

DO THE EYES HAVE I T ?



Dr. Richard Glonek, an optometrist, demonstrates an Electric Brock device used to help build accuracy in eye movements.

Corrective lenses often can help young ballplayers see their potential.

By BOB COHN/THE ARIZONA REPUBLIC

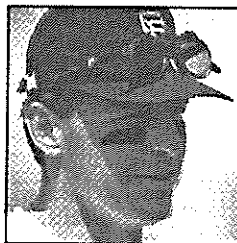
Appropriately, it was during a baseball game that Robby Thompson, the San Francisco Giants' All-Star second baseman, discovered something wrong with his eyesight.

But he wasn't playing. Thompson, 11 at the time, and his dad were watching his hometown minor league team, the West Palm Beach (Fla.) Expos.

"I remember it like it was yesterday," Thompson said. "I said, 'Dad, what's the score?' He said, 'It's right out there on the scoreboard.' I said, 'I can't see it. You can see that score?' He said, 'Sure I can.' The next day he took me to get my eyes checked."

Thompson wore glasses before switching to contact lenses a few years later. It seems remarkable that his performance as a Little Leaguer had not been affected by his nearsightedness.

"Don't ask me how," said Thompson, who wears hard contacts to combat an astigmatism. "I couldn't do it now. I would have no chance."



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*I couldn't hit myself
out of a wet paper
bag. . . . They found
out my eyes were off.*

J.R. PHILLIPS
FIREBIRDS FIRST
BASEMAN

— See THE EYES, page D4



David Petkewicz/The Arizona Republic



Jeffrey Eger (above), an optometrist who specializes in vision therapy for athletes, says sight comes before psychology. And Giants second baseman Robby Thompson's hard contact lenses have made it possible for him to play.

The eyes have it: Can't see, can't play

— THE EYES, from page D1

But other youngsters have no chance to succeed in sports because of various problems that can affect their vision. Nearsightedness, while the most common affliction, is hardly the only one. And, as with Thompson, difficulties aren't always obvious.

"It's amazing," pediatric optometrist Richard Glonek said. "Some children will do very well in the early stages of baseball. The ball comes in the same speed, or they use pitching machines. But as soon as the level of play increases, they start having all sorts of problems."

One of Glonek's patients is a 9-year-old who was struggling on the ballfield. He has a problem with depth perception because of amblyopia, or "lazy eye," where one eye functions well and the other poorly.

"In this particular case, one eye was relatively normal and the other eye had a significant prescription problem," Glonek said. "There was a lot of farsightedness, a lot of astigmatism. It didn't know how to focus the image properly."

Glonek, who works with the Arizona State baseball team, said his patient was having difficulty catching the ball.

"He looked to be fearful of the ball, unsure of where the ball was," Glonek said.

Squinting in the bright Arizona sun is normal, but Glonek said, one way to discern a vision problem is if a child squints more than usual.

"They tend to squint or close one eye," he said. "They have difficulty judging depth, especially pop-ups. If they have trouble hitting, it can be affected by focusing, perception, tracking ability. Many children with normal, 20-20 acuity have significant problems that affect performance."

Like the simple act of a catching the ball, which, with lazy eye, can become a frightening experience. Glonek prescribed glasses and therapy as part of the treatment.

Jeffrey Eger, an optometrist who specializes in vision therapy for athletes, has worked with a freshman basketball player at Carl Hayden High School, John Smith III. Smith's

father is a former Harlem Globetrotter. Smith is 6-foot-8 and had suffered from the usual coordination difficulties experienced by someone so big and so young. But there was more.

According to Eger, the tracking muscles in Smith's eyes were not fully developed. This caused problems on the basketball court and in reading. But therapy — part of which involved walking on a balance beam and yoga exercises — and temporary reading glasses produced a noticeable improvement.

"I really react a lot faster than I used to," Smith said. "If someone's passing me the ball, I know if they're passing it to me or not. It's helped me see everyone around me."

Eger is regarded as a somewhat controversial figure who is critical of using sports psychology as a first step toward improvement. An oft-repeated expression of his is, "You can't focus until you can focus."

Said Eger, "The minute you get into sports psychology before vision, you get into what I call fractured skills. You don't really have the seven parts of vision skills down pat."

