Let’s Talk Learning Disabilities

EPISODE 07

Welcome to Let's Talk Learning Disabilities with Laurie Peterson and Abbey Weinstein. Laurie & Abbey spend their days talking about dyslexia, dysgraphia, dyscalculia, and ADHD. They talk to parents of struggling students and adults who have had a lifetime of academic challenges. They want to share those stories, along with their own insights with you. So, *let's talk learning disabilities*.

Laurie: Welcome to today's episode of Let's Talk Learning Disabilities. So last episode you listened to Abbey and I talk a little bit about visual processing disorders and we gave you a fast overview of what they are and what we see, and how they're diagnosed. But today, I am super excited to tell you that I have the guru of visual processing disorders. Dr. Charles Shidlofsky on our show. He is going to tell us everything he knows about visual processing and give you some real insights into how it's diagnosed. He is known as Dr. S to us. So Dr. S is going to tell us a little bit about his background and how he got into this, and then talk to you about his practice and the kinds of students he sees, and how they diagnose visual processing disorders. We're going to talk about how they treat them. And then I'm excited for him to share a little bit about what else he does and outside of just these learning related vision issues, what other types of things does he treat? So sit back, relax and enjoy our interview with Dr. Charles Shidlofsky

Laurie: Okay. So my name is Laurie Peterson and welcome back to Let’s Talk Learning Disabilities. Today I am very excited to have Dr. Charles Shidlofsky who we refer to as Dr. S. That's who he is to us. He owns and runs Neuro Vision Associates of North Texas here in Dallas, and I'm going to let him tell us a little bit about what he does and where his specialties lie.

Dr. S: Well, thank you, Laurie. I'm glad to do that. I've got involved in working with children with, uh, visual processing disorders a long, long time ago. And the reason is because I had a processing disability.

Laurie: I didn't know that!

Dr. S: when I started. I went all the way through school and even all the way through college, struggling, with visual issues. And then ultimately when I was in my

first year of optometry school, what ended up happening? They discovered the visual processing issue and they sent me to a vision therapy clinic and I said, what is vision therapy? I didn't even know what it was. And, so I actually ended up doing vision therapy through my first year. That probably allowed me to survive optometry school at that. So that was really kind of how I got involved in it years and years ago. And then when I got out of school and started in practice, I started. Once I learned more and I figured out more things and I figured out how to fix myself even better. Then when people would come in to see me and I detect this, I'd say, okay, let's do something about this. And we started making them better. And then what actually evolved is that we developed a lot of referrals from people who we were able to help. And then, soon after we had the speech pathologist and occupational therapists and physical therapists and all sorts of people and education diagnosticians. I know you and I met, it was 17 years ago.

Laurie: A long time ago.

Dr. A: We met and we saw what each other did, and that allowed us to be able to refer back and forth to each other, to help children who are having problems. The other thing, some of the other things that we do in our office is we work a lot with traumatic and acquired brain injury. So we see a lot of patients with concussion or strokes or traumatic brain injuries, because at the end of the day, vision processing problems, the vision processing problem, whether it's a developmental problem, like it is with many of our children or an acquired problem, like a traumatic injury, we still have to fix the underlying visual processing issues. So there's not a whole lot of difference in treating those, those populations with a few exceptions. So that's another fact that we do. Um, a third thing that we do also is we have that child is becoming myopic or near-sighted. And their myopia is progressing.

Laurie: And what is myopia?

Dr. S: Myopia is nearsightedness, right? So they can't see far away. They're having trouble seeing the board at school. You keep getting stronger glasses. Each time you go into the dye doctor, they give me stronger, and stronger glasses, but now there's ways to slow the process down. And so we're doing some, some skills and some techniques to help slow down the process of myopia. Part of what we have in our practice, we opened what we call, the tree house room and in our tree house room, you come in and we work with, uh, with children to slow down the progression of their myopia, using these very techniques that we have.

Laurie: That's awesome. So one of the things I wanted to talk about, which now I'm going to change gears a little bit. So I wanted to talk about the symptoms that we see that then we want to send kids to you, or we've sent adults as well. But I want to know what were your symptoms, because I did not realize you had visual processing issues. So when you were going through school, What was, what was your main struggle?

