

*He was up each morning with the dawn
because he knew his daily run
was long and hard, and he had to be ready
to get his freight train down the track;
determination he would never lack:
The little locomotive called Freight Train Freddie.*

Paul Morris (PM):

Hi everyone, welcome to Getting on Top. I'm your host, Paul Morris. We're on Tuesdays now from 4 to 4:30p.m., that's East Coast time, and we broadcast from the southern Hudson Valley region of New York State.

For you out-of-towners, that's the northern suburbs of New York City, my home town, and we have a call-in number if someone would like to call with a comment or question for me and my guest, it's +1-347-215-9456.

That little ditty was Freight Train Freddie, from the book of the same name that I wrote; it's a rhyming children's story from the book of the same name about a 19th century steam engine, and the one who sang it and wrote that song is Peter Tassone, who is also the illustrator of the book. There are beautiful paintings and illustrations that Peter does.

If someone would like to see some of his illustrations from the book and see some of my rhymes, you can go to FTFCreations.com.

I'm very happy today to have with us Dr. Samantha Slotnick. Today's show is called Envision Your World with Behavioral Optometry. Dr. Slotnick is a licensed optometrist practicing in Scarsdale New York and she found her way to the specialty of behavioral optometry by her personal experience, motivated by the life-changing impact of a non conventional prescription.

Dr. Slotnick pursued optometry as a career. Since graduating optometry school she's continued to explore the visual process as an active participant. In her Behavioral Optometry practice she takes the whole person as a holistic approach to vision care. On the show we'll be talking about her specialized approach to eye and vision care, and you can find her at DrSlotnick.com. If anyone's interested in finding out more about me what I do, go to DepressivesAnonymous.org.

PM: Well, welcome today Dr. Slotnick, how are you?

Dr. S: Thank you! I'm well, thank you, and thank you for inviting me.

PM: My pleasure, and since I know you off the air, I'll call you Samantha, if you don't mind.

Dr. S: I can live with that, sure.

PM: Okay! We met at a health fair, a little while back.

Dr. S: It was actually a lot of fun interacting with you at the health fair; you kept coming back, and I felt like there was more you needed to hear about. I was thrilled that you decided to come and learn a little bit more first-hand, you came to one of my workshops. So, thank you for being curious. I'm curious to know what this brings up for you and how you would like to direct our conversation.

PM: Well, you're an interesting person, and your approach seems a little different and holistic, that's why you were at a holistic fair. So what is holistic or Behavioral Optometry? How does that differ from regular optometry?

[00:04:40]

Dr. S: When I refer to myself as a holistic practitioner it's very important to me that I keep in mind that I'm seeing a person with eyes-- I'm not treating a pair of eyes; I'm not treating just the visual system of a person-- but I'm treating a person.

[00:04:59] And the use of one's vision, how one uses their visual process, is really integral to how a person organizes themselves. So we actually find little mirrors everywhere of how we put ourselves together and how we use our own natural skills. A lot of people don't really have an awareness of how much is involved in the visual process, and how much it interacts with us: [For example,] how we deal with everyday life, how we deal with stress... but these are things we pick up right on a primary exam:

- People who are resilient, and can take on stress and rebound from it: It shows up in how well they coordinate their eyes as a team.
- People who are flexible in their thinking, people who are able to make change quickly, are going to be more flexible in how they use their focusing system.
- People who have more inertia in their system, maybe they're really good at something once they get on a roll -- they can kind of keep going-- but it's hard to motivate. The same thing happens right in their focusing system: They may have trouble getting their focusing system moving, but then once they do, they can keep moving.

[00:06:25] And so we end up seeing these little mirrors coming back at us about how we take care of ourselves. And as a holistic practitioner, and as a person who is on my own path as a human being --we all are, of course-- but I think it's very important for me to take the opportunity to see oneself in how we impact the world around us, see how we organize ourselves... have that reflection so that we can make progress and make change where we wish, and project ourselves into the future we want to see for ourselves. So, it's really a whole person that I work with when they come in to interact with me.

