

The Syntonic Field Functional/Kinetic

Syntonics 101
"Zoom" 2020
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The Syntonic Visual Field

Fritz Popp described the biophoton field that surrounds living organisms as being highly complex, self-tuneable, oscillating fields of energy. This 'field' regulates and controls all our life processes. When we plot colour visual fields, we are measuring information that the brain receives from the eyes and the eyes receive from the 'field'. In the same way as we emit a spectrographic pattern of our electromagnetic field, we can plot colour emanation from the brain. This colour visual field then describes the emergent biophoton field of a human being.

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The Visual Field Types of Measurements

1. Gross awareness to light stimulus
2. Confrontation Fields
3. Form Fields – object awareness
4. Extinction Phenomena/Visual Inattention
5. Static (Automated)
6. Kinetic (Functional)
7. Frequency Doubler (FDT)

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The Visual Field Measurement Techniques

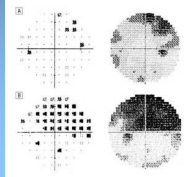
Static (Automated)

Conventional, Computerized, "Gold Standard"

Involves detection of a stationary target

- Generally white light only.
- Threshold of light sensitivity
- Is for detecting pathology
- Relates to the "structural" integrity of the visual pathways in the brain.

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The Visual Field Measurement Techniques

Kinetic (Functional)

- Campimetric, Goldmann, Tangent Screen
- Stereo campimeter in Syntonics
- Detection of a moving target from non-seeing to seeing.
- Advantage – higher spatial resolution, faster
- Reveals pathologic as well as perceptual deficits
- Can be improved and used to monitor effectiveness of any treatment modality
- Test multiple levels of function
- Motion, white and 3 colored targets

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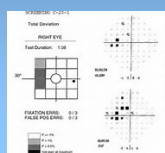
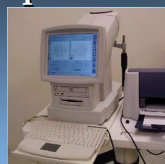


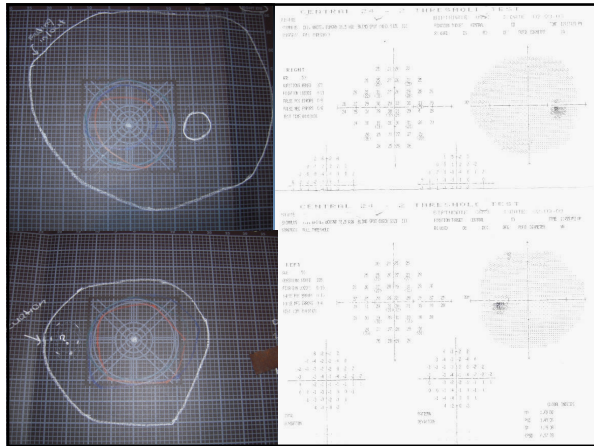
The Visual Field Measurement Techniques

Frequency Doubler (FDT)

- High Temporal Frequency Flicker Rate
- Flicker Sensitivity involves interpretation by retinal periphery
- Magnocellular or cortical pathways
- Correlates well with the kinetic field we measure in Syntonics

Fox/Pulaski 12/17/01





The Kinetic, Functional Field Why do it?

It can be used in monitoring the success of all modalities of therapy

- Vision Therapy
- Medical Treatment
- Neuro-chiropractic/Functional Neurologist
- Functional Body therapists – PT
- Psychology

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The Kinetic, Functional Field Why do it?

What is so unique and valuable about this field?

Why can it be used to monitor any therapies?

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The Kinetic, Functional Field

Why do it?

Relates to the structural and functional integrity of the visual pathways in the brain with deficits not detectable by other testing.

- Post Concussion Syndrome
- Diffuse Axonal Injury
- Stroke
- Lyme Disease

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The Kinetic, Functional Field

Why do it?

It is an extremely sensitive field measurement of visual performance and efficiency.

A compressed field effects such areas as:

- Pursuit and Saccadic fixations
- Reading speed and processing
- Handwriting
- Sports performance
- Spatial perception
- Behavior

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The Kinetic, Functional Field

Why do it?

- "Colour visual field analysis, among the most important biological visual tests known to science."

T.A.Brombach, 1936

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The Kinetic, Functional Field

Why do it?

- Imbalances of the extraocular muscles are reflected in visual field charts.
- Early changes in the peripheral limits of the colour field are the first sign of impending pathology
- Fatigue appears to produce shrinkage of the fields, with one eye consistently presenting a greater amount of collapse.

