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# A profile of the Pacific University Vision Therapy Program at the Forest Grove Clinic

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**Abstract**

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A PROFILE OF THE PACIFIC UNIVERSITY VISION THERAPY  
PROGRAM AT THE FOREST GROVE CLINIC

BY

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A thesis submitted to the faculty of the  
College of Optometry  
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Adviser :

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## INTRODUCTION

As part of their sixteen-week clinical rotation, fourth year students at Pacific University College of Optometry (PUCO) spend one day each week in the Vision Therapy clinic. Four interns and one adviser represent the VT staff for any given day. Each intern has from one to five patients a day, depending on the schedule. The patients may be new to the VT clinic, or they may be established patients whose programs were initiated by interns in the preceding clinical rotation.

When initially assigning patients to the interns, the VT office staff attempt to equally distribute the patients according to the diagnostic category under which they fall. This is done to expose the interns to more than one category of patient. The six diagnostic categories used by PUCO are as follows:

1. General Binocular Dysfunction (GBD)
2. Strabismus and/or Amblyopia
3. Visual Enhancement
4. Developmental Vision
5. Visually Impaired Learning Disability (VILD)
6. Special Category.

Upon entering my clinical rotation, I had a preconceived idea of what my patient population would be like, and how my VT programs would be implemented for each individual patient. My motivation was high. As it turned out, I had made a classic mistake. I had based my idea solely on the didactic knowledge I had gained from textbooks, lectures, and countless articles describing VT success stories. Real patients, as it turned out, were somewhat different. They did not always do their homework training procedures. They did not always show up on time for their appointments. And they did not always complete their therapy programs in my estimated time frame.

As a result of my misconceptions about the PUCO VT clinic rotation, I decided that a profile of the VT clinic would be a

valuable document for two reasons. First, it is my hope that third year students will use it as a means to prepare themselves for their fourth year clinical rotation. They will have a rough idea of how many appointments are not kept, how many sessions it takes for a certain category of patient, age breakdown of patients, etc. This will prepare them for inconsistencies that may arise in their preconceptions of the VT clinic.

Second, this profile will provide the VT advisers with an overview of the VT clinic's operation. Each adviser handles only a portion of the total VT clinic patient population. This profile will provide them with a more complete look at the VT clinic. It can be used to reveal areas of deficiency, so that they may be addressed. It will also reveal areas of excellence, so that they may be continued and strengthened.

#### METHODS

The 1987 calendar year was selected for this profile. All VT clinic patients who ended their programs during 1987 were surveyed, including those whose programs started before 1987. The VT clinic computer was used to find all the patient names who were a part of the selected population. There were 82 total patients identified in the computer. Of these, 17 were excluded because their files could not be located.

The other 65 patient files were obtained from the Forest Grove clinic, and the VT paperwork was examined for completeness of recording. Five more patients were excluded because their records were incomplete. This left 60 patients to be used for the profile. The following information was extracted from each VT patient file; name, age, diagnostic category, estimated number of sessions needed, actual number of sessions completed, number of missed sessions, goal achievement rating by patient and PUCO, and how the program ended (i.e. completed therapy, quit, or discontinued by VT staff). The information was then compiled

into tables.

## RESULTS

Table 1 shows the breakdown of the 60 patients into the diagnostic categories used by the VT clinic. There were 42 GBD patients, 16 Strab/Ambl patients, 1 Developmental Vision patient, and 1 VILD patient. They comprised 70%, 26.8%, 1.6%, and 1.6% of the total, respectively. No patients were classified in either the Visual Enhancement category or the Special category.

The age breakdown of the patients is shown in Table 2. There were 20 patients (33.3%) in the 0-10 year old range; 22 patients (36.7%) in the 11-20 year old range; 12 patients (20%) in the 21-30 year old range; 4 patients (6.8%) in the 31-40 year old range; and 1 patient (1.6%) in both the 41-50 year old and greater than 50 year old ranges.

A complete list of the number of scheduled sessions attended and missed by each patient in both the GBD and Strab/Ambl categories is found in Table 3. The GBD patients attended 84% of their scheduled sessions. Eighteen patients (43%) did not miss any sessions, and 31 patients (74%) missed only two sessions or less. The Strab/Ambl patients attended 82% of their scheduled sessions. Ten patients (63%) missed only two sessions or less.

