Dear Editor-in-Chief,

In Volume 6, Issue 2 of the Canadian Journal of Optometry, your editorial refers to the practice of optometry as a diverse profession, managing a wide variety of conditions for our patients, calling upon broad knowledge to understand how to accomplish this. Just a few pages later, one article in particular seems to go far afield professionally in order to justify how optometrists should do just the opposite: Limit diversity in practice, manage a narrower variety of concerns, and forget their extensive knowledge and experience in doing so.

The title of the article in question itself asks the question of whether there is evidence to support use of vision therapy (Optometric Vision Therapy, 'OVT', or simply, 'VT') for LD. See: CJO Vol 6, Issue 2, "Diverses modalities de traitement des troubles d'apprentissage scolaire par therapies visuelles: quelles sont les evidence scientifiques?". The title immediately identifies the bias of the authors, but also points to a lack of specific knowledge: Any doctor who has undertaken training vision rehabilitation through any of the behavioural schools in the United States, or through COVD, OEP, or NORA would never ask the question of 'if' there is evidence, and would sooner engage in discussion around the evidence itself, and how to best implement this in practice. Modern optometric vision rehabilitation has advanced treatment of amblyopia, strabismus, and reaches beyond this to include the care of TBI, child development, and learning concerns. 'VT' is not simply eye exercises, lenses and filters, as the authors seem to suggest – evidence that we are not discussing the same topic.

More concerning is the professional bias in this purported research piece. There is a longstanding push on the part of some professionals to marginalize optometric vision rehabilitation, 'VT', as 'unscientific' or not based in 'evidence' – a somewhat less provocative turn of phrase than 'quackery'. This is presumably in order to protect the public against unscrupulous doctors who make irrational promises regarding children's vision and then never deliver on the results. Similar concerns can be raised about virtually every profession of healthcare, psychology, and education, but for some reason there is a need to level doubt at a noble profession. OVT, not publicly funded, will always remain at the mercy of the unlimited funding of medicine, so the bias matters.

Among the obvious responses to such a paper is that some patients will be discouraged from seeking what is often the only treatment that will help. OVT has an important role to play in child development and learning disorders, yet the article summarily and somewhat condescendingly dismisses it: This is evidenced through marginalising remarks like 'LD' "are complex problems, sadly with no simple solutions" – impugning the OVT view of LD is a 'simple solution'. Also, if there is truly no evidence of efficacy, what then are we to conclude of those who profess otherwise and continue to practice in this domain?

It is precisely this misunderstanding of the profession that leads me to question the frame of reference and goals of those who seek to disparage OVT in the treatment of learning disabilities. The proof is there: Stating there is no evidence only exposes a lack of relevant knowledge and training in the area of primary concern.

Academic honesty also requires the full light of scrutiny, and there is in this case no possibility for scrutiny other than of those who have promoted this paper to publication because of language of publication. Also, the authors speak from an academic perspective, where anything can be justified by means of selective citation. I have therefore translated the article to allow my English-speaking VTOD colleagues from around the world to also respond. My primary goal is to invite dialog: Clearly there is an important gap in understanding, and bias in care delivery that needs to be addressed urgently - Ignoring VT is costly. With respect to rhetorical and clinical errata in the paper, I will remark on only a few. First, the authors assert that since individual procedures and methods do not cure dyslexia, these should be avoided. Indeed, there is no cure for dyslexia, and much of what is now accepted as standard care of children with learning disabilities lacks robust scientific support. Despite a clear bias in the evidence referenced, many of the works cited do themselves support use of certain VT elements in child development and learning. VT works in a variety of contexts for very good reasons, both clinically and scientifically; my colleagues who work in this field know this. It is disappointing the authors would ignore this knowledge and experience.

Next, the authors repeat throughout that visual impediments are an important source of exacerbation in comfort and reading, and that these should be addressed when children are suspected of having learning disabilities. On this we agree. The great preponderance of evidence also shows vision is critical to learning, that it is trainable, and that many visual conditions are subclinical and will not be detected, even with 'comprehensive eye exams'.

Finally, the authors recommend following science-based approaches to dealing with learning disabilities, but offer none. OVT is deemed 'not evidence-based', but no OVT references are provided. Of interest, OVT is also omitted from their recommendations for a multi-disciplinary approach. To suggest optometry and science do not support OVT for learning disabilities is simply untenable logically, clinically, and factually.

What we call 'evidence' may be gleaned through observation in practice, rationalization, or both. We should never simply discard an important profession and element in therapy on conjecture alone. VT's critical role in child learning and development deserves more than a cursory dismissal.

Sincerely, Charles A. Boulet, BSc, BEd, OD Black Diamond, Alberta

FOR FURTHER READING:

- 1. http://oepf.org/visual-impediments-to-learning/
- 2. http://iris.ca/wp/wp-content/uploads/2012/12/Dr-Quaid-Binocular-vision-research.pdf
- 3. "Impact of Simulated Hyperopia on Academic-Related Performance in Children",
- S. Narayanasamy, S. J. Vincent, G. P. Sampson, and J. M. Wood; Optometry and Vision Science, Vol92, No 2., 2015 Sample, showing even simple hyperopia interferes with learning behaviour.
- 4. http://learningmanagement.ca/research-by-diagnosis/
- 5. http://learningmanagement.ca/proof-standards/
- 6. http://vtdocs.net/recommended-reading/