Dyslexia Solved

A Guide to the Reading Vision System

Joe de Braga, M.Ed. and George Manilla, M.D.

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Reading problems may occur from either medical or eye disorders. Your physician, ophthalmologist or optometrist should be consulted before using this reading method.

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"Difficult children make interesting adults"

Jonathan Mooney, *The Short Bus*

Dedication: The World's Dyslexics, may they now find those lost words and the wonders of the printed world.

Preface

Dyslexia what? Solved? You must be kidding, right? How can dyslexia be solved? The answer lies in a concept discovered by a very inquisitive doctor who also happens to be dyslexic. Many years ago, George Manilla, M.D. figured out a way to compensate for his disability, but he wasn't sure how it actually worked. He read extensively about the neurological causes of dyslexia, but he knew that through his methods of visual compensation he could make his dyslexia go away. One day he decided to see if his methods would help others, and over the past 25 years he has helped hundreds of people "see" how he sees, and "read" how he reads.

The solution is simple, and if you implement what has become known as the Reading Vision System as described in the following pages, Dyslexia Solved!

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INTRODUCTION

When George Manilla, M.D. came to me in 2012 and asked if I would help him share the system he developed that helps people overcome their reading problems, I did not hesitate. I had known Dr. Manilla for many years, and I had heard stories of how he helped people all over our community find a way out of their dyslexia. I always wondered, "How did he do that?"

When I was the principal of Spring Creek High School in Spring Creek, Nevada, Dr. Manilla worked with many of my students. My niece was struggling with dyslexia at that time, and I told my sister about Dr. Manilla, and how he was able to help people who struggled with their reading. She brought her daughter to see him, and I will never forget the reaction of my niece when the words became clear. The gasp and the look of amazement, is one I have since come to know very well, as I also now help people overcome their dyslexia and other reading and writing problems by using Dr. Manilla's Reading Vision system.

My name is Joe de Braga, M.Ed., former Director of Curriculum and Technology for the Elko County School District in Elko, Nevada. I am a professional educator with

over 30 years of experience working with students and their parents, both as a teacher and administrator. Dr. Manilla and I wrote this book to provide important guidance to parents of children who are experiencing difficulties in reading; many of whom have been diagnosed as "Dyslexic" or "Learning Disabled." Dr. Manilla and I prefer to use the term "struggling readers." It is our intent to simplify the terminology, provide you with an easy to follow process for helping your child overcome their struggles, and convince you that there is hope for your child. By the end of this book you will have a better understanding of what your struggling reader experiences, the causes of your child's frustrations, and how to accurately identify his or her specific learning needs. We will explain how you can conduct a few simple assessments of your child, demonstrate an eye exercise known as "Penny Power®" and teach your child how to see words clearly; an event that rarely occurs for struggling readers.

Dr. Manilla developed the Reading Vision system over 25 years ago. He is a medical pathologist who spent most of his research efforts developing an effective vaccine and topical treatment for Equine Sarcoid and Cancer Eye of cattle and horses. What began as a personal eye relaxation

technique, progressed into an eye exercise, and was eventually aligned to a proven reading method. Dr. Manilla has refined this process over the years through his work in helping individuals overcome their reading difficulties, as well as his own. You see, Dr. Manilla is also dyslexic.

In 2012, Dr. Manilla and I came together to train K-12 teachers across northern Nevada in using the Reading Vision system with their students. Trained teachers, in turn, successfully implemented the process with their struggling readers, and the results have been astonishing. Students who previously demonstrated little to no growth in reading assessments in their first few years of school are now catching up with their peers academically. Most of the children with whom we have worked have doubled their words-per-minute read within just a few weeks of actively using the Reading Vision system. With this new-found ability to clearly see the words, a child's confidence naturally grows, and the ability to comprehend what is read increases.

**Your child will be referred to as he for the remainder of this book, though the authors recognize that students will be both male and female.*

CHAPTER 1

Who are Struggling Readers?

What defines a struggling reader, and what do you look for when determining if your child is a candidate for using the Reading Vision system? You probably already know some of your child's symptoms, such as letter and number reversals, not differentiating between their right and left, and the fabrication of words. These are all indicators of his struggles. Below is a list of warning signs that indicate your child is struggling to read. Consider your own child's behaviors while perusing this list.

Struggling Reader Symptoms:

1) Chronically failing academically.
2) Held back one instructional grade or more.
3) Consistently poor reader, rather than intermittently poor reader. Occasionally, a child reads better when not fatigued, or one day reads better than another.
4) Unable to catch up or keep up with peers academically and gradually falls further behind. The child recognizes the futility and appears to not try. Parents and teachers may label the child as lazy or immature.

5) Capable of keeping up early in the primary years, but falls behind as text print diminishes in size, or as more reading is assigned.

6) Outward appearances:

a. Turns head slightly to use dominant eye.

b. May appear to chase words around paper.

c. Often uses a finger or marker on the page.

d. Sloppy reader. Skips endings, commas, periods, and fabricates words most often due to pattern reading.

e. Anticipates words. Reads a word correctly in one instance and yet unable to read this same word shortly thereafter.

f. Pauses between words or groups of words. The child may read one, two, or three words at a time, but is unable to read in a smooth and consistent manner.

g. Fidgets and appears to have Attention Deficit Disorder.

h. May stand or sit on knees in chair while reading.

i. Holds book up or props book up to eye level or above eye level.

j. Develops excuses and avoidance mechanisms to keep from reading out loud in front of other students.

k. Becomes a discipline problem during reading time at school.

What is life in school like for your child and other struggling readers? In Kindergarten children begin school full of excitement. They can usually sing the alphabet and most know and can respond to their name. Information they receive auditorily may be retained, but the connection between what they hear and what they see on paper and in books is lost. They begin to notice that other students are reading and writing, but they are experiencing difficulties. As a result, they are placed into a remedial group and made to feel different immediately. Oftentimes, teachers and parents will conclude that a child was simply not ready for Kindergarten, and will be held back. The reading troubles frequently continue into first grade. Some children are persistent, and will find coping mechanisms to help them overcome their disability, and while they continue to struggle, they find ways to read well enough to get by academically. In the primary grades, books have large text and include picture clues whereby children can develop word recognition. If the child is fortunate to have a highly effective teacher who can differentiate the activities and allow extra time to re-read and re-write, he/she may be passed on to the second grade.

