

Two Eyes and One Brain

What could possibly go wrong?

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On behalf of Vision Expo, we sincerely thank you for being with us this year.

Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to compilete your electronic session evaluations online when you login to request your Electrof or each course you attended! Your feedback is important to us as our Education Planning Committee considers content and speakers for future meetings to provide you with the best education possible.

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Disclaimers

Paige Shoven has received honorarium from EssilorLuxiottica and neurolens.

All relevant relationships have been mitigated.

I work for

EssilorLuxiottica

I previously worked for Neurolens



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Binocular Vision

1. Relating to, used by, or involving both eyes at the same time: binocular vision.

2. Having two eyes arranged to produce stereoscopic vision.

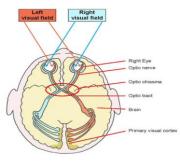
Two Eyes...ONE Brain

Binocularity or Stereopsis

Two eyes working together with your brain to make one image.

It is the ability to use two eyes together to focus on the same object, which is perceived as a single image when the images from each eye meet in the visual cortex of the brain.

When the images are fused into one, it is perceived as a threedimensional object, maintaining its solidarity and position in space.



Refractive system

The system in control of bending light rays as they pass through the different layers of the eye

- Tears
- Cornea
- Anterior Chamber
 Pupil
- Lens
- Vitreous Body
- Retina
- Optic Nerve



Tiny Curious Ants Prefer Lovely Violet Roses Obviously https://www.outube.com/watch?v=oiZ-galvz8



Accommodation System

the system in control of adjusting the crystalline lens elements to alter the refractive power and bring objects that are closer to the eye into sharp focus.

Provided by the coordinated operation of three elements

- the Corpus Ciliary Muscle
- the Zinn's Zonule and
- the Crystalline Lens





The system in control of the actions of tracking an object as it moves closer (Convergence) and further away (Divergence)

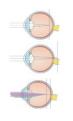
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Refractive Disorders

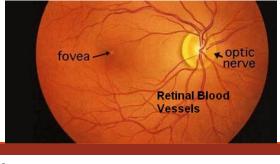
Myopia – The eye is either too long or the cornea is too curved

Hyperopia – The eye is either too short or the cornea is too flat

Astigmatism — The cornea has an irregular curve







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Symptoms

Difficulty seeing

Vision Blurriness Eye Strain

Burning or aching eyes

Headaches

Difficulty with Night Vision Squinting

quinting

Treatment Plans

Glasses Single Vision Computer Progressives Other Multifocal Designs <u>Contact Lenses</u> Soft Hard Scleral Ortho- K <u>Surgery</u> Lasik PRK





Cataracts – the clouding or opacity of the normally clear lens that may develop as a result of aging, metabolic disorders, trauma, or heredity.

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Treatment – Surgery More options today then ever before!

 Small Incision – Sound waves break up the lens and uses a vacuum to clean before setting the new lens into place

 Extracapsular – Larger incision, but can remove the lens in one plece

 Laser Assisted – helps correct astigmatism

 Fixed- Focus Monofocal – correct distance in both eyes or distance in one and near in the other

 Accommodating Focus Monofocal – allows you to focus at different distances, like a youthful eye

 Multifocal – like a multifocal contact lens

 Toric – helps to correct astigmatism issues

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Age Related Macular Degeneration (AMD) a problem that occurs when the macula, a part of the retina, is damaged

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Treatment – There is no cure Damage can not be reversed

To slow the progression doctors will prescribe supplements and vitamins

Anti -VEGF Drugs injected into the eye Photodynamic therapy (PDT) using injections and laser treatments Stem Therapy New wearable technologies are available ORCAM

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Glaucoma – Caused by damage to the optic nerve.

Often from excessive pressure, due to a buildup of aqueous humor, inside the globe of the eye.

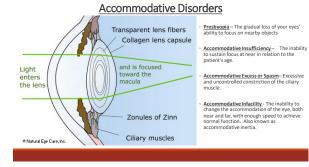
The fluid is normally drained where the iris and cornea meet, called the trabecular meshwork.

Sometimes we overproduce fluid, sometimes the drainage system does not work.