[00:07:04]

PM: Well, you know, one of the other motivations I had to going to your workshop was that I've always had a reading disability, and it really hampered me tremendously going to school, because I read very slowly; my reading comprehension was always extremely poor, so I had to

spend two or three times the amount of time doing homework often, as an average or advanced person. So, you know, that was something I was interested (in).

Also you gave me a little test there at the fair, and I remembered it, and I realized as I'm reading --you know, I'm a big reader now, since college--So, you told me I guessed at words... and you were right! I realize when reading a book, and I go back, and I thought I read one thing, and I went back, and it was something else.

Dr. S: uh huh

PM: I remember you making that comment, that you analyzed my reading, my type-- the way I read-- and said that. And it turned out, obviously, you were correct, so it was very interesting, you know, you can go through life never even knowing that you're doing something with your eyes or reading in a certain way, and how it could affect your comprehension.

[00:08:28]

Dr. S: So your adaptations that you make as an intelligent individual who wishes to learn more, are basically to help you get through the material. And one of the things that actually people may say (I hear this from young patients, kids-- I do work a lot with children-- not exclusively, but I do work with children quite a bit) and some of the more insightful ones-- I had a young lady in here recently- she said, "Well, I do enjoy reading, as long as I know what the topic is.

And when I read I fall asleep pretty quickly, especially when I am not familiar with the topic. I have to read and reread, and I may not even realize if I lose my place unless someone else points it out to me."

What she had is a realization that when she knows what's coming, she's better at keeping on track or catching her errors when she goes off-line, where she might skip a line or repeat a line. And those are things that when you have the context, you troubleshoot those things, because the purpose of reading is to acquire information. You read to learn. Now when you're in the early grades, and you're just learning to read instead of reading to learn, then it's very common that you may be skipping lines or words and not be aware of it. You haven't yet made that transition to reading as a simple physical act that is supported by your intellect. Your intellect guides the process after a while.

PM: You're talking about context.

[00:10:14]

Dr. S: Yes! So when you were reading this-- I gave you something to read that was not organized in the typical way -- you had to read up and down. So it wasn't something that you were doing by rote. Your eyes didn't know what the pattern was yet, and you were working so hard at figuring out the pattern that you found it extremely difficult to figure out what the words were. As a result, you took whatever shortcuts you could come up with. So you would fill in -- you would zoom in to the beginning couple of letters and take an educated guess at a

possible word that might fit the bill. It would fit the grammar. You chose words that were the right part of speech, but not necessarily a perfect match so--

PM: reasonable but not correct.

Dr. S: Correct, exactly.

And actually one of the things that happens with kids very often is they may be looking at a couple letters but not taking in the whole word. And there's a really good reason for this, actually. Some of these kids-- can I chat a little about this kind of a situation?

PM: Sure

Dr. S: So for example, let's say a child has poor handwriting and the teacher is complaining: "Well, the words/the letters are up and down; the words aren't all on the line; they don't space them well; it's hard to know where the end of one word is, and the beginning of the next..."

[00:11:31]

So when that's going on, a lot of the time the first thought is, "Well, they have trouble with their handwriting... they may have poor fine motor skills." And absolutely, that may often be the case.

However, it's just not the whole story. So, a lot of the time, children will struggle with writing skills because they're so super-focused on the letter they are writing in that moment, that they are not using their peripheral vision to guide them along the line. And whether they're writing or they're reading, they may be doing the same thing. So it's the same parallel where YOU would look at a word, but you just were inspecting the beginning, and you were kind of just estimating the length of the word. You'd take an educated guess.

PM: mm hmm

[00:12:17]

Dr. S: Well, the same thing is happening in the handwriting situation, where kids sometimes are only looking at a couple letters but they're not planning their way ahead. And so, at different ages, we will see these same tendencies show up, but in a different way.

