

REGISTRATION FORM:
VT/LEARNING RELATED VISUAL
PROBLEMS

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

DATE/LOCATION OF COURSE:

**Mail or Fax Completed
Form to OEP**

110 Old Padonia Road, Suite 300
Cockeysville, Maryland 21030

OEP

This course will be held in the office of
Dr. Robin D. Lewis
2950 N Dobson, Suite 11
Chandler AZ 85224

Attendees arriving by air should fly
into Phoenix Sky Harbor Int'l Airport.

A room at the
Mesa Marriott Courtyard
will be reserved for you, at our
special corporate rate of \$79
upon registration for the course.

Course will run
9 am to 5 pm Daily
Course will end at 3 pm on Sunday
October 7th.

*This course has limited registration.
Our highly interactive, small group
presentations and hands-on activities
will provide the experience you need
for the confidence you desire.
This course offers **free** follow-up
case consultation.*

OEP

110 Old Padonia Road, Suite 300
Cockeysville, Maryland 21030

TheresaKrejciOEP@verizon.net
Phone: (410) 561-3791
1-800-447-0370
Fax: (410) 252-1719
www.oep.org

OEP

Presents:

VT/Learning Related
Visual Problems

May 5-9, 2010

Phoenix, Arizona

Instructor

Robin D. Lewis, OD, FCOVD

Length: 5 days

Continuing Education Credits:

35 hours

**Prerequisite: VT/Visual Dysfunctions
For: Optometrists and Vision
Therapists**

Learning Related Visual Problems (VT II)

The Learning Related Visual Problems Course adds to the core Visual Dysfunctions (VT I) course the necessary testing and therapy activities to successfully diagnose and treat patients with learning related visual problems. Many of the patients for whom this curriculum is recommended have been labeled dyslexics or "LD/ADD" (learning disability/attention deficit disorder).

You will be taught how to determine if a person's reading difficulty requires the VT II curriculum or if their learning related visual problem can best be served by the application of the appropriate plus lens for near, and/or the more basic VT 1 program. The key tests taught have been selected to help you get the most information in the least amount of time. These tests also give you the data necessary to demonstrate to the patient the need and benefits to be derived from the VT II program. Of the entire group of courses this is the most fun and will enable you to work with large portions of the population which traditional eye care has been unable to help.

The tests which will be taught include: NYSOA King-Devic Saccadic Test, Groffman Visual Tracing Test, Wold Sentence Copy Test, Visagraph Eye Movement Analysis, Gates Oral Reading Survey, Monroe III Visual Memory Test, DEM Saccadic Test, Jordan Left Right Test, Motor Free Visual Perception Test, and many more....

- Problems of vision development will be addressed as well as working with tracking, sequencing, and timing problems.
- The relationship between laterality, directionality and, ocular motor dysfunctions will be developed.
- A discussion of the various interpretations of the word "dyslexia" and their many implications will be discussed thoroughly. What really are Attention Deficit Disorders and why are so many people so quick to use ritalin or its derivatives? A full understanding of the attentional mechanisms and an understanding of vision as the dominant process will help you understand the value of behavioral optometric care in working with the youth of today.
- The relationship between visualization, visual imagery, and spelling will be discussed .
- Juvenile Delinquency and learning related visual disorders will be discussed.
- You will be taught how to use positive rewards for positive behavior to modify the behavior of your patients and their support team.

Each course participant will receive a manual with a complete set of procedures, homework sheets, procedure grids and materials explaining how best to handle the large percentage of patients with learning related visual problems.

Educational Fee for Course:
Optometrists \$1,990.00
Vision Therapists \$1,390.00
**Fee Includes materials and lunches
And FREE Case Consultation
OEP Clinical Associates deduct \$100**

Any special dietary considerations for lunch?

PAYMENT INFORMATION

CHECK ENCLOSED VISA/MASTERCARD

TOTAL AMOUNT \$ _____

VISA/MASTERCARD #:

EXPIRATION DATE: _____

SIGNATURE: _____

BILLING ADDRESS FOR CREDIT CARD:

**At least 50% of Tuition is due with
registration. Make checks payable to
OEP**

**There will be a \$100 non-refundable
cancellation fee if cancelled within 30
days of the course.**