As font size decreases and books get longer with less picture clues, struggling readers begin to fall further and further behind. The long-standing teaching process has been to teach children to read in the primary grades of K-3, and subsequently teach students how to understand content. Educators refer to this as "learning to read, then reading to learn." More recently many states are implementing new core curriculum standards through the ©2012 Common Core State Standards initiative. As a result, students are expected to be reading and writing in Kindergarten. The reading to learn process begins in the middle of second grade. For the struggling reader these requirements only add to their frustrations. Often, struggling readers are labeled "Learning Disabled" (LD) and receive extra help through an Individualized Education Plan (IEP), also known as "Special Education." Some children become troublemakers during reading time in order to divert attention from their reading problems. Others find alternative avenues of success, and we often hear of people who become very successful, in spite of dyslexia. Dyslexic children often look to sports and other activities where they can find success.

As students progress into high school, many choose to either drop out or receive an adjusted diploma if they are

on an IEP. An adjusted diploma simply means the student attended high school but was unable to pass the required exit exams, leading to a limited job market and lessening potential income earning ability.

CHAPTER 2

What is the Cause?

What are the root causes of the problems your child is experiencing? The U.S. National Library of Medicine defines dyslexia as:

"Developmental reading disorder, also called dyslexia, is a reading disability that occurs when the brain does not properly recognize and process certain symbols.

Causes, incidence, and risk factors *- Developmental reading disorder (DRD), or dyslexia, occurs when there is a problem in areas of the brain that help interpret language.* ***It is not caused by vision problems.*** *The disorder is a specific information processing problem that does not interfere with one's ability to think or to understand complex ideas. Most people with DRD have normal intelligence, and many have above-average intelligence. DRD may appear in combination with developmental writing disorder and developmental arithmetic disorder. All of these involve using symbols to convey information. These conditions may appear alone or in any combination. DRD often runs in families."*

We intentionally highlighted "**It is not caused by vision problems**", because in our experience and research, we have discovered that most reading problems **are caused by vision problems**. If you will recall the previously listed symptoms of struggling readers, you will begin to see the clues to the vision problem; propping up the book, chasing words around the paper, fidgeting, standing to read or

sitting on knees, turning the head to use the dominant eye, and using a finger or marker.

All of these are coping mechanisms that struggling readers develop in an effort to see the words more clearly. Some children are able to compensate enough, and with determination and the help of highly effective and hard-working teachers, can make it through the school system; although many will state that they hate reading. For others who can't quite find the right way to compensate, who are subject to "dysteachia" (ineffective teachers), and who lack the determination or support to fight through their problems, the results can be devastating.

Think about this concept. For the most part, when students are taught to read, the materials are placed flat on the desk. When we sit in an upright position with good posture (as we are taught to do in school), we have to look in a downward position towards the reading material. When looking down in order to work together for stereoscopic vision, our eyes have to rotate downward and inward (incyclorotation). Conversely, when we look up, our eyes will rotate upward and outward (excyclorotation). While looking straight ahead, our eyes do not rotate but will converge together as an object becomes close to our face.

We often call this “cross-eyed.” You can test this by focusing on your finger while bringing it towards your nose.

You may have also heard the term “lazy eye,” which refers to one eye not tracking the same as the other eye. It may appear to point outward or inward. The eyes do not work well together, and is attributed to a lack of strength of the muscles surrounding the eyes, making it difficult to maintain focus on the printed words. In order for the brain to interpret what both eyes are seeing simultaneously, the image has to fixate on the fovea, which is located on the back of the retina in the eye. If one eye is out of alignment with the other, the words may be blurry, may drift apart or run together, may flip or reverse, or even shimmer. The coping mechanisms that I mentioned previously are what the child does to try to overcome the blurring, drifting, and reversing of words and letters. Again, think back to the list of symptoms - holds the book up at eye level or towards the dominant eye, fidgets, stands up or sits on knees, chases words around the paper. Essentially, they are trying to find what we refer to as “the clear spot.” Only a dyslexic knows what it means for the words to be “clear, but unclear.”

CHAPTER 3

Assessing Your Child

Now it's time for a quick test and a short conversation with your child. You will begin with a quick test that we call the "Reading Arc" test. Have your child sit up straight in the chair and hold the book as shown in the picture below (Fig. 1). This is reading position "A."

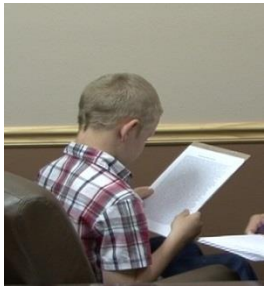


Figure 1

Have your child look at the text toward the bottom of the page and tell you what he sees. Ask him if the words move, jump, run together, pull apart, shimmer, are wavy, blurry, or are unclear. Does your child appear to lose their place on the paper? Next, have him move the book in an upward arc to a position directly in front of his eyes, in a position we call "C." In the first image below (Fig. 2) you can see all of the positions of the reading arc. In the second picture (Fig. 3) the boy is holding the book in position C.

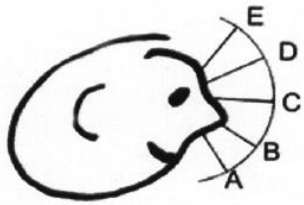


Figure 2

Figure 3

Now, ask your child if he notices a difference in clarity from position A. Ask if the words are clearer, still blurry, no longer running together, etc. Continue this process through positions D and E. Then, starting with the book in position A, gradually move the book through the full reading arc from position A through E, and have your child tell you at what position the reading material is the most clear. In our research we have discovered that the clearest

position is not position A, but rather C, and sometimes even D and E. Remember when I previously explained about what happens to your eyes when you look down compared as to when you look up? When looking down your eyes have to rotate inward and converge. When looking up they rotate outward and upward. You can test this yourself by simply feeling the position of your own eyes while looking down, then, slowly look up. Within this concept lies the secret to correcting the issues associated with your child's reading difficulties. The goal is to get him to see the words clearly while reading in position A, the table top position.

For a detailed explanation of "Positional Based Reading" refer to Appendix B.

CHAPTER 4

Fixing the Problem – Penny Power®!

The most important question remains. **How do we fix the problems of the struggling reader?** The answer is surprisingly simple. Penny Power®!

