

What can you do as a teacher?

Please be patient with children having associated heterophoria. Do not expect success within days or weeks but in months or perhaps even in years. Please encourage the parents of children concerned to letting clear the cause of the described noticeable problems by experts. As a general rule the problems are complex and co-operation of multiple faculties are essential. Unfortunately disturbances in the coordination of the eyes will often not be considered by experts. As the eyes represent the most important sensory organ of man it is obvious that disturbances in the visual system should be considered as a cause and children concerned should be tested for all visual defects including associated heterophoria.

Measuring associated heterophoria requires special equipment and knowledge of the corresponding methodology (MCH). Associated heterophoria can only be measured by optometrists and ophthalmologists both of whom being specialized in that field of activity. On the website "www.ivbs.org" you will find a list of members, arranged for postcode area, which enables you to contact a user of MCH in your vicinity. Furthermore there you will find further reading concerning associated heterophoria and prism glasses. According to prior agreement there is also the chance of a representative of the IVBS giving a lecture at your school in front of teachers and parents.

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Information

Information for pedagogues

This information is addressed to educators and pedagogues.

Children with associated heterophoria

Possible hints are:

- Problems with reading, writing and calculation
- Noticeable problems of fine motor skills (e.g. with drawing, coloring, cutting-out)
- Noticeable problems of gross motor skills (e.g. with ball games, bicycling, ascending stairs)
- Stress symptoms (e.g. eye rubbing, eye pain)
- Headache
- Concentration problems (e.g. rapid fatigue when reading)
- Behavioral occurrences (AD(H)D, fidgeter, clown in the class, dreamer)

Associated heterophoria – what is it?

Associated heterophoria is a deviation from ideal binocular vision, being present with most people, but in many cases does not cause problems. In other cases this visual defect leads to various distinctive features. With children and young people this may be among other things:

- **At school:** Problems with reading, spelling and calculation, high inclination to slips, poor handwriting, concentration difficulties, disinclination to learn, poor ability to work under pressure and similar problems.
- **Body control:** Defective gross motor skills (e.g. clumsiness at ball games, bicycling, ascending stairs) and insufficient fine motor skills (e.g. at painting, coloring, cutting-out).
- **Evidence of strain:** Headache (in the first four years of life rather stomach ache), eye-strain, burning eyes, tears, eye-blinking, giddiness, nausea, fast fatigue with reading and writing – even with existing eyeglasses and good visual acuity.
- **Noticeable behavior problems:** Behavior symptomatology comparable to that with AD(H)D (attention deficit disorder with/without hyperactivity). These and other noticeable problems may be caused or increased by associated heterophoria.

What exactly is behind all this?

When binocular vision is to function perfectly, both eyes have to align exactly to the object looked at. This is even possible when associated heterophoria is present, however only by "re-adjusting" the position of the eyes. Thereby double vision is prevented, but it demands a permanently increased effort in energy. To relieve children with associated heterophoria from the strenuous "readjusting" of the ocular muscles, spectacle lenses with additional prismatic effects are used. For determination of associated heterophoria the **M**asuring and **C**orrecting Methodolo-

gy after H.-J. Haase (**MCH**) has been established for more than 50 years.

Behind prism glasses, determined according to that methodology, the eyes are enabled to take up their position of least strain and the prismatic deviation secures that the images nevertheless meet the correct spots in both eyes. Some children already get therapy and/or assistance measures. According to experience the success of such procedures will be effectively assisted by wearing a pair of prism glasses.

Associated heterophoria is no disease but a visual defect. Prism glasses do not alter anything concerning the existence of this visual defect. They compensate for it – but only as long as they are worn. This is the same as with any other kind of visual defect, for instance with shortsightedness.

Criticism on MCH

Critics often make persons concerned insecure with the predication, prism glasses may lead to squint and therefore to an unnecessary operation of the ocular muscles. However, statistics on the basis of a large number of cases have shown that operations are only indicated in 2,4% of the cases – but this is never compulsory, but only will serve to avoid wearing an exceedingly heavy pair of prism glasses which correct an associated heterophoria of high magnitude.

Other critics refer to associated heterophoria as artifact of the measurement process and question the theoretical approach of the MCH. In practice this is accompanied by a multitude of impressing successes with eyeglasses after MCH. This in fact does not count as academic proof of the effectiveness of such eyeglasses, but according to the frequency of successes it appears highly unlikely that it is solely a placebo effect. Further on it is said, the eyes would merely be spoilt by prism glasses and the auto balance will be forgotten. Actually this auto balance demands

energy which is lacking elsewhere in the organism, possibly leading to the mentioned noticeable problems. Of course we recommend prism glasses only when there are appropriate noticeable problems.

What else is to be considered?

According to our experience it is to be expected that existing stress symptoms, as there are headache and eye pain, disappear quite quickly for the most part or are at least reduced. The younger school children with associated heterophoria are when they first get eyeglasses with prismatic lenses the more it is likely that existing problems will be reduced. Particularly at starting the correction within the first two school years even delight in reading will develop in an appropriate period of time.

As you know, success at school is considerably linked to willingness and ability for reading. Therefore every reduction of the aversion to read can have positive effects on the child's situation at school. This will also be assisted by the now to be expected improvement in power of concentration and ability to work under pressure as well as by noticeably better success in spelling exercises.

Please...

- pay attention to the child's wearing the new eyeglasses permanently during instruction,
- motivate the child with initial adaption difficulties by the prism glasses,
- inform the parents if the eyeglasses are twisted or damaged, so that repair or replacement can be provided quickly,
- support the child in wearing the eyeglasses and protect it from bullying by other children.

In most of the cases it cannot be expected that wearing the eyeglasses will unburden the child from all problems within only a few days or weeks. This particularly applies if first wearing the prism glasses started after the second year of school.