

● Eyeletics



Adult Lazy Eye: What Research Says

A plain-English guide for adults who were told it was too late.

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Individual results vary. Eyeletics is a wellness and training program, not a medical device, and does not diagnose or treat any disease. Eyeletics is not FDA-cleared or approved. This guide is educational and is not medical advice.

1. What amblyopia is

Amblyopia ("lazy eye") is reduced vision in one eye that develops in childhood because the eye and the visual brain didn't learn to work together properly. Common causes are a prescription mismatch between the eyes (anisometropia), an eye turn (strabismus), or something blocking vision early in life. Only an eye care professional can diagnose it and rule out other eye disease.

2. The "too late" story — and what changed

For decades, adults were told the window closed in childhood. Research over the past twenty years has revisited that. Research suggests the adult visual brain can still improve. In a 24-study review, adults gained an average of 0.17 logMAR (about 1.7 chart lines) with structured visual training.^[1]

3. What studies have reported

- In one study, 74% of adults who played a dichoptic video game for 40 hours improved by at least one line on an eye chart.^[2] (One small study of 23 adults — not a typical or promised result.)
- Studies have reported improvements in 3D depth perception (stereoacuity) after dichoptic training.^[2,5]
- In studies, most training gains were largely retained months after training ended.^[2,6]
- Dichoptic, two-eye training has been FDA-cleared as a treatment for children with amblyopia: Luminopia (ages 4 to under 13) and CureSight (ages 4 to under 9).^[3,4] Eyeletics builds on the same research principles for adults; Eyeletics itself is not FDA-cleared, and those devices are not cleared for adults.

4. The honest limits

The largest masked trial that included adults (BRAVO, 2018) found its dichoptic game worked no better than a placebo game.^[8] Most adult studies are small and unmasked. Average adult gains are around 1–2 lines, results vary widely, and some people don't

improve. In a large children's trial (ATS18), patching did slightly better than a binocular game.^[7]

5. Consistency matters

In clinical trials, results depended on how much people actually trained.^[7,8] Whatever approach you choose with your eye doctor, a realistic routine you can keep matters.

6. Your next steps

1. Book a comprehensive eye exam if you haven't had one recently.
2. Keep wearing your glasses or contacts. Use alongside, not instead of, your glasses and regular eye exams.^[9]
3. Ask your eye doctor about options: glasses, patching, binocular/dichoptic training, in-office vision therapy.
4. If you train, track your sessions and share progress with your eye doctor.
5. Stop and contact your eye doctor if you notice double vision, eye pain, persistent eye strain or sudden vision changes.

7. Questions to ask your eye doctor

- What type of amblyopia do I have (anisometropic, strabismic, mixed)?
- Is my prescription fully up to date?
- Would binocular training be reasonable for me? Any reasons to avoid it?
- How should we measure my progress?

References

1. Tsirlin I, et al. (2015). Behavioral training as new treatment for adult amblyopia: a meta-analysis. [PubMed 26114483](#)
2. Vedomurthy I, Levi DM, et al. (2015). A dichoptic custom-made action video game as a treatment for adult amblyopia. Vision Research. [Europe PMC](#); [Sci Rep 2015](#)
3. FDA De Novo DEN210005, Luminopia One (2021, children 4–7) [FDA](#); indication expanded to ages 4 to <13 by 510(k) K243819 (cleared Apr 9, 2025) [FDA](#)

4. FDA 510(k) K221375, CureSight (children 4 to <9, cleared Sep 29, 2022). [FDA](#)
5. Li J, Hess RF, et al. (2013). Dichoptic training enables the adult amblyopic brain to learn. Current Biology. [Cell](#)
6. Polat U, et al. (2004). Improving vision in adult amblyopia by perceptual learning. PNAS. [PubMed](#) [15096608](#)
7. Holmes JM, et al. (2016). PEDIG ATS18 binocular iPad treatment vs patching. JAMA Ophthalmology. [JAMA](#)
8. Gao TY, et al. (2018). BRAVO randomized clinical trial. JAMA Ophthalmology. [JAMA](#) — the largest masked adult-inclusive trial: no benefit over a placebo game.
9. All cited trials used optical correction (glasses) alongside training.

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