As a benchmark, you must first determine the amount of words your child reads per minute. This is easy to do as all you need is a reading passage that is at his reading ability level (typically this is below his grade level), and a stopwatch. Have your child read out loud for one minute, and then count the words he reads during that minute. Simultaneously, count the number of words that are mispronounced, skipped, or incorrect. If a word is missed and then your child goes back and corrects it, it is not counted as a missed word. Record his score. (For example, 50 words with 10 errors). While your child is reading, pay attention to patterns in his reading, such as reading one or two words at a time with a pause before attempting the next one or two word groups. Also, notice if he attempts to "sound out" the syllables of the word, or if he just stops and attempts to guess the word. He may also fabricate words, such as saying "glass" when the word he is reading is "window."

Keep a record of this data and compare it to how he reads in a week after having been using the Penny Power® system. You may also want to video record your child reading before he begins the system and then again after a few weeks of using the system. This is a great visual way to show him that he is making progress. Establishing a baseline is important to demonstrating progress to your child. We will be covering writing more in-depth later in this guide, but while you are ascertaining reading benchmarks, now is also a good time to collect a writing sample. Have your child write his name at the top of a blank piece of paper. Find a sentence in the book that he is reading and have him copy it onto this blank paper five times, each sentence written just below the first. Put this sample aside, and we will explain more in the writing section of this guide.

Below are the steps to the eye exercise:

1. **Determine eye dominance.** This is easily accomplished by taking a piece of blank paper and, using a pen or pencil, poke a hole in the center of the paper. The hole will be about 3/8" in diameter. Have your child hold the paper out in front of him at arms-length and look through the hole at an object on the wall, such as a picture or a clock. Next, have him bring the paper right up to his face as he

continues looking through the hole, all the way to his eye. He will naturally carry the paper to his dominant eye. Have him repeat the process a couple of times to be certain. Record which is his dominant eye for future reference.

An alternative method is to take a piece of paper and roll it into a tube. Have your child hold the rolled up paper about one foot from his face while looking at an object on the wall with both eyes open. Have him center the object as in Figure 4 and then close his left eye. If the image stays centered with his right eye open, the right eye is dominant. If the rolled up paper moves to the left, as in Figure 5, the left eye is dominant. Further test this by centering the object through the paper, and closing the right eye. If the image remains centered, the left eye is dominant.

Figure 4

Figure 5

2. Two penny eye exercise.

a. Place two pennies on the table, approximately one inch in distance (Fig. 6) and slightly toward the non-dominant eye side. In order for the exercise to be effective, it is essential to shift the pennies towards the non-dominant eye, as it is used to help strengthen that particular eye. It is helpful if you sit across the table from your child so that you can observe the alignment. Let's assume your child is right eye dominant. While sitting across from him draw an imaginary line vertically from his nose to one of the pennies. The other penny should be approximately one inch to the left, towards his left or non-dominant eye. Continue to monitor the alignment throughout the exercise as you will find your child will tend to tilt his head and lean or shift towards his dominant eye.

Figure 6

Have your child draw an imaginary line just below the two pennies.

b. Place the index finger of his dominant hand on the imaginary line between the two pennies with fingernail up (Fig. 7).

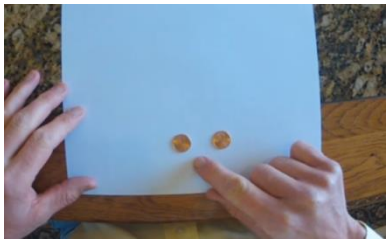


Figure 7

c. Have your child bring his finger in a direct line towards his nose until he touches his nose (Fig. 8). Make sure the finger does not rotate and the fingernail remains in an upward position. Repeat this several times.

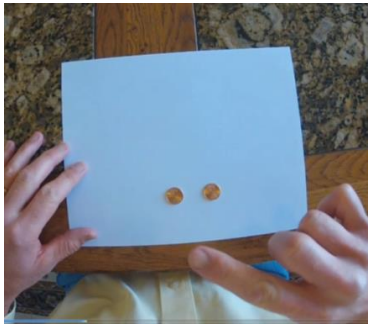


Figure 8

d. It is important that your child maintain good posture throughout the exercise by sitting up straight with the pennies near the edge of the table, but not too close that it may cause his finger to block the view of the pennies as he brings his finger toward his nose, as shown in Figure 9.

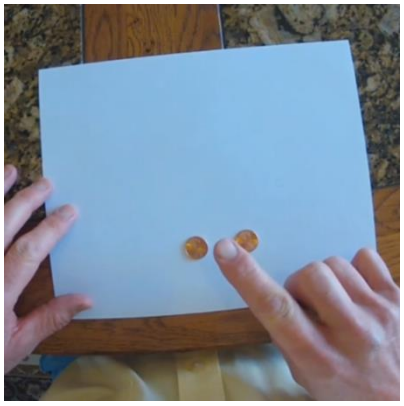


Figure 9

e. Have your child move his finger very slowly toward the tip of his nose while looking at the tip of his fingernail. You might find it helpful to put a dot on the tip of his fingernail with a marking pen. Tell him to let you know when he sees three pennies.

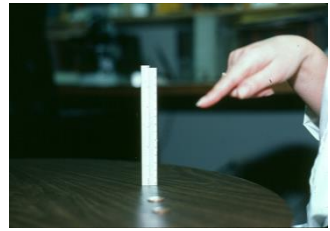


Figure 10

f. When he sees three pennies form, instruct him to stop his finger and maintain the three pennies. Record this approximate height for future reference (Figure 10). Also, in Figure 10 the finger is in an incorrect position. Pointing the finger downward must be avoided as it will impede securing the three pennies. Remind him to hold his finger flat or horizontal. If four pennies form, move the pennies closer together or raise the finger slightly higher. If two fingers form, he is focusing on the pennies and the fingertip is not being used as the focusing point.

g. Once the three pennies are formed, have your child maintain three pennies without use of the finger. So, first form three pennies with the finger, then quickly have him bend his finger downward while retracting the hand backwards. This may take some practice. Be patient with your child as it takes time and concentration! The eyes will have a

tendency to want to follow the finger when it is dropped down and away. If this occurs, have him start again and leave his finger out while seeing the three pennies. Have him recognize that he is looking towards his nose in a cross-eyed manner. Have your child hold that eye position while retracting his finger. Some children will accomplish this task the first time, while others may take multiple attempts.

h. With the three pennies formed, have your child withdraw the finger while maintaining the three pennies. Have him hold this eye position and count the three pennies back and forth five times, pointing to each penny with a finger on the table top. Have him rest his eyes and then repeat the exercise. Reading should not be attempted until such time as your child has mastered the exercise. As a reminder, this should be accomplished with the pennies approximately one inch apart and shifted towards the non-dominant eye. Most children will find success on the day following their first exposure to the pennies exercise. However, it could take your child up to a week of practicing multiple times per day to be able to successfully hold the three penny image long enough to count them back and forth five times.

