

Advantages of Strabismus

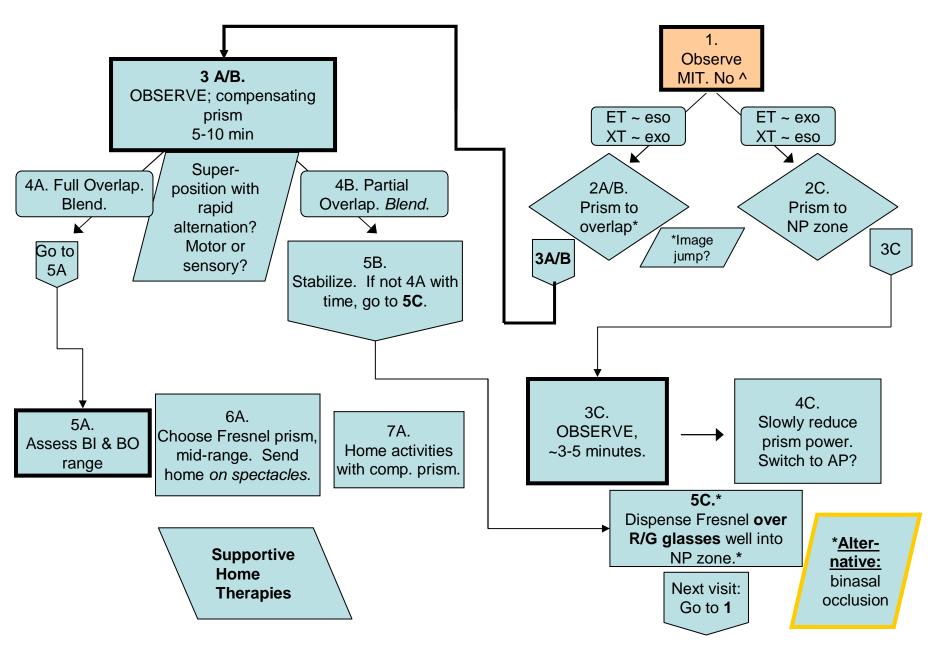
- 4. When allowing big picture to take priority over details: lowers physiological stress
 - "Let someone else work out the details"
 - Exotropic tendency
- 5. When allowing details to take priority over big picture: ALSO lowers physiological stress
 - Baby steps... (...but to where?)
 - Esotropic tendency

Advantages of Strabismus

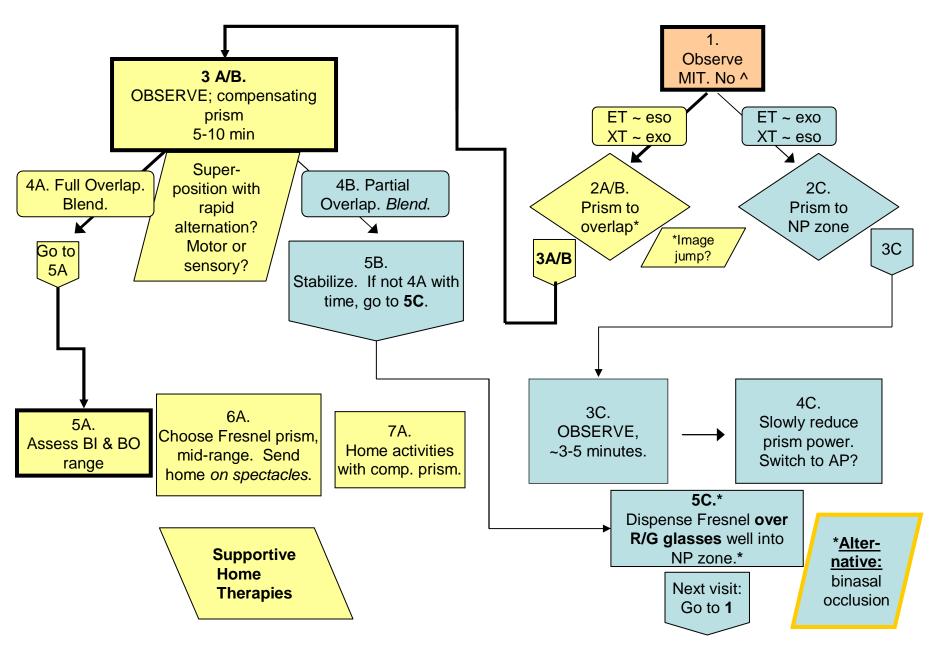
- ▶ When enabling driver/passenger system:
 - Suggests difficulty with teamwork;
 - Easier to have a single, clear leader.
 - Role assignment over an area of space, especially in anisometropes.
 - ► Chicken & Egg!
- ➤ These are indications of a generally stubborn personality type with a clear sense of what they wish to accomplish.
- Such people will need to be convinced FROM THE INSIDE of the advantages of an alternate (binocularly integrated, cooperative) mode of function.

