
PARENTS' Satisfaction with VISION THERAPY

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Abstract

The results of this study demonstrated that the vast majority of parents felt vision therapy greatly benefited their child and was directly responsible for improving their child's school performance. The parents also rated performance of the office staff as quite effective. This study supports the efficacy of vision therapy to positively impact the academic performance and life style factors of children whose evaluation indicated learning problems that were aggravated by inadequate visual skills.

Key Words

vision therapy, survey, school performance, behavioral optometrists

A prime consideration in the use of a therapeutic regimen is the efficacy of the therapy. Efficacy involves both the subjective patient perception of improvement as well as objective (clinical) measurement of improvement from intervention. Inadequate visual skills have been associated with poor academic performance,¹⁻¹² but the influence these skills have on school performance is questioned by some.¹³⁻¹⁶ An exhaustive review of the literature (238 citations) concluded that vision therapy was of value in treating oculomotor, accommodative and binocular dysfunctions,¹⁷ and these conditions have the potential to impact academic achievement.

This study was performed to ascertain the satisfaction of the parents of patients with the results of a vision therapy program. On initial examination, the patients all had reported symptoms and clinical findings that indicated inadequate visual skills. They also had been identified by their schools as having deficient academic abilities. Secondly, the study surveyed the degree to which the patient and the parent were positively or negatively impressed by the clinician, his office and staff.

Methods

In the fall of 1991, 100 parents of children who had completed a vision therapy program in a private office (KL) were randomly selected to be surveyed. The survey queried the parents' perceptions as to the efficacy of the vision therapy program. The only criteria for inclusion in this study was that the child had completed the vision therapy program.

A questionnaire (Appendix 1) was designed. The survey was divided into two major areas. The first evaluated potential areas of academic improvement (three questions). The second (seven questions) related to the impressions of the children and parents concerning the therapy program.

Results

Tables 1, 2 and 3 describe the results of the questions pertaining to possible improvement in academic function. Ninety-nine percent of the parents saw improvement in school performance which they attributed to vision therapy (see Table 1). Only one person indicated that vision therapy did not benefit her child.

Particular areas of improvement included self-esteem, grades, behavior, attention, motor skills, confidence in school activities and reading (Table 2). Multiple areas of improvement were seen in some cases. Parents were allowed to check all areas of improvement. A double check indicated the area that had shown the most improvement. The greatest number of improved responses was seen in self-esteem and grades, each being noted by 57% of the parents. Self-esteem was perceived by the parents as being the most improved of all areas (19%), while improved grades were identified most improved by 16% of the parents. Behavior and increased attention each received a most improved status by 7% of the parents.

Specific improvement was noted in all the academic areas surveyed (Table 3). Again, some areas were rated improved as well as most improved. The academic skill most noted to have improved was reading. It was noted as an improved academic area

TABLE 1
OVERALL IMPROVEMENT IN SCHOOL PERFORMANCE

I felt the vision therapy program:
 66% a. Greatly benefited my child and was directly responsible for his/her improvements.
 33% b. Somewhat benefited my child and was partially responsible for his/her improvements.
 1% c. Was no benefit to my child and he/she would have made the same progress without it.
 0% d. Was a waste of time and kept my child from receiving the help he/she needed.

TABLE 2
GENERAL AREAS WHERE IMPROVEMENT WAS NOTED

Parentheses indicate the percentage of the area that showed the most improvement.
 57% (19%) a. Self-esteem
 57% (16%) b. Grades
 14% (7%) c. Behavior
 45% (7%) d. Ability to pay attention and concentrate on school work.
 e. Other (Please specify.)
 Some of the comments from "e" included: improved motor skills, reads with more confidence, improved reading comprehension and improved reading speed.

TABLE 3
SPECIFIC SUBJECT AREAS
WHERE IMPROVEMENT WAS
NOTED

Parentheses indicate the percentage of the area that showed the most improvement
 82% (42%) a. Reading
 49% (7%) b. Handwriting
 45% (7%) c. Spelling
 30% (3%) d. Math

by 82% of the parents and as the most improved area by 42% of the parents. Handwriting and spelling were noted as improved by close to half the parents (49% and 45% respectively). Math was reported as improved in 30% of the children and was also perceived by 3% of the parents as most improved.

When parents were asked if their children enjoyed vision therapy (Question #4 in Appendix 1), a resounding 97% answered affirmatively. When asked if the parent had any suggestions as to how the vision therapy program could be improved (Question #5 in Appendix 1), the most common problem reported was the cost of vision therapy.

