Article ▸ Visual Training in Action

A.M. Skeffington, OD

Robert A. Kraskin, OD

Visual Training In Action • Series 1 No. 1, October – 1965

Introduction

The initiation of a new course in the Optometric Extension Program is always a matter of intense interest and anticipation. The Optometric Extension Program is very proud of its contributors. It holds their courses and their writings as part and parcel of the great "living literature" of the on-going Optometry that is so much the product of these very contributors.

The present course is optometric training from the mind, the practice, and the office of Robert A. Kraskin, O.D. and promises to be a worthy continuation of the great developments of immediate past courses.

Dr. Kraskin holds a unique position in the optometric world. Probably the best publicized practitioner in this country today, his eminence stems from his pursuing a course in his practice that is one of the wonders of today's profession.

Completely new and opening up wide and wider fields of optometric activity is the host of people of all academic ages turning to the optometrist for assistance in academic achievement. This is an entirely new phase of optometric practice. It has become so commonplace, however, that the members of the profession can easily fail to see its uniqueness.

Labeled by the unknowing as having no "eye problem" and experiencing no discomfort symptoms, these people are turning to the optometrist for professional care . . . and the goal of that care, expressed or not, is to raise academic achievement. This is not done by some application of methods derived from education. There is no attempt to repeat, by greater intensification of application, the pedagogical methods that failed in the first place, but rather by completely unique optometric methods.

It is characteristic of Dr. Kraskin that he states vehemently that he does no form of reading training in his office. Yet there go out from his office people able to achieve in the education environment who had failed before. This is Optometry! Of this area of optometry, Dr. Kraskin is an outstanding example. A graduate of one of optometry's great schools, he was urged by his father to further prepare himself. He was shown the shelf containing the courses, from Volume I, published by the Optometric Extension Program. Young Dr. Kraskin started Volume I and read every page of every course. It was a background of preparation unequalled in thoroughness. It is one of the very real factors in Dr. Kraskin's ability to develop programs of optometric training that have been found so effective.

Dr. Kraskin has two important principles that are strictly observed in his actual office work and in his precepts to others. The first is that no program of training or lens prescribing is ever initiated in his office because of any measured quantities. The arranging of a program is always based on the needs of that person. Probably the most emphasized factor in Dr. Kraskin's approach to any of his patients is on the basis of coming to understand the needs of that person. The programs are all arranged and worked out to allow that person to meet his individual needs.

The second principle that is never absent from Dr. Kraskin's thinking, nor from his mode of operation, is that there are certain fundamental visual abilities that everyone needs to have. The actual individuality of any person's problem is always subservient to the fact that there are certain visual abilities that everyone needs to have. This idea is strictly in accord with the developing type of thinking about vision itself that is engaging the optometric mind today.

Dr. Kraskin takes very seriously, and puts into undeviating practice, the idea that vision is a synthesis of the participating sensing modes of the total organism. The "fundamental visual abilities that everyone must have" for the optimal visual behavior caused Dr. Kraskin to institute "arranged conditions for learning" that would cause some to ask, "What has this to do with vision? In fact, so much is this so that Dr. Kraskin habitually warns his new enrollees that some of the activities in which they are asked to engage may seem strange to them, but to go ahead and do them, and in due season and time (as the patient becomes more sophisticated) they will see where the activities fit in.

The ideas characteristically held about vision by most unindoctrinated patients are so limited that any attempt to explain the whole to them immediately is a loss of time and communication. In a limited way, this has proven true within the profession. Understanding of the true dimensions, magnitudes, height, and breadth of vision has come very slowly. It is for this reason that Dr. Kraskin has developed the sequences and chapters of this course.

From the start, it will seem very simple to some clinical associates. There will be procedures outlined that may seem strange to others. The injunction to "take my word for it that it is important and follow through" that is given to patients may well be extended to readers.

The goal of the course is clear. Dr. Kraskin is a firm and outspoken believer that visual training is not a specialty, but is a part of the whole of optometric practice. He also believes, and holds, that it is important for almost anyone operating in this culture.

Dr. Kraskin wants to bring about the development of better people. That seems like a large order, but if the idea

is held that people are the products of what they do, then the person with a visual problem is operating well under his capacity as a person. This will affect every aspect of his life, whether it is the teenage daughter of a great personage, the aviator who fails his latest physical and is grounded, the student faced with the increased reading demand of college, the adolescent emmetrope having difficulty in high school, the early "grader" or the child whose developmental sequence became "skewed," and warped, and distorted his eyes "as eyes." These are people – persons – and they are operating below their potentials. Optometry, in its broad aspects of a behavioral approach, is their hope and their benefactor.