Dr. S: My main struggle is I would basically fall asleep in my book after about 20 minutes of reading. So it was less I would read and I find myself waking up in the middle of a chapter or middle of doing something. So, it fits me. It was really, I would get the fatigue situation pretty badly. The other thing that I had was I didn't have a problem with comprehension as much as I had a problem with, I would find, I found myself rereading lines a lot, or having to go back or of course the other aspects are mind wandering. Um, largely probably had it before, you know, before we really diagnosed it and never took any treatment for that. And I also had sensory processing disorders because I know I always had sensitivities to things like tags and labels and things of that nature. So, and then of course you actually, you know, ADHD and sensory processing disorders run hand-in-hand quite frequently. Yeah, and believe it or not, these visual processing problems also run pretty concurrent with sensory processing disorders as a whole. So, you kind of package the whole thing together and that ended up being my specific issue. But obviously we could see these types of problems up to about 20% of all school age children. So that's the important thing to understand is that we have to be able to figure out ways we can help kids in school. And unfortunately the school vision screening programs are insufficient because all they're doing is they're testing for visual acuity. Okay, you cover one eye, you cover the other eye. What do you see on the eye chart? But that's it. Then you also have these kids who are actually farsighted and not near-sighted or far-sighted, but they can test 2020 on an eye chart all day long, but to put it up close and they're struggling and they get fatigued real easily and they have a lot of visual stress issues that they're dealing with. And so, and it's never going to be picked up on a school vision screening.

Laurie: What percent, and you may, I don't know if there's a percentage answer, but the kids that you see that would come home from school every day would have headaches. How many of those, how many of this, how many of the issues would create headaches or that fatigue feeling that they get home? They're tired. They just can't look at anything.

Dr. S: I'd say we, we hear it about 10 to 15% of the time. It's, it's pretty significant. Um, of course my population in my practice is very slanted now because I, this is what I do all day long. So it's probably even higher than that in my

practice, but I'd say in a typical practice, I'd say we probably would have heard it in about 10% of the time.

Laurie: So when we talked to parents about the difference between like a visual processing problem and dyslexia, because they look so much alike and they can exist together, easily. But they can not, you can have a child who reads very disfluent, who can't spell and trying to explain to them that spelling is a very visual task and you have to look and see how a word looks to know that you spelled it. Right? Those are the symptoms that jump out at us. The disfluent rating, the poor spelling, poor spatial planning on the page, not being able to space their words and their letters appropriately. Um, handwriting is sometimes really a disaster and it's because of the way they see things. What other symptoms do people have? Talk about as they come to you, because not everybody comes to you from us. So what else are you hearing?

Dr. S: Well, you know, I think that there, I think there's physical symptoms, like fatigue and eye strain and things of that nature. But a lot of kids don't complain. They just go about their day and that's what happened is they've had it the whole life. So they think that's normal. Right. So that, to them, that's, that's a norm. Those are normal things.

Laurie: They don’t know what they don’t know.

Dr. S: But they're not, looking at someone who, the way they do handwriting on a page, if they write uphill or they write downhill, they write extra smaller, extra large, that we're spacing between words, that's usually a sign of a visual spatial issue. I always tell people, well, you know, I think hand-writing, well, you take them to the occupational therapist and they work on grip, but yeah, you can work on grip, but if you don't have the visual spatial skills, it's not going to help that much. There are kids who have grip issues. And occupational therapy does a great job with helping those folks with the grip issues. Um, how they read across a page is also so significant because a lot of these kids will either read a word or part of a word at a time. They get stuck on words, I'll reread words. They'll also chunk though, like read two words, then read two words, then read two words. So they'll chunk and any type of. Uh, asymmetry of that reading process, or disconnectedness of that reading process can be an indication of a problem because let's think about there's really two types of movements. We look at a pursuit movement, which is like watching a tennis ball going across the court or watching a car go down the street. It's a smooth movement. Second type of movement is called a psychotic guy. Boom, that's a jump movement. That's jumping between two points. So if I'm looking at one object and I want to look at another object, that's a junk movement. And in order to

do that, um, what we have to do is we have to fixate on the object. We have to attend to what we want to look at. Then we have to make the eye movement, and then we have to fixate on that object.

Laurie: That makes sense.

