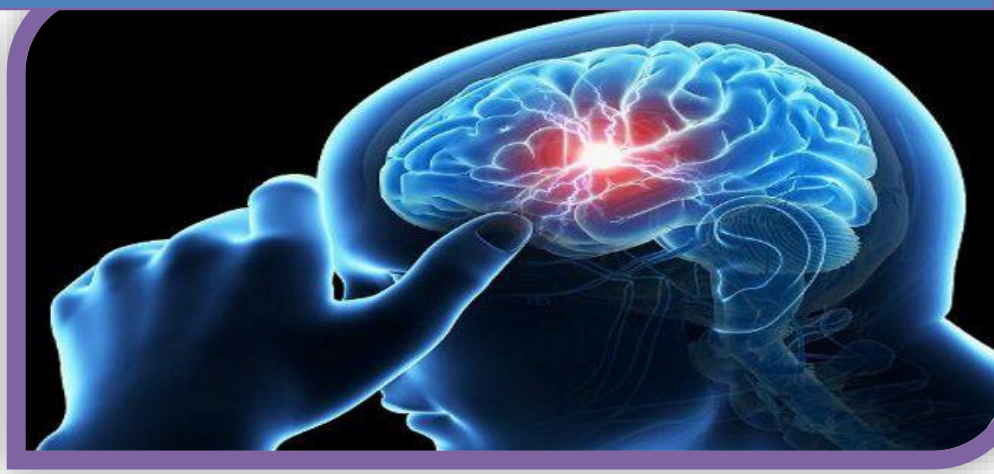
Visual Perceptual
Therapy That Works!

Visual Perceptual Therapy Case Study



John

A story about stroke recovery

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Case Study - John

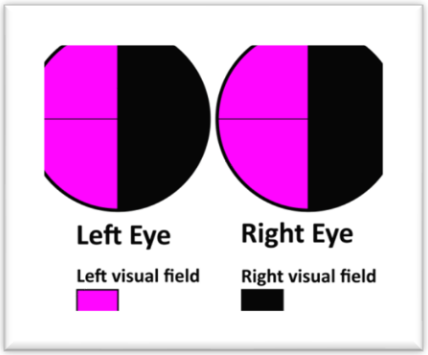
I first heard about John from his niece, who had spent a lot of time with me, discovering the world of visual perceptual performance.

John was in his early 70's and was internationally renowned in his field of work. He had suffered a devastating stroke and had already spent 3 months in rehab, where he had made absolutely no progress at all.

I met with him and agreed to work with him 3 times a week for 6 weeks. He lived 2½ hours away by car, so I was essentially committing an entire day to him every time I saw him.

John had what is called a 'neglect' where he was unaware of the left side of his body, meaning he had to be reminded to take care of his left arm because it didn't work, and he was unaware of its existence. If he wasn't reminded about the left side of his body, he would sit or lie on his arm, or leave it hanging down beside the wheelchair, where it would get caught in the spokes of the wheel. He would also run into the door frames on the left and get his left leg caught as well.

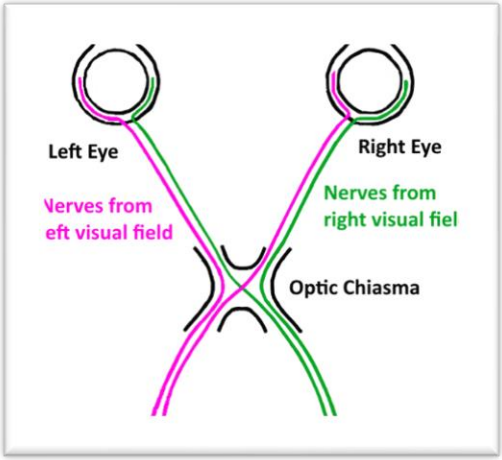
John also had a left visual field deficit or neglect. If you are unfamiliar with how visual fields work and how neglects impact upon them, here is a brief outline for you.



Our eyes have various fields of vison, with a nerve supply going to these fields; however, that nerve supply to our eyes is not what most of us think it is.

The most easily recognised visual fields are left and right. In the image here, the left visual field is coloured pink and the right field is coloured black. The nerve supplying the left visual field in each eye is the same, as is the nerve supply in the right visual field. Consequently, when we lose sight in the left visual field, we lose it in this visual field and in both eyes, with a left visual field deficit not the same as being blind in the left eye only. The same holds true for the right visual field.

Our visual fields operate this way because the optic nerve bisects behind the eyes in a place called the optic chiasma; with nerve from the left visual field, from both eyes, merging together at this point, and the nerves from the right visual field doing the same. The image on the right demonstrates this.



From here, both optic nerves travel off to the visual cortex at the back of the brain, with one nerve containing all information from the right visual field and the other containing all information from the left visual field. Consequently, when a stroke affects vision, it is likely to affect the left or right side of both eyes, resulting in a visual field deficit on either side.

When I was first contacted about working with John, I had asked what his cognitive status was like and had been told it was very good. This ultimately proved to be inaccurate and, while it was better than most people who suffer such a stroke, there were some very definite issues.

I began working with John and he was a willing participant and made rapid progress. Within 2 weeks he was reading again, and his neglect had significantly resolved. It was fantastic to see such a profound improvement in such a short period of time. Again, I was seeing the impact this therapy can have, even when the issues the client faces are substantial. The reality was the John had made absolutely no progress with three months of rehabilitation and here he was reading again within 2 weeks of starting the Visual Perceptual Therapy. But that wasn't all.

Within 4 weeks John walked the length of the parallel bars twice, with little to no assistance and his gait was almost normal. His cognitive status had also markedly improved, enough for John to chair a meeting with his family and GP focusing on him returning to rehab. Overall, John's progress had been huge, and had occurred very, very quickly.

Because John was returning to rehab, I would no longer see him.

Working with John again

John called me about 2 years later. He had moved to the area I lived in and wanted to work with me again. When I met with him, I was shocked at how much he had declined; his posture was atrocious, with him leaning laterally and being unable to raise his head and look forward. His functionality was also terrible. He had no longer walking and was totally reliant on his manual wheelchair for mobility. It was also apparent that he was also depressed.

I ran John through the Visual Perceptual Therapy again and worked with him on his engagement in daily activities. He got to the point where he could walk to meals and toilet independently and shower with minimal assistance, and we also worked on his arm function. However, John's depressed mood was a major barrier to his progress and John himself was reluctant to address this issue, even though it was apparent to him how it was impacting on his recovery.[1]

Overall, John's improvement was amazing. He went from someone who was totally dependent on others for all of his cares to moving out of long-term care and going to live in his own home with a live in carer. He was able to walk independently and to manage his own affairs. All of this is possible, because the core skills, abilities and processes at the heart of his performance were addressed.

[1] Depression has an incredibly significant impact on anyone's cognitive performance. The first thing to interrupt our performance, before anything else will, is our psychological and emotional status. It's actually impossible to differentiate between how much of a person's presentation is cognitive and how much is psychological and emotional from either a clinical or observational perspective. However, treatment with an anti-depressant always clarifies the situation and can do so in quite a marked way.