**American Academy of Optometry**
**Low Vision Section**

## Clinical Low Vision Diplomate Program

# CANDIDATE'S GUIDE

(Revised December 2010)

Diplomate status in the Low Vision Section of the American Academy of Optometry is a recognition of academic and practical achievement by Academy Fellows in the assessment and management of the rehabilitation needs of persons with impaired vision. The objectives of the Clinical Low Vision Diplomate Program are to develop and maintain a core group of Fellows who have demonstrated broad expertise in the care of the visually impaired.

This section also welcomes Fellows who have expertise in low vision but who are primarily researchers to become candidates for the Research Low Vision Diplomate Program. A copy of the Research Low Vision Diplomate Program Candidate's Guide is available from the current program chairperson or the AAO website. (See officer listings at the end of this guide or on the Academy website.)

Participation in the Clinical Low Vision Diplomate Program can provide a rewarding learning experience and a satisfying recognition of competency. Additionally, it offers opportunities to meet colleagues from many parts of the country and world who share mutual interests and concerns and with whom collaboration can be conducted with great confidence. Clinical Low Vision Diplomates work and practice in a wide range of settings, including private practices, schools and colleges of optometry, hospitals, and rehabilitation agencies.

After successfully completing the program, Diplomates are expected to stay abreast of new developments and remain engaged in the field, including acceptance of responsibilities and leadership in lecturing, writing, and teaching within the Academy and within its Low Vision Section. Diplomates are expected to participate in Annual Academy Meetings and must renew their qualifications every five years by documenting continued activity in low vision rehabilitation as a way to help ensure that status as a Clinical Low Vision Diplomate always reflects a high standard of expertise.

The Low Vision Section encourages all Fellows of the Academy with interest and expertise in low vision rehabilitation to become applicants to the Clinical Low Vision Diplomate Program.

Outline

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*This guide supersedes all previous editions and is subject to change by consensus of the Low Vision Diplomate Executive Committee and approval of the Board of Directors of the American Academy of Optometry.*

## I. Requirements for Becoming a Candidate for Diplomate Status

There are specific eligibility requirements for Fellows who wish to become Candidates for the Clinical Low Vision Diplomate Program. Potential candidates should carefully review their own credentials before applying to this Diplomate Program to determine if additional experience should precede application.

**Eligibility:**

1. Fellowship in the American Academy of Optometry is required.

2. Significant involvement in clinical low vision care is required and must be documented on the Application (must complete Direct Patient Care & Clinical Teaching point form at bottom of page 3 of the application). Specifically, applicants must use the following point system to document at least five points worth of low vision clinical exposure, with no more than four points occurring in any one year:

   <u>Direct patient care</u>: one point per half day per week for one year

   <u>Clinical teaching</u>: one point per half day per week for one year for clinical teaching of students or residents in a recognized institution or externship.

3. Significant engagement in professional activities related to low vision rehabilitation is recommended and must be documented in the Curriculum Vitae submitted. To become a Candidate, applicants must have participated in at least two of the following low vision activities--publication, teaching, public presentations, community service, professional service, and residency training. Substantial deficiencies may indicate that further experience is required or may simply highlight areas for growth in the candidacy process.

4. Submission of a current curriculum vitae is required. This document should include specific activities relevant to the above eligibility criteria.

5. Payment of an application fee of $100.00 must accompany the Application (see page 3 of this Guide). When submitting your application, include a check for $100.00 made payable to: *American Academy of Optometry.* Once accepted as a candidate, this fee is nonrefundable.

**Application Deadline:** Applications can be submitted at any time, but should be submitted by June 1 if the applicant seeks to sit for any examinations at the annual Academy meeting which occurs in late Fall of that year.

