

STANDARDS OF PRACTICE

VISION THERAPY

Name:	Vision Therapy
Date Approved:	09/14/2019
Date Updated:	
Number:	SP-C-18
Type:	Clinical Standards (C)
Reference:	The Optometry Act, 1985 2(l) “practice of optometry” means the performance of services usually Rendered by an optometrist, which may include: (i) measuring and assessing vision (ii) prescribing and dispensing ophthalmic appliances and orthoptics for the Relief or correction of visual or muscular errors or defects of the eye COVD definition of Vision therapy - https://www.covd.org/page/Vision_Therapy

This standard recognizes that there are several different training programs available for licensed practitioners providing vision therapy and that each program has its own unique methods to accomplish the same therapeutic goals. Also, each vision therapy program is individually personalized to meet the particular patient's visual needs and goals. As such, these standards for treatment are left more open to reflect the unique nature of vision therapy for each case.

Definition

Vision therapy (also referred to as visual neurorehabilitation) is a diverse system of therapies aimed at improving visual function, primarily in the areas of visual efficiency and visual information processing. Vision therapy is the total treatment system used to accomplish these visual goals and may include active vision therapy, compensatory spectacles, therapeutic spectacles, compensatory prism, therapeutic prisms, pharmacologic agents, occlusion, etc.

Active vision therapy includes the use of any device or appliance used in the process of improving these visual skills. Vision therapy is a doctor-supervised, personalized program aimed to address specific visual functions that have been identified as deficient in a Binocular Vision Assessment/Developmental Vision Assessment.

Vision therapy is used and is effective at addressing visual issues in many areas, including learning-related visual problems, dysfunctions of accommodation, dysfunctions of convergence/divergence, oculo-motor skill dysfunctions, strabismus, amblyopia, visual dysfunction after concussion/traumatic brain injury, and visual information processing deficiencies.

Visual disorders may interfere with school, work performance, or negatively affect a person's quality of life. They may cause a wide range of symptoms including, but not limited to, blurred vision, headaches, asthenopia, double vision, inability to read or spell at an age appropriate level,

losing one's place when reading, skipping words, loss of concentration, motion sickness, reduced/uncoordinated motor skills, poor athletic/sports performance, and fatigue. Thus, optometric vision therapy can be medically necessary to alleviate visual symptoms, and a management program is not age restricted.

Vision therapy is also effective in the area of sports vision performance. Vision is an important driver of high-level sports performance. Vision therapy for improvement of sports performance can be aimed at addressing specific visual efficiency or visual information processing deficiencies, but is more often used to enhance these specific visual skills to not only a normal level but to above normal levels.

Legislation

As outlined in The Optometry Act, 1985, the act of "prescribing and dispensing...orthoptics for the relief or correction of visual or muscular errors or defects of the eye" is considered the practice of optometry. Any unlicensed person performing vision therapy on a patient would be in direct violation of the Optometry Act, 1985, unless the act of vision therapy has been delegated by a licensed optometrist or other professional licensed to do so, and is performed under their direct supervision.

The dispensing of vision therapy in the form of performing the therapy with the patient may be delegated to trained support staff. However, the assessment of the visual system, diagnosing of conditions, and prescribing of therapy must be performed by the optometrist. The administration of auxiliary testing (e.g. visual information processing tests, such as the Beery VMI, etc.) may be delegated to a trained staff member by the optometrist, provided that the optometrist is performing the final analysis, including diagnosing and prescribing, based upon those results. Any diagnostic tests involving the use of lenses or prisms must be performed by the optometrist and may not be delegated. The use of lenses and prisms during therapy activities may be delegated to trained support staff.

Guidelines

1. When performing vision therapy, all procedures performed at each visit and the patient's response to the activity should be documented by the optometrist or their delegated staff. The name of the person who performed the therapy and made the notations on the patient record should be clearly indicated.
2. If the diagnosis of a visual deficiency problem and/or the required therapy is outside the optometrist's level of competence and training, then it is his/her professional responsibility to refer the patient to a practitioner who provides these services. An optometrist may not delegate vision therapy services that are beyond their level of training and competence.
3. In addition to standard SP-C-4, Binocular & Developmental Vision Assessment, under the heading Binocular Vision: Minimum Equipment Standards, optometrists who provide vision therapy services for binocular, oculo-motor, accommodative, fusional, perceptual and/or sensory disorders or anomalies must have additional specialized equipment appropriate for effective treatment of the disorder or anomaly.

Binocular Vision Minimum Equipment Standards:

- Loose prisms and/or prism bars
 - Accommodative Flippers
 - Tranaglyphs, Vectograms or computer display equivalent
 - Free Fusion Cards, barrel convergence cards or computer display equivalent
 - Brewster or Wheatstone Stereoscope or computer display equivalent
 - Aperture rule trainer or computer display equivalent
 - Distance and Near fixation charts
 - Developmental Eye Movement (DEM) or equivalent for measuring tracking
 - Optometrists who choose to provide perceptual or developmental assessments and vision therapy shall maintain appropriate and current testing and training materials.
4. An optometrist may delegate duties and tasks to support personnel where appropriate, other than as outlined above in the "Legislation" section of this document. Any act that is delegated by the optometrist must be ordered by the optometrist and the optometrist assumes full responsibility for such acts. Patient care must not be compromised in any decision to delegate. It is the responsibility of the optometrist to ensure that optometric assistants are competently trained to perform their duties.
 5. As a part of prescribing a vision therapy program, the optometrist should ensure to review the diagnosis, prognosis of the prescribed therapy, set specific management goals, and best estimate of duration of the therapy and any costs associated with the prescribed therapy with the patient/guardian.
 6. Any optometrist performing vision therapy must maintain an appropriate follow-up frequency to assess the patient's response to the prescribed therapies and adjust the therapy as required.
 7. Optometrists who provide testing, management and treatment services for learning related visual problems as part of a multidisciplinary team shall communicate and coordinate care with patients, parents and/or legal guardians, classroom teachers, special education teachers and other health care practitioners to ensure maximum opportunity for proper correction and improvement.