



CHAPTER TWO

Office Design...

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A well-organized office is a must in order to deliver vision therapy effectively. Good office design will allow for smooth patient flow, efficient use of therapy time, and maximizing the utilization of precious office space. Most vision therapy practices include rooms for special testing, vision therapy, administrative office space, and patient reception. The most desirable office design depends on factors such as your existing office space, the range of optometric services, and the current and expected size of your practice, the number of vision therapists, and any personal preferences. Quite often, office re-organization is needed as the practice grows in the number of patients and vision therapists.

How does one ensure a well-designed vision therapy office?

If you are starting a vision therapy practice cold, it is recommended that you visit several successful practitioners' offices and learn from them. Ask why the office spaces are designed a certain way, what works and what doesn't, and how they would design it differently to improve effectiveness.

If you are redesigning an existing vision therapy practice, you might solicit input from staff, particularly your therapists, on what is needed. Make a list of your priorities.



What factors should I consider when designing the space used for vision therapy?

Most vision therapy offices will want to have at least one room dedicated to vision therapy. In choosing or designing the space, consideration should be given to patient privacy, lighting requirements (dark room activities versus any nearpoint activities requiring direct light), staff and doctor traffic, patient traffic, etc). In offices where space is limited to one "all-purpose" therapy room, the area needs to be big enough for gross motor activities, such as walking rail, trampoline, etc.

For offices that schedule two or more vision therapy sessions concurrently, there are several possible approaches. One approach is to assign a therapy room to each patient scheduled on that hour. The advantage of this approach is the simplicity in coordinating rooms. The patient stays with the therapist in the same room throughout the session. (This approach eliminates the need to track time when the rooms are switched in the middle of therapy). The disadvantage to this approach is that multiple sets of equipment may be required in



order to equip each room (e.g. lens flippers, prisms, computers, etc). A possible solution is to arrange for equipment to be easily transported from room to room during therapy sessions, perhaps through the use of rolling carts or tables.

A different approach is to set up multiple “stations” that are shared by all patients. The following is an example of how to conduct three vision therapy sessions within a one-hour time slot by three vision therapists in three rooms.



Therapist A works with patient A

in the large room doing Hart Chart while walking on the rail.

Therapist B works with patient B

in room two where a vectographic unit is set-up in one area.

Therapist C works with patient C

in room three on accommodative rock at a desk.

At the 20-minute mark, everyone rotates to the next station. The process is repeated at the 40 minutes mark.

This type of arrangement can have several advantages. First, it allows for as many simultaneous therapy patients as there are stations. Second, with careful management, the arrangement can be modified to handle a reduced number of supervising or assisting therapists. Third, equipment requirements can be reduced because only one set of tools is needed for each station. The major disadvantage of this arrangement is the need to value time/schedule flexibility in individual patient progress (a value decision that could have consequence if one patient is slower at a given station and would have benefited from extra time before rotating to the next).



What part of vision therapy or testing can be done in an existing optometric examination room?

Besides the basic 21-point analysis including ocular health assessment, the optometric examination room may also be adapted and used for the following, (should space limitations require):

- (1) **Parent/Patient Consultation:** Discussion of treatment plan or patient progress can be easily accomplished in the examination room. The disadvantage of this setting, for some doctors, is a feeling that the presence of examination equipment and the “big chair” can interfere with what may need to be, at times, a more peer-oriented conversation with parents or patients.
- (2) **Limited Therapy Rooms:** All rooms occupied, the optometric examination room can be used for activities that do not require a lot of floor or desk/table top space, (e.g. 3 Dot card, Hart Charts saccades, minus lens rock, etc.).
- (3) **Auxiliary Testing Room:** By providing appropriate desk space and seating, the exam room can also be used for visual-perceptual testing such as the TVPS or Wold sentence copy.

What are some special therapy procedures or testing that may require dedicated office space?

- (1) Office-based computer vision therapy
- (2) Color visual field testing (campimetry) and syntonics treatment
- (3) Electro-diagnostics
- (4) Computerized eye movement measurements



How should the workspace be organized for the doctor?

The following space is usually needed for the doctor, which can be provided by stand-up dividers, stacked trays, or wall-mounted trays:

- (1) Charts to be signed/reviewed
- (2) Reports to be written/dictated
- (3) Incoming mail
- (4) Phone messages
- (5) Current projects



How should the workspace be organized for vision therapists?

For an office with one vision therapist, a simple computer desk, available from most office supplies stores should provide sufficient space to write charts, read mail, and study. Wall mounted bins are an inexpensive way to add space for charts and can be used for office memos and in-coming mail.



For offices with two or more vision therapists, more space may be required. One approach is a single, shared long desk or other writing surface. Stacked trays can be used to organize charts and other paper work on the shared desk space.



How should I store the vision therapy equipment?

Vision therapy equipment can be costly and therefore should be properly stored to minimize damage from wear-and-tear. Many items such as vectographs, polarizers, and red-green glasses are very delicate and can damage easily. The following are some suggestions for storage and protection of therapy equipment:

- (1) Provide a cover against dust for all larger pieces of equipment.
- (2) Provide a small plastic bag for all polarizers and red-green glasses. A no-cost source is the plastic zip-lock bags that come with spectacle frames.



- (3) Provide a storage rack for easy access to and protection of all lens flippers. You can make your own or see the catalogs of Bernell, Optego, or VTE for commercially available solutions.
- (4) Store other items in labeled cabinets or drawers. Categorize items according to their use:
 - a. Red-green charts
 - b. Fusion cards
 - c. Hart charts
 - d. Lenses
 - e. Visual motor activities
 - f. Auxiliary Testing (TVPS, VMI, etc.)
 - g. Other
- (5) If providing home syntonics, pre-sort the filters by color.



What can be included in the patient reception area to enhance the image of a vision therapy practice?

- PAVE reception area manual
- Patient Success Stories*
- Patient Photos*
- Media articles related to vision therapy
- Pamphlets related to vision therapy
- Books related to vision therapy (for office and for loan)
- A separate area from the general waiting/reception area (if applicable)
- Magazines on child development and science



***Remember to obtain patient/parent informed consent**