# II. Application

## American Academy of Optometry
## Clinical Low Vision Diplomate Program

Name: ______________________________________________ Date: __________

Office address: ________________________________________________________

________________________________________________________________________

________________________________________________________________________

Office phone: ______________________ Cell phone: __________________________

Office fax: ___________________ E-mail: __________________________________

Home address: _________________________________________________________

________________________________________________________________________

________________________________________________________________________

Home phone: ___________________________________________________

NOTE: All correspondence will be sent by email

Be sure to attach:
[ ]Curriculum Vitae with description of low vision activities (see Requirement 3 under Eligibility)
[ ]Check for $100.00 payable to "American Academy of Optometry" .

| **Low Vision Patient Care** | Current Calendar Year | Past Calendar Year | Two Calendar Years Ago | Three Calendar Years Ago | Four Calendar Years Ago | Totals |
|---|---|---|---|---|---|---|
| Specify Year | | | | | | |
| Direct Patient Care: 1 point per half day per week for 1 yr | | | | | | |
| Clinical Teaching: 1 point per half day per week for 1 yr | | | | | | |
| Totals | | | | | | |
| *Max per Year* | *4* | *4* | *4* | *4* | *4* | |

*I understand that I have five (5) years, which includes the next five (5) Annual Academy Meetings, to complete the requirements for Clinical Low Vision Diplomate. I understand that if I do not complete requirements for Diplomate status within the requisite five year period, I can apply for an automatic two year extension and pay a fee equal to that of new applicants to the Diplomate Program. Subsequently, if requirements are not completed by the end of that two year extension, I must re-apply and start again from the beginning, if I plan to continue in the Diplomate Program.*

**Signature______________________________________ Date____________________**

*Return completed application with CV and check to the Vice Chairperson of the Low Vision Diplomate Program:*

Robert B. Greer, O.D., F.A.A.O.
University of California
School of Optometry
360 Minor Hall
Berkeley, California 94720-2020, USA
Ph: 510-643-1062
Fax: 510-643-5109
Email: rbgreer@berkeley.edu

# III. Overview of Diplomate Program

Once an application is accepted, the Candidate must complete the following five requirements to achieve Diplomate status:

a) Case Reports (five)
b) Written Examination
c) Ocular Disease Examination
d) Practical Examination
e) Oral Examination

Case reports are submitted to the current Case Reports Chairperson, while examinations are completed at the annual Academy Meeting, usually during the first two days of the meeting.

**Eligibility for Examinations:** There are pre-requisites for three of the four examinations, as listed below.

| Examination | Pre-requisite |
|---|---|
| Written | None |
| Ocular Disease | One (1) accepted case report |
| Practical | Three (3) accepted case reports |
| Oral | Five (5) accepted case reports |

**Candidacy period:** A Candidate is expected to complete all portions of the examination process by the fifth consecutive Academy meeting following acceptance into the program. At each Annual Meeting during this period, candidates may choose to take some or all of the parts of the examination for which they have become eligible. Candidates are encouraged to schedule their examinations over two or more years.

Candidates who have not completed requirements for Diplomate status within the requisite five year period can apply for an automatic two year extension using the same procedures as new applicants. There will be a fee equal to that of new applicants to the Diplomate Program payable to the American Academy of Optometry. If requirements are not completed by the end of that two year extension, individuals must re-apply and start the Diplomate process again from the beginning.

Additionally, the Low Vision Diplomate Executive Committee reserves the right to extend the candidacy period for specific candidates based on individual circumstances.

**Preparation for Case Reports and Examinations:** Much detail is provided about Case Reports and each of the examinations on the following pages. Additionally, Candidates are assigned a mentor who provides further guidance. Direct contact with the Diplomate assigned to oversee the Case Reports process or any of the four examinations allows for further instructions and guidance. Contact information for these individuals is at the end of this Candidate's Guide.

Attendance at low vision lectures, workshops, paper and poster sessions, symposia, and section meetings at the Annual Academy meeting is encouraged as useful additional preparation.

**Feedback on Progress toward Diplomate Status:** Candidates who take one or more examinations for Diplomate status during a given year will meet with Program officers at the Annual Meeting to review performance and provide feedback. Candidates are also encouraged to work closely with their assigned mentors to assist them in areas that have been identified as needing additional study.

**Awarding of Diplomate in Clinical Low Vision:** Upon successful completion of all requirements, candidates are officially nominated for Diplomate status and must be approved by the Low Vision Section and the Board of Directors of the American Academy of Optometry. Approved nominees are expected to attend the Annual Banquet at which they are officially introduced as new Diplomates in Low Vision.

**Renewal of Clinical Diplomate Status:** Diplomates are expected to document active and current involvement in low vision. Accordingly, Clinical Diplomates are expected to renew their status every five years according to specific criteria assigning points for clinical and other activities. They need to generate 40 points each five years, with a minimum of eight points in any three of those years. At least five points must be for clinical exposure, with at least one point in each of four years.

