**INTRODUZIONE**

Dall’analisi della letteratura scientifica è emerso che …Studi che testimoniano la correlazione sistema oculomotore e stomatognatico

Studi sull’influenza della curvatura corneale sulla postura

Ancora scarsi sono gli studi che parlano dell’importanza del lavoro multidisciplinare

**OBIETTIVO**

Individuare eventuali interferenze e relazioni tra sistema stomatognatico e sistema visivo.

Stabilire piano valutativo multidisciplinare per miglior risultato sul paziente

**MATERIALI E METODI**

Gruppo di persone (almeno 5 soggetti) con primarietà deglutitoria/occlusale: valuto cosa cambia in queste persone pre e post dal pdv optometrico

Periodo di tempo: 6 mesi circa

Criteri di inclusione

* Soggetti con primarietà deglutitoria/linguale
* Soggetti in età compresa dai 7 ai 70 anni, maschi e femmine

Criteri di esclusione

* Soggetti con terapia logopedica in corso oltre i due mesi per la deglutizione
* Soggetti con terapia ortodontica in atto
* Soggetti con malattie neurodegenerativa
* Soggetti non collaboranti (deficit cognitivi, …)

La valutazione optometrica comprende:

* Anamnesi optometrica
* Cheratometria
* Refrazione lontano/vicino
* Forie , AC/A gradiente, classificazione di duane, disparità di fissazione, gradi binocularità
* Cover test, PPC, MOE, NSUCO

La valutazione logopedica-osteopatica comprende:

* Anamnesi generale e specifica per la deglutizione
* Valutazione posturale
* Test dei rotatori per stabilire la primarietà deglutitoria/linguale
* Test ascolto cranico
* Valutazione specifica sulla deglutizione: osservazione della cinetica deglutitoria a secco e con cibo (solido e liquido), osservazione della postura linguale a riposo, test sulla muscolatura specifica coinvolta nell’atto deglutitorio, dinamometro (misura forza del muscolo orbicolare), misura apertura ATM con e senza lingua allo spot

Il trattamento logopedico-osteopatico: …….

**CONTEXT:**

The effects of osteopathy in the cranial field on visual function-particularly on changes in the visual field and on the binocular alignment of the eyes-have been poorly characterized in the literature. The authors examined whether osteopathy in the cranial field resulted in an immediate, measurable change in visual function among a sample of adults with cranial asymmetry.

**STUDY DESIGN:**

Randomized controlled double-blinded pilot clinical trial.

**SUBJECTS:**

Adult volunteers between ages 18 and 35 years who were free of strabismus or active ocular or systemic disease were recruited. Inclusion criteria were refractive error ranging between six diopters of myopia and five diopters of hyperopia, regular astigmatism of any amount, and cranial somatic dysfunction.

**INTERVENTION:**

All subjects were randomly assigned to the treatment or control group. The treatment group received a single intervention of osteopathy in the cranial field to correct cranial dysfunction. The control group received light pressure of a few ounces of force applied to the cranium without osteopathic manipulative treatment.

**MEASUREMENTS:**

Preintervention and postintervention optometric examinations consisted of distant visual acuity testing, Donder push-up (ie, accommodative system) testing, local stereoacuity testing, pupillary size measurements, and vergence system (ie, cover test with prism neutralization, near point of convergence) testing. Global stereoacuity testing and retinoscopy were performed only in preintervention to determine whether subjects met inclusion criteria. Analysis of variance (ANOVA) was performed for all ocular measures.

**RESULTS:**

Twenty-nine subjects completed the trial-15 in the treatment group and 14 in the control group. A hierarchical ANOVA revealed statistically significant effects within the treatment group and within the control group (P <.05) in distance visual acuity of the right eye (OD) and left eye (OS), local stereoacuity, pupillary size measured under dim illumination OD and OS, and near point of convergence break and recovery. For the treatment group vs the control group, a statistically significant effect was observed in pupillary size measured under bright illumination OS (P <.05).

**CONCLUSIONS:**

The present study suggests that osteopathy in the cranial field may result in beneficial effects on visual function in adults with cranial asymmetry. However, this finding requires additional investigation with a larger sample size and longer intervention and follow-up periods.