

# Module 10: Summary

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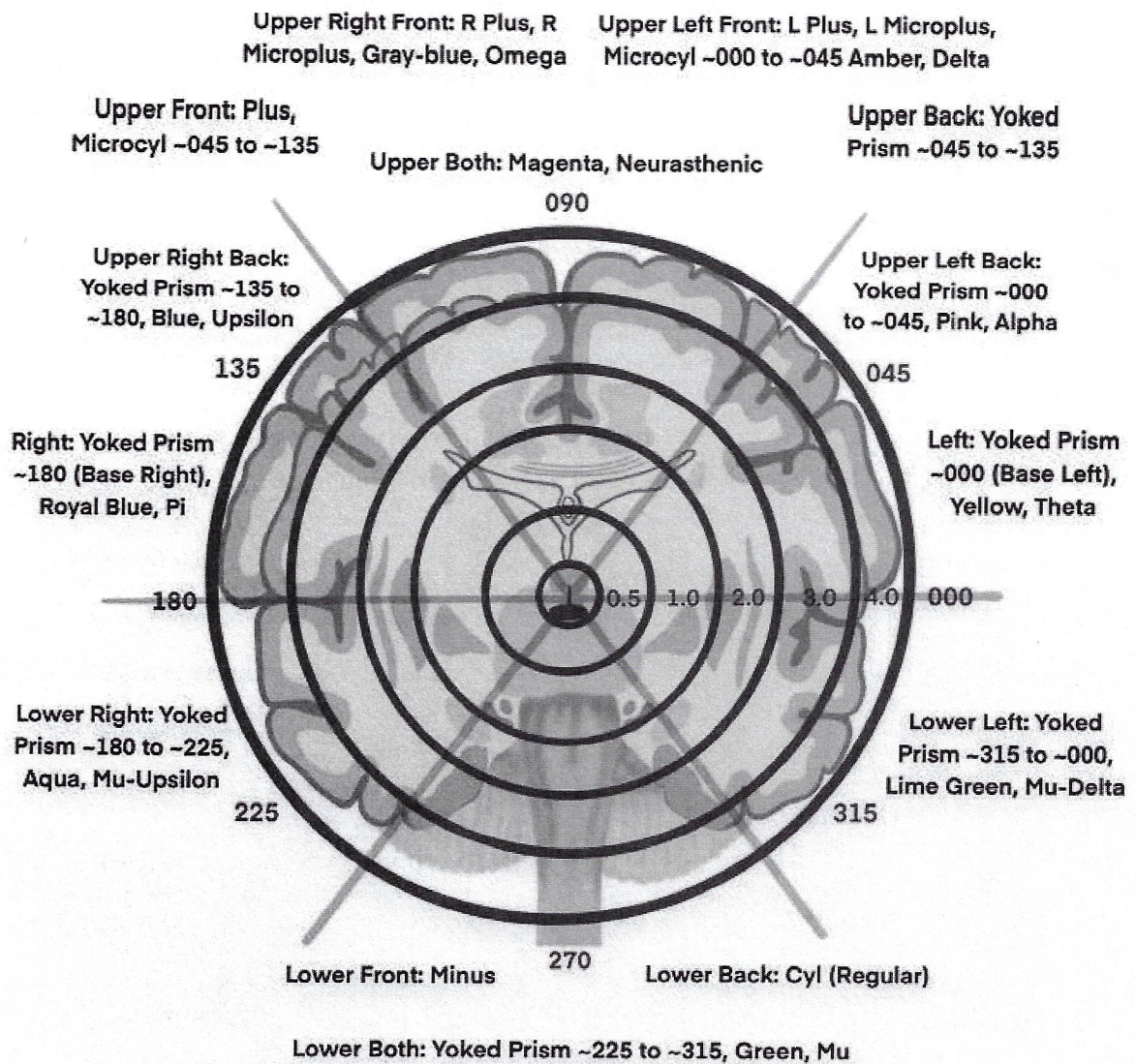
- Techniques to determine best brain region(s)
- Blind Snap Test
  - Posture Changes
  - Vibration Changes
  - Gaze Changes
  - Color Changes
  - Activity Changes
  - Blind Snap Test – Posture changes