Dr. S: Okay. So it's that attention to the other object. That is really the challenge. And so what happens with a lot of these kids is that they can see what's there and they can identify it, but they spent so much effort to the process of seeing the word that by the time they get to the end of the sentence, they forgot what they read. Right. Okay. So that's really what I call that visual information processing issue. But it's related to that eye movement, because if you have that poor psychotic eye movement, you can't make that jump. You can't make an efficient jump from area to area as you read. Um, then what happens is, is you have a child who's struggling with reading. So that also is a visual spatial issue. The other thing, and, and the thing that's not talked about a whole lot. Is the effect of stress on the visual system. Okay. Because, what happens when they're becoming inefficient readers is they become more and more stressed and they become more and more stressed. What happens is they tend to collapse space or hyperfocalize. So what ends up happening and the best example I always give of this is just thinking about. Tennis player on a tennis court and they're waiting for a ball. What do they see? They see the net, the lines, the player they're playing against them, the ball. But when they chase hard after a ball, whether they see just the ball, what they've done is collapsed their space to that ball. That's what happens to a reader. Who's having difficulty. They're going to collapse their space to what they're focused on, and then they're going to, and they're going to lose. Whatever else is next in space. So it really becomes a disfluent reading pattern. Very, very disciplined and reading pattern, and they're having to deal with it. And of course this once again, that they're spending so much effort to just get through that reading pattern. That they've lost the ability for comprehension.

Laurie: So I, and I had one little girl and this is a one specific thing, but she came in and she was wearing some glasses. She was like a third grader. And she had some tinted glasses, just a light tint. And I asked her, I said, tell me about those glasses. What, how do they help you? And she's like, well, when I wear my glasses, I can see the spaces between the words, but without my glasses.

Dr. S: Um, what she was probably referring to is what they call an Irlen lens. An Irlen lens was developed by psychologists who talked about this 30-35 years ago. And really what they do is they change the contrast between the background and the

foreground. Okay. And, um, and I think Dr. Irlen was actually on the right track. She recognizes a contrast issue going on that separates them. However she didn't take into any consideration the possibility of a binocular revision issue. She didn't take any possible consideration of an ocular motor issue. She didn't take any consideration of an accommodative issue or a focusing issue. So basically a tinted lens like that is really a bandaid on a gaping wound. Okay. It's just, I think it's giving you, it's a band-aid treatment. It's you put it on, you see better. And without them, you don't. However, if you really want to do it right, you treat the underlying problem and the underlying problem is getting the eyes to work better together as a team, able to do their skills better. And that will sometimes really improve that process. And to a point where you don't need any type of. Visual aid, if you will, like a pair of tinted lenses.

Laurie: Right. And a lot of kids aren't gonna want to wear glasses, so, okay. So then how do you treat these things?

Dr. S: As far as we treat them, there's really two basic treatments that we would consider. Uh, we do, uh, one treatment. I call passive therapy, passive therapies, where we use lenses, prisms, tints, occlusions to create a therapeutic change. So here's what I mean by a therapeutic change. When you wear regular glasses, say you're near-sighted, you can't see the board and you put on glasses. You see the reason you can't see is because you're near-sighted and light focuses in front of the retina. The lens moves the light onto the retina. So you see better. Okay. So that's basically correcting for a structural abnormality. Okay. And that's the way regular glasses work. When we use the lenses for therapy for therapeutic use, what we're doing is expanding space. Remember how I talked, how we collapsed space. Well, there are certain lenses that we can use that will expand space. And they're actually therapeutic because of the differences, we're not correcting the first structural abnormality of the eye. What we're doing is we're changing the input to the brain and retraining the brain to see it in the proper way. So when you retrain the brain, guess what happens? It's preterm a permanent change and then you do not need the correction anymore.

Laurie: Okay. That's awesome.

Dr. S: Okay. So that's how a therapeutic lens works and it really doesn't work on the eye at all. It really works on that eye brain connection, right? And we regenerate the connection. If you will create new neural connections and allow it to, to, to improve. The second type of therapy we might use is what we call active therapy and active therapy is where we actually bring you into our office. And we do therapeutic

activities that will also change the brain, change that eye-brain connection, but really it's a little bit different verb than lenses where we're lenses are. It's almost like a rewiring effect. With therapy, we're actually breaking old bad habits and redeveloping new good habits. So we're actually taking you back to step one and retraining the system to do it in a very stepwise approach. So for some people we'll pick just passive therapy. So some people will just pick up if they're happy and then some people will do passive and active therapy. It just depends on what the nature of the underlying problem is. Because they each do some things particularly very well and each don't cover some areas. So what we'll do is we'll pick and choose based on. Uh, what will make that individual the most successful at the most rapidly? I'm all about, I want to do this. I want to do it efficiently and get it done and move them onto the, to the next thing. Right? So, because sometimes there are underlying other issues that need to be dealt with. For instance, if the child is dyslexic, it's important to deal with the vision problems first, because we don't know if. If it's truly dyslexia or is it a visual processing problem? That's mimicking dyslexia.

