

Guest Editorial ▶ Optometry, Pediatric Eye Care, and Vision Therapy in Nepal

Gopal Bhandari, B.Optom, Bharatpur, Chitwan, Nepal

Only 15 years have passed since optometry emerged as a new profession in Nepal. The first optometry education in Nepal was started by the Tribhuvan University Institute of Medicine in 1998 in collaboration with the University of Auckland, New Zealand. The optometric profession in Nepal is highly indebted to the contribution made by Professor Madan Prasad Upadhaya, former dean of the Institute of Medicine, and Professor Leon Garner, Department Head of Optometry and Vision Science, for their contributions to the commencement of this program.

Continuous support was provided by the World Council of Optometry (WCO). Professor A. Cullen was the first person who officially visited as a WCO representative in 2002 to foster optometric education in Nepal. Along with Professor Cullen, Dr. Ranjoo Prasad visited the Institute and also delivered several lectures in low vision care. Later, Dr. Sandra Wang Harris came as a Fellow of WCO in September of 2002. She worked for a year as a part of her fellowship, developing optometric education, organizing courses, and improving the quality in the optometric clinical procedures. Dr. Lori Lukey joined us as WCO Fellow for a period of four months. WCO also contributed to this program by delivering optometric education and providing teaching materials. We were also supported by the United States Peace Corps for almost a year. Dr. Sara Harter worked as a Peace Corps volunteer, where she strengthened the program by delivering lectures and organizing courses. Along with the international contribution, our own senior optometrists played a huge role in strengthening the program.

Optometry in Nepal came through its difficult days. Initially the public and even medical personnel were ignorant regarding optometry and its role in eye care. In time, things have changed, and now we are in a better position. Optometrists in Nepal mainly engage in vision care, including refraction, contact lens, low vision, orthoptics, and primary eye care. Today, the role of the optometrist in pediatric eye care has been found to be essential, leading to cooperative efforts with ophthalmologists in pediatric eye units.

Separate pediatric care units are available only in a few eye hospitals in Nepal. Those institutions unfortunately do not have full scope pediatric eye care. Pediatric cataract and strabismus surgeries are the main areas of focus of these units. It is my opinion, and I hope yours, that apart from the surgical care a standard pediatric clinic should offer low vision and rehabilitation service, as well as vision therapy (VT).

The scope and practice of VT is very limited in Nepal. Vision therapy truly is a new topic of discussion in the eye

care system of Nepal. There is only one optometry program in Nepal, and it does not include VT in its course of study. To my knowledge no Nepalese optometrist offers VT in their private practice.

Several of the eye hospitals and institutions have orthoptic units where patients with binocular vision issues are evaluated and treated. These orthoptic units are run either by optometrists or orthoptists. Orthoptic treatment is limited to the evaluation of strabismus and measurement of binocular functions. Simple home-based vision training procedures like pencil push-ups for convergence insufficiency, Hart chart rock for accommodative defects, and patching therapy for amblyopia are commonly performed in these clinics.

Without a doubt, there are many more visual problems that can be addressed with a broader VT approach than the older concepts of orthoptic treatment. It is sad to say that patients are forced to struggle with such visual problems due to the lack of tools, techniques, and qualified VT professionals. More importantly, there is a lack of understanding about the role and importance of VT among eye care professionals.

Nepalese optometrists that do offer or practice VT must strongly advocate its need and importance for better and more effective care. Secondly, it is an even greater challenge to establish full scope vision therapy in countries like Nepal, where the optometry profession itself is in its infancy. We continue to put our efforts together, along with the suggestions, assistance, and guidance from our fellow developmental optometrists from different parts of the globe. We can start by updating our curriculum and including VT in our course of study. We need to bring VT into our practice, even with limited available resources. Conducting case studies and research in different aspects of VT would establish the need for and effectiveness of VT among the public and medical professionals. We need to show them what we already know: VT really works and is important.

A mother of a 12-year-old son smiled at me and said, "I am really grateful to you." She was happy because the boy was doing well at school and he did not have to struggle with reading, writing, and other visual tasks since he completed VT. I personally have many such experiences of VT having a great impact on children with binocular vision problems. I feel happy as an optometrist for being able to help such patients with visual problems. I hope that other optometrists in Nepal will begin to feel as I do and understand the impact VT can have not only on their practices, but also on long term child development and success.