

State University of New York
State College of Optometry
The University Optometric Center

VISION

MAY 2002

A unique path to the road back

Dedicated team works with rehab patients

Most people think of rehabilitation therapy as a way to restore muscle strength and physical dexterity after surgery, injury or stroke. But for patients at the University Optometric Center (UOC), vision rehabilitation is the restoration of hope.

When adults with vision problems from trauma or age-related disease are referred to the Rehabilitation Services at the UOC, they have the benefit of working with a group of people who excel in what they do. This multi-disciplinary unit includes vision rehabilitation therapy, occupational therapy, low vision, and social services.

The doctors in vision rehabilitative therapy see patients who have eye teaming, focusing, tracking and fixation difficulties. Vision therapy sessions include a structured set of procedures over a period of time designed to enhance visual functioning and motor skills.

Often rehabilitation at the University Optometric Center not only includes getting the eyes to work together, but focuses on how low vision and trauma patients learn to live independently with a visual disability. Learning to use contrasting colors to help distinguish objects; making lighting changes at home, and using magnifiers, telescopes and state-of-the-art technologies are some of the strategies that help patients adapt to their environment.

The Greenwald Center for Rehabilitation has an Activities of Daily Living Suite, which looks like



Dr. Alden N. Haffner, President of the SUNY College of Optometry (right), congratulates Raymond J. Greenwald at the official opening of the Greenwald Center for Vision Rehabilitation.

a small apartment, to give rehab patients a real life setting in which to learn new skills.

"We take the optometric approach to rehabilitation and combine it with the functional approach in order to maximize remaining vision. We emphasize independence, safety and quality of life," said Alison Schonfeld, the Greenwald Center's new occupational therapist.

Iris Rosen and Jenny Warmflash, both certified social workers, help rehab patients with everything from coping with a life-altering event such as a car accident to serving as patient advocates with social service and

health care agencies. The social workers assist the optometrist in providing best possible care to the patient. Graduate students from NYU School of Social Work complement the full-time staff.

The Vision Therapy/Rehabilitation Service also treats children with learning disabilities who have visual motor and visual processing problems contributing to their inability to learn.

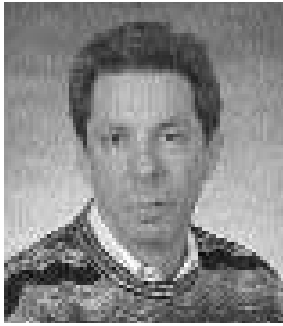
"The comprehensive approach to vision rehabilitation provided by our team is unique in vision care. We are the only institution in the tri-state area that offers it," said Dr. Harold N. Friedman, Chief of the service.

The road back to recovery for UOC rehab patients is often one that leads in new and unfamiliar directions. The patients and the staff here make this journey together.



Low vision patient uses a portable digital magnifier which connects to a television or computer to enlarge the printed page.

Ask the Doctor



DR. ROBERT DUCKMAN
Director, Services for Children
with Special Needs

Important Phone Numbers

To Schedule an Appointment

212.780.4950

Adult Primary Care Service

212.780.4950/4952

Children With Special Needs

212.780.4996

Clinical Administration

212.780.4930

Contact Lens Unit

212.780.5030

Head Trauma / Rehabilitation Unit

212.780.4956

Homebound Vision Care Program

212.780.4930

Infant's Vision Unit

212.780.4996

Insurance Information

212.780.4078

Learning Disabilities Unit

212.780.4990

Low Vision Service

212.780.4956

Ocular Disease & Special Testing

212.780.5020

Ophthalmic Dispensary (Glasses)

212.780.5929

Pediatric Vision Unit

212.780.4996

The Glaucoma Institute

212.780.5020

Vision Therapy Service

212.780.4960

Vision Rehabilitation Unit

212.780.4960

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Address all correspondence to:

Vision, University Optometric Center
33 West 42nd Street, New York, NY 10036
T. 212.780.4950 <http://www.sunyopt.edu>

