

designed and tested a therapeutic program. Their results and data were dramatic: the new skills quickly transferred into academic skills. It still works to this day, and more rapidly than one could hope for.

The program is called the **Perceptual Skills Curriculum** and it forms the core of the remedial program used here at The Learning Clinic. No other approach talks about success rates. We can, because we are identifying and curing the **problem**, not the symptoms of the problem. Ours is a clinical approach. Do the checklist below with your student in mind:

### **General Motor Dysfunctions**

- Not consistently aware of right/left.
- "Mirror" reading and writing beyond first grade, reversals.
- Poor balance.
- Skipping and hopping delays/skills problems.
- Lack of finger dexterity; awkward pen grip.
- History of delayed motor milestones.
- Short attention span in tasks that are mostly motor.
- Lost in time and space. (Bumps into things, poor sense of time.)
- Slow in finishing work - does not complete papers.

### **Visual-Motor Dysfunctions**

- Drawing and/or writing skills not up to standard.
- Slow writing, alignment problems.
- Difficulty with puzzles.
- Arithmetic concepts poor.
- Difficulty writing or reading sight words (often: does well with polysyllables).
- Figure-ground sorting impaired, gets overly lost in details.

- Short attention in tasks that are mostly visual.
- Visual memory - not easily able to recall objects, words, letters, or concepts.
- Reverses or miscalls numbers or words, skips words or lines in reading or writing.
- Learns best auditorally.
- Attempts to spell phonetically.
- Graph and chart problems.
- Difficulty copying from the blackboard onto paper.

### **Auditory-Motor Dysfunctions**

- Cannot consistently, accurately repeat words and sounds.
- Difficulty blending sounds.
- Frequent speech irregularities (not articulation problems).
- Cannot identify what he/she hears; poor vocabulary.
- Difficulty following directions or requests.
- Difficulty retelling experiences in normal sequence of expression: reversals.
- Short attention span in tasks that are mostly auditory.
- Figure-ground sorting impaired (easily distracted by background sounds).
- Short memory for auditory information.
- History of delayed speech, speech problems, or chronic ear problems (ages 1-6).
- Learns best visually.
- Below average spelling.
- Difficulty choosing the right words when expressing self.

### **Integrative Abilities Dysfunctional**

- Letter/sound equivalency difficulties in reading.
- A "hands on" learner - learns best tactually.
- Rhythmical movement difficulties.

- Difficulties in concept formation and application when problem solving.
- Thinking is concrete; abstract reasoning is difficult.
- Perseveration - works compulsively beyond the point where answers have been attained.
- Organizational skills problems.
- Time management problems.
- Overloads quickly with multiple demands.

### **Visual Function Difficulties - Developmental vision referral indicated:**

- Slow reading rate.
- Comprehension problems.
- Confuses visually similar words.
- Skips words or lines of printed material.
- Difficulty reading for long periods.
- Difficulty copying from the board or a book to a page.
- Complains of print "moving" and/or colors between words.
- Confuses operational signs in math.
- Difficulty sustaining attention on seatwork.
- Avoids nearwork.
- No great interest in television/computers.
- Visual: headaches, doubling, blurring.
- Tilts head, blocks/closes one eye.
- Rubs/touches eyes often (not allergies).

Areas with fewer symptoms indicate the best avenues to use when teaching this child. Areas with more than 5 checks indicate the need for remediation. More than 20 checks suggests a semantic/pragmatic disorder. A professional diagnostic evaluation is recommended to the parent for the determination of type and depth of perceptual difficulties.

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## OUR EVALUATION

- ❑ **VISUAL:** a comprehensive visual analysis is conducted. This is beyond the routine visual exam in that we concentrate on how the Brain directs the eyes. Brains overburdened with aiming, focusing, scanning, and tracking activities will be inefficient.
- ❑ **VISUAL-MOTOR:** can the student analyze what (s)he is seeing and reassemble it? The ability to do this easily ties in with math, writing, reading, and spelling of sight words.
- ❑ **AUDITORY-MOTOR:** can the student sequence sounds and analyze them for their similarities and difference? This ties in with reading, spelling of phonetic words and language arts.
- ❑ **MOTOR SKILLS:** motor planning, motor movement, and neurological integrity are sampled by these tests.
- ❑ **INTEGRATIVE ABILITIES:** the ability to smoothly interrelate information between the data input streams used for learning.

## TREATMENT

Visual therapy for oculomotor problems can result in astonishing changes in reading and comprehension ability. The program generally takes six months, give or take three (visual problems take less time, auditory problems often take longer). Office therapy is frequently discontinued in 12-18 weeks. **The success rate averages ~54% in 6 weeks, and 80% in 24 weeks – see the parents' reports on display.**

# The Learning Clinic

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- Learning problems specialist
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- Second opinions, consultations
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*Learning disabilities are almost never educational problems. They are almost always neurodevelopmental and, as such, are remediable.*

*It's the difference between not being able to and not knowing how to learn.*

# A Learning Problems Checklist:

## Identifying Students with Dysperception

by Merrill D. Bowan, O.D.

Clinical experience shows that almost all learning problems have treatable causes. Think about it this way:

**A MIND EXPERIMENT:** *If you have a leaky tub that you're trying to fill with water, what do you want to do first, fix the leaks or keep pouring in water?*

*Is there any real question there?*

Yet, how do schools and tutors approach the average child with learning problem? The most common method is to spend more time teaching. That just uses up a lot of water.

Researchers at the University of Pittsburgh