Have him count out loud so that you hear one two three, one two three, one two three, one two three, one two three, easily accomplished as he points to each penny that he sees.

3. The Four-Penny Test

As a parent, how can you be sure your child is really able to see the three pennies? Good question. Some children may tell you they see them when they really don't, so we have developed another test. Using four pennies placed in a diamond arrangement (Fig. 11). Have your child use his index finger by placing it at the bottom of the lowest penny and bringing it towards his face just as he did with the two pennies until he sees three pennies. After removing the finger, ask your child how many pennies he sees in the top row. The answer should be two pennies in the top row. Ask how many are seen in the bottom row, and the answer should remain two. Ask how many are seen all together, and your child should respond by seeing a total of seven pennies (Fig. 12). Two at the top, three in the center and two at the bottom.

Figure 11

Figure 12

a. You child should do the penny eye exercise one or two times daily.

b. Eventually your child will be able to form the three pennies without the use of his finger.

c. If pennies are not available (or to avoid ridicule from other children while at school), the index finger and little finger can be placed on the

table edge and used in place of the pennies (Fig. 13). Once children know how to make three pennies from two, they can easily make three fingers from two by slightly “crossing” their eyes (Fig. 14). If the child is right eye dominant, he should use his left hand, which will help him keep his fingers slightly to his non-dominant eye side. If the child is left eye dominant, the right hand will be used.

Figure 13

Figure 14

The keys to being successful with the Penny Power® system are:

1. Do the exercise one or two times per day. Make it part of your child's daily routine. For example, have him do his pennies at breakfast and before bed. Always have your child do the penny exercise just before reading.
2. Keep the pennies to the non-dominant eye side. The intent is to strengthen the muscles surrounding the non-dominant eye.
3. Count the pennies back and forth at least five times.

Common errors in using the pennies:

1. Incorrect dominant eye determination. May need to use another method or repeat the dominant eye procedure.

2. Pennies not placed slightly toward the non-dominant eye side.

3. The two pennies are placed too far toward the non-dominant eye side. The pennies should be slightly toward the non-dominant eye side, yet close to the midline.

4. Failure to look at tip of the finger. A small ink dot may need to be placed at the very tip of the fingernail. If your child is only focused on the two pennies, two fingers will form instead of the three pennies. Explain that the sensation of looking cross-eyed is normal, or suggest looking at the end of his nose to secure the three pennies.

5. Look up immediately on seeing the third penny. Remind your child to hold the three pennies once they are formed.

6. Arcing the finger instead of following a straight line toward the tip of the nose, which blocks his line of sight to the pennies. The elbow should rise upward along with the finger as he brings his finger towards his nose. Holding the elbow still or on the arm of the chair will cause him to arc his finger towards his nose, leading him to cover up the pennies with his finger, resulting in his seeing two fingers instead of three pennies.

7. Lifting the finger vertically off the table top rather than in a straight line toward the tip of the nose.

8. Seeing four pennies instead of three. If this occurs, have your child try bringing his finger a little higher toward his nose. He may need to experiment with the height

of his finger from the pennies until he can clearly see and hold the three pennies. You can also try spreading the pennies a little farther apart.

9. Failure to do the eye exercise every day. The eye exercise is just that – it's an exercise. If the muscles aren't continually strengthened in the new position they will go back to the old position. If an athlete stops exercising and strengthening his muscles then he will lose his competitive edge. Another analogy would be dieting. While on a diet a person will lose or maintain a healthy weight. When they go off of the diet the weight will return. It's the same with the eye exercise. Your child will experience success when he does the eye exercise every day. If he stops doing the exercise, his reading problems will return.

CHAPTER 5

The Reading Method

Do **not** attempt the reading method until your child can easily count the pennies back and forth five times. It is recommended the eye exercise be successfully performed for five to seven consecutive days before attempting the reading method. To reiterate, the exercise is designed to strengthen the eye muscles to the point where the focus of the eyes can be maintained in the new reading position.

Steps to the Reading Method:

1. All reading materials are placed slightly toward the non-dominant eye side. Have your child place his index finger at the central bottom edge of the sentence to be read (Fig. 15). Have him focus on the tip of his finger and very slowly raise the finger off the page, keeping his eye on the finger, until the words become very fuzzy or blurry. On average, this will be a few inches off of the paper. Then, have him very slowly move his finger back down towards the paper until the words become clear, sharper and blacker. This is what we call the “clear spot”.

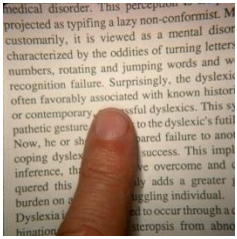


Figure 15

2. You will find that this new focal point is just barely off the paper or about ¼ to 1 inch (0.5 to 2.5 cm.) from the paper's surface (Fig. 16). The finger should not touch the paper (Fig. 17). Care should be taken not to use the higher focal point used for forming the three pennies.

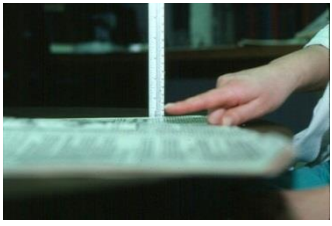


Figure 16

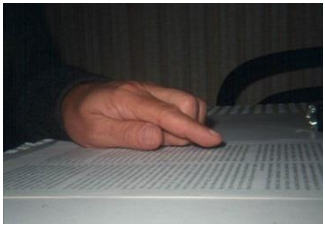


Figure 17

3. By securing this new reading focal point, your child can generally find it again when raising the finger from the paper or by merely popping the finger out to this required clear spot. Have him practice popping out his finger by keeping his hand rested on the paper, then retract his finger and pop it back out to the clear spot.

