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YOUR CHILD'S VISION

Nothing's constant but change...and in my book, that's a good description of a child's eyes and vision.

At birth and for the early years, let's say about through age 6, **farsightedness** is the rule (see our article on Eye Focus Conditions); after that, some children might start to develop **nearsightedness (myopia)**. They will start showing symptoms like squinting or straining to see TV or in classrooms. However, some children get nearsighted and they just don't notice it. It can be slowly progressive; so the only way the problem comes to light is via a school screening or doctor visit.

Nearsighted kids may experience worsening of their vision. Honestly, that can be unnerving as the need for glasses seems to climb and climb. That usually brings about the question: what is causing this, and are my child's eyes being made worse due to the glasses?

Really, the glasses are not causing the problem. Myopia is the result of either chance—the combinations of dimensions in eye curvatures, eye length, etc. Or, there can be a genetic predisposition. But the use (or nonuse) of glasses will not produce nearsightedness.

I will admit that there is a school of thought that myopia results from reading and near-point strain; however I personally was trained otherwise and don't subscribe to that idea. Here are a few other conditions which relate to children vision:

The gamut of eye focus conditions (except presbyopia) are part of children's vision. So, farsightedness, nearsightedness, and astigmatism are found, along with crossed or walleyes (see article on crossed eyes).

ACCOMMODATIVE (focusing) problems are not uncommon in kids. That, along with crossed or wall eyes, might respond to vision therapy (eye exercises). Or, in some cases, reading glasses are recommended. Usually, such need for reading glasses in kids is relatively short lived and after a few years goes away.

LEARNING DISABILITIES relate to an inability to properly process visual or auditory information. An example of this is **dyslexia**, a learning disability affecting reading. The eyes report the information, but the brain has to properly interpret what it is seeing. Learning disabilities result when the brain does not do this.

I believe that the *main* treatment of learning disabilities is the role of an educator specifically trained to work with affected individuals. I believe that vision care—good glasses, attention to focusing skills and eye coordination—is an important adjunct to therapy; however, I do not believe that vision care *by itself* can cure learning disabilities.

This does bring up the field of **Behavioral Optometry**, a discipline which treats learning disabilities and other higher order difficulties with various special eye and perceptual exercises. The effectiveness of this type of therapy remains controversial within the eyecare community. If you are interested in more information on this option I would encourage you to contact Dr. Joanna Carter, optometrist at InSight Vision Therapy in Medford, Oregon.

IRLEN SYNDROME is a treatment system which uses color overlays or colored glasses/contact lenses to treat various perceptual problems. The theory behind this is the idea that processing of visual information depends upon uniform relaying of information from the eye to the brain, and that sometimes that relaying lacks coordination and produces visual confusion. The Irlen method uses the color approach to stabilize the relaying of information.

According to the web site Irlen.com, Irlen therapy claims success in treating “perceptual processing difficulties, reading problems, headaches, light sensitivity, ADD, ADHD, and autism.” The therapy is proprietary, meaning you must see screeners and therapists affiliated with the Irlen organization; also the therapy claims remain somewhat controversial. If you are interested in learning more I would encourage you to look at the Irlen.com web site.

Granulated eyelids are not unusual in kids. See the article on blepharitis on this site.

Lens protection and lens break resistance are important considerations. Kids with their active lifestyles—you just never know when that line drive will hit their glasses (although I recommend full protective sports goggles for impact- risk sports). Strong eyeglass frames and polycarbonate lenses are a good choice. See our article on Lens Materials.