Brombach 1928

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Measurements and Tests

Influenced by Field Changes

- Refraction
- Phoria
- NPC
- Far/Near Focus
- Pursuits - Tracking
- Saccades
- DEM
- VO Star
- Streff Cap Test (Localization)
- Visual Scanning
- Incomplete Man Copy Forms
- Pupillary Reactions

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Measurements Influenced by Field Changes

Refraction Changes Pre/Post

Pre	Post	Pre	Post
+100	+150	-025-025 x 180	+050
+075	+150	-025	+050-25 x 180
+200-250 x 170	No Change	-075	-075
+200-250 x 10		-075	-075
-.25	Plano	-025	-025
Plano	Plano	-025	-025
Plano	+0.50	+025	+050
-.25-50 x 180	+0.75	+025	+050
P1 -025 x135	+50 -50 x 100		
P1 -050 x 75	+50 -25 x 75		

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Measurements Influenced by Field Changes

Book Retinoscopy Pre/Post

Pre	Post	Pre	Post
+075	+125	+50-025 x 180	+075
+050	+125	+50	+075-25 x 180
+300-250 x 170	+275-250 x 170	+1.25	+1.00
+300-250 x 10	+275-250 x 10	+1.25	+1.00
+062	+062	+050	+075
+075	+062	+050	+075
+.50	+0.75	+100	+050
+.75-50 x 180	+0.75	+100	+050
+1.50	+1.25		
+1.50	+1.25		

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Measurements Influenced by Field Change

Phoria NPC

Pre	Post	Pre	Post
Ortho/3eso	1exo/4exo	2/4	1/3
1exo/3exo	Ortho/6exo	3/9	2/6
Ortho/5eso	1exo/5exo	2/12	2/6
3exo/9exo	2exo/8exo	1/4	1/3
6exo/12exo	1exo/10exo	3/6	2/6
3eso/9eso	1eso/6eso	3/7	2/5

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Measurements Influenced by Field Changes

- Far/Near Focus

Improvement in all cases – all some degree of difficulty

- Pursuits – Tracking

Pre - Excessive head move, misfixations, jerky

Post – Every case showed significant improvement.

Most were smooth with no head.

- Saccades

Pre - 90% were inaccurate

Undershoots, Head move, Fatigue prevalent

Post – Significant improvement in all cases

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Measurements Influenced by Field Changes

Visual Scanning

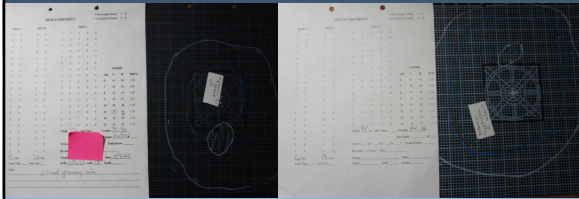
Visual Scan – Davis Dot Test

Pre	Post	Age Equivalent Change
38 Dots	43 Dots	2 years
32	46	5
33	35	1
40	55	5
38	50	4
18	35	6
34	42	2
25	28	1
30	34	2
33	33	no change
36	43	3

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Measurements Influenced by Field Changes

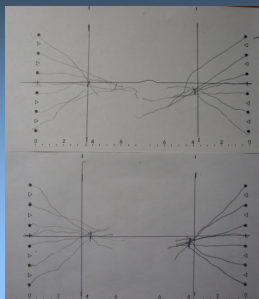
Other Testing DEM



Fox/Pulaski 101 2017

Measurements Influenced by Field Changes

Other Testing VO Star



Fox/Pulaski 101 2017

VO Star

Measurements Influenced by Field Changes

Other Testing

Right Eye

Diagram illustrating the Right Eye and Left Eye positions relative to the head.

Average 2.55 sec

Right Eye Left Eye

	Right Eye		Left Eye		Both Eye	
	Actual	Population Avg (SD)	Actual	Population Avg (SD)	Actual	Population Avg (SD)
Right Target (%)	80.00	88.40	86.70	82.00	88.35	88.10
Left Target (%)	73.00	6.87	70.00	6.47	70.70	6.52
Both Target (%)	7.50	5.91	7.20	5.65	6.15	5.71
Right Target (Left Eye)	71.00	6.27	72.00	5.80	71.70	5.89
Left Target (Right Eye)	5.97	5.51	6.40	5.50	5.20	5.60
Both Target (Both Eye)	5.00	5.47	5.57	5.00	5.00	5.40

Right Eye Left Eye

Right Target Left Target

Both Target

Right Eye Left Eye

Right Target Left Target

The Kinetic, Functional Field

Why do it?