Dr. Kraskin, above all else, demands that they "know their goal" and relate all arranged activities to that goal. Dr. Kraskin has a typical statement that he makes to every accepted training case, "We will never tell you how you are progressing; you will tell us!"

It is at no small personal sacrifice that Dr. Kraskin takes on this time-consuming and energy-demanding task. Yet he accepted it eagerly and willingly because he believes – almost devoutly – that every optometrist should be engaged in visual training, that that every optometrist has the capacity to do an acceptable job in the field of visual training. It is with almost missionary zeal that Dr. Kraskin has attacked this task of writing on the thing he loves so that others will come to understand it and love it as he does.

Dr. Kraskin believes that there is nothing more important in this world and on this globe than the development of the potentials of members of our species. He believes that only through the instillation of adequate behaviors and performances by the organism itself can such capacities be attained.

The two underlying and directing slogans, "There are certain fundamental abilities every person ought to have," and "We will never tell you how you are improving; you must tell us," should, in themselves, so awaken the interest, intellectual and professional curiosities of every clinical associate that these chapters will be almost his first and foremost interest each month, that they will be: (1) eagerly anticipated; (2) studied with zeal; (3) the focus of discussion at the Study Group; and (4) BE PUT INTO PRACTICE. As a result, a significant factor will be the creation (in the minds of all people) the true and important image of Optometry.

Visual Training in Action

Introduction

The author has stated over a long period of time that it is his fundamental belief and opinion that Visual Training is an area of the general practice of Optometry rather than a specialty of Optometry. It shall be the intent of this course on "Visual Training in Action" to demonstrate to its fullest extent the complete realization and appreciation of this basic belief, opinion, and principle. This course will be a continuum, and it may be necessary and desirable periodically to suggest that the reader review past chapters to best appreciate that which is currently being presented. Visual training, as it applies and is related to the general practice of optometry will be described, demonstrated, and discussed as fully as possible both through these forthcoming chapters as well as by means of the audio-visual aids of the associated monthly slides and recordings. In relationship to this, the following areas will be considered:

(1) Clinical application of visual training
(2) Office management of visual training
(3) The theoretical and philosophical aspects of visual training

However, the specific areas will not be considered in separate sections, but rather, they will be presented in an on-going integrated and interweaved manner which will permit a more appropriate picture of the totality of visual training to be appreciated and perhaps, it is hoped, to be utilized as immediately as possible.

It is not the desire of the author to write a "cookbook" on visual training; however, as has often been stated, one has to have something to start with, and if this course provides that impetus, then it is very worth while. The course will provide techniques and instructional sets for these techniques. Some will appear to be new and different to some readers, while others may appear to be quite familiar. There will be many familiar instruments utilized and described in relation to procedures, and it will be ever important that the reader continually match his present or past utilization of the familiar procedures and instruments to the currently described.

The description of "visual training in action" will be presented as a patient will experience it from beginning to end, and it will be of value if, in addition to studying this material as an optometrist, the reader would strive to emphasize each chapter as a patient in active visual training.

Thus, in final analysis, it is possible that this material may be considered a "cookbook" on visual training and utilized as such. And, it is probable that, utilized as such, significant benefits may be realized by any patient having experienced that which the "cookbook" describes. However, there is one element that separates the "everyday cook" (always following the cookbook specifically) from the unique "chef" and this is the personalized participation, the giving of oneself, the full awareness and appreciation of the significance of ingredients and how they are utilized. It is the bringing to visual training on the part of the optometrist, his total understanding and appreciation of the uniqueness of human vision, the development of vision, and a model of visual training interrelated to his own personality, and, thus, his participation that permits the maximum benefits to be gained by the patient. The personality cannot directly be taught, but it must be developed and will be developed as the optometrist participates with his patients as they experience "visual training in action." The aspect of participation is difficult to teach and describe, but it can be and will be implied.

