

COVERING ONE EYE

ABOUT

If the central part of the Eye Track: Voluntary task is shown to be either “Borderline” or “Below” this may indicate there is some instability between the eyes.

The way this affects reading is that we make brief pauses between eye movements (called “fixations”) to take in information from the page. Any subtle instability that occurs between the eyes during this critical phase of reading may contribute to visual errors such as skipping small words or parts of a word such as word endings.¹⁻³



WHAT TO DO

This can often be improved by covering one eye when training on a task such as [Eye Track: Voluntary](#) on iCept and/or whilst reading at home over a 3 month period. It can either be done by alternately covering one eye (eg. right eye one day and left eye the next day) or if it feels more comfortable to cover one eye compared to the other eye then stay with covering that eye only.

Note that this assumes both eyes can see equally well - with glasses if required. If one eye sees a lot worse than the other eye then do NOT attempt to use this technique.

This has been shown to reduce instability between the eyes over a period of weeks to a few months and improve reading. Although it has only been shown to be helpful for students under age 12 we advise doing this technique for students who are 12 or under.⁴⁻⁶

What If my child wears glasses?

This can make it easier as you can place a soft cloth behind one lens, otherwise you can place a patch over one lens but it may not be as comfortable.

Can I still do this if my child passes the central part of Eye Track: Voluntary?

Yes, if your child passes the central part of the test they *may still benefit* from covering an eye when doing iCept training or reading at home, especially if they have a tendency to skip small words.

How often and how long should I cover one eye?

At minimum this should be done when doing the Eye Track: Voluntary task when training. It can ALSO be done with the other visual tasks or when reading at home for up to a maximum of 3 months.

References

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3. Bucci MP, Bremond-Gignac D, Kapoula Z. Poor binocular co-ordination of saccades in dyslexic children. Graefe's Archive for Clinical and Experimental Ophthalmology 2007, On-Line First.
4. Stein JF, Richardson AJ, Fowler MS. Monocular occlusion can improve binocular control and reading in dyslexics. Brain 2000, 123:164-170.
5. Fawcett, A. J. Mono-ocular Occlusion for Treatment of Dyslexia. The Lancet 2000, 356, 89-90.
6. Fischer B, Hartnegg K. Instability of fixation in dyslexia: development – deficits – training. Optom Vis Dev 2009, 40(4):221-228.