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Handout for  
this class  
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## My Failures

### Academic Setbacks

- I left a fully-funded PhD program in Medical Sociology.
- I got a master's degree I do not use – and am still paying for.

### Career Challenges

- I left a career in International Public Health after only a year and half.
- I made a necessary staffing changes and botched how I delivered it, losing two of my best employees.
- I have botched job interviews for jobs for which I was very qualified.

### Personal Struggles

- I have gained, lost and regained the same 60 lbs.

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## It IS All in Their Head: An Introduction to Neuro-Opticianry

Cira Collins, MPH, ABOM, NCLEC, LDO

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## Why?



Neuro-opticianry is an emerging opticianry sub-specialty

Fascinating!



Science is understanding the brain/eye connection better



New tools are emerging



20/20 Acuity is no longer sufficient

Wellness

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## Course Overview

Do a deeper dive into the neural pathways of vision

Distinguish between therapeutic, antagonistic, and yoked prisms and describe when each might be used

Identify conditions seen in Neuro-optometric practices by their symptoms and patient reports

Describe tools used by opticians to help solve neuro-optometric issues

Identify at least three other subjects that would be needed to feel competent as a neuro-optician



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## The Neural Pathway

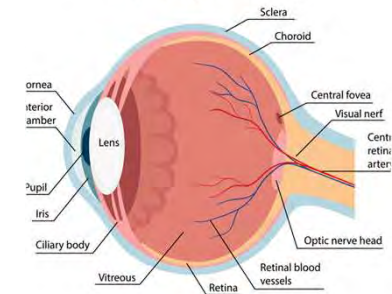
Review of neural pathway from light impulse to occipital lobe

Visual Pathway: Eye

In the eye

- Tear Film Layer
- Cornea (43D)
- Pupil (Ciliary Muscles)
- Lens (12-15D)
- Vitreous

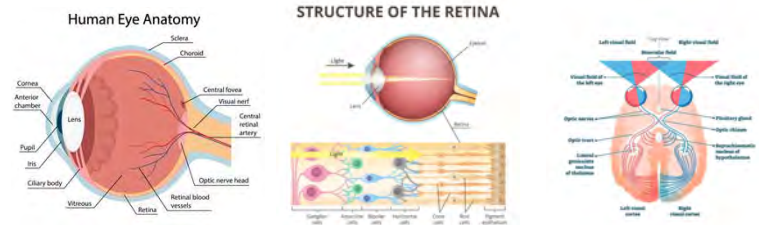
### Human Eye Anatomy



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## The Neural Pathway:

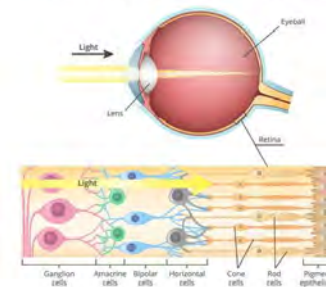
Review of neural pathway from light impulse to occipital lobe



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## Visual Pathway: Retina

### STRUCTURE OF THE RETINA



Retina – (Fovea)

- Ganglion – Carry visual information to the brain and ipRGC
- Amacrine – Make contact with ganglion, horizontal and bipolar cells
- Refine visual signal by being able to modify the signals of other cells
- Bipolar – Pass on signals about perceived light to ganglion cells
- Horizontal – Have horizontal dendrites that spread horizontally and contact multiple photoreceptors
- Enhance contrast and adapt to changes in lighting
- Photoreceptor – Cone or Rod

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## The Visual Pathway: The Optic Nerve

### Optic Disc

A bundle of Ganglion cells

### Visual Pathway, Cranial Nerve II

The Optic Nerve

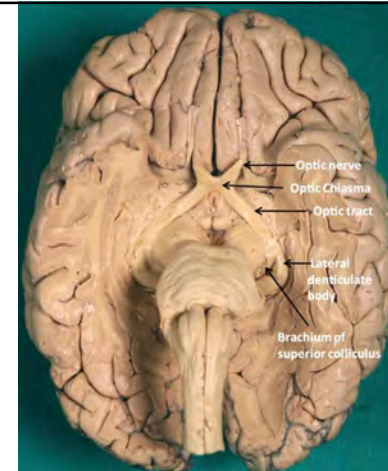


Photo Credit: Ophthalmic Signs in the Practice of Medicine; Feb 2024

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## The Neural Pathway: The Optic Chiasm