Laurie: Right? So if we fix that, so we fix that…

Dr. S: Then we will really know. And I might say at the end, Hey, guess what? You really didn't have dyslexia, or I might say. It looks like you still have a language processing problem, like dyslexia. Now we need to educationally, we need to, uh, deal with the dyslexia and teach you how to overcome that.

Laurie: So that being said, then most of these problems can be fixed or remediated. Okay.

Dr. S: Absolutely. Absolutely. And the fixes, the fixes that we do are permanent. I mean, because you've changed the brain, so they don't need to come back in 10 years for more therapy or get another pair of lenses or. I mean, the only cases that I have that do come back are like, um, we treated, I had a young lady, we treated, uh, salt with Oh six, seven years ago. She came back this year because she had a concussion and she had, so it was, it was similar type symptoms. She had, she, she said I had this discussion and all of a sudden I have these symptoms again. But once again, treating a brain injury and treating a developmental problem at the end of the day, it's the same thing. It's a processing problem. We've got to fix the processing part, right. So we had to go back and retreat. It didn't take nearly as long because we've already built the good, the new road, so to speak. So we’ve just got to get her back on it.

Laurie: So I have so many parents that when we sit down and go over testing and we say, we really think this is visual processing. They'll say, well, you know what? We've been to the eye doctor four times because we knew we knew. Which is always my sign of, Oh, then this is exactly what it is. Cause you knew there was something going on, but they get really frustrated. They're like, but we've already looked at that. So why is that not something that another optometrist is picking up on?

Dr. S: Well, I think what happens is, you know, we see it with a lot of optometrists and ophthalmologists, is basically they're checking visual acuity, seeing what they can do to improve visual acuity and the checking, the health of the eye. And that's the limit of it. And, and that, and that's fair. We need that. There's a lot of people out there that need just that simple service. Okay. But, um, The truth is, is that it doesn't go far enough. And if you don't look, you don't know. And so if they haven't checked you for tracking, if they haven't checked you for convergence and divergence of your eyes or what we, or by knock revision skills, if they have not checked you for accommodative ability that had not checked you for visual, spatial ability. They're really not checking you for this type of problem that might affect your schoolwork. So it's not a knock against them because they do a very good service for us. Um, but it also is, but it also means that you haven't gone down that right Avenue. And there's a group of optometrists that do this type of work. That's called either developmental optometry, some call it behavioral optometry. It depends on what part of the world you're from. Um, we actually call it in our office. We call it neurodevelopmental optometry only because as I, as I've said already many times, we actually are changing that connection. We recognize the fact that there's a big neurological piece of that puzzle, um, that we, that we're really treating. So kind of a newer term is neurodevelopmental optometry. Um, but, but there is a very specific area that you could look at that we can actually, um, That we're actually look at these types of problems and kind of remediate these topics.

Laurie: But you still check acuity course.

Dr. S: I mean yeah, obviously we have to have good acuity and there's no reason we can't correct acuity while doing these other things. In fact, I mentioned earlier, we do myopia management. We have three cases right now that we're doing myopia management. At the same time as we're doing, uh, Activision therapy. So we'll sometimes combine therapies if we need to combine therapies. So it's not unusual that we'll see something like that.

Laurie: I had a family, um, who was in another city and looking for, I was trying to help them find a doctor like you. And we found a practice called neuro vision,

something, something I'm like, that's gotta be it. That's gotta be a good one. Because it sounds just like Dr. S's office. So I felt like, you know, you gotta look for those tag words and the, and the, um, Not just any optometrist. My question though, is that when these kids go see an optometrist and get their eyes checked, are there different visual processing things, issues that can impact the way they take a test that they end up getting glasses that they don't need?