In order to provide and utilize visual training as a significant area of general optometric practice, it is essential

that the practice be highly controlled and organized. During any workday or work week, there will be specific hours devoted to and available for visual training, separate and aside from the work hours provided for other optometric services. The frequency of office visits in an office centered visual training program will be determined by the optometrist. The number of patients seen during each visual training will, likewise, be determined by the optometrist. The foregoing are some of the office organization considerations that must be controlled and organized, and as an example, and for descriptive purposes, the following demonstrates these considerations as currently existing in the author's practice.

Presently, close to fifty percent of the available work hours are devoted to visual training, and each visual training session is one hour in duration. Each hour of visual training has from six to eight patients scheduled, and, generally, each patient is seen three times a week while in active office centered visual training. The office operates on two schedules, a winter schedule and a summer schedule. The winter schedule is followed from the middle of September to the middle of June, while the summer schedule exists in between for three months. Visual training hours during the winter schedule are [as follows].

The office is closed on Monday, and all other hours, beginning at 9:00 AM are devoted to other optometric areas of general practice with the exception of lunch hour from 1:00 to 2:00 p.m. each day. During the summer schedule, the office is closed on Saturdays, and visual training hours are available on Monday, Wednesday, and Friday at 9:00, 10:00, 11:00, 12:00, 3:00, 4:00 & 5:00. Examinations, progress case studies, etc. are done on Tuesdays and Thursdays all day long as well as at 2:00 on the visual training days. There are approximately forty-five to fifty active visual training patients each month of which 60% are from age five to eighteen; the other forty percent are adults. Children younger than age five, when in need of a visual training program, are provided complete out-of-office visual training.

Each month, two and a half hours, in addition to the regular visual training hours, are devoted to visual training. These hours are referred to as the "observation." Obviously these hours must be taken from the hours generally devoted to optometric activities other than visual training. Each month, an orientation is provided for newly accepted visual training patients. Prior to beginning active visual training, the visual training neophyte must particiapte in this orientation, which is arranged and organized to properly orient and indoctrinate the patient to visual training, to provide a beginning, to help him know where he is going and how to get there, to give him some background and understanding of vision and how it relates to his needs and his visual problem, to help him understand how to be most successful and obtain the most from visual training , and finally, to provide the first month's home training activities. Every active visual trianing patient participates both in office-centered and home-centered visual taining activities. As stated, the orientation is presented monthly, actually, ten months a year. There is no orienation in July and December. Other than June, the orientation is given on a Wednesday morning (Thursday morning in August), during either the last week or first week of a month beginning at 9:00 AM. It actually lasts about two hours and fifteen minutes. In June, due to summer demands, two sections of orientation are provided, one on a Wednesday and one the following day, and it is given during the middle of the month following the closing of most schools and colleges. Eight new visual training patients are given orientation each month with the exception of June, at which eight patients are oriented at each of the sessions. It can readily be seen that, as a matter of space control, it is essential that at least eight patients per month will have to be either discharged or placed on vacation from active visual training to provide space for the new patients. This total consideration of "space control and multiple training" will be given much greater and more elaborate consideration in a later chapter.

With the foregoing as an introduction and a generalized description, the total program of "Visual Training in Action" will begin next month. The beginning will be "Orientation" and it will be presented as transcribed from a real session. It is essential that the stage be set in the reader's mind to best appreciate and experience orientation. Present at orientation are the parents of the children patients, the child if ten years old or older, and the adult visual training patients. Keep in mind that these are newly accepted visual training patients, not currently active patients. At five minutes to nine on the designated morning, these people are escorted into a room arranged in a "lecture style" and are seated, facing a large chalkboard at the front of the room. Also, at the front of the room are two tables upon which are materials as follows:

1. Legal size yellow tablets and sharpened pencils.
2. Patient's records and office training record books.
3. Rx envelope for recording trainer frame size.
4. Sample trainer frames for size measurement.
5. 3x5 cards, one for each patient with their name on it.
6. Snellen charts & OEP Vision Blotters.
7. Extra visual training patient kits.
8. Chalk and eraser.
9. Sample of "patient report."
10. Orientation notes.
11. Balance boards.
12. Special books.
    - "Is Your Child Really Fit?" B. Prudden
    - "How to be Slender and Fit After Thirty" B. Prudden
    - "Success Through Play" Raddler
    - "How to Develop...Intelligence" Getman
    - "The Slow Learner...." Kephart
    - "5BX Plan for Physical Fitness" RCAF

On the chalkboard are listed the hours provided for visual training.