### Optic Chiasm

60% cross over, 40% stay on the side that they originate from

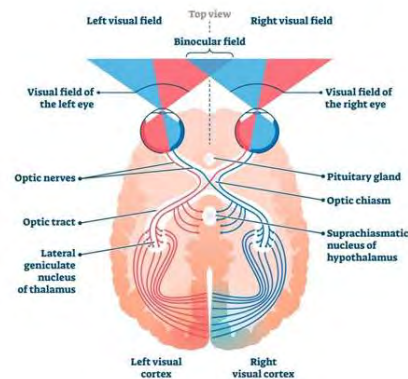
### Central Carotid Artery

RIGHT next to the Optic Chiasm

### Pituitary Gland

JUST under the Optic Chiasm

Pressure from a dilated Internal Carotid Artery or from a growth of the pituitary will disrupt the axons of the Optic Tract



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## The Neural Pathway: The Optic Tract



After Chiasm in the Thalamus

No longer called the Optic Nerve, now called the Optic Tract



Pretectum

Pupillary Light Reflex



Hypothalamus

Super Chiasmatic Nucleus - Circadian Rhythms



Superior Colliculus

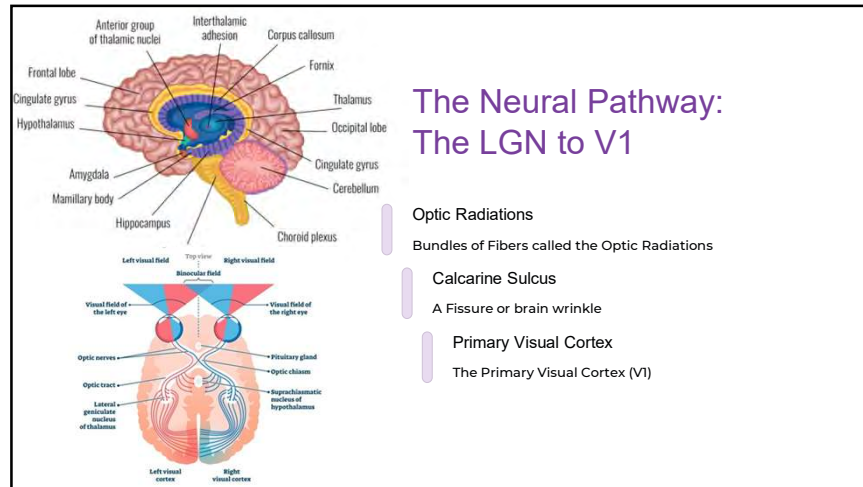
Coordinate Head and Eye Movements



Lateral Geniculate Nucleus

Most fibers end here (one on each side)

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## A word on the Trigeminal Nerve

### 5th Cranial Nerve

The Trigeminal Nerve is the largest of the 12 cranial nerves

### Ophthalmic (V<sub>1</sub>)

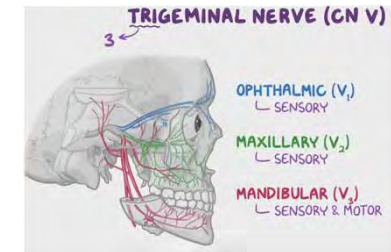
Extends into the cornea and the ciliary bodies

### Maxillary (V<sub>2</sub>)

Middle branch of the trigeminal nerve

### Mandibular (V<sub>3</sub>)

Responsible for sensations and movement

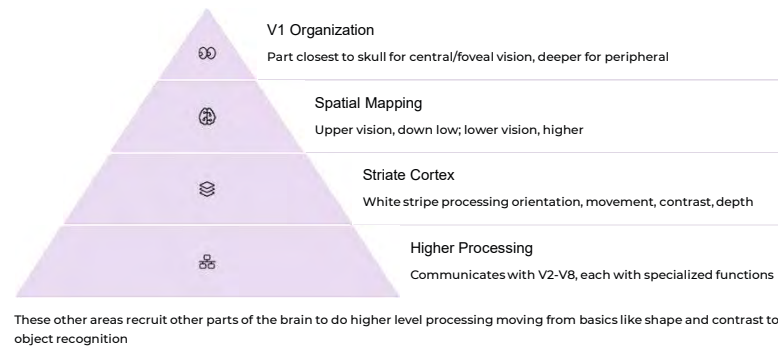


Thus, the trigeminal nerve is implicated in photosensitivities.