# IV. Case Reports

**Eligibility:** All Candidates are eligible to submit case reports.

**Purpose:** The purpose of the case reports requirements is not only to demonstrate knowledge in low vision rehabilitation, but also to demonstrate skills in communicating that expertise. Case reports inform the Diplomate Committee of a candidate's mode of practice and guides design of that candidate's subsequent Oral Examination. Successful preparation of reports requires considerable investment of time and effort, and is the only part of the diplomate examination process that does not take place at the Annual Academy Meeting.

**Number and Types of Case Reports:** A total of five case reports are required involving patients who need low vision devices and other rehabilitation services. These cases must meet specific topical requirements, as described below.

(The number of required case reports can be reduced for candidates with qualifying publications, as described in "Published Articles Submitted in Lieu of Case Reports" near end of this section.)

Topical Requirements for Case Reports:

Candidates are required to submit one case report in each of the following four categories:

1. age related macular degeneration
2. diabetic retinopathy
3. oculocutaneous or ocular albinism
4. retinitis pigmentosa with resultant major visual field loss

Candidates must choose one additional category for the fifth case report:

1. homonymous hemianopia
2. multiple handicapped with low vision
3. pediatric (under age 16) with low vision

Additionally, fitting of a spectacle mounted telescope system must be a component of one of the case reports.

Two or more requirements can be met with a single case, such as with a child with albinism who is fitted with a spectacle mounted telescope. This does not, however, reduce the number of required case reports.

Cases should be selected that allow candidates to demonstrate their skills and expertise. Reports which describe solutions to interesting problems or involve difficult situations are generally preferred to reports in which care progresses predictably and smoothly. Additionally, cases which include follow-up care are preferred.

Questions about the appropriateness of a case or about meeting the topical requirements should be directed to the Case Reports Chairperson.

**Initial Case Report Submission:** The initial submission should be just one (1) case report. This allows an initial case to be reviewed and returned to the candidate before work on subsequent cases begins. By waiting for the review of the initial case report,

comments from referees can guide any required revisions and can help the candidate most successfully approach subsequent cases. Therefore, it is critical that candidates NOT send multiple case reports as the initial submission.

**Eligibility for Other Examinations:** The number of case reports accepted determines eligibility for taking Diplomate examinations during the annual Academy meeting, as indicated below:

| Examination | Pre-requisite |
|---|---|
| Written | None |
| Ocular Disease | One (1) accepted case report |
| Practical | Three (3) accepted case reports |
| Oral | Five (5) accepted case reports |

**Timing and Deadlines:** Although case reports may be submitted at any time of year, the submission deadline to become eligible for examinations at an upcoming annual Academy meeting is three (3) months prior to the beginning of that Meeting.

If submitting at or just before the three (3) month pre-meeting deadline, candidates can expect no more than three (3) case reports to be reviewed in time to establish eligibility for examinations at that meeting. To allow adequate review, no more than three (3) case reports should be submitted at or near this deadline.

**Format and Submission Procedures for Case Reports:** Reports should be double-spaced with 1.5 inch margins. Lines should be numbered consecutively throughout the document (not restarting numbering on each page). Pages should be numbered, as well. The document should then be saved as a PDF to facilitate review. If candidates are unfamiliar with these features in their word processing programs, they may seek guidance from the Case Reports Chairperson.

A title page and cover letter are required, but it is critical that identifying information about the candidate is only included in the cover letter. This is necessary to allow reviewers to be masked to candidate identity. Therefore, the title page (or case report, itself) <u>must not</u> include any identifying information such as candidate name, address, affiliations, or state of practice. The cover letter and case report should be saved as separate files.

Each case report and cover letter is to be submitted electronically as an e-mail attachment to the Case Reports Chairperson.

**Review of Case Reports:** Case reports are sent to at least two referees for review. Candidate identity must be masked, highlighting the importance for Candidates to avoid including any identifying information within their reports. The identity of referees is also masked from Candidates. Final decisions are made by the Case Reports Chairperson.

