# And how does it go on after the first pair of prism glasses?

In the majority of cases a persisting success will be achieved after a short phase of adaptation to the first prism glasses. However, in a few cases there may again be adverse effects after a certain period of wearing the eyeglasses. Then new lenses make sense. The expenses arising in this way will not be defrayed by all health insurance funds. Such modifications of the measured data may occur when the firmly settled counter steering of the eyes is gradually released by wearing the prism glasses for a longer period of time until finally it is completely released. The true magnitude of the associated heterophoria will show itself only after this complete relaxation. If there is no improvement even after a longer period of wearing the prism glasses, the noticeable problems are not caused by an associated heterophoria. In rare cases (approx. 2%) the associated heterophoria is of such a magnitude that a correction with prism glasses is inappropriate because of the weightiness, the thickness and the aberrations of the lenses. Then an alternative operation of the ocular muscles may be considered.

### What you should know as well

There are diverging opinions among the experts, whether and how associated heterophoria should be corrected. Eyeglasses with prismatic lenses according to MCH, in particular with children, are only approved by a few ophthalmologists. Notably the theoretical fundamentals of the MCH are a controversial issue. This may make concerned persons insecure. However this is in practice accompanied by a multitude of impressing successes with eyeglasses after MCH. This in fact does not count as academic proof of the effectiveness of eyeglasses after MCH, but according to the frequency of successes it appears highly unlikely that it is solely a placebo effect. A strictly academic proof neither exists for many other established method so far.



Information

### Information for parents

Children with associated heterophoria

## Possible hints are:

- Problems with reading, writing and calculation
- Noticeable problems of fine motor skills (e.g. with drawing, coloring, cutting-out)
- Noticeable problems of gross motor skills (e.g. with ball games, bicycling, ascending stairs)
- Stress symptoms (e.g. eye rubbing, eye pain)
- Headache
- Concentration problems (e.g. rapid fatigue when reading)
- Behavioral occurrences (AD(H)D, fidgeter, clown in the class, dreamer)

With best regards:

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#### What is associated heterophoria?

Associated heterophoria is a deviation from ideal binocular vision, being present with most people, but in many cases does not cause problems. In other cases this visual defect leads to various distinctive features:

- At school: Problems with reading, spelling and calculation, high inclination to slips, poor handwriting, concentration difficulties, disinclination to learn, poor ability to work under pressure and similar problems. Often there is a noticeable twitchy inclination (hyper motor function, AD(H)D).
- Body control: Defective gross motor skills (e.g. clumsiness at ball games, bicycling, ascending stairs) und insufficient fine motor skills (e.g. at painting, coloring, cutting-out).
- Evidence of strain: Headache (possibly stomach ache as well), eyestrain, burning eyes, tears, eye-blinking, giddiness, nausea, increased need for sleep, fast fatigue with reading and writing – even with existing eyeglasses and good visual acuity.

#### What can be done?

With the Measuring and Correcting Methodology after H.-J. Haase (MCH), formerly called "Polatest-method", which has been successfully applied for decades, it is possible to detect whether your child has an associated heterophoria. On the basis of this measurement eyeglasses with prismatic lenses can be manufactured when this is indicated. By wearing such eyeglasses it will be attempted to reduce or remedy the noticeable problems.

This is also recommended with dyslexia, if an associated heterophoria is detected.

### What can be expected?

According to our experience it can be expected that headache and eyestrain disappear quite

quickly for the most part or shall be reduced at any rate. The younger school children with associated heterophoria are when they first get eyeglasses with prismatic lenses the more it is likely that existing problems will be reduced. Particularly at starting the correction within the first two school years even delight in reading will develop in an appropriate period of time.

As success at school is considerably linked to willingness and ability for reading, every reduction of the aversion to read can have positive effects on your child's situation at school. This will also be assisted by the now to be expected improvement in power of concentration and ability to work under pressure as well as by noticeably better success in spelling exercises.

#### Please...

- pay attention to your child wearing the new eyeglasses preferably all the time as long as no other suggestions are given,
- motivate your child to wearing the eyeglasses even when the visual acuity with and without the eyeglasses seems to be alike,
- see to quick repair or replacement if the eyeglasses are twisted or damaged,
- take the recommended checkups so that changes of the lenses can be realized if necessary.

Associated heterophoria is no disease but a visual defect. Therefore eyeglasses with prismatic lenses do not "cure". A pair of prism glasses correct this visual defect, however only when the eyeglasses are being worn.

### What cannot be expected?

In most of the cases it cannot be expected that wearing the eyeglasses will unburden your child from all problems within only a few days or weeks. This particularly applies if the prism glasses are being worn for the first time after the second year of school. The eyes (putting it better: the interaction of eyes, visual center and

other parts of the brain) of your child have adapted themselves to compensate the visual defect by muscular strength for many years. Thereby binocular vision could in fact be achieved in spite of the existing associated heterophoria, but this counter steering takes up much power which your child therefore lacks at other points.

Now the prism glasses relieve your child from the counter steering and provide accurately matched visual impressions for both eyes. However in the first place the eyes have now to learn how to cope with these new and better matching visual impressions and thus they can find back to a better steering of the ocular muscles. This sequence of learning would take some time. Furthermore your child may have developed specific approaches and attitudes from the until now disturbed vision – e.g. as a result of many disappointments at school – which cannot be forgotten from day to day. Please be patient with your child. Do not necessarily expect the first success to be spontaneous or within a few days.

#### What else could you do?

By the use of the prism glasses additional selective exercises and therapies often gain considerably more chances of success than before. For instance to this belong:

Occupational therapy to improve fine and gross motor skills, spelling training, exercises to develop numerical reasoning and the conception of quantity, games and exercises to develop power of concentration, behavioral therapy to reduce aggressive behavior of the child.

Pay also attention to the described noticeable problems with brothers and sisters, in particular whether already difficulties exist with drawing, coloring, cutting-out before starting school. The chances of success are the better the earlier an associated heterophoria will be corrected.