When everyone is seated, they are each provided with a tablet of paper and a pencil, and a 3x5 card bearing their name. At this time, orientation begins, and your orientation to visual training will begin promptly next month.

Robert A. Kraskin, OD

Orientation • November – 1965 • Series 1 No. 2

A course based on the concept that visual training is not a specialty, but a part of the whole of optometric practice. Covers clinical application, office management, and the theoretical and philosophical aspects of visual training in an integrated and interwoven manner.

I want to welcome all of you to this visual training orientation this morning. It is our purpose this morning, of course, to orient you to visual training so that you will know where we are going, how we are going to get to where we are going, and to appreciate and understand, perhaps, some of the underlying processes involved. We are going to lay out to you various means and methods that will make this an enjoyable experience for you over the time you are going to be here and certainly as successful as possible.

You have each been given a tablet of paper and a pencil as well as a 3x5 card bearing your name. The purpose of the paper and pencil is to permit you to take as elaborate notes on that which we are going to discuss as you desire. There will be certain items of information that I shall specifically desire to have you write down, and I shall make mention of this as I go along. Also, as we move along in orientation this morning, if you have any questions, please don't hesitate to ask them. I can't lose my place and do not mind being interrupted because I always work from my notes. If the question is regarding something that may be answered later on, I shall mention this fact rather than take the time to answer immediately.

The first thing I would like you to do is to introduce each of you. You are going to be together for a couple of hours so we might as well get to know each other. After today you may not see each other because you each may be scheduled in different hours and days for visual training. (Author's note: At this time, each patient's and parent's name is called and introduced).

Next, we want to establish your visual training office schedule. Please list on your 3x5 card your desired schedule and also a second choice. It may be possible that there will not be space available this month in the desired hours for visual training, and if this is the case, we shall make every effort to obtain your desired space schedule by next month, and, thus, this month, we may have to ask you to adhere to your second choice or some combination of these hours. Remember, you will be coming to the office on a regular schedule of three days a week. The days and hours for visual training are listed on the chalkboard. These are identical to the hours and days reviewed during our conference with you and are also listed on the summary sheet given to you. At the end of this first hour when we take a few minutes break, I shall collect these cards and check your desired hours against the spaces I know will be available, and I shall try to confirm your schedule before you leave this morning.

Now that you have recorded your schedule, we wonder at orientation each month if, when all of you come in together, there perhaps is not a question in your mind. If this question is not in your mind, we are going to plant it there right now because it should be in your mind. It is a significant question and we should strive immediately to answer it. The question is this: "How can we all be oriented together; are we all alike, and do we all have the same visual problem?" Think about it for a moment, and question yourself. Is it in your mind as you come in here? We want to try to answer it.

If I take all of your records, as I have here in my hands, which include all of the data that I gathered at the time of your examination, and lay them out in front of me, you can rest assured that for all practical purposes each one looks rather different. They are not the same. There are many, many individual differences and no one of you is alike, or necessarily is any one of you here for specifically the same reasons. We can have many different needs, and these records are as different in many respects as fingerprints. True, there certainly can be some similarities as well as the differences.

But, underlying it all, there is one basic commonality; it is almost ridiculous to even mention this commonality, but it is something that is so significant that it permits us to provide you with a program of visual training and likewise permits us the privilege of orienting you together. This one commonality is that we are all human beings. Each of you may differ in your adaptations, meaning that some of you may have nearsightedness, astigmatism, or the other various labels that you hear. Surely there are differences there, and each person may differ in his specific needs, his expected benefits from visual training, and likewise his goals. But, underlying it all is this very significant common characteristic, that we are all human beings. We can assure you that if we were laying out a program for chimps, we couldn't orient chimps and human beings together at the same time. It would be utterly ridiculous.

With this thought in mind, and to help you better understand where we are going and how we are going to get there in visual training, we shall to some degree discuss human development and strive to appreciate the fact that normal human development is an orderly process. It is not haphazard. It is not something that just happens. Development is highly organized and most orderly. Let's take a look at the process of normal human development. If we put a circle on a chalkboard at this position, we can say that this is birth, and we can describe development very simply by saying that there is a movement through time ever towards a goal [Figure 1].

