The Clinical Conversation Guide

Language for explaining functional vision findings to patients and parents — for developmental and primary-care optometrists.

The findings are clear to you. To a parent who just watched their child call out circles on a book and follow a light with a bar, they're not. This guide is language for that specific moment — bridging what you found to what it means, without either drowning a parent in terminology or oversimplifying to the point of implying the problem isn't real.

Framing the Conversation Before the Findings

Before naming anything specific, most parents benefit from one orienting sentence that sets up everything that follows:

> *"A standard eye exam checks whether your child can see clearly at a distance. What I test is different — how well their two eyes work together, how well they can focus up close, and how efficiently their eyes move across a page. Those are separate skills, and they can be off even when eyesight itself is perfectly normal."*

This one sentence does most of the work of the entire visit: it explains why a passed school screening doesn't rule anything out, and it reframes the exam as functional rather than just optical.

Language for Specific Findings

Convergence Insufficiency

> *"Your child's eyes have trouble turning inward and holding that position when reading. It's like asking two people to point at exactly the same spot up close and hold steady — theirs drift apart faster than they should, which is why the words start to blur or double, and why reading gets tiring fast even though they're smart enough to read the words just fine."*

Accommodative Dysfunction

> *"Their eyes' focusing muscle isn't shifting cleanly between near and far, or isn't holding focus steady the way it should. That's different from needing glasses — it's more like a camera that's slow to refocus, or one that drifts out of focus the longer you use it."*

Oculomotor Dysfunction

> *"Reading requires the eyes to make very precise, rapid little jumps across a line of text. Your child's eyes aren't landing accurately — they're overshooting, undershooting, or losing their place, which is exactly why they lose their spot, skip words, or need a finger to keep track."*

Binocular Vision Dysfunction / Vertical Heterophoria

> *"Their two eyes aren't quite aligned with each other — not enough that you'd ever notice by looking, but enough that their brain has to work constantly to keep the images fused into one. That hidden effort is what's likely behind the headaches/dizziness/fatigue."*

Suppression / Amblyopia

> *"One eye sees clearly, but the brain has learned to partly ignore the other one to avoid double vision. It's not that the eye itself doesn't work — it's that the brain stopped fully listening to it, and that's actually something we can retrain."*

Explaining This Isn't the Parent's Fault

This comes up more than clinicians expect, especially with older children who've struggled for years. A direct line usually helps:

> *"This isn't something you missed. Standard exams and screenings aren't built to catch this — they check eyesight, not this specific system. It's genuinely common for this to go unnoticed for years, in kids who are otherwise clearly bright."*

Setting Realistic Timeline Expectations

Say this before treatment starts, not after progress stalls:

> *"You'll likely notice some relief within the first several weeks. Actually resolving this — not just easing the symptoms — usually takes a few months of consistent work, both here and at home. Progress isn't a straight line. There will be weeks that feel like nothing's changing, right before a real jump."*

Handling "But They Passed the School Screening"

> *"That screening checks one thing: can they read a chart across the room. It was never designed to test what I just tested. Passing it tells us their eyesight is fine — it tells us nothing about whether their eyes work together efficiently up close, which is exactly the piece that's off here."*

One Closing Note

None of this language is a script to read verbatim — it's a starting point to adapt to your own voice and to the specific family in front of you. The goal in every version is the same: translate a real, specific, treatable finding into something a parent can actually hold onto and explain to someone else later, since they will be the one repeating this to a spouse, a teacher, or a grandparent within the hour.