**General Writing Guidelines for Case Reports:**

- Explain all procedures, decisions, and impressions in detail without assuming that the reader knows what the candidate was thinking. The required level of detail is such that successful case reports are often at least twenty (20) pages in length.
- Use clear, concise language.
- Avoid extraneous information.
- Proofread carefully for spelling, grammar, and typing errors.
- Avoid abbreviations and terminology that readers with different optometric low vision backgrounds might not understand.
- Avoid revealing candidate identity by avoiding mention of candidate name, practice name, institutional affiliations, state of practice, etc.
- Avoid revealing patient identity by using a pseudonym or fictitious initials.

**Specific Content Guidelines for Case Reports:**

1) Patient identification: pseudonym or fictitious initials, age, gender, and present or former occupation.

2) History

3) Examination
   a) Visual status
      i) Acuities
      ii) Refractive error
      iii) Reading performance
      iv) Ocular motility and binocularity
      v) Visual fields
      vi) Other relevant visual functions, such as contrast sensitivity, color vision, response to high and low light levels, as indicated

   b) Ocular status (including but not limited to)
      i) Anterior segment
      ii) Posterior segment
      iii) Intraocular pressures
      iv) Other relevant aspects of ocular status
      v) Other specific diagnostic procedures, such as electrophysiology testing, as indicated

   c) Selection and evaluation of low vision devices
      i) Discuss the range of available options.
      ii) Indicate how general categories of options were selected for testing.
      iii) Explain why specific low vision devices were selected for testing.
      iv) Provide specific performance information for options tested.
      v) Describe how patient performance was evaluated.

4) Impressions
   a) Visual status
   b) Ocular diagnosis and prognosis
   c) Visual requirements, goals, and objectives
   d) Special considerations for rehabilitation (e.g., patient age, cognitive status,

adjustment to vision loss, expectations and motivation, and availability of technology and support)

   e) Consideration of patient management options (e.g., vision enhancement with optical, video, or electronic systems, vision substitution strategies, training, support, referral, etc.)

5) Patient management plan
   a) Recommend or prescribe glasses, devices, or other equipment
      i) Specific items
      ii) Rationale(s), including advantages and disadvantages
   b) Recommended training or services
      i) Specific items
      ii) Rationale(s), including advantages and disadvantages
   c) Counseling of the patient and any relevant caregivers
   d) Response of patient and any relevant caregivers to counseling and to plan
   e) Coordination of care with other care providers

6) Follow-up, return visits, and other subsequent contacts
   a) Outcome of patient management plan
   b) Modification of patient management plan

7) Discussion, summary, conclusions: A general discussion of why you managed the patient as you did, what problems you encountered, problems you might have expected but did not encounter, and how you might have approached things differently if other resources had been available you.

**Published Articles Submitted in Lieu of Case Reports:** Candidates may request that a published article, paper, or book chapter be considered for acceptance in lieu of a case report, with a maximum of two such substitutions permitted. The publication must list the candidate as first author, have appeared in an accepted journal or monograph, and relate to low vision rehabilitation.

Candidates wishing to have a publication considered must submit three copies to the Case Reports Chairperson. It will then be sent to a team of referees who will determine its acceptability as a substitute for a case report. If accepted, it will be specified as to which case report(s) it may replace, with publications substituting for case reports on similar topics, whenever possible.

**Questions and Concerns:** Questions concerning the submission and review of Case Reports should be directed to the Case Reports Chairperson or to the Chairperson of the Low Vision Diplomate Executive Committee. (See listing at the end of this guide or on the Section website.)

## V. Written Examination

**Eligibility:** Candidates may take the written exam without any case reports being accepted.

**Purpose:** The written examination is designed to test and evaluate knowledge of all aspects of low vision rehabilitation patient care and management.

**Format:** This examination is administered at Annual Academy Meetings. It consists of approximately fifty (50) multiple-choice items which evaluate knowledge in the six topic areas listed below, and eight (8) essay items which evaluate analytic and management skills related to a specific low vision case. Both the multiple choice exam and the essay portion relate to the categories below.

**Timing:** Three hours is typically allotted for this examination.

**Content:** The scope of this examination includes epidemiology, clinical presentations, examination procedures, diagnosis, prognosis, and management of low vision, and optical and non-optical low vision devices.

Category I: Epidemiology, etiology, symptomatology, genetics, and definitions related to visual impairment; and case history.