Q. My child has been diagnosed with "lazy eye." What is it?

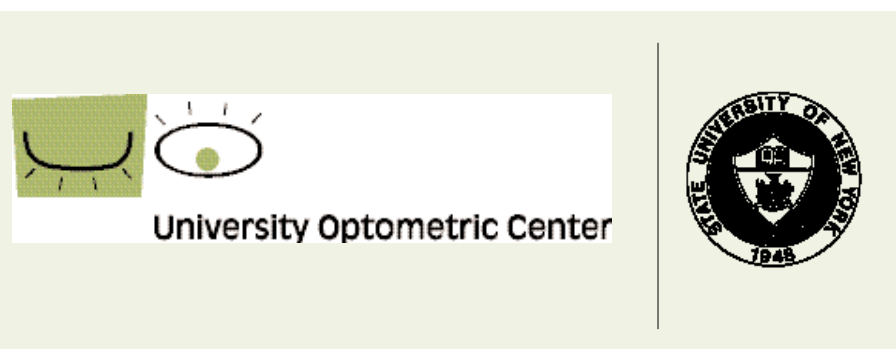
Amblyopia or "lazy eye" is a decrease in how clearly an eye is able to see. It is a condition which cannot be improved with glasses. It usually occurs in one eye, but sometimes both eyes are affected. The newborn is able to see, but not as well as the adult. Over time vision improves in both eyes as long as there is no disturbance to "normal" growth and development. When there is, "lazy eye" can develop.

Q. What causes "lazy eye"?

Lazy eye is caused by some interference to normal vision development which leads to deprivation in one or both eyes. The most frequent causes of it are strabismus (eye turn) or anisometropia (a condition where there is a difference between the lens correction that the two eyes need). Of the two, anisometropia is more difficult to recognize. Strabismus is very easy to notice because the two eyes do not look like they work as a team. Most parents become concerned and bring the child for an eye exam. In strabismus, the eye that turns in or out gets subconsciously "turned off," and vision doesn't develop normally in that eye. However, anisometropia can go undetected until there is irreversible loss of vision. What typically occurs is that one eye does not need any correction and the other eye is either very near-sighted or very far-sighted. For a parent, there is nothing to notice. The child will see fine out of the one eye and function normally. It is not until an eye exam or visual screening that this problem can be detected.

Q. How can "lazy eye" be treated?

Treatment for "lazy eye" may include prescription lenses, vision therapy and/ or eye patching. The patch is usually placed over the "straight" eye which has developed normally, so that the amblyopic eye is forced to be used. If this is done early enough vision can usually be restored. If patching is not tolerated well, there are times when eye drops can be used to blur out the "good" eye. Glasses may be used to optimize seeing conditions for both eyes. Vision therapy teaches the two eyes to work together. Sometimes prisms and colored filters are used in conjunction with eye exercises. The key to success is early intervention.



IN THE NEWS

More Americans Face Blindness

At a recent meeting in Washington, D.C., four members of the University Optometric Center's faculty, Drs. Mitchell Dul, Richard Madonna, Tanya Carter and Evan Kaplan, heard a staggering statistic from Vision Problems in the US, a report from the National Eye Institute and Prevent Blindness America.

More than one million Americans over 40 are currently blind and an additional 2.4 million are visually impaired. These numbers are expected to double over the next 30 years as the Baby Boomers age. More Americans than ever are facing the threat of blindness from age-related eye disease.

The good news is that blindness and visual impairment often can be reduced with early detection and treatment. Those at high risk are urged to have regular dilated eye exams to prevent vision loss, according to Tommy G. Thompson, U.S. Secretary of Health and Human Services.

Some Things You Should Know about Age-Related Eye Disease

DIABETIC RETINOPATHY is a common complication of diabetes. Retinal blood vessels can break down, leak or become blocked affecting and impairing vision over time. Nearly half of all people with diabetes will develop some degree of diabetic retinopathy and risk increases with age and duration of diabetes. It is a common cause of blindness among working age adults. Most people don't know they have diabetic retinopathy, so every diabetic should have an annual dilated exam.

GLAUCOMA is a disease causing gradual damage to the optic nerve that carries visual information from the eye to the brain. The loss of vision is not experienced until a significant amount of nerve damage has occurred. Nearly 2 million Americans over 40 don't know they have glaucoma. Vision loss can be slowed or halted by timely diagnosis and treatment.

