

Facilitated Learning Lab – Pathways to Vision Therapy: Screening, Referring, and Supporting Your Patients

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2-hour course

Description:

This session equips primary care optometrists with practical tools to confidently screen, identify, and refer patients for vision therapy. Attendees will learn streamlined recognition and referral protocols, plus strategies to communicate effectively and build patient trust. The course also covers how to support patients before, during, and after referral to strengthen continuity of care. By the end, participants will feel empowered to integrate VT pathways into daily practice with clarity and confidence.

Learning Objectives:

- Identify at least five key signs and symptoms that warrant consideration for vision therapy referral in pediatric, adolescent, and adult patients.
- Perform a minimum of three chairside screening tests (e.g., cover test, near point of convergence, vergence/accommodative facility, or a symptom survey) to detect functional vision problems in a primary care setting.
- Demonstrate how to deliver a confident, patient-friendly referral recommendation using scripts and communication strategies provided in the course.
- Formulate a structured referral protocol that includes necessary documentation, communication with VT providers, and follow-up plans for co-management.
- Implement at least two strategies to overcome common barriers (financial, logistical, or motivational) that may prevent patients from initiating or completing vision therapy.

Outline:

Introduction & Framing the Conversation (10 minutes)

- Learning Objectives:
 - Establish the scope and relevance of vision therapy (VT) in primary care settings. Reframe VT as *a natural extension of comprehensive care* rather than a niche or intimidating subspecialty.
- Key Content:
 - The "Why": prevalence of binocular vision disorders, accommodative dysfunctions, visual processing issues in everyday primary care.
 - Patient stories: undiagnosed cases and "lightbulb moments" when VT made the difference.

- Setting the tone: collaborative—not competitive—relationship between primary care ODs and VT specialists.
- Engagement Strategy:
 - Quick audience poll: “How often do you *suspect* a vision therapy case in your chair each week?”
 - Pair-and-share: what holds you back from confidently referring?

II. Screening in the Primary Care Exam (15 minutes)

- Learning Objectives:
 - Identify the *top red flags* for VT candidates across age groups.
 - Incorporate efficient, practical screening tools into routine exams.
- Key Content:
 - Children: poor reading fluency, letter reversals beyond age-appropriateness, headaches with near work.
 - Teens/Young Adults: convergence issues, slow reading speed, complaints of double vision during schoolwork.
 - Adults: post-concussion symptoms, digital eye strain beyond “dry eye,” unexplained visual fatigue.
 - Chairside tests: cover test, NPC, near phoria, vergence facility, developmental eye movement testing, symptom surveys.
 - What *not* to overlook: normal acuity does not rule out functional vision problems.
- Engagement Strategy:
 - Live case vignettes — participants walk through patient scenarios and vote on whether they’d flag for VT referral.
 - Build a “Screening Cheat Sheet” together on whiteboard/slide.

III. Building Confidence in Referral Protocols (25 minutes)

- Learning Objectives:
 - Develop a clear referral pathway that feels consistent, efficient, and repeatable.
 - Learn how to frame VT recommendations to patients and parents with confidence.
- Key Content:
 - When to refer: thresholds for referral (clinical + symptomatic).
 - How to refer: sample referral letters, co-management templates, coding/billing pearls.
 - Language that works: shifting from “something might be wrong” to “we have a path for improvement.”
 - Avoiding fear-based framing: focus on functional gains, quality of life, academic and occupational performance.
 - Partnering with local VT providers: what information they need, how feedback loops are built.
- Engagement Strategy:

- Script-writing exercise: participants practice explaining referral to a parent/patient in pairs.
- Review examples of strong vs. weak referral letters.

IV. Supporting Patients Through the Referral Process (20 minutes)

- Learning Objectives:
 - Anticipate barriers that prevent patients from following through with VT referrals.
 - Create strategies within the primary care office to support compliance and engagement.
- Key Content:
 - Barriers: financial, logistical (transportation/time), parental buy-in, stigma (“is this just tutoring?”).
 - Supports:
 - Providing FAQs or handouts at the point of referral.
 - Scheduling follow-up calls to check progress.
 - Aligning with school/teachers when appropriate.
 - Sharing success stories to normalize the process.
 - How front-desk, technicians, and doctors all play a role in referral completion.
- Engagement Strategy:
 - Small group brainstorm: “What’s the #1 reason patients don’t follow through in your practice? How could you mitigate it?”

V. Co-Management & Long-Term Patient Support (20 minutes)

- Learning Objectives:
 - Understand how to stay engaged with patients after they begin VT.
 - Position yourself as the patient’s lifelong partner in visual development.
- Key Content:
 - Communication from VT providers: what to expect, how to integrate progress notes.
 - How to follow up: 6-month, annual exams—what to check, what to reinforce.
 - Highlighting gains in real life: academics, sports, job performance.
 - Patient loyalty: how supporting VT patients grows trust and referrals back into your practice.
- Engagement Strategy:
 - Roleplay: reviewing VT progress with a patient during their routine primary care follow-up.
 - Discuss how to gracefully handle “Why didn’t anyone ever catch this before?”

VI. Case Studies & Interactive Application (20 minutes)

- Learning Objectives:
 - Apply screening and referral skills to real-world scenarios.
 - Build clinical decision-making confidence through practice.
- Key Content:

- Case 1: 8-year-old with headaches and reading avoidance.
- Case 2: 15-year-old post-concussion with persistent dizziness.
- Case 3: 45-year-old professional with digital eye strain and unexplained blur.
- Walk through: symptoms → screenings → diagnosis considerations → referral pathway → patient support.
- Engagement Strategy:
 - Small group work-up + discussion of each case.
 - Debrief as a large group with facilitator guidance.

VII. Wrap-Up & Take-Home Toolkit (10 minutes)

- Learning Objectives:
 - Consolidate key skills and strategies for Monday-morning application.
 - Empower participants to take action with clarity and confidence.
- Key Content:
 - The “Three-Part Pathway”: Screen → Refer → Support.
 - Top 5 clinical red flags to never miss.
 - Referral script you can use tomorrow.
 - Resources: VT provider directories, patient handouts, coding templates.
- Engagement Strategy:
 - Personal action plan: each participant writes one change they’ll implement in their practice next week.
 - Q&A / Open dialogue.

Teaching Modalities

- Brief lecture segments
- Case-based learning
- Peer discussion/role play
- Interactive whiteboarding or group poll responses
- Facilitated Q&A