## General Testing:

- Takes less than a few minutes
- Helps find area of the brain that needs stimulation
- Helps discover other imbalances that could be occurring with emotions and organs
- Have patient touch your hand
  - Very important that they do not swoop, swish, or fish for the target
- Posture Changes:
  - Quick and easy
  - Works best with cooperative patients
  - Pain on movements can skew results
- Blind Snap Test – Posture changes
  - Shifting posture shifts eyes, ears, attention
- Blind snap test – vibration changes
  - Vibration
  - On contralateral body
  - IE: if testing right brain, vibrate left arm
  - Added bonus if audible
- Blind snap test – gaze changes

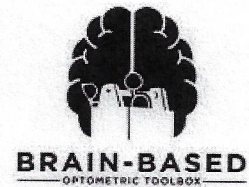
- Eye gaze
  - Patient to look at opposite field then close eyes
  - IE: if testing right brain – patient gazes into left field
  - Great for paralyzed patients
  - Need to ensure that they continue to look in that gaze – can usually see direction of eyes under lids
- Blind snap test – changing colors
  - Testing with different colors
    - Colors
      - Green – inferior
      - Purple – superior
      - Blue – right
      - Yellow – left
    - Great for patients who cannot change posture easily
    - Quicker than trying every color
  - Blind snap test – changing activities
  - Cognitive multitasking
    - Activities
      - Activate right = space, tone - “Doe a Deer, a Female Deer”
      - Activate left = time - Count to rhythm
      - NOTE: Speech skews to left brain
        - Procedure
  - Find the area that needs the most stimulation
    - Best results with testing
    - Note worst areas = “mine fields” – avoid those
  - Find the lens on the map that corresponds to that area
  - If testing is not completely better, add another lens
    - Think about the function/network that is down (more to follow)

- Proposed Lens map



Center: Nonyoked Base in Prism

Note: Occlusion Blocks the Corresponding Brain Region  
(ie: Right Nasal Occlusion Blocks Lower Right Brain)



- Designed through intensive study and trial and error
- Please keep this handout nearby when testing
- Please let us know of any patterns that you find on yourselves
- Lower right brain

## Lower Right Brain

Includes right basal ganglia, amygdala, hippocampus, cerebellum, also right inferior oblique, left superior rectus (can help cause extorsion of right eye and intorsion of left eye – great for cyclotorsion cases)

1. Cylinder
  - a. Ipsilateral with the rule (WTR) – affects upper body more
  - b. Contralateral against the rule (ATR) – affects lower body more
2. Prism: Yoked base down to the right
  - a. 0.5pd = provides more neck support
  - b. 1.0pd = more dopamine support
  - c. 2.0pd to 4.0pd = decrease significant head tilt to right, right head turn; Used more for patients with little awareness of their environment; More than 4.0pd causes “disbelief” because it is too far from reality (ok in therapy for quick activities)
3. Tint: 10% aqua
4. Syntonics: Mu-epsilon
5. Activities:
  - a. Pursuits down to right, saccades up to left
  - b. Astronaut training – receive ball from helper from behind left shoulder and pass to helper at right hip

## Right brain

Includes right temporal lobe, right medial rectus, left lateral rectus

1. Prism: Yoked base right
  - a. 0.5pd = provides more neck support
  - b. 1.0pd = more dopamine support
  - c. 2.0pd to 4.0pd = decrease significant head tilt to right, right head turn; Used more for patients with little awareness of their environment; More than 4.0pd causes “disbelief” because it is too far from reality (ok in therapy for quick activities)
2. Tint: 10% royal blue (use rarely – only those who are too impaired to do syntonics – will cause disequilibrium if worn for more than a few weeks)
3. Syntonics: Pi
4. Activities:
  - a. Pursuits to right, jumps to left

- b. Astronaut training – receive ball from helper from behind left head and pass to helper on right side of head
- c. Greenwald – best is chin down 30 degrees with lateral eye movements (eyes and ears parallel to floor)
- d. Yes-yes' – hold thumb in front of face and gently nod head up and down while gazing at thumb (helps decrease hyperphoria)
- e. No-no's – hold thumb in front of face and gently shake head left and right while gazing at thumb and tilting chin down 30 degrees

### **Upper right brain**

Includes Right Frontal and Right Parietal

- 1. Microlens (+0.12) – Ipsilateral – frequently balanced with Microcyl
- 2. Prisms: Da Silva
  - a. Unilateral Regular Da Silva Protocol (1@125 OD)
  - b. Unilateral Midpoint Da Silva Protocol (1@135 OD)
  - c. Unilateral Modified Da Silva Protocol (1@155 OD)
  - d. Reverse Regular Da Silva Protocol (1@125 OD, 2@55 OS)
  - e. Reverse Modified Da Silva Protocol (1@155 OD, 2@25 OS)
- 3. Tint: 10% blue; 10% purple with microlens OD (+0.12 OD over rx)
- 4. Syntonics: Upsilon
- 5. Activities:
  - a. Tracking up to the right, saccades down to the left
  - b. Cognitive activities with spatial awareness
    - i. Parquetry
    - ii. Geoboard
  - c. Body mapping
  - d. Space estimation
- 6. Nasal occlusion right side