Ϋ.

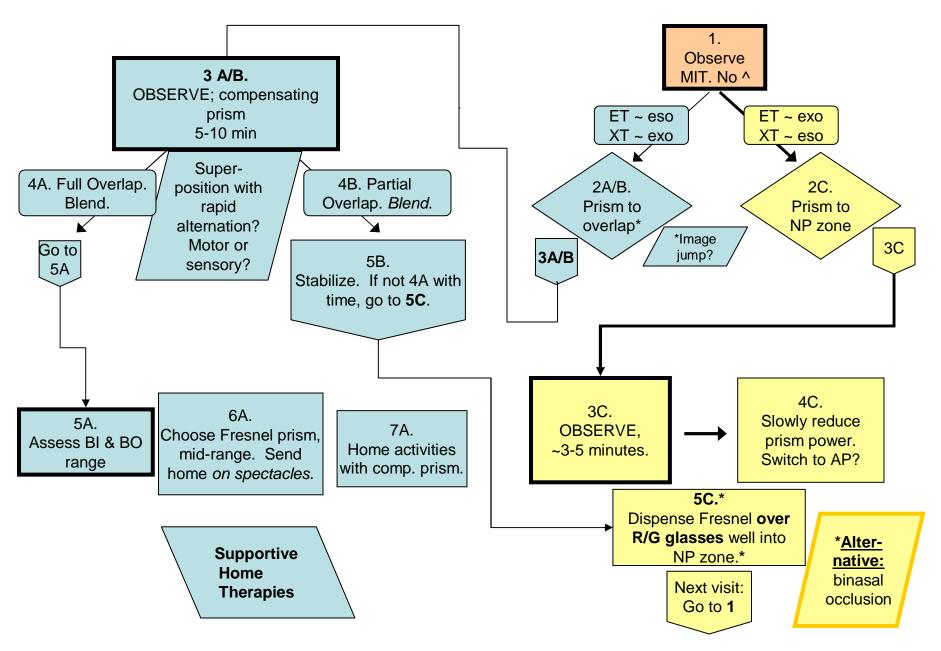
FLOW CHART, overview



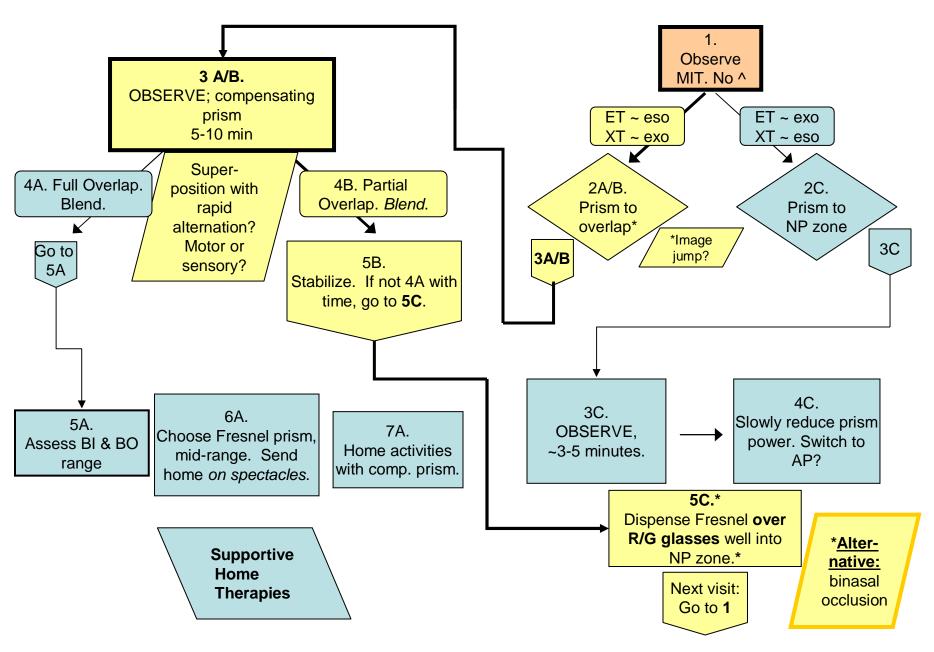
FLOW CHART, overview: A-track



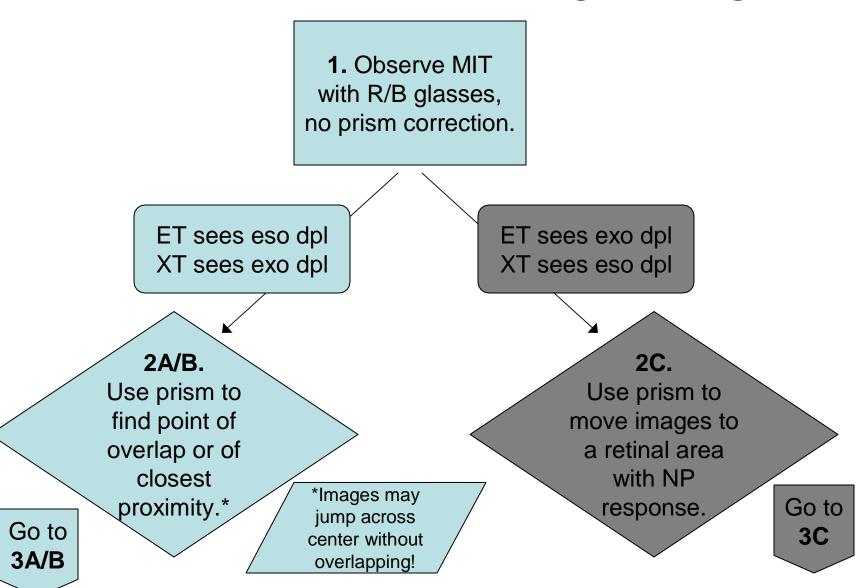
FLOW CHART, overview: C-track



FLOW CHART, overview: B-track



FLOW CHART, Beginning



FLOW CHART, A/B Track

3 A/B.

Have patient sit with compensating prism 5-10 min and OBSERVE.

Allow time for images to shift, blend, and stabilize.

4A. Full Overlap. Allow time to *blend*.

Go to **5A**

If patient reports superposition with rapid alternation, watch the eyes to observe if patient is switching fixation while troped.

If patient is not alternating (motorically), may be able to blend.

4B. Partial Overlap. Allow time for *blend* of overlapped part.

5B.

Continue to sit, observe, and stabilize. If images do not get closer or reach full overlap with BI or BO prism, go to **5C**.

FLOW CHART, End, A-track

5A.

Assess the BI and BO range over which the patient can successfully blend images.

6A.

Choose a comfortable power of Fresnel prism, in the middle of the range. Send patient home with compensating prism on spectacles.