To talk a little bit more about the children, for example, because this is such a common thing in schools, well the result is they of course end up writing uphill or downhill, or just irregularly, but there's another hidden problem at play here too. Let me try to set this up for you so that it comes together. I want you to try to do a visualization with me:

I want you to imagine that you're watching me, and you're going to look at my eyes, but I'm going to look at my finger, which I'm holding about 2 feet in front of my eyes.

And so, you watch me and keep your eyes on my eyes. I'm going to slowly guide my finger in towards my nose. And your observation, of course, is going to be that my eyes are going to turn in quite a bit, right?

PM: mm hmm, yeah.

Dr. S: So, well for some folks, keeping both of their eyes aimed at that near point in space is actually physically very difficult for them to sustain. So, in fact, for some kids it can even be painful. They struggle to get their eyes on point at near.

[00:13:35]

So what happens is, especially while they're writing, these kids try to use their big muscles to drive the small ones, so that they can keep their eyes coordinated for single vision while trying to write on a page at near-point. So they are putting all of this extra muscle, and they curl their body in. You'll see these kids in front of a desk, getting extremely close to the table...

Assume, let's say, they're right handed, like 90% of us are, and you'll see right-handed kids curling their arm above and around a line of print... which is more typical for a lefty, who needs to be able to see what they've written.

PM: yeah...

Dr. S: Well, right handed people don't need to get their hands in the way.

And yet, often the case, these kids who are under visual stress, they're putting so much physical effort into writing that they're curling their arm around as a big muscle telling the small muscles to aim inward, to keep them on task.

And one of the things they get is this little tell-tale-- I call it the "inky" on the pinky. I used to have one. I had a little callous on my pinky on the outside corners, and it would be covered in ink, especially while we had these erasable pens, you know...

PM: mm hmm

Dr. S: So they'll have a tell-tale inky on the pinky at the end of the day. It could be from pencil... but basically, they're just rubbing their hands over the line of text and smearing it as they write.

PM: yeah.

Dr. S: So, these kids, who are working really hard at getting their eyes on point, one of the first things you see is that they're straining to write. They write really small. They don't take in much peripherally. Their line spacing, the letters aren't falling on a line with one another. They go uphill, they go downhill-- and that's if they have lines. If they don't have lines, all bets are off.

[00:15:10]

PM: So that's something you can correct, you're saying?

Dr. S: Well, absolutely, because a lot of the time, it's a visual problem that's interfering.

And these same kids, in school they may look like they're tired or they're lazy because they're leaning their head on their arm, for example writing with their right hand and leaning on the left, or on the left arm. They may be blocking off the vision from one eye. And they may do that because it actually alleviates some of the eye teaming demand.

PM: So what other implications are there in life for this problem?

Dr. S: In life, in general... well, basically, so much of what we do is visual...

PM: Yeah, I mean you're saying it's something wrong with their vision?

PM: This is an indication that there is some problem with their vision or the way their eyes are focusing?

Dr. S: It's definitely a strong symptom, with these handwriting problems, that they may be struggling with an underlying vision problem, because they're struggling to keep their eyes on point...

PM: Yeah, that's what I'm saying...

Dr. S: It takes them effort to aim their eyes within arms' reach. It takes them even more effort to focus accurately, and even more to track across the page.

[00:16:24]

PM: Does that affect other aspects of their life? besides the writing?

Dr. S: Absolutely. Well some of these kids, they're struggling. First of all, take this child and bring them home, and you're going to find that, while they may have a hard time in school, they hold themselves together in the classroom. And then they go home, and there's a homework WAR between them and their mom or their dad... because it takes them HOURS to do, like, 20 minutes worth of homework.

Dr. S: They find that they have to read and -- you know, when they get into the higher grade levels, they're reading, they're rereading, they're reading again, and they're trying to read out loud. You see them moving their lips while they're reading... because they're trying to skip the visual process and go through auditory processing, just to get their information in.