Category II: Observation and recognition of clinical signs of low vision; and examination techniques and procedures for the low vision patient including:

- measurement and notation of visual acuity
- objective and subjective refraction
- determination of the magnification needs of the patient
- determining the status of binocular vision
- measurement of the visual fields
- selection and demonstration of distance and near devices
- assessment of the characteristics of printed materials and reading skills
- assessment of glare sensitivity and the effects of illumination

Category III: Diagnosis, prognosis, and management of the low vision patient including:

- prescribing of optical and non-optical devices for distance and near viewing
- assessment of personal, social, vocational, avocational, and psychosocial patient needs
- referral for non-optometric rehabilitation services
- follow-up care

Category IV: Telescopes including:

- magnification principles and characteristics of telescopes for distance and near, including field of view and image brightness
- accommodation through a telescope (vergence amplification)
- fitting of bioptic telescopes and telemicroscopes
- verification of a telescope
- training patients in the use and care of telescopes

Category V: Microscopes, loupes, hand held and stand magnifiers including:

- magnification principles and optical characteristics
- effect of accommodation when using microscopes, loupes, hand held and stand

magnifiers

- prescribing and fitting principles
- verification methods
- training patients in the use and care of microscopes, loupes, hand held and stand magnifiers

Category VI: Other optical and non-optical devices including:

- optical principles and characteristics of visual field enhancement devices, CCTV systems, and glare control devices
- fitting of visual field enhancement and glare control devices
- types and uses of non-optical devices (including computer based, video and other adaptive technologies)
- training patients in the use and care of visual field enhancement, glare control, and non-optical devices

**Scoring:** A score of 75% or better is required to successfully complete the written exam.

**Questions:** Questions concerning the administration of the Written Examination should be directed to the designated member of the Low Vision Clinical Diplomate Executive Committee. (See listing at the end of this guide or on the Section website.)

# VI. Ocular Disease Examination

**Purpose:** The purpose of the AAO Low Vision Diplomate Ocular Disease Examination is to assess a candidate's knowledge and clinical decision-making related to ocular diseases and disorders of the visual system that are important in low vision practice.

**Format:** This is a closed-book/closed-notes examination. The format of questions may be multiple choice, fill-in-the-blanks, short answer, and short essay.

Section I of the exam will be identification of ocular diseases presented in color images.

Section II of the exam involves essay questions about specific disorders.

Section III will be about low vision management of specific disorders.

**Timing:** Two hours are typically allotted for this examination.

**Scoring:** A score of 75% on each section is required for successful completion of the Ocular Disease Examination.

**Content:** A wide range of disorders may be covered by the examination. The following list is offered as a guide reflecting the main focus of the examination. Not all disorders listed will be on the examination and disorders not listed may be on the examination.

achromatopsia
age related macular degeneration
age related maculopathy
angioid streaks
aniridia
anterior ischemic optic neuropathy
Best disease
branch vein occlusion
cataract
choroidal rupture with commotio retina
choroideremia
coloboma
congenital cataract
diabetic retinopathy
epiretinal membrane
glaucoma
juvenile macular dystrophies
macular holes
Marfan syndrome
myopic maculopathy
nystagmus (congenital)
ocular albinism
ocular histoplasmosis
oculocutaneous albinism
optic atrophy
optic nerve hypoplasia
retinal artery occlusions
retinal detachment
retinal vein occlusions
retinitis pigmentosa
retinopathy of prematurity
rubeosis irides
stroke
toxoplasmosis

## Aspects of Disorders Covered on Examination:

### A. Diagnosis

Know key clinical findings and any non-standard clinical tests required to make the diagnosis.

Know key differential diagnoses.

Know basics of the underlying pathogenesis.

### B. Recognition of Major Sub-types

Know major clinical sub-types of certain disorders that determine features such as eligibility for treatment, prognosis, visual consequences, hereditability, and systemic complications.

Example: Know important sub-types for disorders such as diabetic retinopathy, age related macular degeneration, and oculocutaneous albinism.

### C. Medical and Surgical Treatment

Know main current medical and surgical treatments for each disorder and its main sub-types.

Know basic eligibility criteria and procedures involved in these treatments.

### D. Disease Course with Treatment

Know expected outcomes with various treatments by disorder.