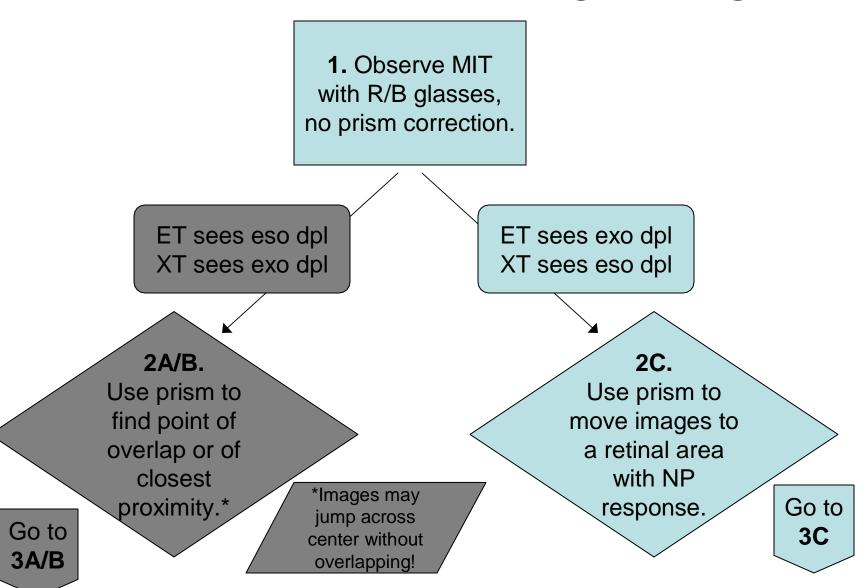
7A.

Home therapy with compensating prism:
(Long term goal is to reduce the power of prism compensation over time.)

Home Therapies

- Wear Fresnels full time
- MIT/Swirl in powerpoint version
- R/G "TV Trainer"
 - Different patterns
- Watch TV w/ R/G's (without TV filters)
- Eyeport (Liberman) while wearing Fresnels
- Accommodative exercises
- Oculomotor activities (e.g., Nasalto-temporal Hart Chart saccades for ET's)
- Vis-spatial org'z'n activities
- Peripheral Awareness activities

FLOW CHART, Beginning



FLOW CHART, End, C-track

3C.

Have patient sit with over-correcting or opposite prism and OBSERVE, ~3-5 minutes.

Images should remain on the "appropriate" sides, (i.e., as expected with NP).

4C.

Slowly reduce prism power and observe response at each step.

Note where (which prism) the images switch to give an AP response.

5C.*

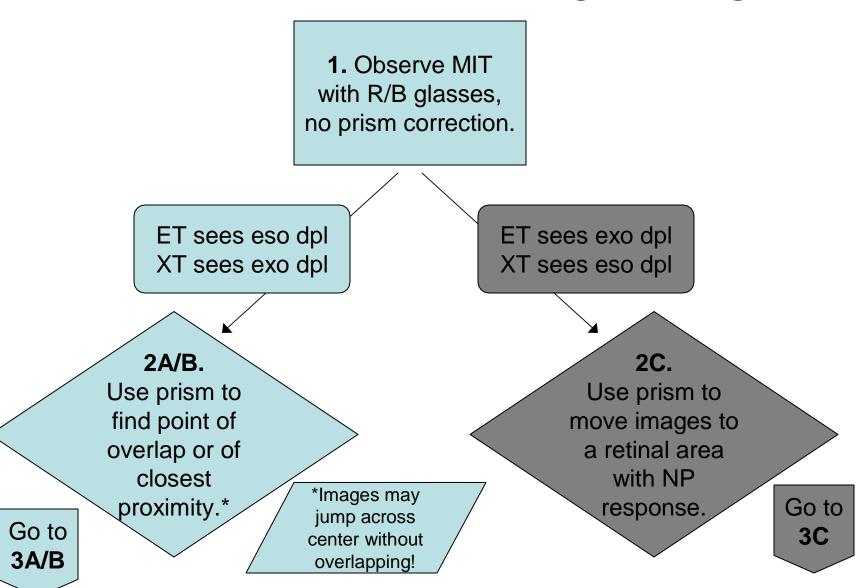
Dispense Fresnel placed on R/G glasses which is well into NP zone. Have patient wear red over non-preferred eye.

Wear Fresnel-R/G's every possible waking hour x 1 week.*

Re-assess at next visit: Go to 1

*Alternative:
May use binasal
occlusion to
(a) stop patient
from embedding
anomalous
adaptation and
(b) facilitate
simultaneous
perception
without confusion.

FLOW CHART, Beginning



FLOW CHART, A/B Track

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