

I DO NOT LIKE TO READ

RELUCTANT READERS MAY NEED AN EYE EXAM
TO RULE OUT A VISUAL HEALTH PROBLEM.



Learning to read is a bonding experience for most children and their parents, filled with “eureka” moments as children proudly master new words. But for Anna Murray and her son, Roman, reading together was a contentious and frustrating ordeal.

“Roman used to have a terrible time getting through a book,” says Anna, 48, a North Vancouver mom and computer software consultant. “He’d skip words, lose his place and constantly rely on his finger to guide him along.”

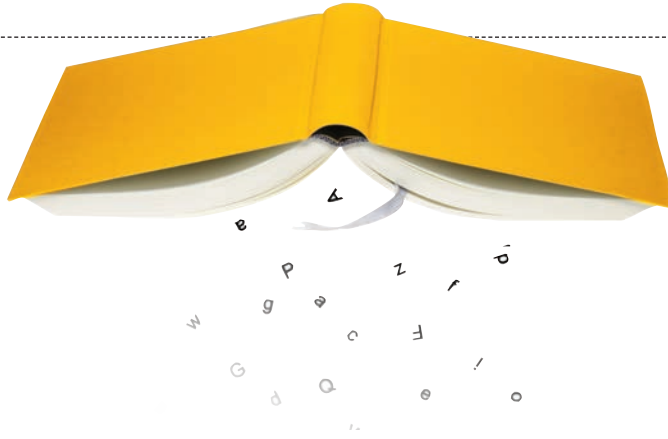
In 2010, when he was nine years old, Roman confessed to his teacher why he found reading so difficult.

“I told her the words were running all over the page,” Roman recalls. Anna found it hard to believe that Roman had poor eyesight. After all, he had no trouble sounding out words. But a consultation with optometrist Dr. Altaz Shajani, a North Vancouver optometrist, confirmed something else. Roman did indeed have 20/20 vision, but he was suffering from several other learning-related vision problems (LRVP). Despite his “perfect” eyesight, his brain was not conveying words and images quickly or coherently to his eyes.

LRVP is a sign of the times, says Dr. Shajani. He claims children who are sedentary and who view excessive media are at risk for developing LRVP because they are not reading and running around enough to get a proper “visual workout”.

“Western civilization has evolved from a hunter-gatherer society that needed to be visually adroit to seek food and shelter (and avoid being eaten themselves), to a visually lethargic group who are fed too many television and computer images,” says Dr. Shajani. LRVP is rarely reported in Amish communities, he notes, where electronic media is unavailable. (That wasn’t the case with Roman, since his screen time is strictly limited.)

People with LRVP are so visually out of sync, their eyes may not converge or diverge effortlessly to focus on nearby or faraway objects. Their depth perception and/or peripheral vision may also be inferior. Some have problems sustaining and changing clear focus, or one or both eyes may wander randomly. For Roman, his main bugaboos were convergence and focus.



“My head ached so much. Words kept jumping right off the page. I used to get so mad I would scream, throw down my book, and run away.”

Like most kids who struggle with LRVP, Roman battled a myriad of academic and physical obstacles. Catching and kicking a ball, distinguishing right from left, following patterns and copying blackboard work were onerous tasks.

Many kids with LRVP have major meltdowns in response to constant visual strain and are often mislabeled as having ADHD, being lazy, or deliberately oppositional.

Roman can relate. “My head ached so much. Words kept jumping right off the page. I used to get so mad I would scream, throw down my book, and run away.”

THE TREATMENT

After Roman was diagnosed, Anna enrolled him in a weekly visual therapy program at Dr. Shajani’s treatment centre. At the clinic, Roman completed a series of exercises that look like carnival games, but were actually grueling mental aerobics:

- He watched a series of lights flicker in various patterns on a giant light board and then was asked to repeat the patterns himself by clicking a remote control.
- He placed pegs into holes on a large whirling disc and complete upside down, mirror images of puzzles with blocks. To compound the challenges, he had to wear sight-distorting glasses for some other tasks.
- He was asked to graphically describe the images he was shown. “The reason we ask kids to tell us ‘visual stories’ is because many children we see have poor visual memory. Being able to form a picture in your mind is also an important aspect of optical health,” says Dr. Shajani.