4. Now it's time to have your child read. Have him place his finger in the center of the line to be read and just below the line of text. Raise the finger until the words are clear or pop the finger out to the clear spot, retract his finger (Fig. 18) and then read this first line.

Figure 18

You will likely hear an immediate improvement in your child's reading fluency, speed and rhythm. Have your reader make each of the next eight to ten lines clear using the reading method, and read each line with his finger in place. At each new line, have him repeat placing his finger in the center of each line and slowly find the next, clear reading level. Popping the finger directly to the clear spot is

not only easier, it offers a sense of stealth for your child and shields him from acknowledging a reading problem. If the finger becomes obstructive, have him remove it before reading. Each line is made clear before moving to the next line. The finger is always placed at the center bottom of the line being read. If not required after a few lines of reading, remove the finger before reading each line. Your child may be able to read one or two lines before getting "out-of-it." You will be able to hear this as his reading becomes choppy and labored, and that is when you should remind him to "make it clear" by popping his finger back out to the clear spot. The goal is to have your child be able to tell when he is "out-of-it" and pop his finger out to create the clear spot as needed.

5. Once your child can easily "make it clear" by popping his finger to the correct reading spot, and you notice a distinct improvement in his reading, instruct him to read while looking near the tops of the words. In summary, it is merely making the words clear and reading at the tops of the words. The tops of words appear to be sharper than the bottoms. Non-dyslexics are capable of increasing their reading abilities by reading near the tops of printed lines. It appears that readers scanning the top of a printed word

require a decrease in fixation time and read faster. With practice, many struggling readers eventually read straight down the center of a newspaper column or paperback-sized page.

6. Now have your child read an entire paragraph, but know that this will likely not occur in the first reading session. Each first paragraph line is made clear and only this paragraph is read, even if longer reading segments can be easily read. Usually fatigue sets in after the first few lines and he will revert to his old reading pattern. Again, remind your child to make the words clear first. Soon the entire paragraph is read without difficulty, and later you will find this expands to pages. During each of the early reading sessions, every first paragraph line is made clear, the finger is removed, and the entire paragraph read while looking at the tops of the printed words. Recognize that your child will need frequent rests, as it takes time for eye muscles to develop the strength necessary to hold the correct eye position for long periods of time.

7. Just as the three pennies are eventually formed without use of the finger, reading is similarly started by making it clear without use of the finger. This typically happens without instruction, as now the meaning of clear

words is recognized as normal. Keep in mind that if your child discontinues the use of the pennies, over time the eye muscles may weaken and reading problems will reoccur.

Reading Method Errors

1. Too high a reading focal point, as it should only be slightly off the paper. Lower the finger to the focal point near ¼" (0.5 cm.) off of the paper.

2. Too low of a reading focal point. The finger should not touch the paper.

3. Failure to place all reading materials slightly toward the non-dominant eye side. This is a necessity in order to develop normal binocular vision.

4. Reading at the previous slower rate. Encourage your child to read faster while focusing the eyes towards the tops of the words.

5. Failure to recognize that earlier pattern reading was a survival reading method, even with its high error rate. Pattern reading errors will gradually resolve as the printed words become clear. Self-correction of reading errors such as sounding out words is the first apparent evidence of word recognition improvement.

6. Continuing to read while “out-of- it” and again needs to refocus. This frequently occurs when a new or difficult word is read.

7. Failure to realize that a fatigue level is normal when beginning the new reading method. At fatigue level, reading errors become frequent and prominent.

8. Reading material that is too difficult is often a defeating struggle and easier reading material will allow for reading fluency.

9. Failure to use the pennies every day or as needed along with the reading method will result in the recurrence of previous reading problems.

CHAPTER 6

Instant Success, then Possible Frustration

Let's review what you have accomplished as a parent at this point. You have your child doing the Penny Power® exercise twice a day, and it has become relatively easy. He can see the three pennies without the use of his finger. He has learned the reading method, and will tell you that the words are clear and no longer move, flip, run together or pull apart. It is now easy for your child to tell you what the words used to do when previously it was hard to explain. Now he knows the true meaning of what it's like to see the words clearly. It's similar to when a person with poor eyesight finally gets glasses, and the first thing they notice is that trees actually have leaves.

Your child's reading speed has increased dramatically and most likely he has doubled his words-per-minute read with few, if any, errors. When he gets to a new or big word he begins to sound out the word, something he may not have attempted previously. His confidence level begins to improve, and he begins enjoying reading. He decides to attempt a "big book" like other kids his age are reading, and may end up frustrated. He yearns to be reading as well as his peers, so he tries to advance too quickly. He may have been

two, three or more grade levels behind in reading, resulting in a deficiency of grade level vocabulary.

Many schools have pull-out programs for struggling readers or those who have an IEP, and these students are rarely exposed to reading and other content at their grade level. As much as they instantly want to be like the other kids and know all that they know, it will still take time to catch up with peers. This is when your role of parent is so important. You need to be patient and provide encouragement. Don't let your child give up! If he stops doing his pennies, he will be right back where he started. Have him read to you every night. Reading out loud helps children make the connection between the printed word and the language portion of the brain within the left hemisphere. This is a perfect time to show your child the video you made of him reading before he learned this new system. Re-test their words-per-minute read, confirming his improvement.

CHAPTER 7

Hand Writing and Penmanship

Writing tends to be a difficult task for struggling readers. In particular, they will often print their words and letters as opposed to writing in cursive. Many grip their pencil using almost their entire hand rather than cradling the pencil between the tips of their thumb and first two fingers. They often place their face close to the paper on which they are writing while using only their dominant eye. The laborious undertaking of joining letters together often produces unintelligible words and sentences. Some will write appropriately, as they have learned to place their writing material toward their non-dominant eye. This is more easily accomplished for those students who have mixed dominance, such as right hand and left eye.

When Dr. Manilla first met Justin, he was a seven year old, non-alphabet reader unable to write his name or alphabet correctly. After following the steps in assessing Justin's dominant eye, and subsequent practice of the Penny Power® exercise, Justin was taught the new reading and writing methods as described earlier. Figure 19 contains samples of Justin's writing capabilities, both before and after. The top line is typical of how Justin would write his

name; upside down and backwards. On the second day, following initiation of the new methods, he was able to write his name and nearly the entire alphabet correctly for the first time ever (Fig. 19).

