Kimberly Uy

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Collaboration Between Optometry and Occupational Therapy

Working with the patients, vision therapists, and optometrists at Eyecare Associates the last three months has shown me that vision is an extension of neurological processes that involve the whole body. As optometrists, we are responsible not only to evaluate eyesight, but vision as an essential sense that contributes to the whole body’s function. Vision is the foundation for many sensory and motor skills such as speech, communication, movement, and the perception of space (Schulman). Skeffington reminds us that there is an “ongoing relationship between vision, movement, and human development” (Hellerstein). In particular, there is an important relationship between movement and motor skills. As health care providers, it is our duty to seek help and collaboration with other providers that share our philosophies and practices. Occupational therapists are an integral part of sharing patient care with optometrists because of their similar interests in addressing functional skills of the body. Prior to this externship, I was aware of the occupational therapists’ role in aiding low vision patients, but I learned we have much more in common. In vision therapy, it is important to build gross motor skills in order to enhance fine motor skills, such as eye movements. Occupational therapists target many of the same motor skills we work on in vision therapy as well. Collaboration and awareness of these resources ultimately lead to better patient care.

Optometrists are the primary eye care providers that evaluate, diagnose, and treat visual problems (Schulman). While we are able to identify and treat medical problems that affect vision, we are also responsible for visual skills that contribute to functional vision. Treatment for problems in functional vision includes correction of refractive error, prisms and lenses, and vision therapy. Visual skills are meant to be integrated with the rest of the body for efficient function. The three main skills that should be focused on include clarity, maintaining singleness, and the accuracy and ease of eye teaming. The sensorimotor exams performed at Eyecare Associates evaluate oculomotor skills, accommodation, and binocularity in order to diagnose a problem. Vision therapy treats sensorimotor disorders, muscle tone, gross and fine motor, and perceptual skills such as visual spatial and cognition (Hellerstein). In optometry, the role of vision is primary, while movement is foundational.

 In comparison, occupational therapists address functional skills to enhance activities of daily living (Markowitz). Their goal is to maximize independence in those with developmental, behavioral, or social issues. In order to achieve this, occupational therapists focus on sensory integration and processing, self-regulation, motor planning, posture and balance, muscle tone, motor skills, and coordination (Markowitz). I first experienced these types of problems in one of my vision therapy patients during this rotation. During many of our activities that required gross motor skills and using her hands, I noticed she would do everything “too hard.” She also disliked wearing the patch, or having anything on her head, such as a beanbag. She had little body awareness and either sought or refused sensory stimulation. These factors made vision therapy difficult sometimes. She concurrently sees an occupational therapist during the week to work on many of the same exercises. I found myself trying to incorporate activities of gross and fine motor skills into our sessions to combine the visual system with her body movements. For example, any type of ball-bounce or Marsden ball taps would result in the ball hitting the ceiling, so we used a balloon instead. Reminders and demonstrations of tapping lightly versus forcefully were often performed. In occupational therapy, movement and balance abilities are primary, while vision is the most important sense (Hellerstein).

Optometrists and occupational therapists can both benefit from collaborating and sharing ideas to provide the best patient care. Eye doctors are responsible for communicating and educating other health care providers about how the visual system is integrated with the body and how it can enhance fine motor skills (Schulman). There should be collaboration both ways, with incorporating visual activities in occupational and physical therapy, as well as occupational therapy activities during vision therapy sessions. These activities include using the balance board, walking rail, exercise ball to stimulate the vestibular system, and focusing on posture. Furthermore, occupational therapy can be enhanced with the use of lenses and prisms, which are powerful tools that enhance connections within the brain. Both areas work on sensory integration and processing by teaching the brain how to process and organize information it receives from the outside world. It must then use this information appropriately to send proper signals to the rest of the body about coordination, behavior, and performance (Markowitz). Both occupations also work with similar populations, such as individuals diagnosed with autism spectrum disorder, ADHD, traumatic brain injuries, and strokes, which help with patient referrals and cross communication. Steven Cool focused on these two professions because both of them treat based on integration and function of the whole body, rather than traditional medicine.

As the health field progresses into a more interdisciplinary mode of practice, it is important to encourage collaboration between occupational therapists and optometrists in the future. They are able to use each other’s strengths to better serve their patients (Cool). In order to provide more resources for both professions, there should be information on appropriate referrals and co-management strategies. For example, ophthalmology and optometrists should be the primary providers for medical treatment of visual pathology and disorders, and optometrists should be the primary providers of rehabilitation of visual dysfunctions. Being aware of what each profession is capable of can greatly impact optometry and occupational therapy communication and relationships. Working together and sharing ideas will only benefit the patient.

Works Cited

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