At first, Roman was reluctant to get with the program. His visual skills were so impaired that some drills almost knocked him off his feet. “Roman had to lie down to complete some exercises at first because he couldn’t handle the visual challenges and keep his balance at the same time,” says Dr. Shajani. It was almost enough to make him give up, but a pep talk from Dr. Shajani convinced Roman to continue treatment. “Five minutes of visual therapy felt like one hour at first,” Roman

recollects. “But after a while I liked doing it.”

Roman also did extra exercises at home for about 15 minutes each day. “Roman really fought the homework at first, too,” Anna says. “I used bribes and broke down the harder exercises into short sessions to keep him interested. I also tried to make the tasks fun.”

Roman’s “ocular fitness” and attitude have vastly improved since completing therapy. The reorientation took about one year.

“Roman now reads without finger tracing, he doesn’t constantly lose his place and he reads with much less monotone,” Anna says. He’s also more apt to pick up a book on his own instead of being forced to read. “Sometimes the words still ‘run away’ but reading is lots easier now,” Roman says.

HOW TO GET HELP

Roman’s progress is encouraging, yet he is fortunate he got any help at all. There are only eight optometrists in the country who are LRVP specialists. (For a list of optometrists offering visual therapy, visit the website of the College of Optometrists in Vision Development at covd.org.) While geographic restrictions make visual therapy inaccessible for some families, price can also be a limitation. A diagnostic exam ranges from \$300 to \$450 and the cost for visual therapy varies from \$2,000 to \$6,000. The tab is rarely picked up by private or group extended health plans and is not covered by most provincial health care systems.

“We were charged \$5,000. I tried to squeak the bill past my husband’s company insurance plan but it was rejected,” Anna says. “Hopefully I will be allowed to claim it as a medical expense on my tax return.”

Anna is grateful visual rehabilitation has made classwork so much easier for Roman. There have been unexpected benefits as well. “Recently Roman’s trampoline teacher flagged me down and shouted, ‘He turned right today!’ Roman used to always rotate the opposite way he was asked to turn.” ○

North Vancouver journalist Kari Reinhardt also uses her communications skills to decipher her son’s teenspeak and her daughter’s toddler babble.

HIDE AND SEEK

Learning Related Vision Problems (LRVP) are known as “The Hidden Disability” because children who grapple with the disorder often can’t articulate their symptoms and LRVP markers often mimic other learning disabilities such as dyslexia and ADHD. Dr. Dawn Dunford, a Winnipeg optometrist, notes these other indicators of LRVP:

- head tilting when reading
- finger tracking when reading
- losing place when reading
- frequent eye rubbing
- frequent headaches
- claims that the type “moves around” or blurs
- habitually skipping and reversing letters, words or numbers
- prone to light sensitivity and motion sickness

LRVP can also be diagnosed in conjunction with another learning disability or ADHD. “We need to rule out or establish if a child has a vision problem first before we also explore if there are associated disorders like autism or ADHD,” says Dr. Altaz Shajani, a North Vancouver optometrist.

TRY THIS SIMPLE TEST

If you suspect your child may have LRVP. Dr. Dunford recommends trying this simple experiment (your child should be six years old or older as his vision skills may not be well developed before then):

- Hold an object roughly six inches away from your child.
- Move the item horizontally back and forth in about a 40 cm (16-inch) path.

If your child is moving his head back and forth instead of easily tracking the object with his eyes, see an optometrist and ask about LRVP.

Want to know more?

Read about your child’s vision at ParentsCanada.com/health