

Patron's Address, 1973

## ORTHOPTISTS AND THE YOUNG CHILD

Dr. Ronald F. Lowe

President, The Australian College of Ophthalmologists

I wish to thank the Council of the Orthoptic Association of Australia for continuing to ask the President of the Australian College of Ophthalmologists to be their Patron when the congresses of these two bodies are held concurrently. Both officially and personally I am honoured to attend your Annual Scientific Meeting.

One might say that orthoptists have been the handmaidens of ophthalmologists, the destiny of their practice barely within their determination; but this year, a new era has begun for Australian orthoptics by the commencement of an autonomous course of training within the N.S.W. College of Paramedical Studies. Now an orthoptist carries the major responsibilities for decisions about the course, its implementation and its future developments. We all congratulate your President, Miss Patricia Lance, in being appointed the first Head of this Orthoptic School, and the ophthalmologists look forward to continuing close relationships with ready offers of any help they can give.

Autonomy always brings a little nostalgia and sadness. As ophthalmologists carried so much responsibility for the training and employment of orthoptists, ophthalmologists usually regarded orthoptists as very special assistants and tended to treat them with considerable indulgence. I think that autonomy will loosen some of these bonds and later orthoptists will tend to merge into the wider body of paramedical assistants.

Once, at a lecture, I heard Dr. J. Ringland Anderson say that one of the big uses of orthoptics was to help make children tractable for examination. He said that children were difficult to handle, were usually frightened and tended to be unco-operative, but orthoptists converted them to young humans rather than young animals in the doctor's rooms.

Times and children have changed. Only rarely does one have to deal with a wild unco-operative child. Then he is usually from the country and possibly used to seeing mutilating operations done on domestic animals and thinks that it is perhaps now his turn. Nowadays most children have much medical experience. Beginning as babies they are subject to repeated examinations, inoculations, and handling by nurses and doctors. My senior colleagues used to bribe children with sweets harmful for the teeth, but that is no longer necessary.

Not only have young children become more easily managed by doctors but they have learnt to co-operate with tests at younger and younger ages. Television and kindergartens have had much to do with this. From infancy, children become used to seeing images on screens, to watching many strangers talk to them and show them things that command their attention, while they are being involved in abstract learning at a much earlier age.

I find that many children now have a grasp of the alphabet before they begin school, whereas not many years ago one had to wait until the child was nearly six years old before it had enough alphabet-sense for vision testing. I used to find that very few children could interpret a line of E's before aged four years, but now, many children can do this test several months earlier. The appreciation of shapes seems to be learnt much earlier and children can complete simple jig-saw patterns before aged three. Other toys for matching shapes are available for two year olds.

This early learning by children becomes available for the assessment of visual acuity at early ages, but here, clinical practice is generally underdeveloped. In 1965

Ffookes described a symbol test for visual acuity. From a chart, the child had to recognise only a square, a circle, or a triangle and pick up an object of the same shape (contour matching). This is a simple test that can readily include parent involvement for teaching the child.

Orthoptists should seize these new learning possibilities and develop them. They now have an encouragement to pursue earlier and earlier testing. They should watch the commercial games and toys and see if they can be adapted to their advantage.

The main bugbear of squint treatment is that before it can be given on the sensory side, children have ingrained binocular perversions or adaptations that cannot be removed because they are too deeply established before the child can benefit from formal instruction. Orthoptists need to watch the more sophisticated early learning of children and take any advantage of it in their work.

Many children now receive very early surgery that gives cosmetically good-looking eyes, but leaves many of these eyes without good binocular function. In these infants there is a grave risk of amblyopia in one eye. Ideally, one should be able to measure the visual acuity of each eye soon after the operation and continue to check it.

After a few visits without definite measurements of vision, some parents think that nothing is being achieved by repeated examinations, and as there seems to be nothing wrong with the eyes they fail to bring the child for further supervision. Unfortunately in these cases, the first accurate test is delayed until the School Medical Examination at perhaps age six years. Amblyopia which is then discovered may not respond to treatment. These are tragedies.

We need earlier and earlier testing, not necessarily as refined as later, but of sufficient accuracy to show any significant difference in the vision between the two eyes. We need repeated assessment of learning ability of young children for procedures that may be useful for the training of vision.

With those challenges I have much pleasure in declaring open this Annual Scientific Meeting.

REFERENCE:

Ffookes, O. (1965) *Vision Test for Children*. Brit. J. Ophthal., 49:312.

**Presidential Address**

**ORTHOPTICS: PAST, PRESENT, AND FUTURE**

*Patricia Lance*

*Part I. Presented in Canberra, April, 1973*

In welcoming you all to our Annual Congress I feel I can safely predict that this meeting in Canberra will be a memorable one. First and foremost it is a wonderful occasion because it has brought together 74 orthoptists in one place - by far the largest gathering of orthoptists ever held in Australia, and I hope the forerunner of many such meetings. It is also important because it is the first time that strabismus has been a central topic in a scientific meeting of the Australian College of Ophthalmologists. We are privileged once more to be able to attend these meetings, and are pleased that some of our members have been invited to read papers.

This meeting is important too because the future of orthoptics in Australia depends on decisions now being made. The imminent removal of the New South Wales School of Orthoptics from the guidance of the Orthoptic Board of Australia, and its forthcoming inclusion in a College of Advanced Education, make this a time to take stock, to take a short look back into the past and to ponder for a moment on our possible future.