

Editorial ▶ Optometry: A Vital Member of the Rehabilitation Team

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Four years after graduating from the Southern California College of Optometry, I eagerly began my career in vision therapy by joining the office of Drs. James L. Cox and Michael M. King (also SCCO graduates). Soon after joining the group, I had my first experience in working with a traumatic brain injured patient. This was approximately the same time that the Head Trauma Issue of the Journal of the American Optometric Association was published.¹ Dr. Allen H. Cohen wrote an inspiring editorial titled “Optometry: the invisible member of the rehabilitation team.” What timing! I enjoyed reading each clinical article and have eagerly pursued my clinical practice of evaluating and managing patients with visual deficits resulting from traumatic brain injury.

Concussive injuries have become increasingly newsworthy, especially since many young athletes suffer from concussive sports injuries each year. Just recently, I viewed a report on the evening news of a young 17-year-old who actually died from a concussive brain injury. Is it because players are bigger and faster, creating greater force and injury? Regardless, what is being done to protect the athletes, and what changes are being made at all levels in contact sports? It is becoming evident that while the NFL knew about these issues many years ago, the public’s awareness and concern began perhaps when former San Diego Chargers linebacker Junior Seau took his own life in 2012. Studies by the National Institute of Health concluded that Seau suffered from chronic traumatic encephalopathy (chronic brain damage) that resulted from repetitive concussive injury to his brain. Fortunately, there has been growing interest in finding effective and efficient screening strategies for those who suffer a head injury. Not surprisingly, vision is recognized as a significant factor when screening for concussive injury, which has resulted in the use of vision assessment tools as part of the screening battery. As a result, more athletes are being referred for vision consultation and treatment.

I learned about optometry’s role in rehabilitation in the 1990s, when I attended the OEP-sponsored Optometry and Occupational Therapy Collaboration in Anaheim, California. Eager to learn more, I attended many educational conferences

and meetings, including the Neuro Optometric Rehabilitation Association (where I served as President), the College of Optometrists in Vision Development, and the Optometric Extension Program Foundation Clinical Curriculum TBI course. Eventually, I was invited to provide hospital in-services to medical staffs and lectured to optometric colleagues, allied professionals, and optometry students on the topics of traumatic brain injuries and sports concussive injuries. This led to my appointment as the Neuro Optometry Program Director for Casa Colina Hospital and Centers for Healthcare (Pomona) and Rancho Los Amigos National Rehabilitation Center (Downey), as well as referrals to provide consultative vision care for the Providence Little Company of Mary (San Pedro), CareMeridian Rehabilitation Centers, and various local rehabilitation facilities. In just over ten years, I have seen optometry change from an “invisible member of the rehabilitation team” to an integral and visible member of the team. Optometry has made tremendous advances in clinical care, and vision rehabilitation is one area that continues to advance and grow. I am delighted to see many colleges of optometry recognize the role of optometrists in rehabilitative care. This is evidenced by the interest shown by many optometry students. Recently, the OEP student clubs at the Southern California College of Optometry, Marshall B. Ketchum University, and Western University of Health Sciences College of Optometry attended my presentation on neuro optometric rehabilitation and toured the neuro optometry clinic and hospital and outpatient facilities at Casa Colina.

As I enjoyed reading each article in the special issue of the Journal in 1992, I hope that will you also enjoy reading this latest issue on brain injury rehabilitation. Many of our colleagues will share their cases that will help you expand your knowledge and grow your confidence in providing the necessary evaluation and treatment for those who have suffered a brain injury.

References

1. J Am Optom Assoc 1992;63(8).