Dr. S: Uh, in some cases that I think that, I've seen a lot of kids just prescribed a very low plus powered lenses. Okay. Because they don't know what else to do. And they said, well, he's. They're obviously having some over-focus issue, we'll give them this low plus lens and that might help them out. It might, usually they wear it for about two weeks and then it's in the garbage because they won't wear it. It's because it's really not helping them. Um, and it may in certain cases, but in the, for the most part, it's really not, it's not going far enough. To help them out. So a little plus lens can be beneficial in some ways, but, um, I think ultimately, uh, you have to kind of dig down and really test the right thing to really see what's going on with the visual system. There's also an organization out there called the college of optometry envisioned development. Uh, and they have a website it's covd.org. And you can go to the website and there's a doctor referral. Let, you know, you can go to this doctor referral, uh, area and you can type in your zip code and you can find someone who is usually there's, there's two types of members as a fellowship member, uh, who that's, the person who's been tested it that they've, they've gone through the whole rigorous testing process, um, and can call themselves fellows and then there's members. And, and, uh, as I said, I was a member for many years. I became a fellow, but that doesn't mean a member's not a bad choice, right. Okay, that means that they have a strong interest in doing things in a developmental model of vision. And they would probably give you a better evaluation looking for these types of things that we discussed then. So a general optometrist or ophthalmologist.

Laurie: So I'm curious now, you know, I know we were talking earlier today a little bit about what you do with like, the Dallas stars. So not everybody that you work with has a problem, and he has a deficit. You actually can help people become stronger in areas that, just to be stronger. So tell me a little bit about what you do when it's, there's not necessarily an issue to be treated.

Dr. S: Well, certainly one of the other areas in our office that we do is what we call sports vision, um, and sports vision. Actually, it was my true love coming out of school. That's really what I wanted to do, but it wasn't just a big enough area. And I discovered early on that when I, when I actually worked with a literally baseball team going back 30 plus years now, I worked with this literally baseball

team. And, you know, I got them all working better on their, on their batting and all, all sorts of things from a visual standpoint. And I can't tell you how many parents came up to me. And they say, you know, Sure baseball got so much better, but they're doing better in the classroom too. And I said, well, go figure, of course they are, because if you train division skill you're training division skills. Right. And, and so, um, I that's what kind of said, okay, I better focus on the kids because that's, that's really where the help's needed is. The more, however, I never lost my love for a sports vision. And I have been involved with many of the, uh, the, the amateur professional amateur professional sports athletes in the area. Um, yeah. As you said, we're working with the Dallas stars right now. We're working with the Allen Americans. We're working with FC Dallas. Um, And th the difference basically is, I can take a child who's struggling with a lot of these visual skills and I can bring them to a normal zone. Okay. But then you can take an athlete who has what we would assume is normal vision, and really take them to an elite level status. Okay. And guess what? The activities are not that much different. They're the same activities, but with higher level, what we call higher loading. Right. We're making them work like where I might have them working on a board of lights where they're touching buttons to turn off the lights with the athlete. I may have them bouncing a ball while they're doing that. Okay. Or on a balance board or something to really challenge their system. So that it's that cognitive visual system that I really want to challenge so that when they get put under stress, They can, they can actually do the activity at a higher level. So, um, so it really always was the same thing. It was just. At a different, at a different level. So when we work with these different teams, uh, or we work with the amateur athletes or the pro athletes, uh, right now I'm a professional baseball player we're working with. Um, w we have, uh, we have a couple of high school athletes who are either,

I have one in baseball, one in lacrosse, one in. Oh, I'm trying to think. Oh, one soccer player right now. So we've got about six or seven athletes we're working with right at the moment, besides the teams, outside the teams that we were working on and basically enhancement of that sports skill. Because, you know, think about it this way. You know, people go to these, uh, say, say they are, uh, a high school hockey player. They may go to, uh, work with a coach to work on their skills, but they don't really focus on the visual aspect. And of course, what do they always say? Keep your eye on the puck. Right. And, and, uh, but it's not so simple because the puck's moving, or if you're a basketball player, same, same idea. I can dribble faster than everyone I can. But. I always miss the guy out on the passing lane because I can't, spatially, I can't see them. Okay. Those types of skills or what things that can be enhanced, the reaction time. Those are skills that can be enhanced. So there's so much that we can do with an athlete, that to improve their skills.

Laurie: So outside of, I know we talked a little bit earlier about dyslexia and, and, um, visual processing issues looking so similar. What else do people come to you that have either been, that have been a misdiagnosis?

Dr. S: Well, obviously dyslexia is a big one. Um, add ADHD. That's another big one. In fact, that's kind of how I melded into this and got started with it is trying to understand, ADHD and what they, what it really was. And at first what they, what they said it was, um, there were a lot of questions I always had about it. Like for instance, why would you give a hyperactive child, a stimulant? Well, I realized it really wasn't that they were, that they were overstimulated. They, were overstimulating to, to them it actually normalized their system.