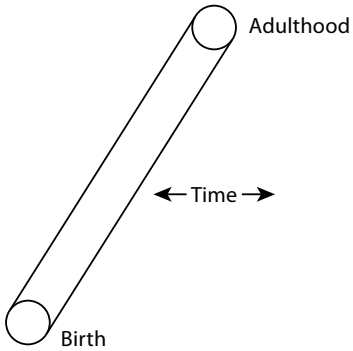

Figure 1

What is the basic goal in human development? The basic goal is to move from birth to adulthood. The interesting thing is that we really don't know where adulthood is. We actually don't know what adulthood really means. We use the label so easily. In some areas of physiological study of the human being, we might conclude that adulthood is approximately somewhere around the age of sixty-five. On the other hand, we are told that the human eye is at adult size at approximately age four and a half. Yet, the neurology of the eye, itself, is not completed until perhaps around 16 years. Perhaps you might want to consider adulthood as being reached when one moves into the "bifocal age" at about forty years. But that which comes about at approximately forty years of age often started at about age 13, so where is adulthood? Most states say that adulthood is reached when you are twenty-one, but yet there are a couple of states that say age eighteen, so you see, we really don't know where adulthood is. But, we can state that the movement in time from infancy is toward a goal of adulthood, and this movement is a most orderly process. In fact, we can pinpoint what people in child development refer to as stages of development.

I am sure that most of you as parents are familiar with the name Gesell. If you have read some of the Gesell material you will have read about, for example, the behavior of the three-year-old, the behavior of the four-year-old, etc., and it has now been demonstrated that we see these various stages of behavior in development through the sixteenth year. There is some degree of evidence to indicate that these various stages of development continue on beyond there.

Perhaps one of the unfortunate aspects that emerged from some of the beautiful work in child development was that age levels were ever put on these stages. Many parents will read the book and perhaps decide the book is wrong because their two-and-a-half year old child is behaving as the book describes three-year behavior. Or the parent may have a four-year-old whose present behavior is descriptive of the three-year-old behavior as described in the book, and thus conclude the book was wrong. But this is not true. There is a wide range of normality, and it is so often not realized that these behavior characteristics and traits were derived from a study on a certain group of youngsters in a specific locality, and as these studies have been repeated in different areas, it has been found that some of these stages did not emerge necessarily at the same age levels. But one thing was for sure – the same stages of development seem to exist, and it would have been far more meaningful perhaps if, instead of putting age levels in these stages, these stages were merely labeled as "stage A," "stage B," "stage C," etc., because one thing is true: in order to have a good stage "D" come through, there had to precede it a good stage "C," "B," and "A." If something were left out, a good stage "D" would not emerge. Being very practical about it, let's take a look at the area of vision as related to development. In optometry today, we can state that if we see a youngster or any individual who has an inward turned eye of a functional nature, we can be fairly firm in our convictions and predict that this youngster did not go through a crawling or creeping stage or had an inadequate crawling or creeping stage. Now, the converse is not true; we cannot predict that the youngster not having crawling or creeping experience is going to have a crossed eye. You may wonder, however, what in the world does crawling and creeping have to do with vision and turned eyes. Yet, when you begin to think about it you realize that crawling and creeping are the first stages of behavior when a youngster moves from here to there using both sides of his body. After all, the use of both eyes is an emergent of that, so you see these things are very significant. Now to summate, at this point, it was important to take the time for this little demonstration of normal human development to appreciate and understand that development is an orderly process. It doesn't just happen.

With that in mind, let's now take a look at visual training, and let us maintain our same diagram but change some of the labels so that this is no longer a diagram of child development but a diagram, in a sense, of visual training. Let us change the label "birth" to "today;" this is orientation and this is where all of you are on the diagram. We are going to move from today in visual training through time toward a goal. Now change a label "Adulthood" to "goal." What this goal represents can vary for each of you; it can be something entirely different for each of you. How long will it take to reach your individual personal goal can vary for each of you. After a month's visual training time, one patient may be at one position in this diagram in relation to his goal, while another patient may be at some other position. This does not necessarily mean that one patient is moving faster than another. One goal may be quite different, in fact there are many individual differences which must be considered in the organized visual training program. That is why we must consider you as an individual in visual training. We cannot operate on a mass basis or on a semester basis as a school might do, because we are concerned with you as an individual moving in a manner directed towards reaching your goal.

There are many individual differences that can influence how rapidly you can move toward and meet your goal. I think we should begin now to appreciate what the purpose is of a visual training program, and I would like each of you to write down specifically this next statement.