Table 4 shows the initial estimated number of VT sessions needed and the actual number of completed sessions for each patient. For the GBD patients, the average estimated number was 13 sessions, and the average actual number was 9 sessions. For the Strab/Ambl patients, the average estimated number was 22 sessions, and the average actual number was 10 sessions.

The 'goals met' ratings are listed in Table 4. Both the patient and the intern (PUCO) rate the achievement of goals at the end of the VT program. A scale of 0-7 is used, where 4-7 represents increasing satisfaction, and 3-0 represents increasing dissatisfaction. For the GBD category, 69% of the patients were very satisfied (6-7 rating), 14% were moderately satisfied (4-5

rating), and 17% were less than satisfied (<4 rating). The interns (PUCO) rated 52% very satisfied, 19% moderately satisfied, and 29% less than satisfied. For the Strab/Ambly category, 19% of the patients were very satisfied, 31% were moderately satisfied, and 50% were less than satisfied. These ratings were identical for both the patients and PUCO.

Table 6 shows the breakdown of patients in both the GBD and Strab/Ambly categories who either completed the VT program, quit the program, or were discontinued from the program by the VT staff. In the GBD category, 24 patients (57%) completed the program, 12 patients (29%) quit, and 6 patients (14%) were discontinued. In the Strab/Ambly category, 3 patients (19%) completed the program, 10 patients (62%) quit, and 3 patients (19%) were discontinued.

## DISCUSSION

Students reviewing this profile should notice several trends in the data. First, the majority of patients they can expect to encounter will probably be GBD's--- accommodative dysfunctions, convergence dysfunctions, ocular motility deficiencies, etc. Learning basic training strategies for GBD's prior to starting clinic will greatly benefit the student. Second, it is evident that those patients who miss fewer appointments are more likely to complete their VT programs. Cancellations and no shows are problems in the VT clinic, and only serve to reduce the efficacy of therapy. The intern must convince the patient that attendance is essential for a successful treatment. Also, by varying training and homework exercises, interns can reduce the patient boredom that often leads to no shows or dropouts.

The advisers should note the low completion rate in the Strab/Ambly category. Although many times the PUCO VT clinic accepts the difficult VT cases that have been referred out by other optometrists, there must be other reasons why the completion percentage is so low.



Another important figure is the average length of the VT programs. Often, the intern and adviser must submit requests for AFS coverage of fees. The number of sessions required must be estimated prior to submitting the request. Usually only the initial request is covered, and any additional sessions needed must be paid for by the patient. Also, patients usually want to know how long they will be in therapy. Hopefully, this profile will aid interns and advisers in making an accurate estimation of the necessary treatment sessions required to resolve the patient's deficiency.

Finally, while going through patient records, it was often very difficult to follow the training program. More care must be taken when recording what transpired during an in-office therapy session. Paperwork must be arranged neatly in the files so that information can be extracted more readily. It was quite a chore to go through the files that I did find. It would have been a much simpler task if more attention had been paid to proper recording of information. If reports like this are going to be done to assure the quality of care performed in the VT clinic, then more care will have to be taken in completing patient records.

TABLES

DIAGNOSTIC CATEGORIES	NUMBER	PERCENT
1. GENERAL BINOCULAR DYSFUNCTION	42	70
2. STRABISMUS/AMBLYOPIA	16	26.8
3. VISUAL ENHANCEMENT	0	0
4. DEVELOPMENTAL VISION	1	1.6
5. VISUALLY IMPAIRED LEARNING DISABILITY	1	1.6
6. SPECIAL CATEGORY	0	0
TOTALS	60	100