### **Upper Brain – Right and left**

Includes Right Parietal and Left Parietal

1. Prism: Base Up – drives eyes downward, causes chin to move forward, can cause hip tuck (bum in), can decrease pigeon toe
  - a. 0.5pd to 4.0pd = provides more jaw support (can push lower jaw forward), can cause flexion of core for overextended patients (exo's, no core support)
  - b. Da Silva Lenses (base up and out in each eye) – usually over 2pd
    - a. If Typical, use 3/2 or 4/3 – and if reversed, use 2/3 or 3/4 (larger prism is on the side where the chin pulls in head extension) – this can be modified to have more or less difference between the prisms in case of a larger vertical deviation (ie: 4/2)
2. Tint: 10% purple
3. Syntonics: N-Neurasthenic
4. Activities:
  - a. Coin circles vertical circle
  - b. Yes-yes
  - c. Astronaut training – receive ball from between legs and pass to helper above head
5. Binasal occlusion

### Upper left brain

Includes Left Parietal and Left Frontal

1. Microlens (+0.12) over rx in left lens – frequently balanced with astigmatism that stimulates right cerebellum (with the rule in right lens or against the rule in left lens)
2. Prisms: Da Silva – the 1pd would be in the left lens
  - a. Unilateral Regular Da Silva Protocol (1@55 OS)
  - b. Unilateral Midpoint Da Silva Protocol (1@45 OS)
  - c. Unilateral Modified Da Silva Protocol (1@25 OS)
  - d. Regular Da Silva Protocol (2@125 OD, 1@55 OS)
  - e. Modified Da Silva Protocol (2@155 OD, 1@25 OS)
3. Tint: 10% amber; 10% purple with microlens OD (+0.12 OS over rx)
4. Syntonics: Delta
5. Activities:
  - a. Tracking up to the left, saccades down to the right
  - b. Cognitive activities with time awareness

- i. Metronome
    - ii. Trampoline
  - c. Cognitive activities with symbol recognition
    - i. Hart chart (better with metronome)
  - d. Catching and throwing
6. Nasal occlusion left side

### **Left brain**

Includes Left Temporal, Left medial rectus, Right lateral rectus

1. Prism: Yoked base right
  - a. 0.5pd = provides more neck support
  - b. 1.0pd = more dopamine support
  - c. 2.0pd to 4.0pd = decrease significant head tilt to right, right head turn; Used more for patients with little awareness of their environment; More than 4.0pd causes “disbelief” because it is too far from reality (ok in therapy for quick activities)
2. Tint: 10% yellow (use rarely – only those who are too impaired to do syntonics – will cause excessive irritability if worn for more than a few weeks)
3. Syntonics: Theta (Sponge Bob Color)
4. Activities:
  - a. Pursuits to left, jumps to right
  - b. Astronaut training – receive ball from helper from behind right head and pass to helper on left side of head
  - c. Greenwald – best is chin down 30 degrees with lateral eye movements (eyes and ears parallel to floor)
  - d. Yes-yes’ – hold thumb in front of face and gently nod head up and down while gazing at thumb (helps decrease hyperphoria)
  - e. No-no’s – hold thumb in front of face and gently shake head left and right while gazing at thumb and tilting chin down 30 degrees

### **Lower left brain**

Includes left basal ganglia, amygdala, hippocampus, left inferior oblique, right superior rectus (can help cause extorsion of left eye and intorsion of right eye)

1. Microcyl
  - a. Ipsilateral with the rule (WTR) – affects upper body more

- b. Contralateral against the rule (ATR) – affects lower body more
- 2. Prism: Yoked base down to the left
  - a. 0.5pd = provides more neck support (Crack)
  - b. 1.0pd = more dopamine support (Red Bull)
  - c. 2.0pd to 4.0pd = decrease significant head tilt to right, right head turn; Used more for patients with little awareness of their environment; More than 4.0pd causes “disbelief” because it is too far from reality (ok in therapy for quick activities)
- 3. Tint: 10% lime green
- 4. Syntonics: Mu-delta
- 5. Activities:
  - a. Pursuits down to left, saccades up to right
  - b. Astronaut training – receive ball from helper from behind right shoulder and pass to helper at left hip

