January 14, 2010

Dear Editors:

Two things happened simultaneously that cause me to write. One, I received the Volume 40, Number 4, 2009 COVD Journal and two, I was reading a 1960 series of Optometric Extension Program articles. What happened? How did the field of Behavioral/Developmental/Functional Optometry change so much, let alone the style of writing and articles of interest being printed? The only conclusion I can come up with is that the change was so subtle that we didn't notice how far we really have changed (similar to the frog in the pot of increasingly hot water in the Al Gore movie). But is it too late? Are we going to have the same fate as the frog? (By the way, for those who do not know, the frog did not make it).

The articles that I am reading in the older OEP series were written for us. Skeffington, Getman, McDonald, Shankman, and all the other masters wrote about development, about procedures, about causes in an ongoing effort to enlighten US and strive to become better observers. It seems that the articles written today are trying to prove something to someone else, with charts, statistics and standard deviations confirming medical diagnosis (i.e. convergence insufficiency) and anatomical origins (i.e. myopia, astigmatism, and anisometropia). I know the argument: “we” need to show “them” that “this” really works. So we keep doing research to show the world the positive outcomes of what we do. Don't get me wrong; we need researchers and research to validate. The problem with this logic is that “we”, too often, apply a medical model to a functional way of thinking in order to be like “them”. We end up with too many journals publishing articles either proving or disproving the latest theory. What is missing is the article that one reads and then gets to think for hours about what one just read and how to apply this knowledge in the office. The article that makes one think about what is a problem and what is a symptom. The article that brought a way of thinking regarding vision and child development that was so unique to Optometry. (Personally, these types of articles are what have kept me excited about Optometry after twenty four years of practice.)

Rich J. Morris, OD, FCOVD
Boca Raton, FL

Dear Dr. Morris,

Thank you for taking the time to write a letter to the editor. I truly wish there were as many concerned doctors like you who would take an interest in the articles written and the quality of the journal as whole. I am lucky that I teach at an institution whose library contains the complete works published by OEP from the time of Skeffington and Getman as it makes it very easy to read many of their works. These private practice clinicians and others like them are the giants whose shoulders this generation stands on every day and we should never forget that fact. They were great thinkers, excellent clinicians and gifted writers. Most importantly, they were private practitioners.

One of the most difficult tasks for most people is writing. Like optometry, it is an art that takes time at which to become proficient. Some optometrists choose to work hard at writing articles and find it to be something important to their professional lives. Such are the authors that you read in Optometry & Vision Development every month. As you indicated in your letter to the editor, many of the published articles are academic in nature. You might wonder why that is. The answer is simple: optometrists in academia tend to submit the vast majority of the articles. In every issue of OVD, there is a call for papers from Dr. Dominick Maino, the editor-in-chief. He also posts a call for papers every few months in places like the VTOD and DOC list. The lack of papers from diverse sources in the optometric community, including from private practitioners, is discussed at every annual meeting. This fact has not escaped us, but other than going door to door or in this case, office to office, we cannot force anyone to submit an article.
To address your other main concern about “the need to show them that this really works.” In the era of evidence-based medicine and greater scrutiny over what we know in our hearts works and do joyfully every day, we must “play ball” or we will be left behind. As a teacher, I can’t tell you how many times students approach members of the faculty and ask for proof that vision therapy works. They see studies from all other aspects of science, including ophthalmology, and want to know where are our double blind, placebo controlled studies. This is the proof that students, our non VT colleagues, the rest of the scientific community and parents need to understand the benefit of what we do. Starting with case reports and leading to multi-site studies like CITT and ATS, we will not only show the benefit of certain treatments but we may actually learn something ourselves.

While there is no simple answer to your letter Dr. Morris, there is a simple solution: write! I invite you and ANYONE and EVERYONE reading this editorial response to submit the type of article that you (they) would like to be reading and feel the journal should be publishing. The OVD editorial staff devotes countless hours assisting authors and ensuring that all published articles are clear and well written. It is our pleasure to do so.

If even 10% of the FCOVDs chose to write an article each year, it would produce approximately 50 submitted articles. Such a large volume of submitted articles would cause a terrible problem for the editorial board of OVD: we would have too many articles. This is a problem we would love to have. Please consider submitting an article to OVD. Be part of the problem!