### E. Natural History without Treatment

Know expected outcomes without treatment by disorder.

### F. Visual Consequences

Know range of clinically measurable vision deficits associated with specific disorders.

### G. Distinguishing Aspects of Low Vision Rehabilitation

Know specific rehabilitation goals or management options and issues in co-management and patient counseling which are particularly likely to be of value in a given disorder based on the disease course, natural history, visual consequences, and state of the art in low vision management.

## Image Recognition:

The images presented include images of anterior and posterior segments, and may include images of fluorescein angiograms, visual field test results, OCT, or other clinical procedures.

The images presented here are intended to determine whether the candidate can recognize key distinguishing features of a photographic/digital image and can select the most likely ocular diagnosis. For example, what features would allow one to differentiate maculopathy caused by ocular histoplasmosis from maculopathy caused by exudative age-related maculopathy or toxoplasmosis?

Since a photographic image of an eye generally contains less information than is available when examining an actual patient, supplemental information will accompany some images, when necessary.

Clinical experience with ocular examination, understanding of clinical presentations of various disorders, and review of published photographs would be expected to be useful in preparing candidates for this section.

**Disease Management Topics:**

Candidates should be familiar with the results and clinical implications of certain important clinical trials including:

DRS (Diabetic Retinopathy Study)
ETDRS (Early Treatment Diabetic Retinopathy Study)
DRVS (Diabetic Retinopathy Vitrectomy Study)
AREDS (Age-Related Eye Disease Study)
BVOS (Branch Vein Occlusion Study)
CVOS (Central Vein Occlusion Study)
Randomized Trial of Vitamin A and E Supplementation for Retinitis Pigmentosa
Randomized Trial of DHA Supplementation for Retinitis Pigmentosa

A complete list of trials important for low vision clinicians to be familiar with is available from the Chair of the Ocular Disease Exam. (See listing at the end of this guide or on the Section website.)

**Review of Ocular Disorders and Implications for Low Vision Care:**

The following reference books and textbooks have information that may be useful for candidates in preparing for this examination.


The Lighthouse handbook on vision impairment and vision rehabilitation. (2000). New York: Oxford University Press.

Brilliant, R. Essentials of low vision practice. (1999) Woburn, Massachusetts. Butterworth-Heinemann.

Alexander, L., Primary care of the posterior segment. (3rd edition) (2002) New York: McGraw Hill.

Nowakowski, R. Primary low vision care. (1994) East Norwalk, Connecticut. Appleton and Lange.

Jose, R. Understanding low vision. (1983) New York: American Foundation for the Blind.

Faye, E. Clinical low vision (2nd edition). (1976) Boston: Little, Brown.


**Questions:** Questions concerning the Ocular Disease Examination should be directed to the Chair of the Ocular Disease Exam. (See listing at the end of this guide or on the Section website.)

## VII. Practical Examination

**Eligibility:** The candidate must have at least three case reports accepted to take the practical exam.

**Format:** This examination has two parts: 1) examination of a low vision patient and 2) verification of optical low vision devices. Both parts are usually administered in a clinical setting near to the site for the Annual Academy Meeting.

### 1. Examination of a Low Vision Patient

**Format and Procedures:** A low vision patient will be made available to the candidate at the testing site. Candidates are to obtain a case history and all objective and subjective data necessary to determine the disposition of the case. The primary focus is on the candidate's approach to the patient's rehabilitation goals and visual capabilities and specifically to observe how you perform a low vision exam and think through the prescribing options that will address the goals of the patient.

Candidates will be observed throughout the examination by two or three proctors who are clinical low vision Diplomates**.** Throughout the examination, candidates are expected to narrate out loud all of their clinical procedures and thought processes . It is critical that candidates discuss out loud just what they are doing and why during the entire examination.

Proctors are most interested in the following:

1. Rapport established with the patient.
2. Tests performed and the skill displayed.
3. Knowledge of low vision devices/aids and why they were selected.
4. Data analysis and recommendations made.

**Timing:** Candidates have an initial 15 minutes to set up and prepare the exam room.

They then have a maximum of one hour for the examination. In this limited time, they are not expected to perform a complete examination. In the interest of time, proctors may ask that some procedures be skipped and simply provide candidates with the data that would have been obtained.