PM: mm.

Dr. S: Sometimes they have trouble with other concepts; they may be smart in everything but school, for example... because they're working so hard on the visual and eye-hand coordination aspects of the schoolwork that they don't have the freedom to be clever in the classroom task. So their mom may see them come home, and they're spending an hour undisturbed playing Legos, but when they're in the classroom, they're uncomfortable. They have trouble sitting still, for example.

PM: mmhmm... okay.

Dr. S: So you may find that these kids *avoid* reading.

PM: yeah, okay, we only have limited time... it's interesting. So I would think for the audience, the take-away would be, you know, if they have children or grandchildren who are doing this, they should have them checked out.

Dr. S: Yeah, the vision problems actually...

PM: What other things do you come across, you know with kids or even adults, that are issues that you can correct?

[00:18:06]

Dr. S: Well I think, you know, going back to the holistic question: When a child doesn't feel like they can be successful in the classroom, they start to end up with doubts. They doubt themselves, they doubt how they feel about themselves. They think, "Why am I not smart? Why am I not doing well? Why do *I* need the extra help, and how come my friend doesn't need the extra help?"

And so, these things start to wear on them on a whole-person level.

You know, when they're struggling in school a lot of things just don't seem easy and their own natural gifts don't come out.

[00:18:37]

And you know, kids who have vision problems, if they're not treated, they just grow up to become adults who have vision problems.

They end up growing up with the same challenges, the same tendencies to solve problems... or avoid problems. There are some kids who push through; there are some kids who make adaptations to try to change how they function, just so that they can get through... but they may not enjoy it. So they don't learn to enjoy reading; they don't learn to become independent or self-directed learners.

Some of them may have trouble with problem solving. They have trouble with self-esteem and self-awareness because they don't feel good about themselves. And they don't get to find that place where-- whatever it is that makes them happy, or feel like they're in the zone. You

know, some kids *do* find this: They find that they're good at sports, or they find that they have a gift for music, or for art. But some kids just are working so hard around the clock, they don't find their zone. And really, as I said, they just grow up to be adults with some of these same underlying problems. And of course, they deal with them differently--

PM: yeah... so how long does it take to fix this type of problem?

[00:19:47]

Dr. S: Well, like I said, there's a variety of systems that are involved. You need to be able to see clearly and single. And so, the eyes have to work together to team. They have to focus. They have to stay coordinated and in focus in every direction of gaze. And really, one of the most important aspects is that the peripheral vision has to be up and functioning so that you know where you are and you know where you're going.

And so, depending on how many compensations the person has made, the longer you go without the support, the longer it may take.

Now, in a lot of cases, I love it when I can put a pair of glasses on a kid, and they change for themselves: They reorganize themselves. They just need like a little step-stool to get them going, to make them more comfortable, and to help them feel like they can go and do it for themselves now. So they become more independent, more self-sufficient, more self-directed. And so, sometimes it's as simple as just getting the right pair of glasses in front of a patient at the right time.

And you know, as you wait too long, the problems continue to manifest and evolve, then it may take more active support or retraining.

[00:21:02]

But the thing is that vision is learned. And, developmentally, we go through certain stages, and we move along and we move forward. But, sometimes we get stuck, and so, some of these patients just need a little bit more help. The average kid who comes in -- I would say, really, they just need the right pair of glasses, and we check in with them to make sure they stay supported.

PM: uh huh

Dr. S: I do have vision therapy as a big part of my practice, and I help kids who need to relearn how to use their eyes and their vision skills, and it could be a 6 month process, it could be shorter, it could be longer, it depends on how long it takes, or how long down the road they come to me.

PM: All right. So, there's also another question which I'm sure a lot of people have: There typically are 3 types of people you go to for your eyes. There's the medical doctor, the optometrist, as you are, and an optician. So what's the difference between those 3, for the audience?

