

# An Invitation to Enroll in the College of Syntonic Optometry Fellowship Program (FCSO)

The CSO Board invites you to enroll in the Fellowship program. Our goal is to assist you in the Fellowship process and to make completion of Fellowship status in the College of Syntonic Optometry a pleasant learning experience through which you can enhance your knowledge and expertise in Optometric Phototherapy.

**What are the Fellowship requirements:** a **FELLOW** is a member in good standing for at least two years who has submitted and presented three case studies of the application of Optometric Phototherapy treatment alone (that are accepted to be of Fellowship grade as determined by a vote of the Board of Trustees on recommendation by the Board of Examiners) and passed an oral examination on the principles of Syntonics by the Board of Examiners.

## STEPS IN THE FELLOWSHIP PROCESS

### 1. Enrollment

**To be eligible for the Fellowship program, you must:**

- Be a current member of CSO
- Have been a member in good standing for at least two years
- Completed the CSO Basic Course
- Currently using syntonic phototherapy in active optometric practice

An enrollment fee of \$150 is due when you make your initial application.

**Enrollment benefits include:**

- A Fellowship Guide that includes guidelines for completion and submission of your case reports and a study guide to The Syntonic Principle. The goal of guided study is to provide you with the opportunity to expand your knowledge and to discuss your rationale for treatment of different types of visual disorders with optometric phototherapy.
- Selection of a mentor of your choice to partner with you and assist you in preparing to complete the Fellowship process.
- Detailed review of all submitted written materials by qualified reviewers dedicated to the successful achievement of your goal of Fellowship in CSO (FCSO). These reviewers will provide you with recommendations for further study or other expertise to better prepare you for the certification examination.

## **FELLOWSHIP GUIDE**

Good optometric practice requires that a record be kept of a patient's chief complaint(s), history, visual assessment, diagnosis, assessment, treatment procedure and outcome. Case reports must include all relevant data and your three clinical cases will have been satisfactorily addressed by the application of syntonics treatment alone. It is understood that in clinical practice, supplementary procedures are often introduced during or after a phototherapy program. For the purpose of this Fellowship program, supplementary procedures should be employed only after there is a clear demonstration that you are able to demonstrate your knowledge of the application of syntonics phototherapy and its effects in treating the patient's condition.

### **Case Reports**

A copy of relevant data and all documentation should be sent to the Fellowship Chair (listed below) at least two months prior to the CSO annual meeting.

### **Content of Case Reports**

All case reports must contain the following sections:

1. **HISTORY:** Patient initials (do not use patient's name on any materials); entering complaint such as visual discomfort or performance deficits; signs and symptoms; onset, frequency and severity of symptoms; significant developmental history; pertinent medical history and medications; and relevant occurrences such as fever, trauma or disease. Also include the patient's treatment goals.
2. **VISUAL ASSESSMENT:** Visual assessment should include observations and findings pertaining to the complaints such as acuity, ocular motility, refractive status, accommodative and binocular status and when appropriate also include information about strabismus, amblyopia, suppressions and quality of fusion. Information about pupillary status and a visual field study should be included. Please list all tests by name. List all results and observations (quantitative & qualitative).
3. **DIAGNOSIS:** Diagnosis should be supported by history, test results, and observations. Relevant interpretation of the data should be included.
4. **PROGNOSIS:** The patient's and doctor's goals should be listed. Also, the prognosis for reaching the goals should be provided.
5. **TREATMENT:** Include a rationale as to why syntonics is the treatment of choice. Include selection of the light frequency (color or colors) to be used, the predicted period of treatment, the expected period of monitoring or reassessment and the expected outcome. A record of each treatment session including the light frequency and time it is used and any changes in light frequency during treatment should be included.

6. **OUTCOME OF CASE:** Results of treatment; impressions of results; whether patient's goals and doctor's goals were met; and changes in performance.
7. **PROGRESS EVALUATION:** This should include repetition of tests which indicated abnormal functioning during the initial evaluation, repeat visual field study and patient responses or comments related to the treatment or performance outcome.
8. **POST TREATMENT:** Disposition of case with results; future considerations; final prognosis and subsequent care recommendations. Generally post treatment evaluation is recommended at one, three and six months post syntonics treatment. Pertinent testing and both objective and subjective assessments of performance should be included.

Please write in a clear and concise manner and proofread your materials carefully. Record the data in a manner that is easily understood by everyone. It is acceptable to record findings as "normal", if those findings have no bearing on the diagnosis and management of the patient's condition. Please explain yourself in detail, especially with regard to your rationale for diagnosis and management decisions.

**You should be able to define and explain:**

- A. The syntonics syndromes.
- B. The alpha omega pupil.
- C. The procedure for completing the visual field and the diagnostic significance of the visual field study.
- D. How you assessed each clinical case including test protocols, test interpretation, diagnosis, prognosis and treatment plan.
- E. Your record of each treatment session including the light frequency and time it is used and any changes in light frequency during treatment.
- F. Outcome of each case and the objective and subjective assessments.
- G. Final prognosis and subsequent care recommendations.

## RECOMMENDED STUDY REFERENCES

*The Syntonic Principle...Its Relation to Health and Ocular Problems*  
Harry Riley Spitler, D.O.S., M.D., M.S., Ph.D.

Study Guide to Spitler's Syntonic Principle (see attached)

THE BLUE BOOK - The Basic Course in Syntonics---Optometric  
Phototherapy

Topics and Contents:

Section One: Introductory Materials

Section Two: Testing

Section Three: Basic Syntonics

Section Four: Syntonic Applications

Section Five: Literature

## Study Guide to Spitler's Syntonic Principle

### Step 1

Start reading Chapter VII, "The Autonomic." On page 70 are listed conditions arising out of overactivity of the parasympathetic. List the most important ones below.

