

EDITORIAL

Behavioral Optometry, on a Medical Mission?

Marc B. Taub, OD, MS
Memphis, Tennessee

Perhaps the greatest experience I had in optometry school was not the lectures, external rotations, or even the camaraderie with my fellow classmates. It was actually the medical mission for which I worked for three years to earn the “points” that allowed me to participate. At the Pennsylvania College of Optometry, students who are part of the student chapter of Volunteer Optometric Services to Humanity (VOSH), travel to a foreign country to provide eye care, including distributing glasses and treating disease. In my case, I went with 30 students and five staff doctors to Guatemala. I had the most amazing experience, helped thousands of people, and also honed my skills. I made a promise to myself that one day, I would once again give back to the greater good and go on another mission. Twelve years later, I kept that promise.

My first mission since optometry school in 2000.



This past May, 11 students from the Southern College of Optometry (SCO), COVD fellow Dr. Dan Bowersox, his wife Jill, and I made the trip to Belize City, Belize. This was one of eight trips that SCO-SVOSH sends out each year. Approximately 15-20% of the student body gives countless hours of their time and effort to attend a trip every year. Whenever you participate in a trip, you never truly know how it will go; there are many variables including the patients, venue, and assistance you are counting on in the host country. SCO-SVOSH teams up with local Lions clubs in the host countries to ensure that all goes smoothly.

Upon arriving and setting up for the four days of clinic that we would be providing, the group was informed that we would be seeing mostly children. Dr. Bowersox and I thought we had died and gone to heaven. What are the chances that not one, but two pediatric specialists would end up on this trip over all of the others? We were prepared for the onslaught of myopia and hyperopia, but what we found even astounded us. It reminded us that the need for behavioral optometry is universal and we must continue to expand its reaches across the globe. I will highlight three cases to demonstrate my point.

Dr. Dan Bowersox in action!



Case 1:

At the end of the second day, by which we had already seen over 500 patients, I was handed a sheet to check out the final patient of the day. The complaint listed was “trouble reading.” Luckily the patient’s mother was present at the clinic and a conversation ensued. The 12-year-old child was doing well in school and had actually been skipped a grade ahead. The only problem was that he was having trouble with reading and admitted to having tracking and comprehension issues. The mother, like so many I meet every day, was concerned about the long-term educational consequences. Besides glasses and some adaptive activities like a typoscope, what could I do for this patient? With in-office optometric vision therapy not a viable option, I did the next best thing; I spoke to them about the Home Therapy System by HTS. Since they have the internet connected to their home computer, I could monitor the progress and communicate with them from my office in Memphis. The mother, who had been told by previous eye care providers that her child was dyslexic, was so thankful to learn what the real problem was and that there was in fact a treatment.

Case 2:

From the corner of my eye, I saw Dr. Bowersox pull out what I thought was the bi-nasal occlusion measuring device. Of all of the equipment he could have chosen to bring, I found myself wondering how this had made it into his suitcase! “Dr. Dan” had an entourage of students around him as he was examining a 6-year-old boy. The boy’s mother indicated that the left eye indeed turned in and had done so intermittently his entire life. Doctors had recommended surgery throughout the years but the mother luckily hesitated. Using the device, it was demonstrated that with the eyes occluded even for as little as 15 seconds, the boy could maintain fusion for up to 30 seconds. Dr. Bowersox did what he would have done if he was seeing the patient at his own office; he found a pair of glasses with the appropriate power and using translucent tape, prescribed bi-nasal occlusion. The mother was instructed to remove the tape in a matter of weeks. Even though follow-up is not possible, Dr. Bowersox

Patients lined up and waited hours to be seen. Bus loads of children arrived every morning.



was confident that even several weeks of using the bi-nasal occlusion would provide the substrate with which this child could develop some level of binocular vision.

Case 3:

Again from the corner of my eye, I noticed Dr. Bowersox demonstrating something to a student. This time, he was showing a pair of polarized glasses. I wandered over and heard Dr. Bowersox telling the student to show the patient the glasses in the mirror to determine if and where suppression occurred. The patient was a 12-year-old boy with complaints of headaches and asthenopia with near work. The cover test revealed a large amount of exophoria at near as compared to the distance. While we both knew that vision therapy is the gold standard treatment for convergence insufficiency, this was not an option. We decided to try a minus lens at near to stimulate accommodation and convergence. With a pair of -1D glasses in place, the child was able to complete the near point of convergence for the first time and no longer was suppressing in the mirror using the polarized glasses. The patient was instructed to use the new prescription glasses for all near point activities.

After four days of patient care, we logged a little under 1200 patients; a significant amount were children. With Dr. Bowersox and me in the lead, all of the students were able to see the power of behavioral optometry despite the fact that we were on a mission trip. We were able to use all of the tools at our disposal to help not only the three patients discussed above, but many others. We were able to think outside the primary care box to get these children the help for which they desperately cried out.

In the coming years, I implore each and every one of you to consider serving on a mission. There are VOSH chapters at most optometry schools as well as trips through the national organization. If you would like information about missions through SCO, please contact Dr. Beth Sparrow (bsparrow@sco.edu), the club adviser. There is a great need for the services that our profession, especially those that practice in the behavioral model, can provide. I promise, once you go on your first trip, you will find yourself waiting impatiently for the next one.

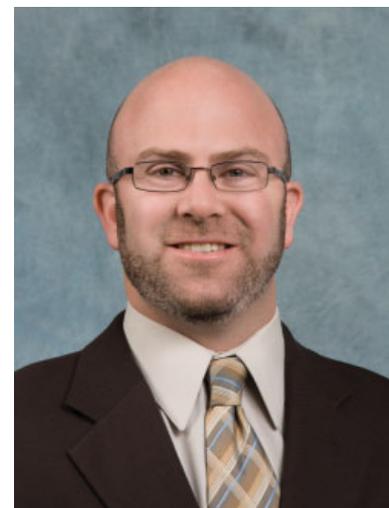
Good luck and good health always!

ADDITIONAL CONTENT AVAILABLE!

The JBO Online version of this article features event videos. Access JBO Online at: www.oepf.org/jbo or by scanning this QR code with your smartphone!



SCO SVOSH-Belize 2011: Working with the students is one of the most rewarding experiences. Seeing the future of optometry first hand and how much they care, gives a tremendous feeling to the staff doctors!



Marc B. Taub, OD, MS