Treatment-Lower your eye pressure Damage can not be reversed

Evedrops

- Oral Medication
- Surgery
- Laser
- Filtering Surgery
- Drainage tubes/ shunts
- Minimally Invasive Glaucoma Surgery MIGS (often in
- conjunction with cataract surgery)



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Orthoptic Vision Therapist (covd.org)

Evaluating and treating patient with disorders of the visual system with an emphasis on binocular vision and eye movements



Vision therapists employed by Fellows are eligible to become Board Certified in vision development, vision therapy, and vision rehabilitation as Certified Optometric Vision Therapists (COVTs).

To be eligible for application to the COVT process, you must have experience working in a vision therapy office setting for a minimum of 2,000 hours. (about 1 year at 40 hrs/ week)

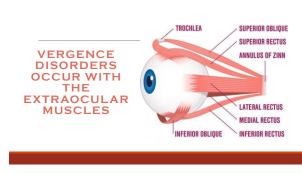
The process involves:

une process involves. submitting responses to a series of Guided Study Open Book Questions on various clinical topics and successfully completing a multiple-choice written examination and oral interview.

Once you have applied for certification as an optometric vision therapist, you have up to four years to complete the certification process.

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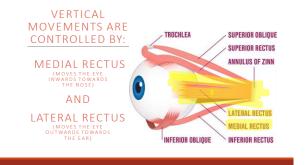


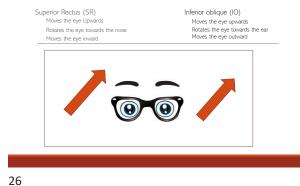


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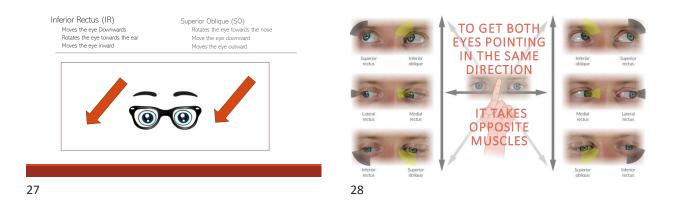
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Vergence Disorders

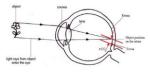
- Fixation
 Convergence Insufficiency (CI)
 Fusion
 Convergence Excess (CE)
 Amblyopia
 Divergence Insufficiency (DI)
 Strabismus
 Convergence Excess (DE)
 Exophoria
 Vertical Heterophoria
 - Esophoria Visual Vestibular Integration

Diplopia or double vision occurs when an image falls off one or both fovea.

Therefore, when the brain detects diplopia, it triggers for a vergence movement to achieve binocular fixation.



Fixation: the act of positioning an image on the **fovea**, a small depression in the retina where vision is the best.



The brain uses Saccades, tiny fast movements of the extraocular muscles, to position an object it is looking at onto the fovea

Pursuits are smaller eye movements that act as a locking mechanism to keep the slow-moving object images on the fovea.

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Fusion: the blending of two images —one from each eye and perceiving them as one image. Second grade of fusion is the ability to

maintain the blending of two similar images from the two foveae into a single perception as the images move off the foveae.

This form of fusion is two-dimensional vision (2D).

Fusion: the blending of two images —one from each eye and perceiving them as one image.

Lion

Third grade of fusion is stereopsis. When the fovea of each eye is looking at the same object, each eye will see a slightly different image since the foveae are about three inches apart.

Fusion: the blending of two images —one from each eye and perceiving them as one image.

First grade of fusion is the ability to superimpose two different images and

perceive them as one composite image.

For example: One fovea sees a picture

of a lion while the other fovea sees a

picture of a cage; the brain, however,

perceives the image of a

lion in the cage.



Stereopsis is achieved when the brain fuses these two images into one and the object is perceived in depth. This form of vision is three-dimensional vision (3D)

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Stereopsis Test



Tropias vs Phorias



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Amblyopia (Lazy Eye)

A disorder of sight in which the brain fails to process inputs from one eye and over time favors the other eye.

It results in decreased vision in an eye that otherwise typically appears normal.

A patient's visual acuity can be worse in one eye.

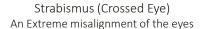
In extreme cases, the brain will $\ensuremath{\textbf{suppress}}$, or turn off, the vision of the amblyopic eye.