Image Credit: vrougue.co

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## Visual Processing in V1



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## Two systems: The vergence and the accommodative

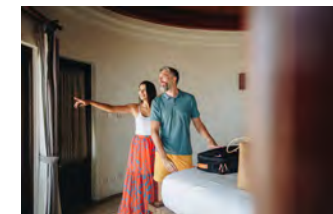
### Vergence System

Extra-Ocular Muscles make the eyes work together (efferent system)



### Accommodative System

Inter-Ocular muscles make images focus (afferent system)



To do this, we have to have both systems work with stamina, stability, smoothness and without fatigue.

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## The eyes fix their gaze on a subject of interest using:

### Saccades

A quick eye movement where your eyes jump from one target to another

### Pursuits

A smooth eye movement where we move our eyes at the same speed that the target is moving

### Vergence

Extra-ocular muscles that line our eyes up to work together

### Vestibulo-Ocular

Orientation of the eyes in the head and head in space

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## What is imperfect binocularity?

When the muscles of the eyes or the perception system do NOT sustain two images that can fuse and fully capture the field straight ahead and equally on both sides or cannot do so without making compensatory effort.

# H 53.30

Diagnosis Code

Unspecified Disorder of Binocular Vision



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## What is perfect binocularity?



Focus



Saccadic eye movements



Smooth Pursuits not requiring head movement



Perfect Vergence (Eye Teaming)



Straight Head

Leading to one, fused, 3-D image, with depth perception and a wider field of view (200), spatial awareness and visual coordination

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## The Neuro-optometric umbrella



### Neuro-optometry

The overlying umbrella – affected by disease, trauma



### Sports Vision

Focuses on enhancing sports performance combining acuity and cognitive ability



### Binocular Vision

Addresses refraction, accommodation and vergence systems, particularly related to learning and information processing

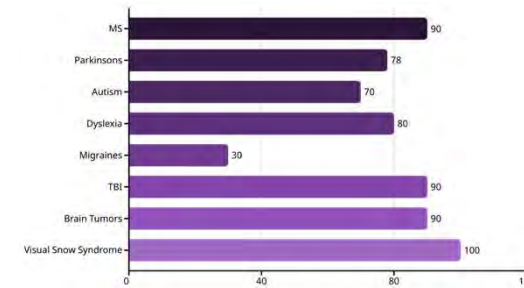
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What symptoms indicate a neuro-optometric patient?

nystagmus  
shakey vision  
double vision  
palinopsia  
loss of peripheral vision  
inability to follow a target  
decreased contrast sensitivity  
issues with light/dark adaptation  
blue field entopic phenomenon  
decreased depth perception  
decreased color sensitivity  
spontaneous photopsia  
jumpy vision  
visual snow

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#### Systemic Conditions









o Sensory Processing Disorders: ?

o Cancer, Especially with Brain Tumors: Varies by cancer and location - Up to 90% of Brain Tumors

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#### Symptoms not specifically Visual

-  Car Sickness
-  Driving Anxiety
-  Dizziness
-  Headaches
-  Rereading or skipping lines of text
-  Persistent head tilt

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#### PRISM

##### Definition

A prism is just a translucent wedge of material that shifts images toward the apex and light toward the base.

##### Properties

It has dioptric power, but not refractive power.

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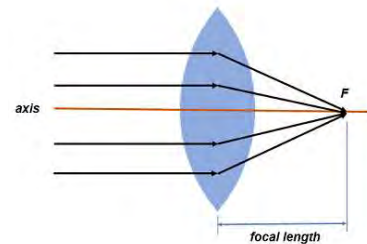
## Diopters

What is a diopter of spherical/refractive power?

The amount of power required to focus light at one meter. The dioptric power is the inverse of the focal length. (D)

$$F = 1/D$$

$$D = 1/F$$



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## What is a Phoria? Tropia?

### Phoria

A phoria is a tendency for the eyes to deviate from working together.