Marc B. Taub, OD, FAAO, FCOVD
Assistant Editor, Optometry & Vision Development

References

Dear Dr. Morris,

I deeply appreciate you taking time out of your busy schedule to send us your comments. I did not have the honor of working with AM Skeffington, EB Alexander or Darrel Harmon in my lifetime, but I have been taught by some of the most outstanding behavioral/developmental/functional optometric pioneers including Drs. Gerry Getman and Leo Manas. Over the years I have also been “schooled” by Izzy Greenwald, Al Cohen, Sid Groffman, Don Getz, Patricia Lemer, Elliot Forest, John Griffin, Elizabeth Caloroso, Tony Nizza, Darrell Schlange and Coleman Hatfield. More recently, individuals including Paul Harris, Curt Baxstrom, and Robin Lewis have taught me a thing or two while colleagues such as Len Press, Mitch Schieman, Sue Cotter, David Levi, Ken Ciuffreda and Karla Zadnik have provided the incredible research outcomes required by today’s scientifically oriented society. (I also routinely diagnose and treat various eye diseases and use diagnostic pharmaceutical agents as a part of my comprehensive eye and vision evaluation sequence.)

Now that you know a bit of my background, I will try to address your questions and concerns below.

“What happened? How did the field of Behavioral/Developmental/Functional Optometry change so much, let alone the style of writing and articles of interest being printed?”

What happened (as far as I can tell) is time. With time all things change. Without change what occurs is death and stagnation. The tenets of functional optometry were so far ahead of the curve, that it is only now that the “who, what, when, where, and how” questions of science are finally being asked in such a way that answers can be given, tested, re-asked and then tested again. This is true in part because we finally have the tools available to do so. With greater and easier access to such tools, (the functional MRI for example) I imagine that science will continue to support the time tested tenets of functional optometry well into the future.

What has also happened is a change in the language we now use to describe what we do and how we do it. It is my understanding that the language of optometry during the time of Skeffington and Alexander was so limited that they borrowed from many sources including psychology and education. Today we borrow the words of scientists like Dennis Levi who does optometric vision therapy on adults in his laboratory and calls it “perceptual learning.” Li, et al showed that by playing an action game (Call of Duty), contrast sensitivity function improves in amblyopes. No one even knew what contrast sensitivity function was when functional optometry began and the only “action game” they had back then was Red Rover. I can only imagine what language
Skeffington would have used if this type of research was available to him.

Yes, as you noted the old masters were penultimate observers. One time as a student I was with Dr. Getman when he just watched a patient walk to and fro. He then went on to tell me that the patient was esophoric, with functional myopia and had a dysfunctional accommodative system! I, at first, thought he was crazy. Of course after I did the 21 point examination, I found that he was right on the money! When I asked him how he knew all of this just by looking at the patient walk, I didn’t understand a word of his explanation. Well, I did understand the words, just not the meaning. This was more of a failure on my part and not his. He did not have the language available to him to explain what was going on in such a fashion so that even the apprentice could understand. As the apprentice, I did not have the experience to be able to bring the wisdom of his words to make sense out of my observations.

We now have the language and the science to explain these observations to our students. We can now not only tell them what to look for but do so in a manner that makes sense to them. Hopefully if our students start with the basic science underlying functional/developmental/behavioral optometry, the years of experience they will need to closely approximate a master will be less.

You noted that the masters of yesteryear wrote about development, procedures, and causes to enlighten us so that we could become better observers (and because of this better doctors I assume). In past issues of Optometry & Vision Development, we’ve had articles on development, procedures, observation/understanding, and causes of various vision/functional/developmental disorders. In this very issue, (OVD volume 41 number 1), we have articles informing us of new procedures that test our concepts and perceptions of the visual space, how visual organization is affected by our heterophoria, and how test sequencing affects our findings, all of which were areas of concern to Skeffington and those involved in the Optometric Extension Program decades ago… as well as today.