The purpose of a visual training program is to arrange conditions to permit a patient the opportunity to develop adequate visual abilities to satisfy his needs.

The satisfaction of the needs is the benefit that you will derive from your visual training program. The needs and your

expected benefits, therefore, will determine your goals. It is very important that each one of you have a definite goal. I want you to have a clearcut, concrete understanding of what your needs are, what your expected benefits are, and what your goals are.

I want you to record specifically for me and for yourself exactly what your goals are in your visual training notebook; we'll tell you more about the visual training notebook later. These should not be in abstract or generalized terms but should be specific and related to you and your needs. I don't want to look in your notebook and see, "My goal is better vision." This is meaningless to me; it is meaningless to you. You must pinpoint your goal, it must be concrete. Do you want to play a better game of baseball? Do you want to be able to do more on the job so that you will increase your salary or rating because you are performing better? Do you want better grades in school? Why are you here? You have to know why you are here.

Periodically, we have many observers that come into the office to observe visual training at work. Generally, these people are optometrists, educators, and psychologists. We suggest that these observers talk with the visual training patients, and one of the specific things we ask them to inquire about is your goal. I suggest they ask the challenging question, "Why are you a visual training patient; why are you here; what are you working for?" Of course, it is true that with some of the younger patients--the five-, six-, and seven-year-olds--the answer may frequently be, "Because I get a bar of candy when I'm finished and it's a lot of fun." For this age level, this is an excellent answer, but, also, for this age level, although this may be the motivational element, it is equally important for these youngsters' parents to be knowledgeable of the more realistic goals.

I want to emphasize the important point that what you are working for in visual training relates to a definite goal or goals. You are not working in visual training for the expressed purpose of eliminating a visual problem. In fact, we might state that we are not concerned with the visual problem or the personal adaptations that we measured clinically in these records of yours. But we are extremely concerned with your personal needs, your expected benefits, and your definite concrete goals. From here on, as a visual training patient, you will never hear us refer to a visual problem. We never use that label, visual problem, because you are not working in visual training, as you will see, to eliminate what is wrong. We are not concerned with what is wrong; we are concerned with what is right and good, and how to make it better so that you can develop adequate abilities to meet your needs and attain your goals.

(To be continued.)

The Lasting Impact...

I was first introduced to the writings of Dr. Kraskin during my residency year in Pediatrics and Vision Therapy. I read *Lens Power in Action* first before diving into *Visual Training in Action*. When I first read *Visual Training in Action* shortly after my residency, I could not understand parts of his writing and how we could treat patients with different diagnoses the same. As I read the first series, No. 1 and No. 2 again, several thoughts, or themes, jump out to me. The first is that it starts to lay out a framework to help optometrists become comfortable in providing visual training in the office. This framework may or may not work in the reader's current practice setting, but it provides a good jumping off point to begin to think about how one could integrate visual training more fully into practice. Another theme is that visual training is not a niche of some optometrists, but rather one and the same in the practice of optometry. I feel that understanding visual training as being optometry is important to bear in mind, especially as we rush to the future with newer technologies and scope-of-practice expansion. We should not forget something so powerful to our patients, and our profession, as we learn new techniques and other methods of treatment. Maybe my favorite theme, which I have come to understand and appreciate all the more as I have now been out of school for more than six years, is that we are not treating a set of eyeballs, but rather treating a patient and allowing them to achieve their goals (rather than help them reach a set of normative values). As Dr. Kraskin points out in *Visual Training in Action*, we help them reach their goals in life through visual training, improving the "fundamental visual abilities" that all humans must have. This point has been important to my understanding of visual training and my implementation of vision therapy in the office. I find it amazing in a sense that I can perform the "same" visual training with someone labeled with an esophoria and/or an exophoria diagnosis and still help that patient reach their goals. This fact is different than my understanding of the human visual system would have allowed upon graduation from optometry school. Helping patients improve their "fundamental visual abilities" also helps me to see patients as more than just a set of eyes and stops me from being as concerned about whether or not I can treat a certain diagnosis. Now some patients may progress through visual training faster than others, but the fundamentals stay the same. These "fundamental visual abilities" necessary for humans to have to reach their goals has to be correct because this writing still provides great truth and value more than 50 years after it was published. Dr. Kraskin provided a wonderful resource for previous and future optometrists by writing *Visual Training in Action*.