TABLE 1. BREAKDOWN OF PATIENTS INTO CATEGORIES







AGE	HISTOGRAM	PERCENT
0 - 10	 20	33.3
11 - 20	 22	36.7
21 - 30	 12	20
31 - 40	 4	6.8
41 - 50	 1	1.6
>50	 1	1.6

TABLE 2. AGE BREAKDOWN OF PATIENTS

GENERAL BINOCULAR DYSFUNCTION				STRABISMUS/AMBLYOPIA	
ATTENDED	MISSED	ATTENDED	MISSED	ATTENDED	MISSED
* 12	0	5	3	35	8
* 10	0	4	4	11	4
* 10	0	* 14	0	14	2
* 10	0	* 13	0	10	0
* 12	0	9	3	4	3
* 11	0	* 4	0	* 12	2
17	2	* 4	0	10	4
11	0	* 11	2	15	0
* 10	0	9	2	9	0
4	4	* 10	1	* 7	0
1	5	6	2	3	1
* 16	0	* 7	0	8	6
6	1	* 22	1	* 8	1
1	9	9	0	11	4
* 20	6	* 19	2	3	0
7	7	* 10	0	5	1
* 6	1	16	2		
2	6	2	1		
5	5	* 8	0		
* 17	2	6	2		
* 8	0	* 6	3		
TOTALS		390	76	165	36
PERCENT		84	16	82	18

TABLE 3. COMPARISON OF ATTENDED SESSIONS vs. MISSED SESSIONS  
 \*= COMPLETED PROGRAM

GENERAL BINOCULAR DYSFUNCTION				STRABISMUS/AMBLYOPIA	
ESTIMATE	ACTUAL	ESTIMATE	ACTUAL	ESTIMATE	MISSED
* 10	12	* 14	8	40	35
* 10	10	20	5	40	11
* 15	10	10	4	15	14
* 15	10	* 15	14	20	10
* 15	12	* 12	13	12	4
* 15	11	12	9	* 15	12
20	17	* 10	4	35	10
15	11	* 10	11	20	15
* 10	10	10	9	35	9
12	4	* 14	10	* 12	7
15	1	10	6	10	3
* 15	16	* 10	7	15	8
10	6	* 20	22	* 15	8
10	1	10	9	30	11
* 20	20	* 15	19	20	3
10	7	* 15	10	15	5
* 10	6	18	16		
6	2	10	2		
10	5	* 10	8		
* 12	4	10	6		
* 18	17	* 12	6		
AVERAGE ESTIMATE (SESSIONS)			13	22	
AVERAGE ACTUAL (SESSIONS)			9	10	

TABLE 4. INITIAL ESTIMATE OF VT SESSIONS NEEDED vs. ACTUAL NUMBER OF SESSIONS COMPLETED  
 \*= COMPLETED PROGRAM

GENERAL BINOCULAR DYSFUNCTION				STRABISMUS/AMBLYOPIA	
PATIENT	PUCO	PATIENT	PUCO	PATIENT	PUCO
7	7	0	0	6	6
7	7	5	3	5	4
7	7	7	7	5	4
7	7	6	6	5	4
7	7	7	7	1	1
7	7	3	1	7	7
7	4	4	2	1	0
4	4	7	7	5	4
6	6	7	7	0	0
0	0	0	0	6	5
0	0	7	7	0	0
7	7	6	5	3	2
4	3	6	4	5	6
0	0	7	7	0	0
6	6	6	4	2	0
6	3	7	6	0	0
7	7	7	5		
5	3	6	6		
6	6	6	4		
0	0	7	7		
5	5	7	7		
TOTALS	RATE 7-6	29 (69%)	22 (52%)	3 (19%)	3 (19%)
	RATE 5-4	6 (14%)	8 (19%)	5 (31%)	5 (31%)
	RATE <4	7 (17%)	12 (29%)	8 (50%)	8 (50%)

TABLE 5. RATING OF GOALS ACHIEVED AS PERCEIVED BY THE PATIENT AND PUCO; 7= BEST, 0= WORST







CATEGORY	HISTOGRAM	PERCENT
G. B. D.		
COMPLETED	 24	57
QUIT	 12	29
D. C.	 6	14
STRAB/ AMBLY		
COMPLETED	 3	19
QUIT	 10	62
D. C.	 3	19

TABLE 6. PERCENTAGES OF PATIENTS WHO COMPLETED THE PROGRAM, QUIT, OR WERE DISCONTINUED BY THE VT STAFF