### Tropia

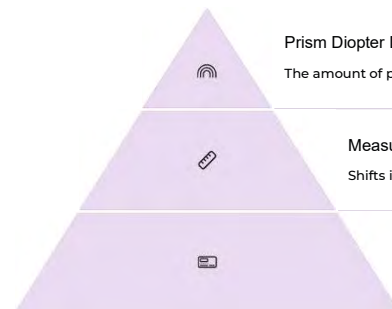
A tropia is a steady state of the eyes not aligning.

### Directional Terms

- Exo- Out
- Eso- In
- Hyper - Up
- Hypo - Down

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## Diopters



### Prism Diopter Definition

The amount of power required to shift an image

Measurement: 1 degree shift

Shifts image by 1 degree

Measurement: 1 cm at 1 meter

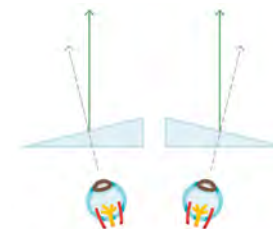
Shifts image 1 cm at 1 meter from the optical surface (PD)

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## Base In and Base Out Prism Functions

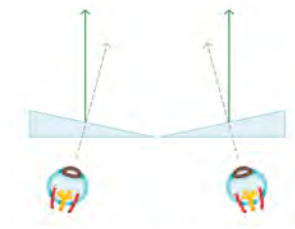
### Base In Prism

Base In Prism is a RELIEVING prism for Exotropic/Exophoric Eyes and a TRAINING prism for Esotropic/phoric eyes.



### Base Out Prism

Base Out Prism is RELIEVING prism for Esophoric/tropic eyes and a TRAINING prism for Esophoric/tropic eyes.



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## Prism Types and Optical Effects

### Prism Terminology

We call RELIEVING prism  
Therapeutic Prism

We call TRAINING prism  
Adverse Prism

### Base-In Effects

Base-In prism in a lens with  
refractive power creates a  
bit of magnification and  
Pincushion Distortion

### Base-Out Effects

Base-Out prism in a lens with refractive power creates a bit of  
minification and a bit of Barrel Distortion

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## Why do we use yoked prism?



Homonymous  
Hemianopsia

Shifts or deficits of  
visual field, usually  
caused by stroke or  
TBI



Midline Shift



Unilateral spatial  
inattention



Nystagmus with a  
null point

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## What is yoked prism?

Yoked Prisms are prisms of similar quantities in  
the direction that they move the image together.



## Examples of Yoked Prisms

Example 1	2.0 BU OU
Example 2	4.0 BI OD 4.0 BO OS

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## What does yoked prism do?



Initiate spatial shifts  
Shifts in a person's center of gravity



Create postural change  
Triggers a shift and/or rotation in the pelvis



Alter behavior and attention  
Most often Vertical, frequently in autism



Maintain straighter head position  
Alleviating future spinal issues



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## Optical Tools:

Color: Solving for Reliability and Validity

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## Color: Altius Contact Lenses



**Sports Vision Contact Lenses**

Green and Amber in a daily wear format



**Amber Effect**

Thought to be exciting to the nervous system



**Green Effect**

Calming to the nervous system



**Therapeutic Use**

The therapeutic use case is emerging

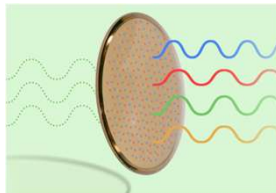
Image Credits: Altius

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## Avulux Lenses

### Notch Filter

Avulux lenses are a notch filter blocking wavelengths of light in the short (480nm) and long (620nm) wavelengths specifically thought to be antagonizing of migraines.



### Melanopsin

Melanopsin found in ipRGCs is thought to also play a role in migraine,

Image Credit: Avulux

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## Color: FL-41 Filters

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Fluorescent Light

Meaning Fluorescent Light 41 – Built to reduce irritations of this kind of lighting

480-520

Target Range (nm)

Targets 480-520nm where there are a lot of sensory sensitivities.



