

Visual hygiene: A misunderstood concept.

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Description

The controversy regarding nature versus nurture or genetics versus environment has been debated for centuries. In my academic training, environmental issues were rarely addressed from a clinical perspective or as part of a comprehensive treatment plan. The focus was on the chief visual complaint and any potential pathology.

Although this strategy was successful in most cases, I developed a concern regarding the limitations of a symptom-oriented approach over the course of my career. In other words, where we simply seeing the tip of an iceberg in understanding our patient's primary problems. In truth, there was often more than a one-to-one relationship between the patient's presenting symptoms and their specific International Classification of Diseases (ICD) codes.

The impact of our environment has become more and more of a factor with the ongoing changes within our society. The transition from books to computers to smartphones to tablets has increased our visual stress levels significantly. The pandemic has intensified this factor tenfold. From zoom meetings to virtual classrooms, our lives have become fixated on screens of all sizes with minimal body movement. One other consequence has been the lack of social contact with other members of humanity. These conditions have created a toxic environment for both our eyes and our bodies.

My involvement with the concept of visual hygiene began early in my career but is as important today as it was in the past. In a clinical setting, it becomes apparent that no solution is fool proof. Any recommendation, based on examination findings, can be negatively impacted by our artificial testing environment. For example, the conventional strategy of constantly increasing a myopic patient's prescription is not necessarily the answer to their refractive problems. For a better understanding of the origin of this maladaptive modification, we may need to seek information outside of our office setting.

The concept of visual hygiene was initially presented to me in a lecture by Dr. Edward Goldstein and later reinforced by Dr. Martin Birnbaum in lectures as well as a brilliant article, "The Use of Stress Reduction Concepts and Techniques in Vision Therapy" [1]. My contribution was the development of two different visual hygiene lists. One list for parents of preschoolers who have minimal knowledge regarding visual development and/or environmental issues. The other list was for older children and adults outlining appropriate behavioral patterns to decrease visual stress and increase visual efficiency (Appendices A and B see article) [2]. These techniques can range from proper posture or Harmon's distance when reading to shifting focus from near to far and back to near during near point activities to the importance of strategic breaks. There was

also a space for personalized recommendations. At the conclusion of an exam, we would go over the appropriate list with my patient and/or parents in my pediatric practice. Since most patients and parents wanted to have a more active role in dealing with their specific visual dysfunctions, these visual hygiene lists became an invaluable resource for them.

In our age of specialization, it is important to be cognizant of the pitfalls of functioning within one's vertical silo of knowledge. Since the eye has been considered a window into our health, we need to see beyond its parameters. Birnbaum included relaxation techniques in his hygiene protocols to mediate a patient's stress levels [3]. His approach was consistent with Dr. Henry Benson's focus on meditation and stress management [4]. In our transition from an outdoor to indoor work environment, sitting has become a significant health threat. The lack of movement or our sedentary lifestyle has been considered a cause for many health problems including heart disease. Obviously, these concerns have not yet become part of our overall assessment or clinical thinking.

Another evolving dilemma involves the epidemic in dry eye. The current focus has been on blink rate and lid pathology. Although there has been extensive research into different aspects of lid function and dysfunction, the most effective treatment for dry eye has yet to be determined. At a recent dental visit, my dentist referred to dry mouth as a significant issue within her profession. Could there be a relationship? There are obviously many other clinical situations that require a more in-depth assessment and collaboration with other health care providers. The bottom line is that we may need to look beyond the walls of our professional expertise to find the answers too many of our patient's more persistent health problems.

Conclusion

Visual hygiene is simply another tool in our expanding toolbox. It is an inexpensive and effective method to positively balance the negative impact that near oriented tasks have on our visual system. Through appropriate changes in mindset and habits, patients can begin to have more control over their visual as well as overall health outcomes. Visual hygiene (and its associated techniques) is not a panacea which can resolve the multitude of maladaptive problems that we encounter in our offices, but it can be a helpful adjunct. From my perspective, it must be an important part of our overall treatment strategy.

References

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