EDITORIAL

OCCUPATIONAL THERAPY AND OPTOMETRY

. . .A DEVELOPING RELATIONSHIP

Within the period of a week, two optometrists each sent me a copy of the same article. It is entitled "Santa Clara Program Looks at Vision Therapy," was written by Katherine Schlageter and Rosemary Shaw, both occupational therapists (OT), and appeared in *OT Weekly*.[1] The two optometrists wanted my opinion of what was said, and it was evident that each was concerned, but not upset about the article.

The authors state that in 1986, the team that coordinates and advises the Traumatic Brain Injury (TBI) Acute Rehabilitation Program at the Santa Clara, California, Medical Center felt that the existing system of care did not meet the visual needs of the patients at that facility. After reviewing the literature on vision therapy, they applied for and received a research grant from the National Institute of Disability and Rehabilitation. Subsequently, a vision therapy program was developed consisting of..."occupational therapy/speech pathology vision evaluation, routine referrals to the optometrist, and a treatment program of 40 vision therapy exercises."[1] (p.13)

The evaluation consists of three parts. There is an observational component, where the OT determines such things as visual fatigue, head tilt, etc. A questionnaire is then utilized to determine the patient's past visual history. Finally, an evaluation, developed by another OT who "specializes in vision therapy" is administered. This comprises testing for visual acuity, phorias, oculomotor skills, visual fields and depth perception.

Once a visual dysfunction is identified, a referral is made to a vision professional before the therapy program is instituted. The authors feel that many optometrists and ophthalmologists are not prepared to deal with neurologically impaired adults. Consequently, they describe a symbiotic relationship, whereby the occupational therapist educates the optometrist about the course of traumatic brain injury, while the optometrist addresses intricacies of the visual system and treatment options. The remainder of the article discusses treatment and a case study is given. They conclude with the recommendation that..."a vision therapy program, including an occupational therapy vision evaluation and routine referrals to an optometrist, be standard services in rehabilitation programs for TBI patients."[1] (p.14)

Undoubtedly, a knee jerk reaction to this article by some behavioral optometrists will be to raise the issue of turf and question the appropriateness of OTs evaluating vision, and then carrying out a program of vision therapy. The question is whether this study is a harbinger of things to come; an incursion of occupational therapy into the defined realm of optometry.

After considerable thought, I find it hard to believe that the intention of the authors, or any occupational therapist is to replace optometrists, particularly in the instance of the TBI patient. Indeed, my sense of the article is that the authors are addressing the previously unmet visual needs of their patients as best they

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can, in an institutional setting, where there is no staff optometrist. They are careful to point out that when a visual dysfunction is found by their evaluative methods, an optometric consultation is key. Therapy, when required, is carried out with significant input by the consulted optometrist. I'm also aware of several places in New York where this same model is used even when there is a staff or consulting optometrist on board.

My clinical experience, both directly and by observation, is that occupational therapists are one of the key movers, along with physical therapists and neuropsychologists, to include optometry in what is fast becoming an effective rehabilitative team for TBI patients. Further, these other professionals are increasingly aware that not all optometrists and still fewer ophthalmologists are able or willing to meet the totality of visual care that most of these patients require. More and more do these professions seek out behaviorally oriented optometrists to provide care for their TBI and other patients.

The situation is analogous to educators, psychologists and school nurses taking visual acuities, or using one of the devices to screen for visual dysfunctions beyond acuity. This has gone on virtually everywhere in the country for a long time. I know of no one who feels these professions are in any way usurping their respective roles. One could also say that these professions practice some form of vision training or therapy by virtue of various work books devoted to visual perception, or by the use of a Marsden Ball in the classroom.

In the case of occupational therapy, one could expect that a more extensive vision screening and remedial regimen would result. The curriculum of this profession has an emphasis on neuro anatomy and physiology that points out the pervasiveness of vision, and the relationship of the Vestibulocochlear (VIII) Cranial Nerve to the Oculomotor (III), Trochlear (IV) and Abducens (VI) Cranial Nerves. An appreciation of the resulting interactions between posture, balance, body knowledge and vision makes it natural for the OT to want to know more and to do more about vision.

These neural interactions and relationships are undoubtedly major factors that have brought occupational therapy and behavioral optometry together. They are probably the inherent factors that form the basis of the emerging common language between behavioral optometry and occupational therapy; they help to explain the continuing ease with which clinicians of these two disciplines communicate and work together.

Consequently, I view the Santa Clara Program as but one of several positive steps in the developing relationship between optometry and occupational therapy. The need for OTs to learn and do more about vision has been recognized by Rhoda Priest Erhardt, herself an OT. She has produced a text which gives appropriate background on what the OT needs to know about vision and its development, along with a formal assessment protocol.[2] Such efforts, and the increasing number of joint continuing education programs that have recently been taking place between occupational therapy and optometry, should be viewed as the cement between the two professions that ultimately results in enhanced patient care.

These educational and clinical interactions between optometry and occupational therapy have grown at an impressive rate over the past several years. They are characterized by an openness and "given and take" that is rare and refreshing; there has been, to my knowledge, no evidence of pettiness or professional jealousies. These interactions have flourished because there has been the understanding that, as behavioral optometrists need to clinically evaluate and sometimes remediate certain gross or fine motor skills, some occupational therapists need the same type of latitude regarding vision. To do less would be to retard a collaboration that has the promise of enhancing both professions.

References

1. Schlageter K, Shaw R. Santa Clara program looks at vision therapy. OT Week 1991 July 11.
2. Erhardt RP. Developmental visual dysfunctions--models for assessment and management. Tuscon: Therapy Skills Builder, 1990.