**May 2019** - LG

6 y/o CF referred by OT “right eye not converging”, persistent toe walking
Intermittent RET age 3 yrs, ped OMD rx’ed patching at least 2 hrs/d
 Then Intermittent Alternating ET

+1.25 DS OU rx’ed at age 4 “I don’t know why my Mom and Dad make me wear them”
Ped OMD strab surgery 1 year ago (age 5 years); ever since ped OMD says “things look great”
But now Int LXT with diagonal diplopia
COVD QOL: 36 – she’s got a bit of everything symptomatically

Misses letters when decoding words
Sometimes forgets recently decoded words
Messy writing, letters float off the line
Persistent toe-walking since age 3; PT tired inserts, exercise, ankle braces
In OT for sensory processing issues (hyper-sensitive to noises, clothing tags); great improvements in drawing
MNRI (primitive reflex) Therapy helps, but toe-walking persists
Cranky every morning
Metabolic and Allergy testing – leaky gut improving w supplements
“Great” in school, but meltdowns at home (improving along with her gut)

**FINDINGS**

cc OD 20/25+; OS 20/20-; improves to 20/20 w +1.00 ds ou
CT D: 3 ep N 5 x’p mild V-sydrome
NPC 4”/8” OD suppression
Stereo 5/6 RDS, 140 Wirt; int OS suppression
Worth Dot color fusion D to N; but 5 lites at 4”
Asymm MEM (greater lag OS)
gr3 AO immediate OU

Unstable Eso at D w Von Graefe, but suppression at N
D VG BO x/16/2; no diplopia w BI
Objective N vergence ranges w Prism Bar BO 16/4, BI 30/6
AMPs w Lens Rack: blur at -3.50 od/os; no Accommodative Convergence

**TREATMENT PLAN**

Update rx (+1.00 yields 50 sec wirt, NPC 3”/5”)
RTC for Fields and Syntonic Dispense (give time for home treatment and gut healing for in-office VT)

July 2019
Constricted campimetry OU
post AD/MD 8/8 AO gr1 4 sec OD, 2 sec OS

**Sept 2019**
“For sure less meltdowns”, more calm in general
Better attention when reading
Walking on heels more
Family resumed 1 treatment session after mild emotional regression at start of schoolyear

CT Ortho, 3-5 x’p (no XT or V-syndrome elicited)
NPC 3”/6” Stereo 70 sec (but she did not get the new rx)
Improved MEM
gr2 AO immediate OU

**Plan**: Resume AD/MD 7/7 daily; persistent indications for VT but defer, get new glasses
RTC 6 mos, sooner prn

**Oct 2020**“Routine Exam”, but never got new rx; Int RET recently “stress from being back in school” (2nd gr)
Forgets math facts, counts on fingers
Skips or rereads lines, but not much
Gets tired during remote learning, but getting better
Persistent toe-walking

CT Ortho, 3-5 x’p with 10 exo in upgaze
NPC 3”/4” Stereo 40 sec
MR +0.75 DS OU
gr2 AO 1 sec OU

**Plan:** Rx +0.50 ds w 1^BD OU, resume AD/MD if decline in symptoms; RTC 6 mos

**Sept 2022**
4th grade, has not worn glasses since end of 3rd grade
“Sometimes” skips words, substitutes words with similar letters
Still struggles with math facts since 2nd grade, not progressing with extra help
Even more difficulty with math word problems

CT Ortho w low V-Syndrome; 3-5 x’p w low V-Sydrome
NPC 3”/5”, 4”/8” Stereo 30 sec, + moves
MR +0.50 DS OU
gr2 AO 2 sec OU
Collapsed campimetry

**Plan**: Resume Syntonics BUT switch to Mu-Upsilon; consider VT, specs, filter change at PV

**Dec 2022**CT 3 xp, 3-5 x’p (no V-syndrome)
NPC 3”/6”, 2”/3”, 2”/4” Stereo 20 sec wirt
MR +0.75 DS OU
Amps 10.50, 9.50
gr3 AO 1 sec OU
Expanding fxnal fields