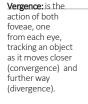
Strabismus (Crossed Eye) An Extreme misalignment of the eyes

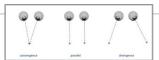


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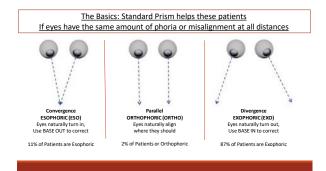






Normal retinal correspondence occurs when the fovea of each eye is receiving the image at the same time.

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Convergence Insufficiency (CI)

Patients who are EXO at distance and MORE EXO at near

A patient has insufficient convergence to work close without having symptoms

Not enough converging – the eyes sit too far out at near and BI prism is needed to correct They have difficulty maintaining the convergence needed

Primary Cl

Most common form of CI Small exophoria measurements Might be exuberated by stress or work



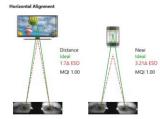
Secondary Cl

Brought on by Presbyopia Uncorrected Myopia Intermittent Exotropia Vertical muscle defects Parkinson's Disease Some Autoimmune diseases

*Treating the underlying issue could help with the CI symptoms



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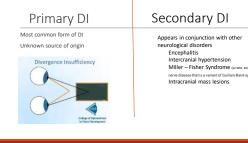


n-Barré syndrome)

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Divergence Excess (DE) Patients who are EXO at distance and ESS EXO at near Patients can complain of diplopia at distance but have less issues at near Patients might intermittently suppress the vision from one eye to stop the diplopia at distance

Horizontal Phoria Vergence Disorders

Distance	Near
EXO	EXO
ESO	ESO
EXO	EXO
ESO	ESO
ESO	ESO
EXO	EXO
	EXO ESO ESO ESO

Treatments

Surgery Vision Therapy Syntonic Phototherapy Standard Slab off Fresnel Contoured





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Syntonic Phototherapy

The more than 70-year-old science of using colors in small time frames, up to 10 minutes, to correct visual problems.

Usually prescribed in conjunctions with vision therapy

Red and orange can treat Amblyopia

Green and Yellow can treat Esophoria





Standard Prism

Slab-off Prism Fresnel Prism





Usually prescribed when a patient complains of diplopia (double vision) Uses the same value throughout the entirety of the lens Can be ordered Base In/Base Out or Base Up/Base Down Corrects Vertical and Horizontal misalignments Can be in one lens or divided between both lenses Discovered by Sir Isaac Newton in the 1660's Added into the glasses RX in the 1930's

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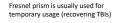
Slab Off Prism (Ben Franklin invented bifocals in the 1770's)



A technique used to neutralize unwanted prism effect when looking down the bifocal. Used when lens powers between each eye is greater than 3 diopters

Allows the near image not to appear to jump Can be added to a FT lens or a PAL (in some instances, ask your lab)

Applied to the most minus or least plus Corrects vertical prism only



Usually applied to only one lens

Attaches like a sticker using water to activate the adhesive

Needs to be traced and applied at either 0° or 180° line

Discovered by Augustin Jean Fresnel in 1822



Contoured Prism



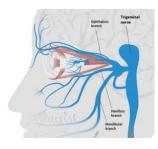


Think a progressive lens design that uses prism instead of power as the user looks down the lens

Only available from neurolens, using the neurolens measurement device

82% of patients report a decrease in painful symptoms 54% say they are significantly reduced or completely gone!

First patent in 2006 by Dr. Jeff Krall

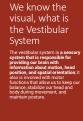


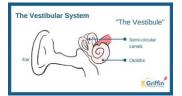
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Visual Vestibular Integration

Visual (eye) Vestibular (ear) Integration (together)

How your eyes and ears work together to help the brain know where you are as a person in relation to other objects around you either stationary or in motion





The visual vestibular system can keep the horizon steady, no matter where you move, your gaze is stabilized in a large part.



In part 2 of the 'What is Sensory Integration' series we are unpacking the Vestibular System with STAR Institute's Associate Director, Virginia Spielmann. – Denver Colorado

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Achieving Binocularity

COMES WITH MANY SOLUTIONS, IT IS OUR JOB TO FIND THE RIGHT ONE FOR OUR INDIVIDUAL PATIENTS!



Thank You for Coming

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References

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