



## GUEST EDITORIAL

### Vision Care for Children

Pediatric optometry, developmental vision care, or vision care for those children with learning disabilities, requires patience and, at times, ingenuity on the part of the optometrist. It can be said that, given the care of a child, the optometrist can cause him or her to develop any direction visually, and possibly emotionally. Despite the demands on the optometrist, the satisfaction for the practitioner is most rewarding.

As the child develops his/her visual skills, (s)he enhances his/her opportunities to learn in school, to take part in sports, and, indeed, to become a well-rounded individual fitting into the environment of his/her peers. With this in mind, 20/20 (or 6/6) visual acuity in itself means but little. The means by which it is achieved, maintained and utilized is the essential factor in the determination of how the child will react to the presentation of visual tasks at distance and at near.

Much has been written, and many have lectured on the subject. If you, the reader, have not been convinced by the vast amount of material available in the past, there is little to be gained in your perusal of this presentation. The question of whether small amounts of plus correction, convergence deficiencies and uncontrolled ocular movements alone or in combination, can be counter-productive to achievement in play and, subsequently, in the formal education system, has been answered countless times by optometric practitioners.

The visual assessment of a child cannot be conducted in the same manner one utilizes for adults. The case history must include elements of the child's birth and, in some special cases, e.g. Down's Syndrome, cerebral palsy, etc., pre-natal conditions

and development. As the child becomes older, questions regarding play habits and co-ordination are in order: can the child colour pictures; how does (s)he conduct him/herself in so doing and does he or she manage to stay within the confines of the picture? Ask the child which hand he or she is using; if (s)he doesn't know right from left, look for the possibility that a laterality problem may arise when letters are reversed and shoes placed on the wrong feet. Can the child catch a ball bounced directly to him/her? If he or she is old enough to do so, but cannot, there may be a convergence or depth perception problem. Cover testing and the stereoscopic fly or deer will help to reveal such deficiencies. Binocular vision testing, saccadic eye movements and pursuit movements must be assessed also.

Impairment in visual skills can result in poor visual efficiency affecting performance in scholastic achievement and, in the younger child, can reveal one who is at risk for the future. Combined with even a small hyperopic refractive error, this frequently produces a stressful situation that, more often than not, is more than the child can cope with. Despite a visual acuity of 20/20 (6/6), a careful retinoscopic examination is not only required, but demanded. Frequently, practitioners fail to go the essential step farther and perform "book retinoscopy". The active participation of the young patient will do much to reveal the need for plus in a dynamic situation. (In a younger child, the use of a toy target at 12 inches, while the child describes it, will produce similar results).

Many will question "the scientific proof" that small amounts of plus

produce worthwhile effects, and this practitioner has no graphs, efficiency quotients, etc. Hundreds of clinical cases are available in offices where pediatric optometry is practised which attest to the efficacy of plus therapy in small degrees. If you, as a vision care practitioner, are truly interested in the long-term welfare of your young patients, it is incumbent upon you to acquaint yourself with the techniques described and to utilize them.

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Sydney, Nova Scotia

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