

Principles of Vision Rehab

Principle 1:

Separate structure function. Structure evaluation does not provide a complete screening or diagnostic assessment for a comprehensive understanding of vision.

Principle 2:

Starting point of examining function is baseline.

Principle 3:

Visual learning and relearning have hierarchies that are fundamental to the development of visual perception and behavior.

Principle 4:

Vision re-learning should not be a rehearsal of outputs. Instead, it should represent challenging opportunities to manage mistakes on a functional level near the edge of ability.

Principle 5:

Perception drives visual behavior and visual behavior modulates perception.

Principle 6:

We should not put central visual exercises on a system that has dysfunctional peripheral/vestibular/proprioception systems.

Principle 8:

It's Spatial. Start in the Dorsal/ambient/peripheral field and then move to Ventral/focal/central—so as to not lock the patient into a collapsed field and into focal binding, challenging the system to advance .

Principle 7:

The routine practices of vision/vestibular/proprioception maintain the quality of our vision/balance and movement/perception and behaviors, to help preserve our unique adaptability that modern convenience erodes.

