SKEFFINGTON SYNDROME
CASE ANALYSIS

by Homer Hendrickson, O.D., D.O.S.
March, 1991

We are indeed fortunate to have received this article from Dr. Hendrickson a short time before his death. It is the most succinct and informative statement about the Skeffington Analytical Sequence and the Skeffington Syndrome Case Analysis I have encountered. I believe it should be required reading for those who wish to first study Skeffington as well as for those who have been practicing his method. The great value of this last Hendrickson writing is that it provides an overview of the Skeffington philosophy while highlighting key concepts. Further, it embodies Dr. Hendrickson's dedication to brevity and simplicity.

Irwin B. Suchoff, O.D.

The 21-point Skeffington Analytical Sequence (SAS) was developed by A. M. Skeffington, O.D., and associates in the 1920s and 1930s. The purpose of the Skeffington Syndrome Case Analysis is to arrive at a "safe" or "acceptable" lens prescription to *relieve patients' symptoms and complaints*. More importantly, it is to *prevent future visual malfunctions* or *maladaptations* and to *enhance visual information processing*.

The SAS is a psychometric method where the individual components of a standardized battery of tests are recorded. Each component has little value in and of itself. Instead, the tests are administered and interpreted as subtests of the total standardized battery and the *whole test sequence* takes on a validity for whatever purpose(s) it may have been devised.

Each subtest is given an operational label. (For example, the traditional "true adduction" test at distance is labeled "base-out to first blur.") Each is designated by a *number* which indicates the chronological place in the total array to which the subtest is assigned. (For example, "base-out to first blur" is #9.)

Each subtest must be administered in its *standardized manner* and in its *preassigned sequence*. Findings are then compared to "expecteds," not norms. The expected is the minimum value for adequate performance, determined empirically from selected cases.

The basic findings are then listed by number, above and below a horizontal line, forming an "informative sequence" consisting of five parts. One of the parts is the "case typing." This is simply the recognition of a certain sequence of variations from the expecteds which is indicative of a particular visual problem. Another part reveals syndromes of "embeddedness." This dictates the degree of modification of lens power to be prescribed.

The *nearpoint lens* "acceptance" is determined first and then is modified as required to adapt it to farpoint seeing (single vision or multifocal) to provide standard acuity.

The purpose of the Skeffington Syndrome Case Analysis is not to produce an automated lens prescription. Rather, its purpose is to provide the practitioner with a broad spectrum of information and relationships on which to base the final professional decision for the exact formula. It further provides for an accompanying total vision care regime which, in addition to lenses, may include vision therapy.

Bibliography

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Standing from the left: George Crow, A.M. Skeffington and Glenn Moore. Seated, E.B. Alexander, Homer H. Hendrickson.