

Editorial ▶ It's OK to Be Wrong!

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For all those who really know me, it is no surprise that I do not often like to be wrong, but in the patient experience I will present here, I am so happy to have been so. I met Amelia in 2014. I had been credentialed at the rehabilitation facility where she was a patient for several months and had treated many adults suffering from strokes. Amelia was different; she was a teenager. My heart skipped a beat, but I pulled myself together. Even though we did not have an abundance of information on the patient, we grabbed our bag of tricks and BIO and made our way to the facility.

As we often do at Southern College of Optometry, I brought along our resident—in this case, Dr. Tina Esposito. Every experience that we can give a resident that improves their skillset and comfort level for brain injured patients is beneficial. Typically, during the first half of the year, the residents watch, listen, and learn; in the second half, they take the lead, and the doctors are there for consultation. Since this was towards the middle of the year, and it was a younger patient, I took the lead.

As we entered the room, we were greeted by Amelia's father and sister. We heard the story about her accident 6 months prior and the ordeal they had been through. After several months in a coma, Amelia was finally starting to wake up. Her eyes were open—well, one more than the other. She was physically present, but you could tell that she was not yet there cognitively. One of her eyes was exotropic, and the lid was ptotic. She was non-verbal and supine. Essentially, the staff and family simply wanted to know what she was seeing! Luckily, we had gratifying acuity paddles and enough objective test options at our disposal. We performed a limited examination and informed all involved of the findings; she was seeing

about 20/100, the pupils were reactive but the response was dull, the eyes were tracking poorly, and her gaze was restricted to one side. The retinal health was excellent. We felt horrible that we could not offer much more for the patient, but we thought that she would not be able to perform even basic therapy activities given her level of cognition. We left the room despondent.

About 6 weeks later, lo and behold, guess who is on our list to see once again? Yes, Amelia. My first reaction was, crap, what am I going to do this time? We walked into the room, and we were surprised to see that the light bulb had finally turned on for her. She was interactive and able to answer yes/no questions with a hand gesture. The exotropia and ptosis were less, and we were able to get better quality information when working with her. We were able to provide the caretakers and the treatment team more information about what she was seeing. At the end of the examination, they asked a question that would change how I think about patient care, “Well, doc, can't we do any therapy to help her?” Again, the first reaction on my part was, crap. Here was a non-verbal quadriplegic patient with poor cognition; what was I going to do with her?

Dr. Esposito and I put on our thinking caps and came up with a game plan over the next few days. We started going to visit at the rehab center every few weeks, and we brought the therapy to her. We started off with simple eye movement activities by writing on a white board with markers. We began with big targets and had lines drawn between them. Eventually, we moved on to small targets like letters, numbers, and shapes. We had different colors and soon realized that we were not challenging her, so we made her do basic math as well.

When Amelia was released from the rehab facility, she began her therapy at SCO with Dr. Tressa Eubank. She continued to make progress by leaps and bounds. She began to converge and to track, and her processing was coming along. Dr. Eubank was giddy every week with how far she was coming! Her care was continued by Dr. Alicia Groce once Dr. Eubank retired, and I recall asking, “Is there still room for improvement?” Well, I got the stare of death from Dr. Groce and have been witness to further progress than I ever imagined. The neat aspect of the case is that we are truly just getting started. The sky is the limit!

My biggest surprise was an email I got several months ago showing an Etsy page (<http://etsy.me/2p4XWZv>) with artwork. You might have guessed that the artist was in fact Amelia. She paints with one hand, and when that side of the picture is done, she flips it over and paints the other side upside down. I cannot even imagine the visual processing going on to be able to pull that off!

This brings me back to the title of this editorial: *It is OK to Be Wrong!* As we all go through practice, we learn from our patients. Amelia taught me never to doubt my

patients. Through her hard work and the dedication of her family, she has proven me wrong. I will not go so far as to say that it is a miracle, because that would take something away from Amelia and her family as they have been steadfast in their efforts. I will say that her recovery and progress have been miraculous. She reminds me every day of the amazing work that we do and the impact that we can have on our patients. I hope that you too have been proven wrong by your patients, and if so, I promise, it is OK to admit it!