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## Introducing Visual Processing Concerns

American Optometry Foundation (<http://www.aoa.org/patients-and-public/good-vision-throughout-life/childrens-vision/preschool-vision-2-to-5-years-of-age?sso=y>)

Optometrists assess visual 20/20 acuity.

Ophthalmologists assess eye health.

Developmental Behavioral Optometrist assess visual acuity and visual processing skills.

Visual processing skills require the muscles in the front and back of the eye to work together and communicate with the brain's visual processing and audio-visual processing channels.

### **Behavioral Observations: look at eyes, object placement, and posture**

(not book, picture, object)

1. **Eye Teaming** – ability for both eyes to work together to
  - a. Clearly looks at an object, letter, face
  - b. Head mostly straight, not tilted, when looking at camera for picture
  - c. Uses both eyes for near and far activities
  - d. Holds a book centered in front of face vs. to the right or left of face
  - e. Builds something on the table in front of face vs. to the right or left of face
2. **Accommodation** – objects to remain clear when changing focus near to far or far to near
  - a. Looks up from writing to look at board and then resumes writing
  - b. Looks up from reading to look at the teacher/speaker (in the eye)
  - c. Catches a ball coming towards one
  - d. Throws ball/paper into a basket
3. **Depth perception with peripheral vision** is to
  - a. Walk around stationary objects easily without bumping
  - b. Walk down a hallway without bumping into a wall, water fountain
  - c. Catch a ball coming towards one
  - d. Throw/put an object into a hoop/container with other people playing
  - e. Will let someone else hold a book
4. **Visual tracking** –
  - a. Writes from one side of the paper to the other side with the paper centered in front of person
  - b. Reads a book while holding it centered in front of person
  - c. Tracks an object across visual midline left to right and right to left moving eyes and without moving head or whole body

Parents, teachers, therapists, and primary caretakers can observe a child's visual processing skills to determine the need to make an appointment with a Developmental Vision Optometrist for a comprehensive visual evaluation. Complete Moore Auditory-Visual Questionnaire to receive visual processing activities, educational information, and resources.

## Behavioral Visual Processing Checklist of Difficulties

### *Physical Clues:*

- Eyes become red/swollen with close up work (rubs eye)
- Lid lower on one eye than other, drooping more with close up work
- Eye strain = headaches and/or feelings of nausea
- Squinting while trying to read
- Dry eyes from not blinking due to working too hard to focus
- With visual fatigue eye turns in, out, or up (both eyes not centered)
- An eye jerks while tracking
- Head tilted, unusual posturing when trying to focus (camera, eye-contact, reading)

### *Behavioral Clues:*

- Sits too close to the TV
- Moves book or body while reading instead of eyes
- Tilts head like when looking at camera
- Interacts with toys on just right or left side or just in front versus both
- Short attention span, dislikes/avoids near work
- Sensitivity to light
- Afraid of the dark, takes longer than normal to see in the dark
- Difficulty with eye-hand-body coordination when playing ball
- Wants to ride a bike, but not learning and acts scared
- Afraid of heights (depth perception?)
- Walks up or down stairs with hands and feet, both feet on each step and acts uncertain
- Avoiding coloring activities, puzzles and other detailed close-up activities
- Frequently loses place while reading, poor reading fluency
- Uses finger to read

### *Academic Clues*

- Struggles to learn to read
- Poor reading comprehension
- Failure to read/recognize the same word
- Reverses two and three-letter words vs. longer words
- Starts to miss words while reading, but then correctly reads same words later

When visual stress is present, people often subconsciously develop avoidance behaviors:

- Avoid the task, forgets
- Lack attention, does not sit still and focus
- Distracts others by talking
- Physically covers one eye, close one eye

*Everyone depends on one's vision to feel safe, move, and learn.*

*Vision must be developed as one grows, maintained through use, and regained after a stroke or concussion.*

***According to the American Public Health Association, about 10% of preschoolers have eye or vision problems."***

Developmental Optometrists, also called Behavioral Optometrists specialize in learning-related vision problems, lazy eyes, wandering eyes, vision and special needs, sports vision, and vision rehabilitation. These

professionals are board-certified and will have the initials (FCOVD) after their name (Retrieved from <http://pavevision.org/>).

**A Comprehensive Visual Exam, also called a “Developmental or Behavioral Vision Exam,”** assess much more than 20/20 vision and the health of the eyes; it evaluates what the brain does with what the eyes see, “visual processing skills.”

#### **Who needs a comprehensive developmental vision exam?**

- Anyone with trauma to the brain at birth or acquired through an illness or injury (concussion, stroke, physical abuse)
- Anyone who has a hearing impairment
- Anyone who has had cataracts or eye health problems
- Anyone with developmental delays
- Anyone with a neurodevelopmental diagnosis such as ADHD, dyslexia, reading disability
- Anyone who experiences anxiety (not explained by a traumatic emotional event (PTSD): seems to feel unsafe especially away from home, avoids moving preferring to sit; has trouble with motor planning and coordination; and struggles with speech fluency
- Anyone with a diagnosed genetic condition creating a higher risk such as Down Syndrome, Autism

*Research repeatedly shows that this is not an IQ deficit!*

**With today's diagnostic equipment and tests, a child does not have to know the alphabet or know how to read to have his or her eyes examined.** Here are several tips to make your child's optometric examination a positive experience:

1. Make an appointment early in the day.
2. Talk about the examination in advance and encourage your child's questions.
3. Explain the examination in terms your child can understand, comparing the E chart to a puzzle and the instruments to tiny flashlights and a kaleidoscope.
4. Explain there is no wrong or right answer; this is not a pass/fail test.

**Gradual loss is often so slow, an adult is unaware of what is missing. Children are unable to miss what has never been experience. One’s experiences are one’s norms.**

*Neuro-Optometrist provide Neuro-Optometric Therapy specializing in the treatment of brain rehabilitation (concussion, stroke), physical disabilities, and neurological conditions.*

**Learn more at** <https://noravisionrehab.org>

**Find a provider** <https://nora.memberclicks.net/find-a-provider#/>

Click on the link below to find a Behavioral, development eye doctor near your home.

<http://locate.covd.org/?AdvancedSearch=true>

**Before** you click on the “SEARCH” button, make sure you click in the box above “SEARCH” box, which creates a checkmark agreeing you want a “Board Certified in Vision Therapy.” Thus, “OS, FCOVD” should appear after any names this program finds.



Board Certified in Vision Therapy

SEARCH

One does not have to guess.

- ✦ **Children do not "outgrow" developmental delays like visual processing and auditory processing dysfunctions.** They subconsciously learn to cope or quit trying.
- ✦ **After a time of healing, head trauma like post-concussion injuries require purposeful, therapeutic intervention.** Dysfunction does not suddenly become functional and efficient after one heals. Weak, functional neural pathways must become stronger than dysfunctional neural pathways that allowed a person to cope. There are positive and negative benefits associated with the brain's ability to change.

Think of the need for physical therapy after an injury. You can move ..., but the brain has to be reminded how to move and use the whole, newly healed limb to restore balance and strength.

Research is showing that when the information does not sync up in one sensory system, such as both eyes working well together, the response along neuron pathways to upper processing system is weak negatively affecting integrated systems such as the audio-visual pathways (Stevenson, VanderKlok, Pisoni, and James (2011), an MRI study).

Dr. Leonard Press UTube [http://www.pressvision.com/family\\_eyecare\\_associates\\_resources.php](http://www.pressvision.com/family_eyecare_associates_resources.php)

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