AGED-RELATED MACULAR DEGENERATION (AMD) is a condition that primarily affects the retina. There are two forms—dry AMD and wet AMD. Because AMD often damages central vision, it is the most common cause of legal blindness and vision impairment in older Americans. Laser therapies to destroy leaking blood vessels can help reduce the risk of advanced vision loss in wet AMD.

CATARACT is a clouding of the eye's naturally clear lens. The most important factor is increasing age, but there are additional factors including smoking, diabetes and excessive exposure to sunlight. By age 80, nearly half of all Americans develop cataracts, but because of easy access to treatment, cataracts are less of a threat to vision loss.

JULY Issue Coming!

What you need to know about **Eye Safety**—in sports, at work. Update on Contact Lenses.

New Treatment for Lazy Eye

The University Optometric Center was one of 47 sites in a recent national study funded by the National Eye Institute which found that eye drops given once a day to treat lazy eye, work as well as the traditional eye patching.

After six months of treatment, researchers found that atropine drops, when placed in the unaffected eye once a day, may encourage better compliance in children than patching. Treatment should be started when the child is young, since amblyopia is more effectively treated in children under seven years of age.

The atropine eye drops work by temporarily blurring vision in the unaffected eye, thereby forcing the lazy eye to be used. This strengthens and improves vision.

Although the eye with the amblyopia looks normal, there is interference with normal visual processing that limits the development of a portion of the brain responsible for vision. It is estimated that nearly 3 percent of children in the U.S. have some degree of vision impairment due to amblyopia.

Participating Insurance Programs

Aetna
Centercare
Cigna
Davis Vision
Empire Blue Cross/Shield
Empire Plan
Guildnet
GHI
Healthnet
HIP of New York
Medicaid
Medicare
NVA
Oxford
PHS
United Healthcare
US Healthcare
Visiting Nurse Services
VSP

If you do not see your plan listed, ask the operator when you call to schedule your appointment. Telephone: 212.780.4950

What's Inside...

- Public Events Calendar
- Rehab—The Road Back
- Warning for Baby Boomers

HOW TO GET TO THE UNIVERSITY OPTOMETRIC CENTER

33 West 42nd Street, New York, NY 10036
(between 5th and 6th Avenues)

SUBWAY: The IND line (B, D, Q, and F) stops across the street at 42nd St and 6th Ave. The Flushing line (7 train) stops at 42nd and 5th Ave. The IRT (1 and 9) stops one block west of the Times Square Station. The IRT (4, 5, and 6) stop two blocks east at Grand Central.

BUSES: MTA buses: M42 and M104 stop half a block away.

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EDITOR: Ann Warwick
Vice President for
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Be sure to check out our
Calendar of Events

Vision Rehabilitation Month

Calendar of Events



Can you remember when you had your last comprehensive eye exam?
If you can't remember it's time to schedule an appointment.
Call us at 212-780-4950

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The Patient Care Facility
of the SUNY College
of Optometry

33 West 42nd Street
(between 5th and 6th Avenues)
New York, NY 10036
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May 2002

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			12:15 PM Talk: "Typical Vision Problems Following Stroke or Traumatic Brain Injury" 1	2	3	4
5	12:15pm Talk: "Application of Vision in Daily Living Activities" 6	12:15pm Talk: "Coping After a Stroke or Brain Injury for the Survivor and Loved Ones" 7	12:15 PM Talk: "Visual Field Awareness Following Stroke or Traumatic Brain Injury" 8	9	10	11
12	12:15pm Talk: "Application of Visual Field Awareness in Daily Living Activities" 13	12:15pm Talk: "Personal Perspective of a Brain Injury Survivor" 14	12:15 PM Talk: "Typical Vision Problems Following Stroke or Traumatic Brain Injury" 15	16	17	18
19	12:15 PM Talk: "Application of Vision in Daily Living Activities" 20	12:15pm Talk: "Coping After a Stroke or Brain Injury for the Survivor and Loved Ones" 21	12:15 PM Talk: "Eye Movement Problems Following Stroke or Traumatic Brain Injury" 22	10am-2pm Vision Screening 23	24	25
26	Building CLOSED 27	28	29	30	31	