

# Orthoptics, Optometry, Vision Therapy

Editors

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The community is bombarded by a large amount of information pertaining to the therapeutic strategies that are available to help with vision function. For example children with learning related vision problems can have vision therapy to enhance their learning skills, people who wear spectacles can have natural therapy to eliminate the need for glasses, people with aesthenopia related to reduced convergence can have therapy to enhance their ocular comfort, people with macular degeneration can have eccentric viewing training, and people can have their health status diagnosed by examination of the iris.

These therapeutic approaches are undertaken by a range of different disciplines, including orthoptists, optometrists, natural vision therapists, iridologists each of whom claim expertise in their field and successful treatment outcomes. The outcome from the treatment procedures is often reported as individual anecdotes with glowing patient testimonies. Unfortunately this area is poorly researched and when the actual outcomes are measured in a controlled scientific study (not necessarily double blind) the evidence does not substantiate the claim. Here is where the disparity lies between scientific and non scientific claims about the validity of the therapy.

The issue for members of the general public is the ability to select from amongst the large number of possibilities the most appropriate treatments. The community deserves to receive care that is valid, effective and delivered by professionals who are up to date and externally regulated. The community is best served when they are provided with information that is accurate, clearly presented, easily understood and

allows them to have informed choice about the procedures being offered. Orthoptics in Australia fits this model and as several of the articles in this edition of the AOJ demonstrate therapy is alive, diverse and scientific in its approach.

In a recent guest editorial in *Binocular Vision & Strabismus Quarterly*, Press<sup>1</sup> alludes to vision therapy being an "outgrowth of orthoptics" which has developed as a distinct area of optometric practice and training in the United States. It is postulated that the evolution of optometric vision therapy is attributed to several events including dwindling numbers of orthoptists, orthoptics becoming "more than most ophthalmologists can manage" and a perceived shift in patient focus by the orthoptists from that of active non surgical management to a passive pre and post operative surgical assessment. There is an acceptance that orthoptics, as an area of treatment, has a valid role in providing enhanced visual function which incorporates the expertise of total patient care, specialised interpersonal skills and the need for a treatment period, not an instantaneous outcome from a short procedure. A question arises as to whether the Australian orthoptic profession will adopt the described American model or continue to develop the expertise and research of evidence based outcomes to be active therapists. Orthoptics has been in existence for over 100 years on the international arena, history attests to its value it is not appropriate to allow orthoptics to be subsumed by another profession.

1. Press. L. J.

The interface between Ophthalmology and Optometric Vision therapy.

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