Welcome to Specific Learning Difficulties Clinic

Information for parents

Specific Learning Difficulties Team
Department of Orthoptics
Orthoptic Specific Learning Difficulties Clinic

This leaflet is designed to help you to understand the role of the Orthoptist in the assessment of children with Specific Learning Difficulties (SpLD).

If your child has seen an educational psychologist or the inclusion service team it would be very useful if you could bring any reports you have. I will be in contact with the schools and the other professionals involved in your child’s care.

It would be very useful if you could take your child to a local Optometrist (Optician) for a glasses test prior to the appointment. All eye services for children are free. Please bring a copy of the prescription if your child is already wearing glasses.

The aim of the specific learning difficulties (SpLD) clinic is to diagnose and treat visual problems which will interfere with a child’s education. The clinic is not intended to replace the expertise of the teachers, the SENCO’s, the Inclusion Teams or the Educational Psychologists and neither can I give any diagnoses of dyslexia or any other educational problems.

The expertise of the SpLD Team lies in the 4 areas that are assessed in the Clinic.

The clinical visual assessment is broken up into 4 sections.

The first section assesses the ability of the child to use their eyes together as a pair and the focusing mechanisms of the eyes. For example, a child may be struggling to see clearly for near or distance. The child may have a squint which is interfering with what they see and causing double vision. It is very important to get a baseline visual assessment before progressing onto the more specialised areas.

The second part of the assessment looks specifically at saccadic eye movements. These are the very small eye movements required for reading. A difficulty with a child's voluntary saccades can lead to tracking eye movement problems. The child will mix words up, reverse letters, numbers or words, they will find it very hard to copy form any source and they will lose their place when reading, skipping lines or re reading the same line twice.

Tracking eye movement problems will severely affect a child’s reading and comprehension. They may exhibit signs of ‘head bobbing’ when reading (so the head is making the movements rather than the eyes) rubbing their eyes and feeling uncomfortable when reading or fatigue with prolonged reading tracking problems can be treated with a series of exercises aimed at improving these eye movements.
The third part of the assessment looks at Visual Stress. Visual stress leads to difficulties with fine vision tasks such as reading. This eye condition was identified in 1980 and although the condition is not yet fully understood, it is known to affect reading ability. It is triggered by 3 things, Patterns or stripes, flickers from lights or VDUs and glare from light sources. Visual Stress is thought to be caused by cortical hyperexcitability of the brain. It is thought to be stimulated by the stripy effect of the writing. An overlay is prescribed with a tint unique to each child. The overlay is thought to redistribute the wavelengths of light entering the eye to the brain and dampen down these symptoms of visual stress.

The child will show signs of visual stress such as excessive eye rubbing, blinking, and watering and general signs of discomfort. They may complain that the words shimmer or move about on the page or are blurred or even that the words jump out at them or the white spaces between each word may make patterns or ‘rivers’ running down the page. The condition affects about 60% of dyslexics and children with specific learning difficulties, as well as epileptics, migraine sufferers, people with ME and MS, stroke and others. Visual stress also affects approximately 12% of the general population.

Like dyslexia and other specific learning disorders, it is not curable but it can be treated, and significant improvements can be made. The symptoms will have been present throughout life but some people experience symptoms after a minute of reading; others find the symptoms take longer to appear. The degree of symptoms can also vary from person to person with more marked symptoms creating barriers to successful reading. Symptoms can tend to come on as soon as a child has to start looking at smaller print.

The final part of the assessment looks at Visual Perception. This section is broken down into 7 subsections.

- Visual discrimination
- Visual memory
- Visual spatial relations
- Visual Form constancy
- Visual sequential memory
- Visual figure ground skills
- Visual closure
The child may well have some signs of having a specific learning difficulty and an associated underlying visual problem. However treating one area of visual difficulty will **not** be a miracle cure for the learning difficulty, but it will hopefully help the child to manage their problem in a better way.

It is possible for a child to enter school with an Orthoptic problem and learn to read initially. As the print type is big and long periods of attention are not needed, the problem may not be noticed. It is only when this child acquires word recognition ability and attempts to keep reading smaller print for longer periods that difficulties may arise. Approximately 80% of children who struggle with reading or writing will have a problem that an Orthoptist can treat.

**For more information**

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[link to Warrington and Halton Hospitals website]