Laurie: They're actually under simulated.

Dr. S: And so, so what I had to figure out to do from a visual standpoint, Is figuring out what, what, how does it affect the visual system? And then I started thinking about, well, it seems like these ADHD kids, they, they love to play video games, but they can't sit and read a book for five minutes. So what's different. Why can they have the attention for one and not have it for something else? And I realized that when you're playing, uh, reading a book it's black and white, it's high contrast. There's no movement. But in a video game, they're looking at something essentially, but they're being aware of stuff going on peripherally. So I realize if I changed the peripheral visual system, if I opened up that peripheral vision system, I could stabilize the system. And that's why we do vision therapy. Oftentimes we can improve symptoms of attention issues that pretty significantly.

Laurie: Really? So if I have kiddos that are struggling with attention, I don't necessarily suspect a visual processing issue, but they hate to read. There might be something you can do to help quite possibly it's worth looking into.

Dr. S: Um, some other things that we see, um, I see, uh, a lot of, um, young, younger children who have an eye turn. You know, an ISA choppier, an exotropia, um, and sometimes they're lazy. Sometimes they've had surgery. Sometimes they haven't had surgery, but I've seen them both ways. Um, and they're still having that. I turn, or they're, they're not capable of seeing 2020, um, which is what we call a lazy eye, an eye that's not capable of seeing 2020, and we can do some home activities to improve their vision, uh, improve their ability to use both eyes together as a team. Because typically when you have a lazy eye. Um, what happens is you don't, um, you don't, you basically, your brain turns off the image from that eye. It's called suppression. So your brain suppresses the image only uses the clear image. Cause you have trying to

mix a clear in a blurry image. You can't, your brain won't do it, but if we can teach the brain T to utilize that image from the weaker eye, I sometimes I call it the bully eye. If you think about it, it's like one eyes, a bully, and one eye is not the weak link and you have to kind of equalize them. So it's, it's a fair fight after that. Uh, and that's really what it comes down to is we strengthened the weaker. I get them, got them to closer to equal strength, and then they start, they start wanting to work together. And so there's a lot of things we can do for amblyopia. Uh, and then strabismus is a turn. So, um, that those are a couple of other areas, but we've seen people with, with genetic disorders, we've seen people with, um, infectious diseases, um, yeah, that affect their, the neurology of vision. Um, Lyme's disease, things of that nature that we've seen quite a few people. Um, and that goes for adults too. I mean, we said a lot of adult line patients we've seen, um, obviously. That then you also have your whole side of your neurological issues, which could be anything, anxiety and depression can also be things that can affect the visual system. So there, there's so many different aspects of the things that we actually get to do and it's amazing that you, you kind of learn as you go there. There are, there are so many things that we can do to help people because don't forget 80% of all the sensory information goes through the visual system. So once you start on understanding that, then anything neurologic is, has the potential of affecting the eyes. So if somebody is not struggling with reading, cause I know reading is the easy one, we have it.

Laurie: We've actually had lots of students that we see read fine, but it affects their math. It's something about the up and down of the calculations, right? Yeah. But outside of academics, what are some red flags that people either in my own, in myself or in my children that I should be watching for?

Dr. S: Well, certainly it's red flags. So the typical red flags that we say is, um, that they fall asleep easily when reading, uh, they cover NY when reading, um, they turn their head to the side, um, a lot, or they use one, one side of their head, you know, they'll turn the head to the right, to use their right. Right-sided vision. Um, if they, uh, tend to, uh, if you ever noticed an eye turn or cross or go even an eye going outward, as far as that goes, um, frequent headaches, uh, eye pain, things of that nature, rubbing eyes, you know, anything like that can be an indication of a visual issue without having an acuity issue. Right. And then that's where it separates is that doesn't necessarily mean that they can’t see. The other one is, I hear a lot is because they get referred by the school nurses all the time for this. Well, you know, uh he's he said he's standing real close to the TV. Okay. And that is the truth is, is I don't really believe that's oftentimes acuity based because there are so many kids I've seen over the years, they get referred because they stand close