- 1.
- 2.
- 3.
- 4.

Proceed on to page 72. Study and list conditions arising out of overactivity of the sympathetic nervous system.

- 1.
- 2.
- 3.
- 4.

Carefully read and study pages 80-85. This is the basis of how ANS imbalances affect vision.

Questions:

Why are mapping, monitoring and measuring functional fields important to the understanding of syntonics?

## Study Guide to Spitler's Syntonics Principle (cont)

### **Step 2**

Read Chapter IX, "Endocrines".

1. **True or False?** The function of the endocrine glands is dependent on the autonomic nervous system (ANS)?
  
2. How does imbalance of the pituitary affect vision?
  
3. **True or False?** Can ANS imbalance with pituitary involvement cause hemianopia?
  
4. What is the process that causes strabismus? *The answer is found on page 105.* Quickly note the answer.
  
5. Study page 114. What are four eye conditions attributable to ANS imbalance?
  - 1.
  - 2.
  - 3.
  - 4.
  
6. Study all charts on page 116-118. Do further reading if necessary. Check index for subjects to review.

### **Step 3**

1. Read Chapter X "Body Potential, Brain Waves and Action Currents." Pages 124-134 are especially interesting.
- 2.

**True or False?** A nervous impulse is not a continuous flow of energy following a stimulus, but is an intermittent discharge of energy, roughly comparable to the quantum flow of energy in radiant energy.

**True or False?** The intensity of the light stimulus governs the frequency of the response.

### **Step 4**

1. Read Chapter XII, "Functional Control by Eyes".
2. What does *syntonics* mean?
3. **True or False?** The pituitary is the integrator of the autonomic system.

### **Step 5**

1. Study the charts on pages 194-196.
2. **True or False?** Low frequencies (of light) stimulate the pituitary, decrease the leak in potential, and tend to stimulate the parasympathetic.
3. **True or False?** High frequencies (of light) depress the pituitary, increase the leak in potential, and tend to stimulate the parasympathetic.

Study Guide to Spittler's Syntonic Principle (cont)

## **Step 6**

Read and study Chapter XI, "Ultimate Control of Ocular Functions." *Careful understanding of this chapter is most important.*

**True or False?** The sympathetic division of the autonomic nervous system governs the function of accommodation.

**True or False?** Convergence is learned.

**True or False?** The size of the pupil is controlled by the autonomic nervous system.

What causes the pupil to have sluggish dilation and what does it mean in terms of syntonics?

Why would a large blind spot indicate a restricted field? Can an enlarged blind spot cause monocular diplopia?

Re-read pages 201-208 to understand why syntonics treats the underlying cause of visual problems.

## **Step 7**

Read Spittler's conclusions on page 209. If there is anything that doesn't make sense to you? Go back to Step 1 and review.

*Please study the chart on page 211.*

**Congratulations! You have just made your first pass through The Syntonic Principle. There is *much* more to grasp. See the book as well as the rest of the material, as a journey not a destination.**



### **Oral Interview**

Following successful completion of your case reports, you will be invited to sit for the oral interview during the CSO annual conference. The oral interview will include presentation of your clinical cases and will allow CSO reviewers to probe more deeply into your understanding of diagnosis and treatment. It is an opportunity for you to further help us understand the approach and rationale you follow with your patients.

Candidates, who have successfully completed all the requirements for Fellowship in CSO will be referred to the CSO Board of Trustees on recommendation of the Board of Examiners for formal recognition as Fellow members of the College of Syntonic Optometry.

### **Fellowship Induction**

Successful candidates are inducted into Fellowship at the Saturday night closing banquet during our Annual Meeting each May.

If you have any questions about the Fellowship process, please contact our administrative director:

Ron Wahlmeier  
2052 W Morales Dr  
Pueblo West, CO 81007 USA  
719-547-8177/877-559-0541  
[syntonics@q.com](mailto:syntonics@q.com)

(The application for Fellowship is on the next page)

# Application for the College of Syntonic Optometry Fellowship Program (FCSO)

Prefix (Dr., Mr., Ms., etc.) \_\_\_\_\_ Name \_\_\_\_\_

Prof. Designations (O.D., FCOVD, etc.) \_\_\_\_\_

Optometry School/Year of Graduation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/mailcode \_\_\_\_\_

Country \_\_\_\_\_ Phone:Office \_\_\_\_\_ Home (optional) \_\_\_\_\_

Fax \_\_\_\_\_ Website \_\_\_\_\_

Email \_\_\_\_\_

**Please Enclose \$150 Fellowship Enrollment fee**

(made out to the College of Syntonic Optometry)

**with this application and mail to:**

Ron Wahlmeier  
2052 W Morales Dr  
Pueblo West, CO 81007 USA  
719-547-8177/877-559-0541  
[syntonics@q.com](mailto:syntonics@q.com)

**Please mail a copy of this application and all case reports and relevant materials  
to the Fellowship Chair:**

Larry Wallace, OD, FCSO  
322 North Aurora Street  
Ithaca, NY 14850  
Fax: (607) 277-5216

I hereby acknowledge that I am currently licensed and a member in good standing in the state/country in which I practice and that I am currently a member in good standing of CSO and have been for at least two years and that I have completed the CSO Basic Course and I am currently using syntonic phototherapy in active optometric practice.

I acknowledge that it is the exclusive right of the College of Syntonic Optometry to evaluate any and all materials submitted or gathered in the course of the Fellowship process. I further acknowledge that it is the exclusive right of the College to decide whether this information meets the qualifications for Fellowship.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_