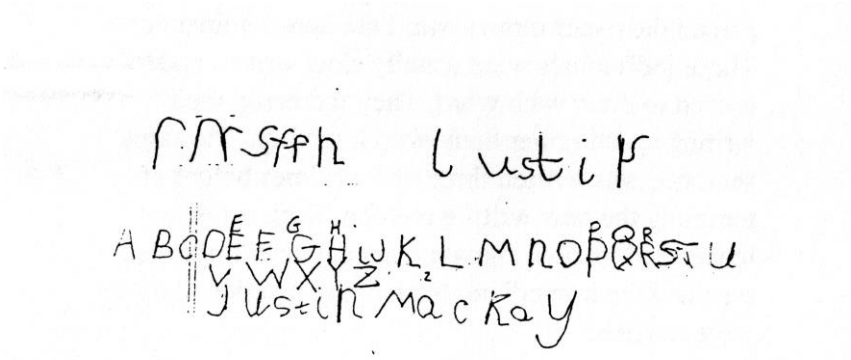


Figure 19

Robert, a seven year old second grade student generally wrote sentences as shown in the upper five sentences of Figure 20. Immediately after receiving instruction in the new writing method, he wrote the lower four sentences. He also wrote his name as seen at the top as "Rebe." After the instruction, he correctly wrote his name "Robert" at the bottom of the page. He hesitated, looking again at "Rebe" and refused to leave it as written. The correction overlies the previously written "Rebe." Inexplicably, he followed this with "Hot" beneath. The

improvement in writing occurred immediately and did not require long corrective practicing.

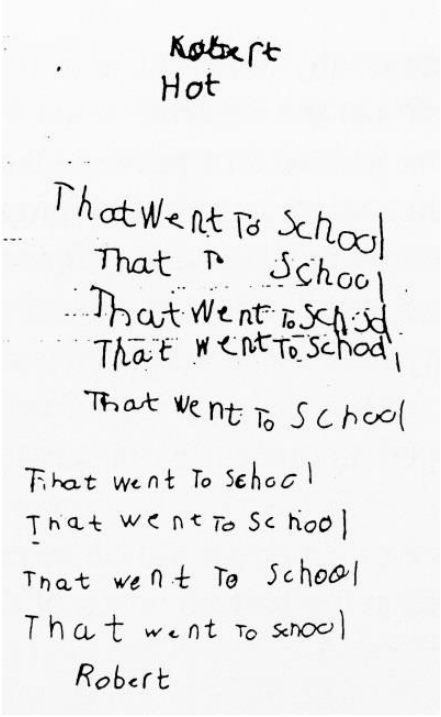


Figure 20

A variation of Robert's experience was discovered when working with a first grade dyslexic boy who was unable to cut a straight line using scissors. The teacher advised the parent that their child suffered from motor incoordination. Hearing this, the mother stormed into Dr. Manilla's office, school scissors in hand, and her son in tow. Dr. Manilla observed the boy using the scissors, and would

have initially agreed with the teacher. However, he then noticed the boy was trying to cut the paper while using his dominant eye. By merely moving the paper being cut toward the non-dominant eye side, the boy was immediately capable of successfully cutting along the line.

Writing Method

Problems associated with writing are known as "dysgraphia." The writing method should only be attempted after your child is able to complete the Penny Power® exercise and has been successfully taught the Reading Method. At the beginning of this guide we asked you to collect a writing sample from your child, by having him write his name at the top of a blank piece of paper, and then copy a sentence five times from the book being read. Each set of sentences typically has its own signature appearance. Once instructed in the new writing method, improved results are immediate. No lengthy practice sessions are required.

Using the previously collected writing sample, have your child rewrite the same sentence five times directly under those sentences using the following directions (revisit Fig. 20 and page 23):

Steps of the Writing Method:

1. If your child is right-handed, have him use his left index finger to make the sentence clear before beginning to write. Conversely, the writer should use the right index finger if left-handed.
2. Have your child move the paper slightly to his non-dominant eye side. Watch that he does not attempt to shift his body or turn his head to use his dominant eye.
3. Have him turn his paper slightly so that he can easily see the tip of his pencil while writing. Tell him to look at the tip of the pencil.
4. If he grips his pencil with his entire hand, show him how to correctly hold the pencil between his thumb and first two fingers.
5. Instruct him to look at the tops of the letters as they are forming.

Since your child is writing a new sample under his previous sample, he will be able to see immediate results. Occasionally, you may have to remind him to hold his pencil correctly or to move his writing material to his non-dominant eye side.

CHAPTER 8

Mathematics

Struggling readers may have a particularly difficult time with math. Problems associated with math are known as “dyscalculia.” If your child is attempting to add columns of numbers he, may experience problems maintaining the numbers in the columns, similar to his problems associated with reading. Story problems prove difficult due to his inability to clearly see the words.

The correction for seeing the numbers clearly is the same as it is for seeing words clearly, with one exception. If your child is right-handed, have him make the numbers clear with his left hand, using the technique previously described. Instruct him to make the first number in the row clear and to look at the tops of the numbers. Once the first number is clear, the rest should remain clear. However, if he feels like the numbers become unclear or that he is “out-of-it,” then have him pop his finger back out to the clear spot. The process for reading word problems is the same as the process for reading, again with the exception that the child should use his non-writing hand to make the words clear.

CHAPTER 9

Testing

One of the significant road blocks for any struggling reader is test taking. Even if the child knows the answer, he may confuse the selections on multiple choice questions, or lose his place easily on a large answer sheet full of bubbles. The solution to this is the same as with math. Have your child use his non-writing hand to make the problems and answer selections clear while holding his pencil in his writing hand. In this way he won't put his pencil down, make it clear with his dominant hand, pick his pencil back up, and then try to find where he was to write the answer.

CHAPTER 10

Summary

1. Develop a baseline of reading words-per-minute.
2. Video record your child reading out loud.
3. Perform reading arc test.
4. Determine eye dominance.
5. Conduct two-penny eye exercise, keeping pennies to the non-dominant eye side. Bring finger in straight line towards nose until he sees three pennies. Withdraw finger and count back and forth five times on the table.
6. Four-penny diamond test. Your child should see seven pennies.
7. Reading method. Make it clear, and read the tops of the words. Keep reading material to non-dominant side.
8. Be patient!
9. Writing. Hold pencil correctly. Turn paper slightly. Keep paper to non-dominant eye side. Look at tip of pencil and top of letters as letters are clearly formed.
10. Math. Make the first number in each column clear using the non-writing hand.

