

Don't Turn a Blind Eye: Incorporating Low Vision into Everyday Practice

1 hour

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Description

We all encounter patients we wish we could help more due to their visual functional difficulties. This course will help you determine which you can help in office versus those that need to be referred out by providing easy, actionable items that can be incorporated into everyday practice. The ultimate goal is to do away with the phrase "There is nothing more we can do for you" and to offer patient's hope without overpromising.

Learning Objectives

- Define low vision for their office and distinguish between functional deficits that can be addressed in office versus functional needs that require referral to specialists.
- Tailor your exam flow to screen for potential low vision patients and address functional complaints using goal-oriented exams.
- Develop novel ways to educate and empower patients by offering hope without overpromising.

Outline

Introduction

- Low Vision
 - Definition
 - Demographics
 - Costs (Productivity, Medical, Psychological, Social)
 - Optometrists are aligned to be gate keepers of finding and helping this population

How to define it in your office

- Screening question: "Is there anything you cannot do due to your vision?"
- Train staff to recognize red flags for LV patients
 - Cannot fill out charts or difficulty signing in
 - Difficulty walking into a room or tripping
 - *** Watch your patients walk into a room

Contrast Sensitivity

- Functionality: lighting, high contrast kitchen items (low vision aids), high contrast tape for steps, pouring (white cup, black coffee), finger technique for pouring, pour inside sink, separating clothes such as black and blue
- Importance for driving

Visual Field

- Importance for driving:
- Visual scanning
- Hemianopsia
- Glaucoma
- Nystagmus: preferential seating for students
- Refer to orientation and mobility specialists for training (risks for falls, long cane training)

Assistive Technology

- Smart phones: get familiar with accessibility features like font size, contrast
- Computer short cuts such as ctrl +/- to increase and decrease size
- SeeingAI, BeMyEyes, Google Lookout, Magnifier, Lazarillo
- Rayban Meta, Echo
- Use cell phone camera to take a picture and magnify, or use cell phone flash light

Driving

- Biotopic driving options → glasses fitting process
- At least 20/200 in better eye
- Must meet VF requirements (at least 140' in both eyes), monocular
- Needs to do 30 hr driver's education/ 6 hours behind the wheel
- 2 year renewals
- OT or LVT training with device
- DMV behind the wheel exam with biopic
- Hemianopsias do not qualify for driving due to VF
- Lyft/Uber
- Grandparent-a-go-go

Reading

- Never underestimate the power of a higher add
- Reading power + 2 for prism power
- Educate on proper working distance: touch the nose and pull back
- Sweet spot add is +3.50 for most patients (bracket up and down and show proper working distance)
- Break out your trial frame for demonstration
 - Impresses patients with thoroughness
 - Gives a much more accurate assessment of working distance, especially on computer
- If possible, recommend SV reading due to distortions and patients who already have central scotomas and eccentric viewing
- Most LV patients are fall risks so tend to avoid PALs and BF FT (due to other co-morbidities with limited peripheral vision and decrease contrast)

Glare sensitivity

- Have several tint samples in office to sample
- Yellow tints tend to increase contrast and decrease glare for glaucoma patients

- AMD tend to like amber, brown or gray, but typically avoid gray because contrast is reduced
- Explain to patients it is similar to walking in a dark room with sunglasses on

Simulator glasses

- As often as I can, simulate patient's vision loss to family member
- Sometimes family gets frustrated with patient or does not understand how patient can see some things but not others; I try to create a similar environment
- Wife was frustrated with husband for knocking over food or eating with hands

ADLs (Activities of Daily Living)

- Clock hour eating, trays or spill proof plates with higher edges
- Trays for sorting medicine, pill pack, script talk for medication management

Audiobooks

- GLASS, audiobooks, talking books, podcasts, Talking Bible, Audible

Psychological

- Hadley Counseling
- Peer support Groups
- Adjustment to Vision Loss groups
- Best rehab outcome is typically determined by support

Vocational Rehab or Accommodations for work/school

- Typically use of cell phone or magnifying device
- Accommodations for school/IEP
 - Font size (double threshold), Preview app (PDF)
 - Access to PPTs ahead of time
 - Time and a half or double time
 - Use of a bubbler or reader
 - Preferential seating
 - Use of phone or iPad as magnifier

Writing

- Felt tip markers and large lined paper
- Large calendars, large checks
- Typoscopes, checkwriting guides, signature guides

Hobbies

- Automatic threader
- High contrast measuring cups
- Knife guard
- Bump dots
- Video games for the visually impaired

- Reading for young kids (app on tablet with picture books)
- Switching to a tablet for reading (allows increase in contrast and font size)
- Bricks for the Blind
- Adaptive Sports (golf, bowling); balls with bells or beeping
- Boards games: UNO, jumbo playing cards, large dominoes

BE CREATIVE!

Q&A / Discussion