

Wallace law:

- 1) The orbit protects the globe influencing its shape.
- 2) The globe tends to remain in the relative center of the orbit to keep the fovea in the line of sight.
- 3) Each cranial strain creates specific fixation disparity compensated by position and movement of the C/Th/L spine as descending patterns of compensations are dominant in human population
- 4) Cranial flexion will facilitate exophoria (eyes-globe being wider and shorter with the orbit being shallower) and hyperopia with underconvergence dysfunction and inefficient, structurally based divergence. Fovea will move nasally with optic nerve being on slack as the inferior and superior oblique pull the fovea nasally and anteriorly at the 35° rotational axis. Obliques, with the attachment on the posterior globe, contracting concentrically promote the positions of the exophoria and hyperopia. This is checked by eccentrically contracting superior and inferior recti attached to the anterior globe.
 - Cranial extension will facilitate esophoria (eyes-globe being longer and taller with the orbit being deeper) and myopia with underdivergence dysfunction and inefficient, structurally based convergence. Fovea will move temporally with optic nerve being taut as obliques working eccentrically move the globe posteriorly and temporally deeper into the orbit at the 35° rotational axis. This will facilitate position of esophoria and myopia reinforced by concentrically contracting superior and inferior recti muscles.
- 5) Symmetrical tension of superior and inferior oblique and recti muscles while assuming the exophoria or esophoria position will be dependent on the optimal and neutral position of the C spine

- 6) Cranial strains of torsion and side-bending rotation can create the hyperphoria as a form of compensation. Possibly more embedded on the side of flexed – externally rotated sphenoid (higher greater wing), less difficult to correct on the side of extended-internally rotated sphenoid (lower greater wing)

Cervical spine and sphenoid position in the sagittal plane will influence tension of the specific superior and inferior oblique and recti muscles, for example-in cervical extension superior oblique and inferior recti will be dominant based on VOR.

Comitant deviations

- Head tilt down for eso, up for exo
- In eso or ortho-head tilt towards hypophoria
- In exo- towards hyperphoria
- In paresis- head tilt towards field of action of the paretic muscle with eyes turning in opposite direction
- Hyperphoria at far- SR/IR, at near- IO/SO
- Difference from far to near > 10 PD is a sign of abnormal ACA
- Excessive high eso at near compared to far- high ACA
- Excessive exo at near compared to far- low ACA