Clinical Highlight • VT Procedure: Hart Charts

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The Hart chart is one of the simplest yet most multifaceted vision therapy tools. The objectives of Hart chart rock are to restore accommodative amplitude and facility. It consists of two charts, one bigger and one smaller. The patient has to read one letter from the bigger chart at distance (10 feet) and one letter from the smaller chart held at near (Harmon distance). The letters are read in a row, alternating between the charts. This jumping from one chart to the other is continued until all the letters in the chart are finished.

This exercise is for those who can't focus on letters and words while reading and writing. This vision therapy technique requires a large and a small Hart chart, a measuring tape, and an eye patch. It works on the accommodative facility and ranges.

Distance-near rock

In this exercise, the larger Hart chart is placed at a distance of 20 feet while the patient holds the smaller chart at their Harmon distance at eye level. The patient's correction should be worn, either spectacles or contact lenses, with the eye patch over one eye.

To begin, clear the letters and read out loud the first line of the large chart. When done, jump to the smaller chart and read the next line. One can either do this by looking above the small chart or through the hole provided in the small Hart chart. Repeat a second time with the patch on the other eye.

To make this more challenging, move the near Hart chart one to two inches closer to the face. When the chart is closer, it may take extra time to clear the letters. Repeat until the near chart is 4 to 6 inches from the patient.

Variations

Hart charts can be used along with other therapy tools like the walking rail, balance board, bouncing ball, etc. in order to increase the cognitive demand and the difficulty level. Multiple Hart charts and split Hart charts can also be used to the same effect. Charts placed at "four corners" are used to train the patient's saccadic eye movements. The patient has to read one letter from each chart until all the letters are read. The use of a metronome can also be incorporated.

Another variation finds four charts placed on each of four walls at eye level. The patient reads one letter from each chart while turning or jumping around. This works well in conjunction with vestibular and balance exercises. Though there is a lot that can be achieved with a Hart chart, this gives a basic idea of the tool and how it can be adapted to various ends.

The Hart chart is an effective tool, not only to improve accommodative facility and ranges, but also to increase the speed and accuracy of saccadic fixation.

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