— Eric Weigel, OD

Reading Skeffington's introduction makes me think of the importance of the respect he had for clinical experiences. OEP still functions on respect and belief in teaching clinical experiences. That for me is important and a strong issue for OEP's work. Most scientific organizations limit development by a too-strong focus on research. Optometry deals with de-

velopment rather than treatment – something that Kraskin even states in his part of the article. Vision development is so complex and individual that "the golden standard" of research is difficult if not impossible to use in this area. Waiting for research in optometry will lead to limitation not to progress.

What I find the most important message from Kraskin's part is how strongly he believes in doing therapy in a specific sequence of activities. A sequence of activities that is "dictated" by the natural order of development in human vision development. This is something I strongly believe in, as I do all my therapy on a one-to-one level, planning activities based on the individual's needs and abilities. This allows me to focus more on the patient's weak abilities and go easier on the well-developed abilities. But the message that we should not treat "a vision problem" but rather develop a well-functioning person I love and believe in. I will even push it one step further and include integration of the primary reflexes as one of the critical early steps in vision development, and to include nutritional recommendations to some degree to give a better template for vision development.

— Thorkild Rasmussen, Optometrist

Visual Training in Action provides an excellent overview of the role visual training (vision therapy) has in the development of the individual. Starting with A.M. Skeffington's introduction of the course, he describes Dr. Robert Kraskin's approach, which "does no form of reading training," but rather "[instills] adequate behaviors and performances to [develop] the potentials of members of our species." Dr. Kraskin recognizes that if "people are the products of what they do, then the person with a visual problem is operating well under [their] capacity as a person." Thus, "visual training is not a specialty, but is a part of the whole of optometric practice."

Next, Dr. Kraskin provides a transcript of the orientation to his program so that the reader may view the program through the eyes of a patient. Dr. Kraskin starts the program acknowledging that though each patient is unique with their own unique visual problem, they are all connected in the sense that they are all human. As humans, we are all on the spectrum of human development, with the basic goal of moving from birth to adulthood. As vision is the emergent of development, proper visual development in an orderly fashion is significant. Dr. Kraskin concludes the orientation comparing the program to the developmental process. Each patient must have concrete goals, as "the purpose of a visual training program is to arrange conditions to permit a patient the opportunity to develop adequate visual abilities to satisfy [their] needs." In the end, "we are not concerned with what is wrong; we are concerned with what is right and good, and how to make it better … to attain your goals."

—Ben Konynenbelt, OD

As part of the celebrations of 90 years of OEPF, Dr. Taub has asked me to review these two papers, consider the importance of the articles, and give my 'take home' message from my reading.

The papers were from Drs. AM Skeffigton and RA Kraskin, two giants of Behavioural Optometry thinking and practice. After Optometry School, Dr. Kraskin, urged by his father, read all pages of every course produced by OEPF.

The article by Dr. Skeffington described a number of vision training principles from Dr. Kraskin.

(i) No program of training or lens prescribing is based on measured quantities but always on the needs of the patient.

(ii) There are certain fundamental visual abilities that everyone needs to have. The actual individuality of any person's problem is always subservient to the fact that there are certain visual abilities that everyone needs to have.

(iii) We will never tell you how you are improving, you must tell us.

Dr. Kraskin's paper was the second in his series on Visual Training in Action and was the description of patient and parent orientation to the vision training program that they were about to begin.

He explained that their programs would relate to human development, and they would be working with the fundamental visual skill needed by all human beings, not related to "visual problems."

He said that their programs would be related to personal needs, their expected benefits, and their definite concrete goals.

I was interested to receive these papers from Dr. Taub as I had, in the last year, been reading books by Skeffington, by Kraskin, by Harman, and by Renshaw.

Coming to these books again, as an experienced Behavioural Optometrist, I found I could finally begin to understand what they were saying!! Enormous AHA moments!!

Going back to read the wealth of knowledge, insight, and understanding in these OEPF articles is of incredible value to those of us learning and practising now.

Behavioural Optometry is a delightful, frustrating, illuminating, exciting, and thrilling journey, with the enormous satisfaction of being able to help people with the development of the visual skill needed for all human beings.

Reading these two papers reinforced my thinking of the developmental path that informs all of my visual training programs, specific to individual needs and general to all human beings.

Now back to the rest of the books in my bookshelves …

— Caroline Hurst, BSc, FCOptom