

**OPTOMETRISTS
CONTACT LENS PRACTITIONERS
BEHAVIOURAL OPTOMETRY
CHILDREN'S VISION**



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PTSII: COMPUTERISED DEVELOPMENTAL VISION THERAPY

At STRACHAN EYECARE we are now pleased to be able to offer the PTSII, a computerised developmental Vision Therapy program.

PTSII is a home Vision Therapy program designed to treat visual perceptual difficulties that may be impacting on a student's learning. This is achieved by practising specific activities that engage the developmental skills that relate to processing of visual information so as to *help students to be able to understand and remember what they see more easily.*

The PTSII is highly motivating, especially for children, as the computerised activities are presented in a "game" format, and the computer analysis gives regular progressive feedback as to how the subject's skills are improving.

PTSII is designed to be used at home on a daily basis, for 15 to 20 minutes per day, 5 days a week, and typically takes between 3 and 6 months to complete.

The PTSII program is suitable for children aged 5 years + through to adults.

We are happy to provide a no obligation demonstration of the PTSII in-office at either of our practices.

The cost of the PTSII program is \$205 which includes the in-office delivery session.

As you work through the PTSII program at home, we recommend regular in-office reviews, usually every 4 to 6 weeks. There will be an additional \$30 programming fee at these visits.

Minimum computer requirements for running the PTSII Program:

- Windows 98, 2000, and XP with 32 Meg Ram, Colour Monitor and CD Drive
- Macintosh Classic 9.2 and Macintosh OS X 10.1.5 or higher, 10.2.6 or higher, and 10.3 or higher.

For further information you can visit the PTSII website:

www.visiontherapysolutions.net

Please note that parental involvement is required whilst children are doing the PTSII program, as is the case with all developmental Vision Therapy.

This is very important, to help the child **to be aware and understand what they are doing** to get a correct response.