11. Testing. Use non-writing hand to make problems and answer sheets clear while solving problems and answering questions with pencil in writing hand.

12. Be patient! Your child can see the words clearly now, but he still has a lot to learn and possibly a lot of catching up to do.

13. Re-assess your child's reading words-per-minute periodically and video record his oral reading. Show him his original baseline results and video recording as a reminder of his progress and to help build his confidence.

14. Celebrate your child's success!

And remember, the eye exercise is like any other exercise. It must be performed daily to maintain eye strength. If the eye exercise is stopped, eventually the eyes will return to their previous position and the associated dyslexia will return.

Dyslexia solved…

If you would like additional information about Reading Vision or to invite them to speak to your group contact Joe de Braga at jdebraga@readingvision.net or 775-934-0566 or visit our website at www.readingvision.net.

APPENDIX A

Scientific Explanation for Dyslexia

The learning disorder dyslexia is frequently considered to represent a disorder of language processing, with dyslexics failing to properly utilize the left temporoparietal area of the brain. Here is where words as phonemes, the smallest word sounds, are recognized. Efforts to correct dyslexic reading problems elicit a utilization of the left temporoparietal region. A suggested cortical neuroplasticity response is thought evident (Shaywitz and Shaywitz, 2005; Shaywitz, Lyon and Shaywitz, 2006; Gabrieli, 2009).

Speech and writing have made humans unique. Communication skills, along with reading and writing abilities, have produced separate functions for the two brain hemispheres (lateralization). Generally, the left hemisphere appears more important in language and the right appears to lateralize for visuospatial events. Language is not automatically sent to the left hemisphere but a determination is first made and, if visuospatial, the information is directed to the right hemisphere (Stephan et al., 2003).

Founded on language modalities, the phonologic attempt at understanding dyslexia is based on the lowest level of word sound structure, the phoneme. The phonologic theory of dyslexia implies an impairment of both retrieval and storage of speech sounds. Reading in an alphabetic language system requires understanding the relationship of sound to letters. This grapheme to phoneme (reading to sound) relationship is a core belief of the phonologic deficit theory. Phonemes are the smallest sound entities that distinguish closely similar words, i.e., bet from pet. The often cited phonemic relationship in the word bat typifies phonemic separation into three phonemes, b/ae/t. Dyslexics exhibit phoneme unawareness (Elbo and Jensen, 2005; Shaywitz and Shaywitz, 2003; Shaywitz and Shaywitz, 2005).

Thus, dyslexia is often considered as a language disorder in both single word decoding and phonologic abnormalities in learning the letter to phoneme relationships. Phonemic awareness is deficient in dyslexics, in that they experience difficulties with separating the spoken word into required phonemes. The phonemic dyslexia deficit then represents a failure to separate a word

into phoneme sounds, decoding, and re-assembling these sound segments into a written word. With remediation treatment, dyslexics activate the language based phonemic area of the left temporoparietal region similar to non-dyslexics. Thus, a neuropasticity corrective influence is apparent (Shaywitz and Shaywitz, 2005; Shaywitz, Lyon and Shaywitz, 2006; Gabrieli, 2009).

A visual theory for dyslexia seems a logical assumption when consideration is given to the fact that dyslexia is so closely associated with processing letters and words on the printed page (Manilla, 1990). Dyslexia has been considered the result of unstable binocular fixation and vergence difficulties. Visual and oculomotor defects would impair eye motor control, visual attention and eye movement for visual searching. Thus, reading skills would be subject to impairment (Cornelissen et al., 1993; Stein and Fowler, 1985, 1993; Eden et al., 1994).

Small print appears to aggravate letter reversals, letter and word motion, jumping words, blurry, wavy, vibrating and dancing words. These suggest macular/oculomotor abnormalities between two eyes rather than visual cortical interpretive errors.

APPENDIX B

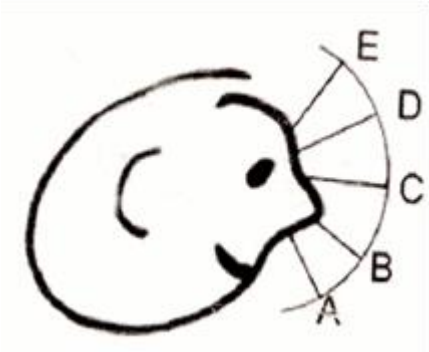
Positional Based Reading

It may be presumed that positional reading correction methods have been stealthily utilized by dyslexics ever since reading became a vocational need. At first, positional reading use may appear as a novel corrective measure to attain normalcy. However, its presence may represent evidence of the continual struggle with dyslexia and an adaptive hallmark, perhaps symbolic, of dyslexia.

Today, struggling dyslexics can be found coping in every reading environment. It appears that many dyslexics have discovered this ability to correct reading problems by subtle reading material positioning. One could easily make the supposition that every educator has seen this correction ability utilized in the classroom, library or study hall as unusual strategies to attain reading normalcy.

A few dyslexics have recognized that they can functionally read for only a few minutes at a time. The most successful seem to be capable of interval reading periods of from about five minutes to thirty minutes. This may represent their normal cyclovergence span. During these functional reading periods, they may read unencumbered

and with remarkable facility. Over all, there is the general appearance that the problem is not one of reading abilities.



POSITION A

The flat desk or table top could easily be considered the dyslexic's nemesis. This is where class room actions as reading, general instructions, note taking and testing are normally carried out. Dyslexics may inadvertently find themselves in a computer designated teaching environment or separated from their peers and placed in special education studies that involve computers. In either case, positional correction by computer screen use allows for gratified progress by both the student and relieved teacher.

POSITION B

Some have found that they can effectively use Position B while studying but fail or perform below

expectations on testing. Examinations are usually on flat desks or tables. These individuals frequently say, “I knew it but couldn’t put it down right, I knew the answer but I couldn’t put it down on the test.” Outwardly, it appears that they were actually confirming the fact that they didn’t study enough. However, these students were telling their side of the story, as a dyslexic.