[00:22:10]

Dr. S: So the medical doctor is the ophthalmologist, and the ophthalmologist is in fact that: It's a medical doctor, an M.D., who has gone through medical school, and then gone on to do residency training to specialize in the health of the eye. And so, they really work on the eyes, the eyeballs. They spend the most of their time and their training on dealing with health issues regarding the eye. And that can include things like cataracts, or glaucoma and surgery. So that's ophthalmology. And of course, you need a healthy eye in order to see clearly.

But the focus of optometrists is vision first, as a priority. Because in order to see well, yes you do need to have healthy vision, so we also are trained in evaluating a lot of the medical aspects... vision, and of vision care.

But the optometrist is likely to spend probably a bit more time working on some of the eye teaming or eye focusing, especially working with kids. We may come in with a slightly different approach for working with visual problems in function, because our priority has always been vision first.

[00:23:31]

Now of course, independently, people develop their practice in different areas, and the Behavioral Optometrist or the Developmental Optometrist as some people call themselves as well, they are more trained for the functional support. So, people like myself who do have expertise in functional vision problems, and working with kids, will spend more time on eye-teaming and coordinating, the coordination between focusing and converging, or coordinating the eyes for near, tracking problems... those are things that would really go under the purview of the Behavioral Optometrist, particularly.

And you asked also about the other "O," the Optician,

PM: uh huh

Dr. S: So the optician is trained in making eyeglasses and being able to craft them and customize them for the person. There's a lot involved, as far as material science and optics, and making sure the frame fits well. And, I do think that having a strong optician on board makes a huge difference. I try to make sure that I make recommendations for my patients to work with opticians-- I actually don't have an optical in my office-- so I send patients to work w opticians who take good care of them, and are delicate with them, especially when I prescribe something a little more subtle.

PM: mmhmm

Dr. S: So, you know there are 3 professions. They all started for different purposes. But the main organ that the Behavioral Optometrist works on is the brain. And the eyes are merely a portal to that use of the brain, as far as how we see. Vision doesn't occur in the eyes, it actually occurs in the brain. And so, when we help people make changes, we are making changes in how we make use of the eyes as sensors, and pull that information through the eyes, and process it in the brain.

PM: mmhmm

[00:25:24]

Dr. S: So we can make changes in how well we coordinate, how we focus, how we team our eyes. But we can also make changes in: How much of our use of peripheral vision we have; how perceptive are we? How do we use our visual memory? How well do we visualize? And this affects, of course, math, and problem solving, and concepts. How well do we make images and hold them in our minds?

PM: right...

Dr. S: How well do we see associations between different things. And so that's where we really get into the realm of visual information processing, and a way to help people maximize their use of their visual process.

[00:26:10]

PM: So what do most adults come in for? And what are the issues that adults have, primarily?

Dr. S: Well, I think that every adult is in their own place in life, and again, as a holistic practitioner, I want to know: What are they up to?

What are they keeping themselves occupied with? Where are their interests? And what would they like to be able to do that perhaps they aren't doing? Where might they feel restricted?

I often get adults who may feel like they just don't enjoy reading as much as they used to. And some of them, of course, they tell me: "Well, my arms are too short!" because they know that their focusing system is not working as well, and they hold things farther out. Some people fight it, and some people avoid it.

And so, I try to give them something more optimal for what they need, to help them function more comfortably.

And I do actually work with some adults in therapy as well. And some of them-- I actually have a number of adults who are patients in therapy right now--they come to me for reasons like:

- They lack depth perception

[00:27:11]

- I have one gentleman who is a Weekend Warrior. He is trying to maximize his game on the baseball field, and he is an incredible athlete, and his game has just gotten enhanced by coming and working with me in free space and in depth perception... and we change how he looks at the information. We change how well he is able to organize himself with keeping his attention to the whole picture, and yet keep his eyes focused to the task right in front of him.

