

Once the eyes are aligned, there is no reason to keep the reduced vision, and natural clear vision emerges. Yes, it is a process and I don't mean to make it sound easy. It could take 36 sessions.

What is the next step?

1. Your glasses are carefully customized to avoid the full prescription of the amblyopic eye. This is the opposite of time worn traditional care.



2. Next diagnostic testing is done to evaluate your binocular vision and determine the type and length of treatment necessary



3. Then vision therapy is prescribed to get to the cause of the problem. That cause is faulty binocular vision.



For those who are not ready to treat yet:

Until you are ready, we provide lens therapy to protect the eye that does not have amblyopia because it also is over working. Go to drhenshaw.net Vision Therapy/ Lens Therapy Explained to learn more about this valuable treatment. Some times that large prescription that the amblyopic eye shows isn't prescribed to avoid addiction to the lens that does not give 20/20 visual acuity.



Lens Therapy

ABOUT OUR DOCTOR

Dr. Henshaw grew up outside Boston and attended Pacific University near Portland Oregon. He served five years as an Army optometrist during the Vietnam War at Walter Reed Hospital in Washington, D.C. In 1972 he took over a practice from Dr. Calvin Looser that was established early 1900's .

Dr. Henshaw has a specialty in vision therapy and is a member of the College of Optometrists in Vision Development as well as the College of Syntonic Optometry. He has special training in vision and computers, visually related learning problems, sports vision, orthokeratology, visually related traumatic brain injury, and light therapy. He is a member of the Optometric Extension Program, a past president of the San Joaquin Optometric Society, and a twenty-five-year member of the American Optometric Association. He was active in Junior Achievement, and was chairman of the Governmental Affairs Committee for the Lodi chamber of Commerce. In the Lodi-Tokay Rotary club he served as secretary, as well as the Dial-A-Ride committee chairman, and is a club designated Paul Harris Fellow.

Dr. Henshaw hosted The Vision Excellence Hour - with An Eye toward Prevention on KCBC radio 770 AM for three years.

Judy, Dr. Henshaw's wife is a retired real estate broker and between them are 7 adult children, 16 grandchildren, and one great grand child. He has interest in aerobics, cooking, hiking, photography, and reading. He attends a Christian Church and authored What Would Jesus See - a developmental optometrist's journey through vision care with an eye on the Bible available on Amazon and our office.

Amblyopia

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Vision Excellence* practiced here



Why are we making kids pirates?



* Not a DBA, but an apt description

Amblyopia is steeped both in controversy and confusion.

It has an unfortunate nickname which gives a false impression based on time - worn and now questionable theory. There is much disagreement in treatment, especially when to begin.



First, what is amblyopia?

By definition amblyopia is reduced visual acuity not correctable by refractive means and not attributable to obvious structural or pathological ocular anomalies. Yes, that is confusing unless you are an eye doctor. In lay terms it means that despite a good vision examination the doctor cannot get one of your eyes to see 20/20.

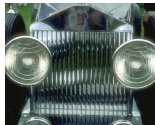


Amblyopia is really a dim headlamp!

Let's polish both headlamps of our car.



That is like Dr.Henshaw examining each eye for glasses. Then you push the headlamps into their sockets. Yet, one headlamp is not pushed all the way into the socket. Thus, all wires aren't firing resulting in a dim headlight, just like an eye with amblyopia.



Why is amblyopia called a lazy eye?



More than 200 years ago leading eye doctors got together and declared with no back-up studies that amblyopia is an eye that has not developed correctly. Thereby, the other eye does all the work making the amblyopic eye only coming along for the ride. Thus, it becomes lazy. That is the false impression.

That's not what's happening. The amblyope has eye teaming problems. The eyes either tend or actually cross in or out. That results in double vision and confusion. To solve an unwanted image, one eye is closed to avoid



the double image. The amblyopic eye is not lazy, but is actively closing. It is working to do that, just the opposite of the 200-year conjecture of lazy. Check this out your self. Simply close one eye. That takes effort. Imagine walking around all day that way.



By closing the eye over time the eye isn't used as much as the other. This disuse makes the image dimmer. Then there is less confusion of which is the real image as the eye with amblyopia is dimmer. Then over time the amblyope doesn't have to close the eye. Yes, the process is more complicated, but that is the basic idea.

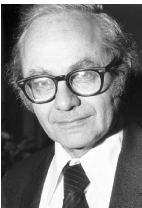
The lazy eye name often is confused with an outward turned eye.



Although amblyopia is often found with strabismus(an eye that turns either inward or outward), it is not strabismus. Amblyopia diagnosis and treatment is complicated enough, and this added confusion is not needed.

Why do doctors say that amblyopia can't be treated after age seven?

The same doctors sitting in arm chairs with no study to back their old fashioned untested theories were at it again! They surmised amblyopia was developmental with a critical period (the eye must go through sequenced progressive change within given time periods). After that critical period they thought the nerves are incapable of improving.



Hubel and Wiesel won The Nobel Prize in Physiology or Medicine 1981 for research in the critical period for chicken's eyes. Many people felt that supported the old-fashioned time worn view that amblyopia could not be treated past the critical period of age seven. Yet, Hubel stated that was not true and changes could be made. Dr. Bob Sanet, while at SUNY Optometry school, revealed



research shows the success rate for treating amblyopia greater after age seven.

Fortunately some doctors did not buy the time worn theory and treated their patient anyhow.

How is amblyopia treated?



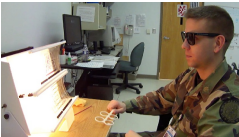
First, how was it treated in the past? Doctors started making patients pirates. Since most doctors thought the eye was lazy and still do to this day, they would patch the eye without amblyopia to make the supposed lazy eye work. Occasionally a little progress would take place perpetuating the approach.

But what is happening? **First**, their eye turn gets worse. After all they are blocking one eye. Without the patch even though the amblyope's central vision does not match the central vision of the other eye, the peripheral of each eye does match. That helps keep the eyes reasonably aligned. **Secondly**, you are now overworking the amblyopic eye. It was originally working hard to make a dim image. Now by patching the other eye, you are forcing to clear the dim image it purposely created in the first place. On top of that you force it to take over the function the other eye had. That's double jeopardy. **Thirdly**, often the doctor that prescribes patching also prescribes the patient's full prescription that causes the patient's prescription to additively get worse.

Fourth, it is flat out cruelty as well as dangerous. Almost all kids patched wisely remove the patch or refuse to use the patch. One die hard patching doctor literally sutured a patch on one child!



What is the better treatment?



Treating the cause, the binocular vision condition, with vision therapy appears to be a better method.