

A PROBLEM READERS' CLINIC

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Dyslexia, which Mrs. Drummond ably explained to our Melbourne conference, has had a lot of publicity lately. We prefer to call our patients "Problem Readers."

My reason for writing this paper is to show that the orthoptist can play a part in the diagnosis and assessment of children with reading difficulties.

The growing awareness of children with reading difficulties prompted the formation of a "Problem Readers' Clinic" by the director, Dr. Guthrie at the Rehabilitation Centre of the Broken Hill and District Hospital in September, 1969.

Originally, the clinic was to be experimental, with as little publicity as possible. A survey showed that 15% of the district's school population had reading problems that needed attention.

The idea was to form a diagnostic team working with the Director of Rehabilitation. The team consisted of the District School Counsellor, speech therapist, social worker and orthoptist with remedial teachers, physiotherapists, school medical officer and physician as consultants. The approach was to ensure a comprehensive assessment of the child.

As the clinic could operate only one afternoon a week, it was decided to limit referrals to children with good intellectual ability whose school progress was being retarded by reading difficulties.

After medical assessment, the child and parent or parents were interviewed by the diagnostic team and director who had already given the neurological tests. It is interesting to note that the children were not confused when confronted by this group of people, very often seeming to gain confidence when they realised they were talking to people who understood their problem.

Vision, hearing and speech were checked later and the parents interviewed by the social worker to determine emotional or social problems.

The District School Counsellor gave the standardised reading tests, I.Q., visual and auditory perception tests and other tests which help to isolate the area of weakness.

A case conference was held after the assessment with the remedial teachers often being present. The parents were again interviewed and advised on possible ways to help and understand the child's difficulties and reports were sent to the Principals, Doctors, District School Counsellor and teachers. Teachers were invited to a monthly meeting to discuss their pupil's problems in this field.

A review in 1970 proved the demand for our services. Unfortunately, a waiting list was inevitable and the need for remedial teachers great.

A grant from the Hospital made purchase of books and equipment possible. As a result, selected children were able to have three half hourly sessions weekly at no

expense to the parent. They were taught by professional remedial teachers who volunteered their services.

So far this has said little of the part played by the orthoptist. I will quote from the "Australian Medical Journal", 22nd January, 1972, where anyone interested can read the whole story of our clinic.

"VISION. This examination was done by the orthoptist. The tests included visual acuity for near and distance, ocular movements, binocular vision and red and green recognition.

Results showed that there were no causes of uncorrected loss of visual acuity, but in 32% of 50 subjects there were some clinically observed difficulty, such as squints, poor convergence, slow stereopsis or muscular fatigue, 14% had eye exercises prescribed and 12% had been referred to the ophthalmologist.

It is felt, that the orthoptist, made a significant contribution to the assessment in that as a matter of procedure both visual acuity and eye movements were checked. Although none of the children referred for specialist attention had serious impairment, the number of children who admitted to blurring and to seeing double after some period of reading, suggested that in some cases fatigue and discomfort may be related to lack of motivation for reading.

This simple check, we feel, may be often overlooked in assessments of reading difficulties."

Being part of a team, has been a rewarding experience. Our clinic has continued to grow, we are members of 'SPELD' and have created a lot of public interest. Six remedial teachers give time to teaching these children, in small groups after school, and we find splendid co-operation between principals and teachers. We have had encouraging reports from them on children reviewed at the end of last year.

Undoubtedly, remedial reading is an educational responsibility. It seems that by using the combined knowledge of medicine, para-medical groups and educationists, difficulties, which are revealed in an educational context, are the responsibility of a number of disciplines. The multi-disciplinary approach assessment has helped in a problem which has caused many children difficulties. It is now being recognised that there is a group of children with good mental ability who are plagued by words without meaning.

I would like to thank Dr. D.I. Guthrie for permission to quote from his article in "Medical Journal of Australia", 22nd January, 1972.

REFERENCE:

Guthrie, D.I., and Bermingham, I.H. *Med. Journ. Aust.* 1: 149-158 (1972).