Position B use frequently appears in the study hall or library as a propped book against several flat stacked books. Reading books and reading materials are held with two hands while they slump in the chair to create a functional Position B. An occasional girl will cross her legs and support the book on and against her leg thighs while reading in a chair. These Position B individuals slump-adjust to the computer screen as needed or rise up to place the computer screen at the desirable Position B. Adaptation is subtle, effective and temporarily releases them from the confines of dyslexic problems.

POSITION C

Position C is perhaps the most versatile for the dyslexic. They do very well with straight ahead computer screen levels. Frequently, Position C individuals will rise up

in their chair, lean forward and read by looking straight down. These individuals feel comfortable reading while standing up, in order to look straight down. Both young girls and women will place reading materials on their lap in order to look straight down. Similar to Position B, Position C individuals will prop a book and slouch low to read straight ahead. Occasionally, both elbows are placed upon the desk or table top. Their head is cradled in each hand and they read by looking straight down.

POSITIONS D AND E

Positions D and E individuals are at a much greater disadvantage. They're forced to read while prone in bed or holding the book high over their head. They are the neediest for instructions in the proper way to look at and read computer screens, books, magazines and papers.

One twelve year old girl slouched low in her chair, raised both knees high and supported her feet flat on the edge of the chair's seat. She held reading materials, with both hands, on the top of her knees to achieve D position. She also read and studied by sitting crossed legged on the floor next to a coffee table. After placing her chin securely on the coffee table's edge, she read, with her chin on the

table, while standing her book upright on the coffee table for a compensated position D.

When Position D is described as the best and Position C is second best, computer screens are usually placed Position D high and the individual will further slouch for greater accommodation. They will, also, utilize Position C for reading by placing the table top reading material close to the table's edge, pull the chair closer and lean over to read straight down.

SCHOOL DESKS

One grandparent noted that, during her early school years, all classroom desks were tilted on an angle. Non-dyslexics experience little or no word changes while performing the convergence arc test. It readily follows that a slightly tilted desk offers no challenging problems to the non-dyslexic. Tilted classroom desks would then be similar to a flat desk, in all regards, except for dyslexics.

Since most dyslexics fall within the Positions B or C level, a slanted desk easily conforms to their reading level requirement. Many times the grandparent or parent will admit to having a reading problem, but they quickly add that educators didn't know or pay much attention, if any, to

their problem. It may be that dyslexia was less apparent or even non-existent due to school room slanted desks. The old ink well desk may have had hidden treasures.

For Positional B and C reading, dyslexics vocabulary can be more rapidly acquired by using these Positions B or C to master new words. Consequently, dyslexic students are told to read at their preferred position to learn the required new vocabulary. They are instructed to immediately re-read the same passage while utilizing their new reading method that requires making the words clear at the desk or table top level.

FLASH CARDS

Flash cards seem to have such a variability of responses that they often appear unreliable. Many parents believe that flash cards are over sold and found not as advertised. As noted in the book *Dyslexia: A reading and writing correction method. High Desert Publishing. P.O. Box 1417, Elko, Nevada 89803,* there is a circuitous logic to reading. One is unable to read if words are not known and if one doesn't know words then reading is unattainable. Those who do not know the alphabet will often require use of flash cards to learn a vocabulary of four or five words. Using these

same words in sentences, reading is now obtainable at the tabletop level by using the new reading method required for dyslexics. The goal to have the individual read on the flat desk or tabletop is readily achievable.

On a tour of the University of Nevada School of Education, Reno, Nevada, we walked down a hallway of open class room doors. Each of the teachers, in the Masters of Education program, was utilizing flash cards. The cards were presented to the student's Position B or C level. This reflected the most common flash card level used by parents, as well. Positional B and C level responses would be the apparent reason for flashcards effectiveness. Disappointedly, parents will add that their child can't seem to remember these flash card words when reading at the table top or desk level. Dyslexics surrender to dyslexia at the desk or table top level. They now appear to experience the findings of having a cognitive retrieval problem.

References

Cornelissen, P., Munro, N., Fowler, S., & Stein, J. (1993). The stability of binocular fixation during reading in adults and children. Dev Med Child Neurol, 35, 777-787.

Eden, G. F., Stein, J. F., Wood, H. M., Wood, F. B., & Zeffiro, T. A. (1994). Abnormal processing of visual motion in dyslexia revealed by functional brain imaging. Nature, 382,66-69.

Elbo, C., & Jensen, M. N. (2005). Quality of phonological representations, verbal learning and phoneme awareness in dyslexic and normal readers. Scandinavian Journal of Psychology, 46, 375-384.

Gabrieli, J. D. E. (2009). Dyslexia: A new synergy between education and cognitive neuroscience. Science, 35, 280-283.

Manilla, G. T. (1990). Dyslexia: A reading and writing correction method. Elko: Nevada, High Desert Publishing.

Olitsky, S. E., & Nelson, L. B. (2003). Reading disorders in children. Pediatr Clin N Am, 50, 213-224.

Schreiber K, Crawford JD, Fetters M, Tweed D. The motor side of depth vision. Nature 2001;410:819-822.

Shaywitz, B. A., Lyon, G. R., & Shaywitz, S. E. (2006). The role of functional magnetic resonance imaging in understanding reading and dyslexia. Developmental Neuropsychology, 30(1), 613-632.

Shaywitz, S. E., & Shaywitz, B. A. (2003). Dyslexia (Specific reading disability). Pediatrics in Review, 24,147-153.

Shaywitz, S. E., & Shaywitz, B. A. (2005). Dyslexia (Specific reading disability). Biol Psychiatry, 57, 1301-1309.

Stein, J., & Fowler, M. S. (1993). Unstable binocular control in children with specific reading retardation. J Res Read, 16, 30-45.

Stein, J., & Fowler, S. (1985). Effect of monocular occlusion on visuomotor perception and reading in dyslexic children. Lancet, July, 13, 69-73.

Stephan, K. E., Marshall, J. C., Friston, K. J., Rowe, J. B., Ritzl, A., Zilles, K., & Fink, G. R. (2003). Lateralized cognitive processes and lateralized task control in the human brain. Science, 301, 384-386.

Stevenson SB, Schor CM. Human stero matching is not restricted to epipolar lines. Vision Res 1997;37:2717-2723.

Van Rijn LJ, Van Der Steen J, Collewijn H. Visually induced cycloversion and cyclovergence. Vision Res 1992;32:1875-1883.

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