Low Vision Rehabilitation for the Primary Care Practice

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Vision Rehabilitation for the Primary Care Practice

Course Objectives:
- Define Legal Blindness and Low Vision
- Define Low Vision Rehabilitation
- Discuss Low Vision Management in Primary Care Setting
- Establish Goals for Successful Rehabilitation
- Outline a Comprehensive Low Vision Examination
- Discuss Vision Rehabilitation Training including Optical/Non-Optical Enhancements
- Review Multidisciplinary Team Approach

Low Vision Patient Considerations: Case Example
- Fluctuations in Vision & Refractive Changes
- Complexity of Vision Loss
- Visual Demands of Disease Management
- Effects of Multisystem Losses
- Visual Demands of Disease Management

Optometrist’s Role in Rehabilitation
- Monitoring disease progression
- Prescribing optical and non-optical solutions
- Patient education
- Adaptive approaches
- Support
- Liason to community activities

Legal Blindness vs. Low Vision
- Definitions
Low Vision Examination
- Complete ocular examination including dilated fundus evaluation
- Low Vision Intake Form
- Review of medical/surgical record
- Previous Optical Services

Visual Acuity Assessment (Distance and Near)
- ETDRS/Ferris-Bailey Chart
- Designs for Vision
- Eccentric Viewing
- Lighthouse “continuous text” card
- Direct vs. indirect illumination
- Quality of near vision
- Amsler Grid testing

Careful refraction - techniques

Distance evaluation
- Predicting telescopic magnification
- Review of common formulas

Near evaluation
- Predicting near adds
- Review of magnification formulas
- Available devices (binocular and monocular)

Glare control

Patient Education
- A patient’s understanding of their visual condition and prognosis directly influences the success of their rehabilitation
- Family member’s must be included

Goals of Low Vision for Successful Rehabilitation

Referral Sources & Rehabilitation Counseling