to the TV and guess what happens? They can see 2020, but the real problem is what they're seeking is motion. Okay. And the, um, getting closer to the TV that our system can seek motion. Don't forget. We don't go outdoors enough anymore. We used to go outdoors a lot more and we've lost that three-dimensionality cause the TV, while it looks three-dimensional is not really three-dimensional, it's two dimensional. And your brain always seeks. Motion motions gives your brain stability it's and it's mediated by the peripheral part of your retina. And what happens is, is that when you get close to the TV, you're actually stimulating more of that peripheral retina. So it calms the system. So I think it's really important if you're not going to be outdoors. Uh, um, uh, I think it's really important to consider some of these visual processing issues. Another interesting point about being outdoors. There's a new study now, and this goes back to what we talked about with near-sightedness. That kids that go out of doors more than two hours per day, have a much lower rate of near-sightedness than kids who are indoors, mostly indoors. Um, so that's another good reason to get your children outdoors.

Laurie: Have you noticed now in kind of the age of COVID and everybody's online and zooming and kids are doing online school, are you noticing more issues? Because kids are staring at a computer all day.

Dr. S: Absolutely no question about it. We have not only kids, adults. Okay. We have these kids, the adults working from home that are coming in complaining about eye strain eye fatigue, but kids certainly. Um, and there's a little simple rule. I tell patients all the time I call it the 20, 20, 20 rule every 20 minutes, look at 20 feet for 20 seconds because don't forget what mediates, what controls your focusing ability is muscles. And if you, let me ask you, if you held a 20 pound weight in your arm for 30 minutes, how would your arm feel? Very tired? So that's that's same thing with your eyes. Your eyes are gonna feel tired. If you, if you continue holding onto something for a long time.

Laurie: Can it create a problem? The staring at the computer all day? Can it create a problem that then you have to unwind?

Dr. S: Certainly it can, obviously you, you can have all sorts of situations. Um, when the focusing system gets overwhelmed. Um, uh, and even if you had a mild convergence or divergence issue, it can make it much more severe. And of course the big one is headaches. Um, you know, a lot of people will come, come and come in and are complaining about headaches right now.

Laurie: I can understand that. So how can people find you? How can people learn more about what you do?

Dr. S: Um, well, certainly the, the, the easiest ways to find us as our first of all, our phone number is (972) 312-0177. Certainly call our office and we can talk to you. Our website is neurovisionassociates.com

Laurie: Yeah, I'll put it in the show notes.

Dr. S: or the easier way to do it is Dr-s.net. You can certainly, uh, um, you can certainly utilize that and, uh, take a look at the website. We have information about all the areas we've talked about. Today's from sports division to myopia management to. Uh, vision therapy too, and it really kind of covers the areas very closely.

Laurie: And you had listed, you had given me the other website, which I use all the time too, for if you're not in this area, which I will also put in the show notes. If you want to find a doctor in your area that does similar, that provides similar services, you at one point were traveling. To do some of this in other places. Yeah. Right.

Dr. S: Well, I do teach a lot. I do. I lecture a lot to, uh, doctors teach a lot of doctors how to treat these, these particular situations. I love teaching. Um, I actually have a resident in my office also, so I have someone who spends a year with me. And they go through and learn and then hopefully move off somewhere and, and, uh, and then teach others how to do it also, you know, so basically that's general optometrists what they get in an optometry school, it gives them some very basic knowledge, but really to do this the right way, it takes a lot of extra training I've spent countless hours upon hours, days upon days, years behind years, really doing extra study and training to, to do the work that I do. Um, and now I get to share it with others, which is something that I really enjoy doing.

Dr. S: Well, and it's a much more common problem. It's a much more common issue. And I feel like. There aren't enough of you, um, to really help all of the, the kids that we see, but adults too, that, that struggle with this stuff. And I think the more you teach and the more doctors that are doing it, the more awareness there is. So that's a good thing.

Laurie: Well, thank you so much for sharing all this with us. I really appreciate you being here today and doing this. And, uh, I will have all of the contact information

websites in the show notes. You guys, everyone have a great day and let's talk learning disabilities next time.

Dr. S: Thank you so much for having me.

Thank you so much for joining us today. In our show notes you can find information about today’s talk, as well as links to the resources and other episodes. If you have questions about today's talk, have ideas for future episodes or just want to stay connected, you can contact us through Diagnostic Learning Services on Facebook, Twitter, LinkedIn and Instagram. So, Let’s Keep Talking Learning Disabilities. This podcast is sponsored by E Diagnostic Learning. You can find more information at www.ediagnosticlearning.com.

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