

ACCOMMODATIVE DYSFUNCTION

DEFINITION

The textbook definition for an accommodative dysfunction problem is a non-aging, non-refractive, neuromuscular abnormality of the visual system characterised by inadequate accommodative accuracy, facility and flexibility, reduced amplitude of accommodation or the inability to easily sustain accommodation. Translated, this simply means that the individual has a focusing problem. This is not so much an eyesight difficulty as a problem in maintaining accurate focusing and/or the ability to sustain prolonged comfortable (stress free) focus, particularly with near work.

BUT WHY DOES MY CHILD HAVE A FOCUSING PROBLEM?

Focusing problems generally are not muscle problems. A child can fail to establish adequate focusing stamina during their early years of development, but in most cases focusing dysfunction problems arise from the effort in trying to do sustained near visual tasks such as reading, writing, computer etc. So in a sense this problem is an acquired one rather than something being innately wrong with your child's visual system. Prolonged near centred tasks are stressful to all of us, particularly if we are at an age where we have not yet developed good focusing stamina to cope with it. The visual effort required to try to cope with this task can sometimes cause a breakdown in the visual system leading to focusing problems. This can even happen in the adult eye, especially if we are tired, run down or ill, or have commenced a new stressful near centred task (eg new job involving more close work, study, computer work, fine sewing etc).

SYMPTOMS

The symptoms associated with focusing dysfunction are usually related to the task that produces the stress, that is, prolonged visually demanding centred tasks. The symptoms may include, but are not limited to the following:

- Visual stress symptoms, such as red or sore eyes, transient distance and/or near blur and headaches (usually frontal or temporal).
- Difficulty sustaining near visual attention. The child may actually learn to avoid the task that produces stress.
- Glare symptoms, dizziness and orbital pain.
- Rapid fatigue, even with a small amount of close work.
- Abnormal posture adaptations such as head tilt or pulling the work away (some pull the work closer).

TREATMENT

Part of the treatment requires the prescribing of spectacle lenses for all close work. In essence, these lenses help alleviate some of the visual stress and fatigue that is the underlying cause to the problem. In most cases this is all that is required. However, for some focusing disorders in addition to this, visual therapy is required. Visual therapy on its own does not work well to alleviate these problems for the simple reason that for every half hour or an hour of therapy you might do at night time, the child is doing 5 or 6 hours of “anti-therapy” during the day (ie demanding close work). Therapy teaches better control but does not relieve the fatigue component.

DURATION OF TREATMENT

Generally focusing dysfunction problems are not difficult to solve. It usually requires between 4 and 6 in-office visual therapy visits along with home based therapy between these visits, which are every 2 weeks apart.

NB: These are generalised guidelines and each case may need to be evaluated on the individual basis. Treatment duration will depend on the particular patient’s condition.

In Office Optometric Visual Therapy – Fees are payable at the commencement of therapy.

- ☐ \$ 40.00 per session
(A \$20.00 deposit is required to have the program made up)
This fee covers your visual therapy program and the hire of visual therapy appliances, or visual therapy training equipment that may be required during training (lenses, prism flippers, red/green filters, prism spectacles or loose prisms). This equipment is provided on a hire basis, if it is not returned or returned damaged you will be charged the replacement cost. The cost of this equipment is spread out over the whole of the program.

This Fee is not claimable through Medicare or your Health Fund.

WHAT ABOUT THE FUTURE?

At the completion of treatment and the elimination of the focusing problems, your child may still require support of spectacle lenses for a following 12 to 18 months. as already stated this problem may occur due to the stresses placed on the visual system with prolonged near work. So the support of spectacle lenses may be required still for exam times, prolonged reading times, reading when tired, or ill etc. Ultimately it is expected that your child will be weaned from their glasses, depending on their refractive error. Your child should keep regular 12 monthly reviews throughout their schooling life.