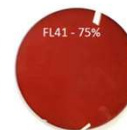
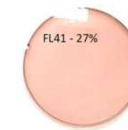
80%

Blue Light Blocked

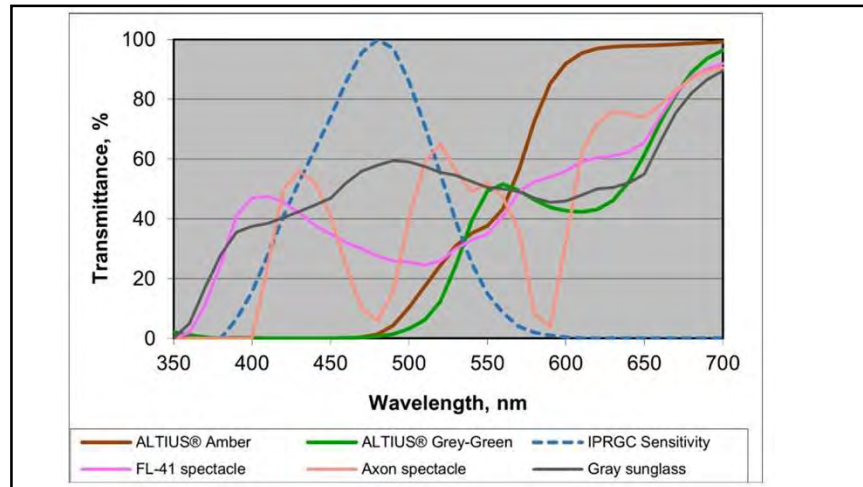
Up to 80% of blue light is blocked.

Three intensities

At least two colors – a bright orange and a purple/lavender



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## Notch Filters: Precision Light Control

### What are Notch Filters?

- A notch filter is one with specific light-blocking properties.
- This is difficult to achieve in dip tinted lenses with reliability.
- Notch filters block specific wavelengths (with precision up to 2 nm) and allow light wavelengths above and below to pass through the lens.
- They do create distortion of color perception if too specific

### Optical Tools:



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## Syntonics: Colored Light Therapy

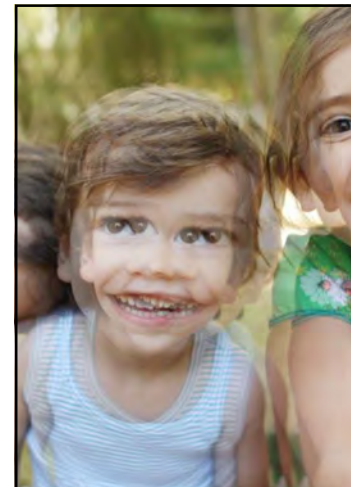
### What is Syntonics?

Syntonics is an optometric phototherapy dealing with the application of selected light frequencies through the eyes. It has been used clinically for over 70 years in the field of optometry with continued success in the treatment of visual dysfunctions.

### Effective for:

- Focusing issues, strabismus, amblyopia, convergence problems
- Learning disorders, effects of stress and trauma, brain injuries
- Emotional disorders, jet lag, PMS, sleep disorders
- Mood and behavior disorders

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## Microprism Technology

### Beyond Surfaced Prism

Microprism technology offers precision beyond traditional surfaced prisms

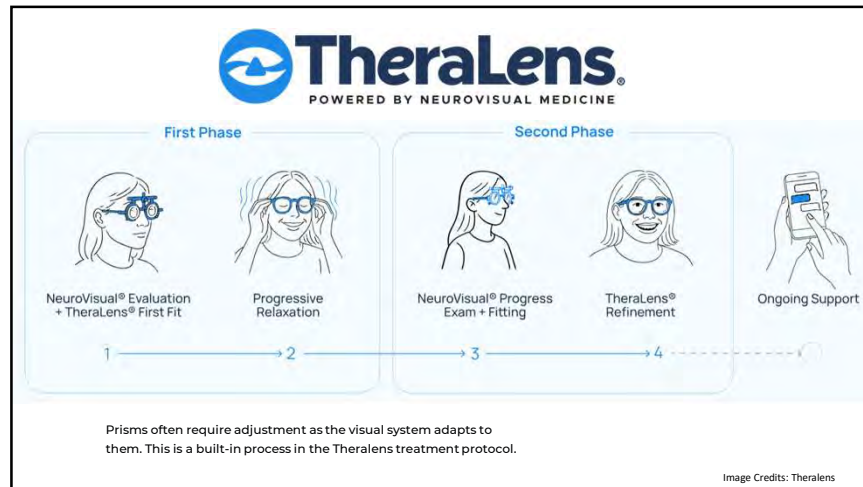
### ANSI Tolerance Solution

Theralens resolves the issues of small prisms being within ANSI tolerance.