And so, people who come to me as adults, sometimes they have something they'd like to enhance... sometimes they come to me because they feel they are too dependent on their glasses and they'd like to free themselves...

PM: Really?

[00:28:00]

Dr. S: Yeah! I try to coordinate with patients so they can learn to maximize their own use of their vision, and to me, the use of glasses, it really should be as a tool: Glasses are tools that help you do more than you are able to do without them. In the same way that a screwdriver is a useful tool, but perhaps you can still unscrew a bolt that's been stuck... But if you keep working at it, you may start hurting yourself: You may get a cut or a scrape... If you've been trying at this for a while, you get calluses. You can do it, but it's not so easy.

So, you get the right tool with the right leverage, and you take some of that effort off the table. And what that does is it frees you: It frees you up cognitively. It frees you up to be more perceptive, so that you can take more from your experiences on other levels than the physical level, and just stop that physical drain.

PM: Right... Well, that's a good analogy.

[00:28:52]

I mean, my problem... I definitely still have vision issues, but you know, listening to you about the adults is interesting because I mean, I would say in school, because I was good in math and science-- it didn't take as much reading, so I was able to-- you know that helped me a lot. But I was always very persistent about, and determined to get through my studies.

But because of my, you know, problem with reading, I never read for pleasure until I got out of college. And then, it's almost actually comical now, thinking back. But you know, the books that people were talking about, you know if they were too big, too long, -- it's embarrassing--

Dr. S: They're daunting when you feel like it's slogging it out, every page that you earn.

PM: I wouldn't read them because they were too long to read. -- sorry?

Dr. S: I totally understand, when you feel like you're slogging it out, when it's a fight for every page that you read because of the effort.

PM: Well it was actually -- I was wrong-- I mean, I did it and I was wrong about it. Because what happened was, I mean, I remember, The Godfather was read in the early 70's, and everyone was reading it, and it looked like it was too big for me-- to read-- you know, it's too much of a slog, and I didn't bother --

Dr. S: It's such a good book!

[00:30:30]

PM: Well, I eventually read it-- yeah, absolutely.

No, but what happened was just a lucky break on my part:

I was going on a business trip, and I needed something to read, and I picked up the book Shogun

Dr. S: Oh wow, that's a big one!

PM: Which is like 9... it's like 1100 pages...

Dr. S: Right!

PM: and it was such a great book, that I flew right through it. You know it was so fascinating... about Japan...

[00:30:57]

Dr. S: Now can I ask you a question about that?

PM: Yeah, go ahead.

Dr. S: Do you remember reading the words on the page? Or do you remember the pictures that you made in your head?

PM: Well, I'm not a visual person, so I'm not big on pictures, I'm auditory. So I would imagine... Y'know, I may have made pictures in my mind, sure.

[00:31:22]

Dr. S: And that's the thing -- that the real reading process is really about creating that imagery somehow internally. Whether we see it in full-fledged color or not is another question. But we don't really realize consciously what we read as far as words on the page, most of the time: Not as a good reader.

PM: Well one of the reasons why visual people are such good readers... I mean, it's often the case-- and visual isn't words. Actually, words are auditory. Even though you see them with your eyes, they are considered auditory, but...

Dr. S: They're both, actually. It's an area where they come together.

PM: Yeah, so, after doing that it just opened a world where I started reading any book I wanted. And I was very happy...

Dr. S: It was a break-through!

PM: It unlocked me, this mental thing I put upon myself which was erroneous.

Dr. S: Yes, so you had this limitation that you set for yourself, because you were not finding a way to success while you were struggling in school. And you didn't enjoy it, and you didn't feel good about it, so you avoided it. But I think the good thing is that you, you are a learner and you are curious. And so, you found your way back to it on your own terms, after you graduated.

PM: Right.

