

# Vision Therapy

## WHAT IS VISION THERAPY?

“Vision therapy” is a term used by optometrists. Optometrists define vision therapy as an attempt to develop or improve visual skills and abilities; improve visual comfort, ease, and efficiency; and change visual processing or interpretation of visual information. An optometric vision therapy program consists of supervised in-office and at home reinforcement exercises performed over weeks to months. In addition to exercises, lenses (“training glasses”), prisms, filters, patches, electronic targets, or balance boards may be used.

There are three main categories of vision therapy:

1. **“Orthoptic vision therapy”** so called by optometrists are a series of exercises usually weekly over several months performed in the optometric office. Orthoptic eye exercises (orthoptics), as used by pediatric ophthalmologists and orthoptists, are eye exercises to improve binocular function and are taught in the office and carried out at home. **“Orthoptics”** is a well-established profession performed by **“Orthoptists”** who work within the sub-specialty of ophthalmology. Orthoptists evaluate and measure eye deviations, manage [amblyopia](#) treatment and treat small intermittent symptomatic eye deviations.
2. **Behavioral/perceptual vision therapy** – eye exercises to improve visual processing and visual perception
3. Vision therapy for prevention or correction of myopia (nearsightedness)

## DOES ORTHOPTICS WORK?

Orthoptic eye exercises as prescribed by pediatric ophthalmologists, orthoptists, and optometrists can be beneficial in the treatment of symptomatic convergence insufficiency.

## DOES BEHAVIORAL VISION THERAPY WORK?

Behavioral vision therapy is considered to be scientifically unproven.

## DOES VISION THERAPY FOR THE PREVENTION OR CORRECTION OF MYOPIA WORK?



There is no evidence that vision therapy delays the progression or leads to correction of myopia.

## **DO “TRAINING GLASSES” WORK?**

The scientific literature shows no experimental evidence of any benefits from a low-plus “training glasses”.

## **DOES VISION THERAPY IMPROVE LEARNING DISABILITIES AND DYSLEXIA?**

Many scientific studies have demonstrated that ocular coordination, motility, and visual processing are normal in children with dyslexia. The scientific evidence does not support the use of eye exercises or behavioral/perceptual vision therapy in improving the long-term educational performance in children with learning disabilities.

## **WHY MIGHT A TEACHER RECOMMEND VISION THERAPY?**

When a teacher notices that a student has problems with writing or fluent oral reading, he/she may believe that the child has a vision problem. A common misconception is that dyslexia is a problem of letter or word reversals. Reversals of letters or words, and mirror writing occur in normal early readers and writers. Children with dyslexia are not unusually prone to reversals. So, although they do occur, reversals of letters or words, or mirror writing is not included in the definition of dyslexia. Letter and word reversals and skipping words have been demonstrated to be a symptom, not a cause, of reading disorders and have been shown to result from linguistic deficiencies rather than visual or perceptual disorders. Children with dyslexia often lose their place while reading because they struggle to decode a letter or word combination and/or because of lack of comprehension, not because of a “tracking abnormality.”

## **WHAT SHOULD I DO IF VISION THERAPY HAS BEEN PRESCRIBED?**

Seek a second opinion from an ophthalmologist who has the experience in the care of children. Pediatric ophthalmologists can be recommended by your pediatrician or primary care provider. Additionally, if vision therapy is being prescribed in a child with learning disabilities you may ask for the scientific evidence specifically related to the improvement of the learning disability.



## SHOULD I GET MY CHILD'S EYES EVALUATED IF HE/SHE IS HAVING DIFFICULTY IN SCHOOL?

It is appropriate to have a thorough eye examination to ensure that there are no eye or vision disorders by an ophthalmologist with experience in the assessment and treatment of children because some of these children may also have a treatable visual problem along with their primary reading or learning problem. [Refractive errors](#) may make it difficult to see the board or to read. Treatable ocular conditions include [strabismus](#), [amblyopia](#), convergence and/or focusing deficiencies, and refractive errors.

## WHERE CAN I LEARN MORE ABOUT LEARNING AND READING DISABILITIES?

Your best source is your pediatrician or primary care provider. Online resources include:

- [Official Journal of the American Academy of Pediatrics](#) • [American Academy of Ophthalmology](#)
- [National Center for Learning Disabilities](#)
- [International Dyslexia Association](#)

The official joint policy statement (2009) for learning disabilities, dyslexia, and vision of the American Academy of Pediatrics, the American Association for Pediatric Ophthalmology and Strabismus, and the American Academy of Ophthalmology; the policy statement (2001) of the American Academy of Ophthalmology regarding vision therapy for learning disabilities.

- [VIEW 2009 Policy Statement](#)
- [VIEW 2001 Policy Statement](#)

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