You mentioned the “we” versus “them” paradox. I call it a paradox because in reality, it is only us. There is no we, there is no them. It’s all of us in optometry, medicine, psychology, education, occupational therapy, and (fill in the profession)… it has always been us. It is the communal us that diagnose the problems encountered. It is the collective us that should work together for the benefit of the patient.

You also note the “medical” versus “functional” model. There is only one model and it includes not only the science of eye and vision care, but the art as well. Some of us understand this better than others, but hopefully all of us will “get it” eventually.

Another comment you made, “What is missing is the article that one reads and then gets to think for hours about what one just read and how to apply this knowledge in the office”, may indeed be true. We do strive to provide at least one article in each issue that meets this criterion for any individual reader. We need authors. We need those who have digested the latest research and then can tell us what it all means (Dr. Goss does a fine job of this in every issue of OVD in his literature reviews). We need optometrists with innovative ideas to write them down and share them with us. We need that collective us to contribute to the literature. These types of articles keep me excited about optometry as well.

Finally you stated, “The field of Optometry keeps trying to be like ‘them’ but maybe the public needs a new (old) refreshing way to think about, approach and treat the act of Vision.” I hope that we never are “them” just us. That us includes everything (the evidence-based and the functional approach) we need to serve our patients. That us means that we offer the public a diagnostic and treatment paradigm that is science based but always pushing the envelope. Hopefully, that us includes Optometry & Vision Development as a substantial force for growth, innovation and yes, even change.

By the way, frogs really do know enough not to stay in a pot of water slowly brought to a boil. They will escape if allowed to do so! These frogs live on! Functional optometry will also live on and prosper. (I really wanted to say that as a profession we won’t “croak”, but I can just imagine the groans of distress if I did!) Thanks again for your comments.

Sincerely,
Dominick M. Maino, OD, MEd, FAAO, FCOVD-A
Editor, Optometry & Vision Development

References


Dear Editor:

I just wanted to say that I think that Optometry & Vision Development has become the single most carefully produced Optometric journal. It is of the highest quality in both substance and presentation. You have done miracles with this journal.

Samantha Slotnick, OD, FAAO, FCVOCD
Mt. Kisco, NY

Dear Samantha:

Optometry & Vision Development (OVD) is a real team effort that requires COVD members’ active participation. Our members serve on the Journal Review Board and editorial staff. COVD staff support us at all times and the COVD Board of Directors stands behind the journal and the many changes we have made and will continue to make over the next few years. Change is often hard, but always necessary. If we are to not only survive but thrive in this and future health care environments, COVD needs to unleash the power of optometric vision therapy and to get the word out to all. COVD members need to write for OVD. COVD members need to give me feedback on what they believe the journal should be doing now and in the future. (Did I mention that COVD members need to write articles for OVD?) I have not performed any miracles... but if miracles have been performed, it's because the doctors and staff of COVD have made it possible. Thank you for your kind and most appreciated comments.

Sincerely,
Dominick M. Maino, OD, MEd, FAAO, FCVOCD
Editor, Optometry & Vision Development

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**World SAFE Fund**

**2010 COVD Annual Meeting Student & Resident Travel Grants**

The College of Optometrists in Vision Development Annual Meeting Travel Grant is offered to encourage and support optometry student and resident participation at the meeting. The grants are provided through the World SAFE Fund. COVD members donate to this fund to support student attendance at the meeting. The number and amount of the grants given are based on monies available in the fund each year. This year up to thirty-five $200 grants are available for students and residents.

**To be eligible to receive a grant, an optometry resident must:**
- Be a COVD member (if not already a member, join for free)
- Submit an application and current copy of your CV. Be sure to include any posters or papers you are presenting at the 2010 Annual Meeting.
- After your application is received, you will be given the title of an article to summarize.

Grant recipients will be selected based on a review of their CV and article summary.

The 2010 COVD Annual Meeting will be held October 12-16, in Puerto Rico. Deadline for submission of applications is 11:59pm on July 15, 2010. You will be given the title of an article to summarize on or before July 19, 2010. The article summary and submission of your CV is due 11:59pm on August 12, 2010. Decisions will be made on or before August 27, 2010.

Applications are available on the COVD website or by emailing info@covd.org.