Dr. S: You weren't reading for pleasure until after you had the freedom to make some choices, and not feel the yoke of somebody else having requirements for you, that was going to be hard for you to meet.

PM: Well, it was-- yeah-- but it was self-imposed. And it just shows you how people put themselves in a box

[00:33:04]

Dr. S: Right, they make choices based on what they feel they can do.

PM: When, just by their own erroneous thinking often, and it's a bad thing to do...

In fact, in my practice, when I help people, I work with emotional trauma, and people don't realize that they have the power to change themselves. I don't really change them, I just guide them. They make the change they didn't know they could. So you're living with this thing that you can change any time you want, you just don't know you can...

Dr. S: Exactly

PM: ... and this is, you know a big problem w people in general... they don't realize... The question is what would you do if you knew you couldn't fail, and all those kinds of things.

Dr. S: mmhmm! absolutely!

PM: People keep themselves back. And obviously, I had done a similar kind of thing.

[00:33:54]

PM: We're getting towards the end of the show. Would you like to kind of sum up, before we end?

Dr. S: I would love to. So I, I was thinking about, you know, what is important, what do people think about when they think about eyes, when they think about vision... and I think one of the things that when people get a little philosophical, they say-- many people believe--that:

Our eyes ARE the window to the soul.

And I personally believe that to be true. But, I think what I enjoy most is that, I really believe that window works both ways. And that, we *look through* that same window.

And so: Our visual process is OUR window on the WORLD.

So, when we change how we use our vision,

- we change our potential.
- we Expand our OUTLOOK!

So, when I work with my patients, it's an honor and it's a privilege to work alongside them and to support them as **they** Envision **THEIR** World!

[00:35:01]

So, I guess I'd like to just leave off by saying if you're interested in finding out how YOU can maximize your use of your vision, I encourage you to contact myself or another like-minded behavioral/developmental optometrist who can partner with you and how you choose to see your world YOUR way... and help you, or help your children, your children's children to change their potential.

I think there aren't a lot of people who know about this kind of work and personally, I am very committed to raising public awareness on these readily treatable visual problems. Futures change when children lose their self-confidence... lose their sense of possibility... And I'd like to help change them for the better and help them get those opportunities back and OWN their future.

PM: So how can people get in touch with you, if they're interested in any kind of workshops...?

Dr. S: Now I do offer workshops and presentations for parents and for professionals, who can learn to readily recognize the signs of children under visual stress.

So, if you ARE local, I'd like to invite you: Come to one of my workshops.

I am also available to present to groups, professional enrichment, PTA meetings, that sort of thing.

But just give us a call to coordinate, or to request upcoming dates. It's the same number to make an appointment: 914-874-1177

You can also visit our website, which is DrSlotnick.com

Our practice is in Scarsdale at 495 Central Park Ave.

MY Vision Team is incredibly helpful and supportive, and they are here to help people.

And we're always happy to either make a connection for them, send them in the right direction, or help them while they can be here. So, I thank you again for allowing me the time and the opportunity to chat with your following.

PM: Sure

Dr. S: And, it's really a pleasure to talk to you Paul. Thank you.

PM: Thank you.

Well, thank you Dr. Samantha Slotnick for being on the air, and thank you listeners for listening in.

And again, if someone would like to find out more about me and what I do, you can go to DepressivesAnonymous.org. That's Depressives, like Alcoholics Anonymous, only for Depressives... and we'll be back next Tuesday with another show. Thanks for listening, and I'm going to go out with Freight Train Freddie. Bye.

[00:37:49]

*He was up each morning with the dawn
because he knew his daily run
was long and hard, and he had to be ready
to get his freight train down the track;
determination he would never lack:
The little locomotive called Freight Train Freddie.*

*Everybody was his friend,
and they all helped him to the end,
to keep those freight cars rolling along steady.
He never knew what to expect
and was very careful not to wreck
the little locomotive called Freight Train Freddie.*