Improving symptoms – reading faster, less loss of place, better swimming; interesting sleep/synt cxn

Trial AO/MD => gr2 AO 2 sec OU

**Plan**: AO/MD home syntonics, no spec rx change

**Feb 2023**
Able to read as long as she wants
“I’m not really worried anymore” about school, tests

Well-maintained findings; Maintenance home AO/MD 4/4; RTC after 5th grade starts, sooner prn

CASE 2 JR

20 y/o CM, college baseball player, hit OD w foul tip Nov 2022 – orbital fracture and decreased VA
6 days later dx’ed w Optic Nerve damage, RAPD, 20/200 PHNI; counseled against future baseball

1 day later, pt’s father died from heart attack

Local VT OD:
Vitreous heme, Subretinal heme inf/nasal to ONH, foveal pigment changes
AutoRef OD -1.75-0.50x103; OS -0.25-0.25x043
Worth-Dot OD suppression

Told to wait and see 6 to 8 months for healing; no sports

**Dec 2022**Practicing eye stretches, thumb pursuits, N-F rock, palming, AO/MU syntonics, and taking supplements after video consult w Dr. Schulman
OD sees light and objects, not details, not much improvement 6 wks after injury
No flashes, floaters, eye pain; No problems walking, driving, judging distances
Clearance to exercise, but no baseball
Only symptoms: intermittent poor periph awareness down and R, trying to toss and catch an acorn: “it comes down quickly”

Coaches describe him as a very perceptive player, great at knowing where everything is and how the game flows together on the field; not a super-great athlete but able to play short-stop based on his awareness
Was 20/20 OD, OS prior to season
Has not sought counseling

**FINDINGS**

20/50-1/+2 slow “blurry; 20/10-2; NVA 20/50, 20/16 (goodlight)
CT subjective RH xp; 5-8 x’p no a/v, negative Parks 3-step
Purs 4/4; Sacc 2+ (undershoots diag>V>H)
NPC 2”/5”, strain at 3”; improves w Posture/Breathing/Peripheral Awareness
No RDS, No Wirt; pt reports central OS suppression (yes, OS)
MEM poor rapport OD improves to +200 lag, dim w OS occluded
MR OD -1.00 ds 20/30- HL; pl ds OS
VG D 1 ex; 0.5RH; BI x/6/0; BO x/10/1
VG N 2,4,4 es; BI x/22/5, BO x/28/4
Amps OD 0.00 OS 4.50
Red Cap 6/10 OD

Sub-retinal heme OD improving; trace foveal pigment changes

gr3 AO immediate OU; no APD
Campimetry OD reduced to color, enlarged blind spot; normal OS
post- AO/MU 5/8 AO 1 sec gr3 OD, gr2 OS

**PLAN**Guarded prognosis, but much better improvement than initially advised
Continue AO/MU, eye movement activities
Add awareness of space and feeling tones; Add ball bounce
Safety Glasses, advised risk of premature cataract
Indications for in-office vision rehab, refer close to campus

**January 2023**OD 20/20-2 (slow at 20/30); OS 20/10-1 (better w OD occluded) NVA OD 20/32
NPC 1”/3” still no RDS or wirt, but now int OD suppr
Improving MEM equality
AO OD gr2 1 sec, OS gr1 2 sec
VG D 2,1 exo; no hyper No change in VG ranges
VG N 1 ex, 2 es No change in VG ranges
Amps OD 2.50 OS 8.00
Red Cap 6/10 OD

Trial ComRa Palm 50 Hz 2 minutes: read 20/30 line more quickly

**PLAN**New spec rx for sports (and reading prn)
Continue Syntonics; change to AO/MD
ComRa Palm daily until VA and retinal health stabilize
Referral for in-office Vision Rehab

**Follow-Up** from rehab OD **May 2023**:
after 10 rehab sessions JR now identifies RDS shapes; DVA 20/25-1 OD
doing well in school
and improving both batting and fielding stats compared to last year