### Theralens

Theralens is the lens soon to be released by Neuro Visual Medicine and is a series of lenses with microprisms to correct BVD, especially vertical heterophoria.

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## Fresnel Prism Applications

**What is a Fresnel Prism?**  
A film with many, small prisms, creating the desired prism effect, particularly at the straight-ahead gaze.

**High Prism Powers**  
Where the amount of prism is difficult or impossible to surface (Above 10 PD)

**Changing Prism Needs**  
Especially useful where prism is changing frequently

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## Neurolens

- Neurolens uses contoured microprisms to correct eye misalignment
- Assessed by using the Neurolens device which detects small horizontal phorias
- It alleviates pressures on the trigeminal nerve.

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## Partial Prism Solutions

**Understanding Partial Prisms**  
It is possible to get lenses where the prism is only in a part of a lens. These are incredibly difficult to source and very expensive. In practice, we assume that prism is applied to the entire lens.

**Practical Options**  
If prism is only needed in one gaze or one area of the lens, our options are:

**Solution Approaches**

1. Two pairs of eyewear
2. Fresnel prism in the necessary portion of the lens

[www.qldsamerica.com](http://www.qldsamerica.com)

Image credit: [www.hemianopsia.net/the-fresnel-prism](http://www.hemianopsia.net/the-fresnel-prism)

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## Patching and Fogging Techniques

### Patching

Patching the eye blocks all light from entering the eye. This generally has the effect of strengthening the used eye in amblyopia.

### Key Advantage

It can be done in only part of the lens where a patch cannot.



### Fogging

The same effect is reached by fogging the eye, often done by sandblasting the surface of the lens, allowing all light through.

### Trial Method

We trial fogging using scotch tape

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## Case Study #1: Brain Tumor Patient



### Patient Referral

Your OMD brings you a patient with a brain tumor.



### Clinical Observation

Looking at the patient, you can see a visible, consistent turning of the left eye inward.



### Doctor's Prescription

The doctor's Rx has 23 BO OS.



### Clinical Challenge

How do you proceed?

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## Vision Therapy Approaches



### What is Vision Therapy?

Treatment through training, often of extra and intra-ocular muscles



### Neural Pathway Development

Creating new/reinforcing neural pathways



### Treatment Methods

In-office observed treatments and at-home exercises

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## Case Study #2: Computer Headaches and Driving Anxiety

- Your OD brings you a patient and does a lovely handoff suggesting that this patient is getting headaches at the computer and asks you to talk about options.
- You dispense computer multifocals with a blue-filter and AR and then the patient comes back, tells you that they are really thrilled with this pair.
- You also dispense a pair of PALs with AR in a very lightweight, but full-framed pair of eyewear, because while shopping, the patient tells you they are sensitive to any weight on their face and are a little photophobic. Their last pair of rimless had them constantly seeing flashes in the lens edge.
- The patient shares with you that they are experiencing a weird sensation when driving, especially on long narrow roads and that they seem to be getting anxious, especially when driving.
- What do you think, then what do you do about it?

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## Case Study #3: Your Challenge

### Clinical Scenario

Whatcha got?

### Your Approach

How would you handle this case?

### Treatment Options

What solutions would you recommend?



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**What  
would  
you  
add?**



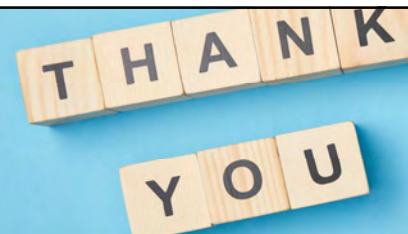
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## Developing a Neuro-Opticianry Program

If we were going to develop a full program in Neuro-Opticianry, what would we need to know?

- Basic Neuro – Anatomy of the eyes and brain and how it applies to vision
- Understanding the Visual system in terms of refractive error, accommodation and the vergence system
- Exploration of Neuro-optometric Conditions
- Pediatric vs. Presbyopic Concerns
- Minimal Binocular Dysfunction
- Interaction of Vision, Auditory and Vestibular Systems
- Color for function with no adverse side effects
- Contrast Sensitivity and Visual Acuity as metrics for evaluating color efficacy

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Reach out to me! [cira@cira.me](mailto:cira@cira.me)

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