.H., Anne-Marie Mahoney and Anne McIndoe for slides taken at our last survey, and most importantly, the Victorian orthoptists for their friendship, stamina and continued loyalty to me.