And those seven skills are:

- Sight.
- Peripheral vision.
- Eye tracking: Following objects up and down, left to right.
- Efficient near-far focusing ability: Changing your focus in a fraction of a second.
- Depth perception.
- Localization in space. Knowing where you are in the field of play.
- Visualization of what is to be accomplished.

Eger said his techniques are especially suited to golf. He has worked with golf pro Gil Morgan, himself an optometrist, and with Phil Mickelson at Arizona State. Eger fitted Mickelson with his first pair of contacts.

"He was extremely nearsighted," Eger said. "He couldn't see anything land beyond a wedge. But to be the U.S. Amateur champ and the NCAA champ before I saw him, I said to myself, 'This has to be the best nearsighted athlete I'll ever see.'"

Although Eger and Glonek work

with athletes (one of Glonek's pet projects was former Arizona State player Todd Steverson), any youngster experiencing difficulty playing a sport — or, for that matter, trying to read the blackboard in the classroom — should see an optometrist.

Like Mickelson and Robby Thompson, many young athletes have a problem and don't know it. The difference is, their natural ability isn't enough.

"Of the kids we see, maybe 5 percent come in because of baseball and basketball," said Steven Kantor, a family optometrist. "They seem to not be able to pick up the ball, and most of them are of Little League age. A few are in high school, but it's mainly the younger kids. They say, 'I'm just not hitting well.'"

Kantor said he hears a lot of complaints about night vision because "a lot of times, we'll get more nearsighted at night."

There is no need to tell that to Thompson's future teammate, Phoenix Firebirds first baseman J.R. Phillips, who has nearsightedness and night astigmatism.

But, largely because he played primarily during the day, Phillips' problems went undetected for a long time. It wasn't until 1989, when he was 19 and playing for the California Angels' Davenport, Iowa, club in the Class-A Midwest League that he knew something was wrong. The 170 strikeouts were the giveaway.

"They didn't know what it was," he said. "Coming out of high school, I was just overmatched."

The next year, with Palm Springs of the California League, Phillips said he "couldn't hit myself out of a wet paper bag." Finally, someone decided it might be his vision. As he put it, "They found out my eyes were off."

Phillips started wearing sports goggles, which caused a problem with depth perception. He was told he would get used to them, but he never did. He saw another eye doctor. This time, his astigmatism was diagnosed, but he was given the wrong kind of glasses. Then he switched to soft contacts, and his performance improved. Temporarily.

In 1992, at Midland, Texas, the

strikeouts continued to pile up. Later, he would learn that because the sun sets later in Palm Springs, he hit better there. In high school, Phillips struck out twice in three years.

"I was baffled," he said.

Driving back to his home in the Valley, Phillips decided to see an eye surgeon. He went to a clinic in Glendale.

"I told (the surgeon) the situation," he said. "I brought my contacts in. He opened them up and said, 'What joker gave you these contacts?' He said what I had you can only correct with hard contacts or glasses."

Phillips, like most athletes, went with the contacts. Meanwhile, the Angels had placed him on waivers. The Giants picked him up and, finally seeing the ball the way he should, Phillips improved noticeably. He hit 27 homers and drove in 94 runs for the Firebirds last season. And his strikeouts dropped from 165 to 127. He continued his success in the Arizona Fall League and is expected to figure in the Giants' plans even though he was sent back to the minors on Monday.

Like the vast majority of athletes, Phillips and Thompson prefer contacts to glasses, although the Park sometimes makes them think twice. But nothing they have experienced comes close to what happened to Texas Rangers second baseman Doug Strange, who suffered a corneal abrasion of his right eye because of suntan lotion seeping underneath a lens.

Whether a young athlete wears contacts often depends on his age. Kantor said he won't prescribe them to children under 12 "unless the kid is an absolute jock. If the prescription is wearable in glasses, I will recommend sports goggles, to protect the eye and improve the vision. That usually is preferred."

But Eger said kids as young as 6 or 7 can start on contacts.

"You get so much more of a big picture (with contacts)," he said. "A truer, more naturally wide-open picture. You funnel out instead of funnel in."

4 1/2 weeks before Phil Mickelson's vision surgery on 10/11/91 Tucson Norte 1 PG-AE-ew