Opening a field is the key to overall wellness and accurate integration with the world and people around us.

It is the most important measurement you will do as a clinician.

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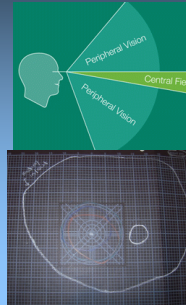
Vision as a Process of Projection

Skeffington – The Emergent

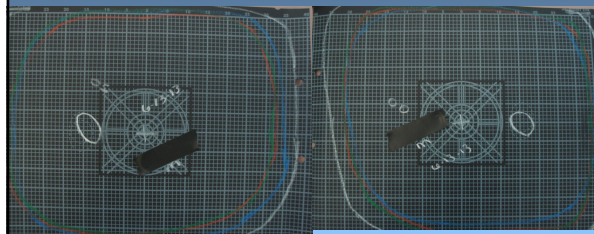
Vision is an Emergent.

- It is Projection
- It is my belief that this is what we are measuring with the Campimetric field.
- "The whole cookie" Abe Shapiro

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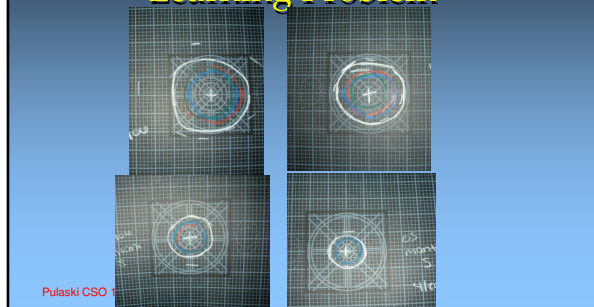


The Kinetic Visual Field The Normal Visual Field



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The Kinetic, Functional Field Abnormal Fields Learning Problem

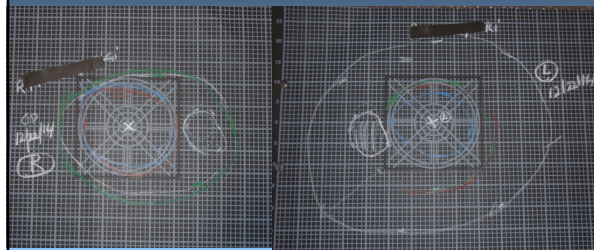


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The Kinetic, Functional Field

Abnormal Fields

TBI Concussion

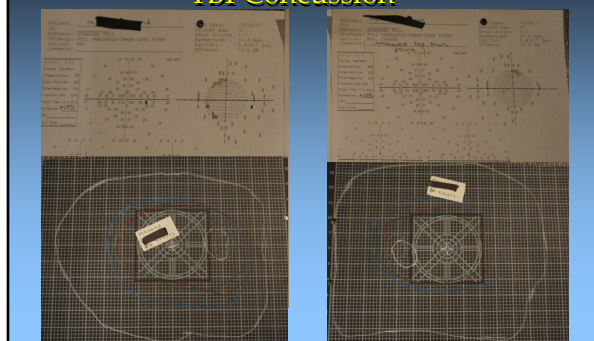


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The Kinetic, Functional Field

