Australian Orthoptic Journal,
1980-81, Vol. 18

ORTHOPTIC ROLE WITH THE HANDICAPPED IN BRAZIL

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When I talk about the orthoptic role with the handicapped in Brazil, it is necessary to tell you something about my country so that you can appreciate the enormous challenge we face.

Few people in the world are aware of Brazil's tremendous size. Comparatively, its area is somewhat greater than that of Australia, and somewhat smaller than that of the United States, which makes it the fifth largest country in the world. The population is around 120 million inhabitants. I come from Sao Paulo, the biggest industrial centre of Latin America, where one tenth of Brazil's population is concentrated. There are not enough ophthalmologists to care for the population adequately and, of course, there are even fewer orthoptists (about 300 in the whole country, of whom 80% work in Sao Paulo).

Except for a few patients with eye problems who are referred to private or public orthoptic clinics, Brazilian orthoptists have no contact with the handicapped. This indicates not only that we have not yet earned a place on multidisciplinary teams, but also that medical professionals do not give due importance to vision as a global concept.

It is only since 1972 that the Brazilian Association of Orthoptists has begun to promote the profession. The first step was to participate in preschool screening surveys in public and private schools; the second step was to sponsor scientific meetings for professionals in rehabilitation; the third step was to make sure that the Association is always represented at ophthalmological, paramedical groups, public Health and Educational meetings; the fourth step was to make contact with rehabilitation centres.

In 1977, a group of orthoptists (Miss Nogueira, Miss Ferreira, Miss Muller and Mrs. Lapa) studied one hundred crippled children at one of our largest rehabilitation centres. The Associcao de Assistencia da Crianca Defeituosa (The Crippled Children's Rehabilitation Centre) was founded in August, 1950. At that time, rehabilitation services and even the concept of rehabilitation were practically non-existent in Brazil. This centre may today be considered as the largest and most complete service of this kind in Latin America. There are at least 220 people working there on the staff, including doctors, technicians, nurses, teachers and assistants in the various departments, but there is not one ophthalmologist and, of course, no orthoptist.

Of the hundred patients studied, we could obtain definite findings from seventy nine. Of these, 85% showed some disturbance in ocular motility, 61% had defective vision. The results did show a positive and significant correlation between cerebral palsy and strabismus (76%), ametropia was detected in 96%, significant refractive errors in 55%, and severe ocular anomalies in 16%. Prematurity and anoxia were associated in 56% of the 71 cerebral palsy patients.

As a result of the survey, the rehabilitation centre has for the past two years been referring its patients to the department of ophthalmology and orthoptics at one of our local medical schools. Now, in November, an orthoptic service will be opened and Miss A. Ferreira will be the first orthoptist invited to work at a rehabilitation centre.

It is obvious that we are just beginning to assume our place in multidisciplinary team work, and it will take some years yet for us to report on our experience with the handicapped. Also this year, for the first time an orthoptist (Miss L. Marques) was invited to work at a medical school, in its newly-created department of low vision.

Now I will say something about my personal experience in a small rehabilitation centre where I

was invited to talk about orthoptics. The group of multidisciplinary personnel showed great interest, asked many questions and, during the following weeks, invited me to evaluate the eye problems of some patients – a case of nystagmus, a boy with right hypertropia, and so on.

This experience clearly showed me that the first obstacle we must overcome is lack of information about our profession and about vision in general.

This is one of the reasons why, in my opinion, the main role of the orthoptist should be to educate. Orthoptists have been too much concerned with the technical part of treatment and have given too little attention to teaching professionals in other areas the importance vision plays. It seems especially important, also, that students in general and medical students in particular be made aware of vision as a physical, mental, and emotional function.