### **Lower brain**

Includes basal ganglia both sides, amygdala both sides, hippocampus both sides, superior recti, both inferior recti, brain stem

- 1. Bilateral Cyl or Microcyl – With the rule stimulates limbs/head/neck; Against the rule stimulates torso/core
- 2. Prism
  - a. 0.5pd = provides more neck support
  - b. 1.0pd = more dopamine support
  - c. 2.0pd to 4.0pd = decrease significant head tilt to right, right head turn; Used more for patients with little awareness of their environment; More than 4.0pd causes “disbelief” because it is too far from reality (ok in therapy for quick activities)
- 3. Tint: 10% green
- 4. Syntonics: Mu
- 5. Activities:
  - a. Midbrain
    - i. Accommodative tasks
    - ii. Cranial nerves 3,4,5
  - b. Brain Stem



- i. Posture and balance tasks
- ii. Cranial nerves 6,7,8,9,10,11,12
  - 1. Examples: Divergence (6), Facial expressions (7), Vestibulo-ocular movements (8), Swallowing (9), Gargling/Singing/Humming/Breathing (10), Shrugging (11), Tongue movements (12)
- Tips and tricks
  - Check hearing before doing this exam
    - Patient should be able to follow a conversation (even if you must raise your voice)
    - Best results are if patient has had similar hearing for the last month (has not changed their hearing aids that morning) because you are testing their hearing map – this requires time and exploration for them to calibrate
  - If not better with different postures, lenses, etc.
    - Check ears for obstructions
    - If no obstructions, try to change position of jaw
      - Have patient hold lower jaw more forward than upper
      - If still not better, switch
      - If jaw position changes results – send to manual therapist to centrare jaw
      - Will need to do rest of testing with that jaw position
      - If still not better but does not have diagnosis of hearing problems
        - Think blood flow issue
          - Have them sit in Basic Da Silvas (higher prism on side that chin pulls up) – about 3/2 or 2/3 to help improve blood flow to brain
          - Will need blood flow support (regulate blood pressure, nitric oxide to vasodilate, etc)
- Tips and tricks
  - If patient likes to peek
    - Keep telling patient that they are not doing anything wrong when they miss the target, that you are just measuring what areas you can help them feel more comfortable – or help their brain mess with them less

- Cover eyes by holding your hand about 2-4cm away from their face to allow light in but block view of your hand
    - Have parent watch to make sure they are not looking around your fingers
  - Tips and Tricks
    - For those patients that hate making mistakes
      - You need to spend extra time telling them that this is not a pass/fail test, that they are supposed to miss the target every once in a while, or they would not need come to you
    - For the “leprechauns”
      - Not consistent
      - Usually orient selves toward the target but aim their hand opposite
      - Stop this test when you discover this and move to auxiliary testing – Hallway walk, Balance testing, Questionnaire results
  - Tips and tricks
    - If you need to determine the next lens in the protocol
      - May need this for patients who have had poor compliance (but will be more compliant in the future), patients who must go on vacation, etc.
      - Have patient wear the lenses you/they chose at the current exam
      - Stress them – posture changes, gaze changes, color changes
      - Do rest of testing with those changes to find the next lens
  - Warnings
    - If your patient mentions fatigue or shows fatigue in the exam
      - Know that stimulating a brain region that fatigues easily can cause a lot of symptoms and disgruntled patients
        - Return to clinic earlier than one month
        - Add energy: Supplements, Red light, Infrared light, Pulsed Electromagnetic Frequency (PEMF), etc.
        - Decrease toxins: Supplements (binders, liver and kidney support), Ionic footbath, Relaxation. Etc.
        - Often, you want to do these before providing lenses
    - If your patient mentions pain or shows pain in the exam

- Have them wear the lenses for a few minutes and walk around – if exacerbates pain, try a different lens (esp prism – because it affects the musculoskeletal system more)
- Try to get them manual therapy (Craniosacral or Structural Energetic Therapy) before starting lenses
- Thank you!
  - You made it!
  - Get comfortable with the techniques
  - Ask a lot of questions [bbtoolbox@gmail.com](mailto:bbtoolbox@gmail.com)
  - Visit my office
  - Try for certification
    - 100-point multiple choice test
    - 5-day office visit
    - Finish the 10-point quizzes for each module
  - Stay on the Facebook group for any updates or new protocols and handouts