Abnormal Fields

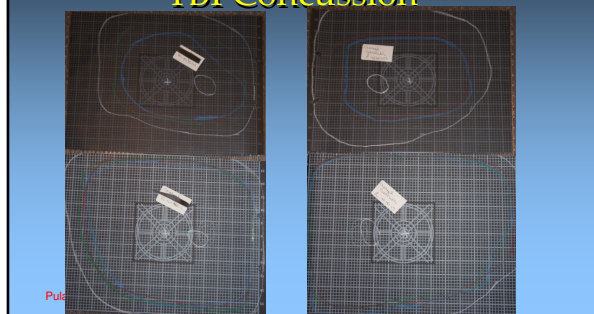
TBI Concussion



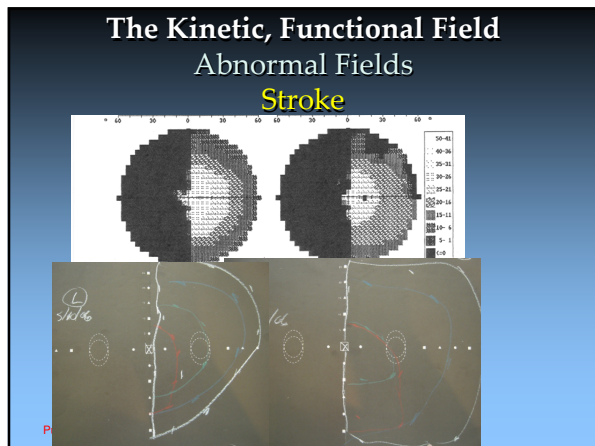
The Kinetic, Functional Field

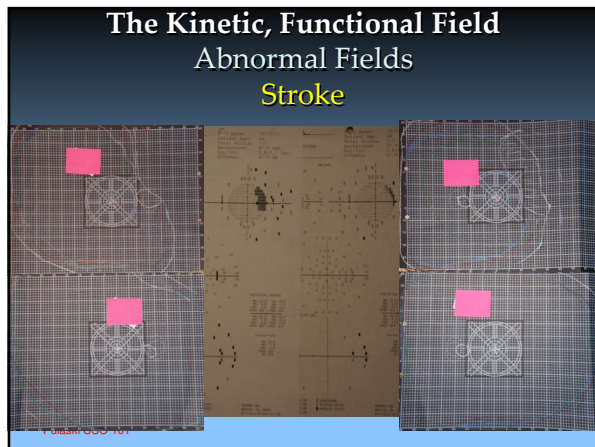
Abnormal Fields

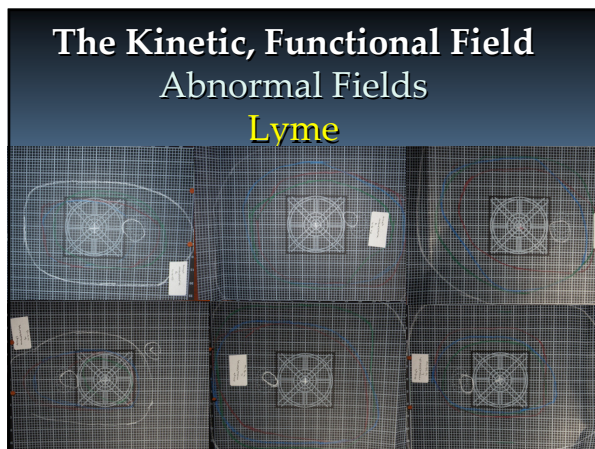
TBI Concussion



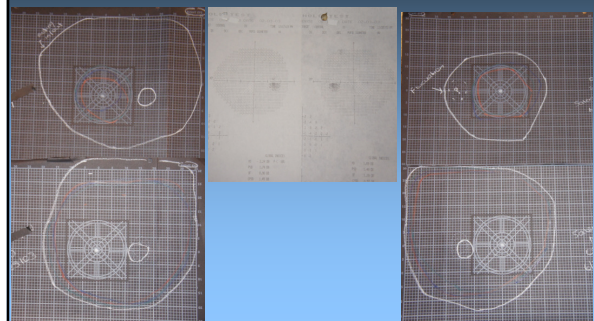
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The Kinetic, Functional Field Abnormal Fields Stress



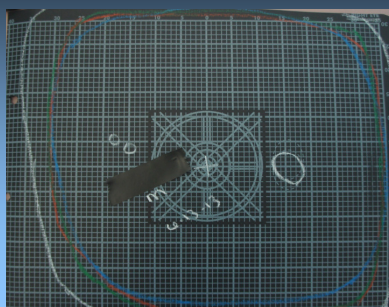
Norms for Visual Fields Borish Clinical Refraction 3rd Edition

White (form) **Blue** **Red** **Green**

Out:	100°	75°	41°	30°
In:	60°	38°	23°	18°
Up:	60°	38°	26°	18°
Down:	80°	46°	29°	24°

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The Kinetic Visual Field Interpretation



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The Kinetic Visual Field Interpretation

Blind Spot

- A very important measurement - Reveals the accuracy of projection!!
- Cannot be measured in severely compressed fields
- Different from glaucomatous field
- Can be 2-5x normal size
- Often associated with reading problems
- Often associated with brain trauma
- Helps determine when to stop therapy

The Kinetic Visual Field Interpretation

Blind Spot Enlargement

- Optic Nerve
 - Edema, Atrophy, Traumatic Neuropathy
- Cortical
 - Anomalous projection
 - Misplaced or Torqued

General Considerations

- If peripheral fields are not within normal limits, VT results are greatly reduced
- If fields are normal in size but blind spot is enlarged, results will not hold unless the blind spot is normal size.
