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ECHOES FROM THE FIELD

Joe R. Chapel

Since many experts have been disturbed by the large number of non-readers who have been labeled dyslexic, the following article which is reprinted courtesy of the *Chicago Tribune* should be of interest.

ALL EYES FOCUS ON READING PROBLEMS

By Joan Beck

For years, controversy has raged on the urgent issue of whether learning disabilities—particularly reading problems—are related to the eye. And if so, what kind of treatment helps? The battle usually has pitted ophthalmologists against optometrists, with worried parents and their unhappy, learning-disabled children caught in the crossfire. Ophthalmologists, generally, tend to dismiss the eye as the source of reading difficulties unless a child shows the usual kind of refractive errors or muscle imbalance. Many optometrists, however, have been advocating various types of visual training and other treatments for what they consider abnormalities in visual perception.

This conflict and the lack of firm evidence to back up either side has opened the way for an outbreak of learning disabilities clinics and treatment centers, especially in affluent suburbs. Some are run by professionals and use the best techniques now known to diagnose and help their young clients. But others operate from ignorance and uncritical devotion to a single remedy for what is surely a wide spectrum of problems requiring multiple kinds of help. Some are outright frauds. Almost all are expensive. And all, deliberately or not, appeal to parents on the grounds that if a child doesn't learn to read in the early grades he will be severely handicapped all of his life.

Most professionals in the learning disabilities field have been reluctant to speak out publicly against the frauds, the quacks, and the ignorant because there are almost no scientifically proven standards for treating learning disabilities. So what's a desperate parent to do? This is the problem the American Academy of Pediatrics sought to tackle in a joint statement just issued with the American Academy of Ophthalmology and Otolaryngology, and the American Association of Ophthalmology. The statement concentrates on the relationship between the eye and learning disabilities.

About the same percentage of learning-disabled children as achieving youngsters have such eye abnormalities as refractive errors and

muscle imbalance, notes the new statement. These should be corrected. But when a child has a reading problem, he should never get just eye care by itself, stresses the statement. Instead he needs "a multi-disciplinary approach from medicine, education, and psychology in diagnosis and treatment."

The paper notes that "since clues in word recognition are transmitted through the eye to the brain, it has become common practice to attribute reading difficulties to subtle ocular abnormalities presumed to cause faulty visual perception." But, it emphasizes, "studies have shown that there is no peripheral eye defect which produces dyslexia and associated learning disabilities. Eye defects do not cause reversals of letters, words, or numbers." Says the statement from the pediatricians and eye doctors: "No known scientific evidence supports claims for improving the academic abilities of learning-disabled or dyslexic children with treatment based solely on visual training (muscle exercises, ocular pursuit, glasses), or neurological organizational training (laterality training, balance board, perceptual training). Such training has frequently resulted in unwarranted expense and has delayed proper instruction for the child," stresses the new statement. "No one approach is applicable to all children," explains the statement. It notes that any change in a child's life may increase his motivation and may therefore be incorrectly credited with helping him.

Signs of learning disabilities can often be recognized as early as age three, according to the statement. Since the earlier treatment is begun the more effective it is, "it is important for the physician to recognize the child with this problem and refer him to the appropriate service, if available, before he is of school age." But the physician and eye doctor should not be expected to go much further. Concludes the statement, "Medical specialists may assist in bringing the child's potential to the best level, but the actual remedial educational procedures remain the responsibility of educators."