Candidates then have fifteen minutes to write their final recommendations. These recommendations should include everything important to the rehabilitation of the patient.

**Equipment:** Most of the equipment needed to examine the patient will be provided, but candidate's should bring their own retinoscope and ophthalmoscope (direct and/or BIO). Also, candidates who have particular preferred low vision devices or instruments may elect to supply them themselves.

If a candidate would normally do a procedure and does not see the equipment to do it, he or she should mention it.

Use this sheet to record important data you will need for your summary. Attach this sheet to your written report. REMEMBER -- TALK TO PROCTORS THROUGHOUT YOUR EVALUATION.

CASE HISTORY (What is major area of concern)
(Approximate time 15 minutes)

ACUITIES (Relate them to case history)
(Approximate time 10 minutes)

SUBJECTIVE
(Approximate time 15 minutes)

OTHER TESTS (Indicate what you would do and why -- Data may be available)

OPTICAL AIDS (Indicate aid of choice and why, indicate other aids that my be useful to the patient and why)
(Approximate time 15 minutes)

TRAINING: (Demonstrate in-office training, indicate additional training needed and problems expected for this patient and your RX) (Approximate time 5 minutes)

END EXAM

DISCUSSION: (15 minutes is allowed for proctors to discuss with you any procedures or
techniques used in your exam.)

CASE WRITE UP: (You will have 15 minutes to complete your impressions in the case, tentative diagnosis, tentative RX and possible problems in motivation and training that you might expect from this patient. PLEASE PRINT)

**Verification of Optical Devices:**

**Format and Procedures:** There are three sections to this test and a total allotted time of 15 to 20 minutes to complete them.

Section 1 - Identify a common low vision device by manufacturer and code number using a low vision catalog provided.

Section 2 – Measure or calculate the following properties of an "unknown" fixed focus stand magnifier:

a) dioptric lens power
b) transverse magnification
c) image location
d) the equivalent power or equivalent viewing distance of the system for a 40 cm eye to image distance.

Candidates are provided with a contact lens measuring reticule loupe, a close focus telescope, a tape measure and a one (1) meter sized target.

Section 3- Measure or determine the following properties of an "unknown" telescope:

a) magnification
b) near focus range
c) type of system (i.e. Keplerian vs. Galilean)

Candidates are provided with a repeating (i.e. periodic) target, a millimeter ruler, and metric tape measure.

**Timing:** 15 to 20 minutes to complete these tasks.

**Equipment:** Candidates should bring their own calculators.

# VIII. Oral Examination

**Eligibility:** The candidate must have five (5) case reports accepted to be eligible for the Oral Examination.

**Purpose:** This examination provides an opportunity for candidates to more fully reveal their particular approach to low vision work and the depth and breadth of a candidate's knowledge and experience. A major objective is to assess the candidate's understanding of core low vision principles. The interview also offers candidates the opportunity to justify methods and rationales.

**Format:** In a congenial and professional atmosphere, the candidate will be asked questions, some theoretical and some practical. The questioning on a particular topic will often start with a broad question (e.g., "Describe the procedures you generally use in refracting low vision patients") and then, as the candidate responds, become more focused (such as, "Why do you do that?" "Do you always do it that way?," "Do you control lighting?," "How?").

The Chair will structure the interview to include questions to gain insight into strengths and weaknesses of the candidate as revealed in previous Diplomate examinations and Case Reports/accepted articles. In developing questions, the Chair will coordinate a review of comments from the candidate's case reports and will ascertain any issues from Practical Examination performance of the candidate. The candidate will be made aware of these specific concerns in advance of the examination but the oral examination will not necessarily be confined to those specific topics.

Questions demanding knowledge of details or computational skills will be kept to a minimum.

**Timing:** 30 to 45 minutes are typically allotted for the Oral Examination.

**Questions:** Questions concerning the administration of the Oral Examination should be directed to the designated member of the Low Vision Clinical Diplomate Executive Committee. See current listing at the end of this guide or the Academy website.

## IX. Executive Committee of the Low Vision Diplomate Program

### Current Officers and Chairpersons (Nov. 2010 through Oct. 2011)

**Chairperson:**
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**Vice-Chairperson:**
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**Secretary and Oral Exam:**
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**Written Exam:**
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