The optometrist, therapists and office staff were graded by the parents (Question #7 in Appendix 1). The grading was performed on a scale of one to 10, with 10 being the highest. All three staff areas graded very high (9.8 to 9.4). The highest area of grading was the therapists' attitude

and enthusiasm toward the child. The lowest relative area was the punctuality of the therapist. The survey indicated that seven of 10 parents had referred other patients to the vision therapy program and every respondent indicated that he/she would refer to the program if the occasion arose (Questions #8 & 9 in Appendix 1). We found the responses to Question #6 were covered in other parts of the questionnaire.

Discussion

The purpose of this study was to ascertain the opinions of parents whose children had completed a program in vision therapy as to its efficacy in improving academic skills. The results of this survey clearly show that parents overwhelmingly felt that vision therapy was of benefit academically to their children. A total of 99% felt the training benefited their child, with 82% perceiving that their child was performing academically better because of vision therapy. Even the one person in Question #1 who felt that vision therapy was of no benefit to her child indicated she had referred someone to the program.

The most improved subjective reports were in the areas of self-esteem and grades. These areas of improvement are often initially reported by parents during the history interview as being of major concern and therefore are often considered the chief complaint. Objective areas of improvement, as measured by actual earned grades following vision therapy,

also showed great improvement. Reading, a major concern of parents seeking optometric care for their children, was most improved. Other major subject areas of improvement included handwriting, spelling and math. This data offers evidence that both the subjective and objective variables of a child's school performance were positively impacted by optometric vision therapy.

The positive impression exhibited by the parents toward the optometrist, the therapists, and the office in general indicates a high degree of satisfaction with vision therapy. Not only were the parents pleased but 97% of the children said they enjoyed the VT sessions.

Since the cost of the vision therapy was the most negative aspect of the data gathered in this questionnaire, it indicates a clear concern by the parents of treatment costs. Those persons who did not have a pre-pay or co-pay insurance plan which covered vision therapy required an alternative option. As a result of the survey, such a plan was designed. Essentially, the patient pays at least half of the cost of the vision therapy program as the program is being administered. The remainder of the fees are placed in a delayed payment program and are paid over one year following completion of the program. This delayed payment plan has been very successful, with very few collection problems. The delayed payment plan has enabled more children to enjoy the benefits of VT.

Conclusions

There is controversy regarding the effect that remediating faulty visual function has on academic performance.¹³⁻¹⁶ Our study demonstrates that these parents consider vision therapy to be highly beneficial by positively impacting their children's overall academic performance. Our results also demonstrate that the parents in our study felt that visual therapy positively effected other areas of the child's life. Parents did not express negative feelings concerning the optometrist, therapists or office staff. These positive results should offer evidence of the beneficial nature of optometric vision therapy to the lifestyle factors of the school-aged child.

Optometrists are encouraged to perform such a survey. Such surveys can be a very effective way to monitor one's practice and to counter criticisms of the efficacy of this area of this area of optometry.

APPENDIX I QUESTIONNAIRE

CHILD'S NAME _____

PARENT'S NAME AND ADDRESS _____

PHONE NUMBER _____

1. Please check one of the following as it relates to your child's performance in school:

I felt the vision therapy program in Doctor Lane's Office:

- a. Greatly benefited my child and was directly responsible for his/her improvements.
- b. Somewhat benefited my child and was partially responsible for his/her improvements.
- c. Was no benefit to my child and he/she would have made the same progress without it.
- d. Was a waste of time and kept my child from receiving the help he/she needed.

2. If the program benefited your child, check the areas that he/she improved in. Put two checks in the area where you saw the most improvements.

- a. Self-esteem
- b. Grades
- c. Behavior
- d. Ability to pay attention and concentrate on school work.
- e. Other (please specify)

3. If the program benefited your child, check the subjects that he/she improved in. Put two checks in the subject where you saw the most improvement.

- a. Reading
- b. Spelling
- c. Math
- d. Handwriting

4. Most of the time, did your child enjoy the therapy session? Yes No

5. Do you have any suggestions on how we can improve our program?

6. Please describe how you feel our program helped your child.

7. Concerning our staff, on a one to 10 scale, with one being the lowest and 10 the highest, grade each of the following:

DR. LANE:

- ____ Competence
- ____ Professional Appearance
- ____ Courtesy
- ____ Willingness to help and assist you

THERAPIST:

- ____ Competence
- ____ Enthusiasm
- ____ Punctuality (Did sessions start on time?)
- ____ Attitude towards your child
- ____ Professional Appearance

SECRETARIES

- ____ Courtesy
- ____ Willingness to help and assist you
- ____ Professional Appearance

8. Have you referred someone for our program? Yes No

9. If you have not referred someone for our program, would you? Yes No

If you answered "No," please explain why:

10. May we use your comments in our promotional materials? Yes No

If "yes," please sign and date.

Signature _____ Date _____

Thank you for your time in filling out this questionnaire. Please let me know if I can be of any further help to you.

Sincerely,

Kenneth A. Lane, O.D.

Clinic Director

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