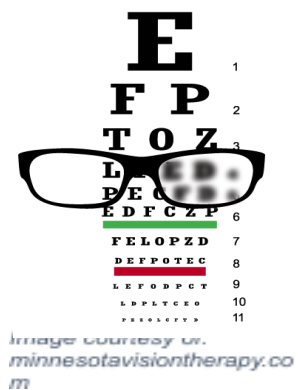


Amblyopia

Amblyopia, or lazy eye, is described as reduced vision in one eye compared to the other. According to the National Institute of Health, Amblyopia is the most common cause of visual impairment among children.

Recent research has shown that amblyopia is a disorder of the brain's ability to use both eyes together as a team. In addition to poor visual acuity, people with amblyopia are more prone to have difficulties with depth perception, eye movements related to reading, and visual decision making while driving.

The commonly prescribed treatment of amblyopia is 'Patch' therapy. The patient wears a patch over the "good" eye for hours at a time. Research shows that the eye sight in the amblyopic eye will show some improvements but disruptions in the patient's brain development are also noted. Patch therapy can cause confusion and visual disorientation. It can also cause problems for spatial judgement and depth perception. This can be very frustrating and emotionally upsetting for the patient. Patch therapy teaches a patient how to be a "one-eyed-person". It does not address the underlying cause for the amblyopia which is the lack of binocular vision development.



(COVD, Amblyopia or Lazy Eye, 2018)

Strabismus

Strabismus, or crossed eyes, is the inability to point both eyes in the same direction at the same time. One eye may appear to turn in, out, up or down. The eye turn may be constant or only occur intermittently.

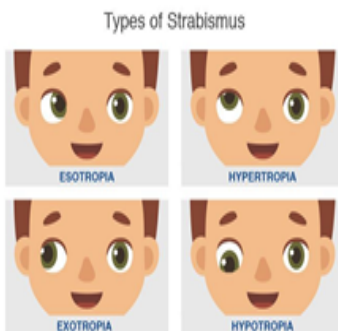


Image courtesy of: sightmd.com

Eye-turning may change from one eye to the other and may only appear when a person is tired or has done a lot of reading. Strabismus may cause double vision. To avoid seeing double, vision in one eye may be ignored resulting in a lazy eye (also known as Amblyopia).

While eye muscle surgery can sometimes straighten the eyes, rarely is an eye-turn a "muscle-only" problem.

After years of living with an eye turn/lazy eye, our highly sophisticated brains come up with strategies for coping with the conflicting information coming from imbalanced eyes. If surgery is used to straighten the eye (by relocating muscle attachments), but no attention is paid to the brain's "strategies", there is a much lower potential for long term success.

(COVD, Strabismus or Crossed Eyes, 2018)

People are becoming more aware of non-surgical options for a turned eye.

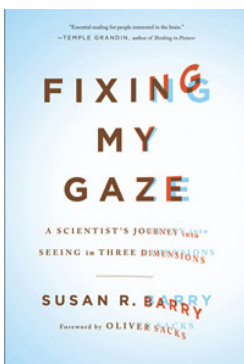
A program of Vision Therapy is often necessary to restore full visual function.

Vision Therapy for patients with an eye turn/lazy eye is a rehabilitation process which helps the brain adapt to a change in the relative positions of the eyes and the information they provide. It trains the brain to make use of information coming from both eyes simultaneously and fuse those images together to create binocular vision.

Most Ophthalmologist say that strabismus and/or amblyopia cannot be helped after the age of 6-8 years old. There was, is, and continues to be valid and numerous academic papers and scientific studies disputing this fact. The behavioural optometric approach to the treatment of amblyopia and strabismus with lenses, patching, and vision therapy is more effective in many cases than surgery alone.



Age is not a factor in the success you can achieve through a vision therapy program. The plasticity of the brain is remarkable. Recent studies show that there is no magic age when the brain stops learning and changing. Vision therapy helps make changes in the visual pathways no matter the age.



To fully understand how life can be changed after vision therapy for an eye turn, we strongly recommend reading the book “Fixing My Gaze”, by Susan Barry.

Susan Barry chronicles her life experience as a person who had an eye turn since infancy. As a child, she received multiple strabismus surgeries and did not begin vision therapy until she was 48 years old.