

## Low Vision

Low vision is the term used to describe significant visual impairment that can't be corrected fully with glasses, contact lenses, medication or eye surgery. It includes:

- Loss of best-corrected visual acuity (BVCA) to worse than 20/70 in the better eye.
- Significant visual field loss. Tunnel vision (lack of vision in the periphery) and blind spots are examples of visual field loss.
- Legal blindness. In the United States, legal blindness typically is defined as visual acuity of 20/200 or worse (in the better eye, with the best possible vision correction in place) or a field of view (visual field) that is constricted to 20 degrees or less.

Disability statistics from the 2014 American Community Survey show that 2.3 percent of individuals ages 16 and over have a visual disability or low vision. (<https://www.allaboutvision.com/lowvision/overview.htm>)

### Assessments for Vision and Balance:

- Snellen Eye Chart
- Executive Function Performance Test (EFPT)
- Motor-Free Visual Perception Test – 3
- Melbourne Low Vision ADL Index (MLVAI)
- Clock Test
- Macular Scotoma Assessment
- MN Read Test
- Visual Skills for Reading Test (Pepper Test)

### Treatment Approaches and Strategies:

- Modify the environment with the following: Place night lights in patient room along path to bathroom. Place florescent strips of tape along edges of sink, toilet and near bed. Place clock at eye level. Mark call light with bright color. Bring TV closer.
- Modify mobility aides by placing colored tape on wheelchair brakes and FWW hand grips.
- Educate activity staff on modifications for activity boards (high contrast, such as white print on black background) and schedules and games to encourage more active participation (add markings to pieces, add raised outlines on games or cards using household glue, thick fabric paint, adhesive dots, or consider purchasing large print games).
- Educate CNAs, nurses and dietary regarding proper table set up and colored placemats or colored dinner plates to improve vision and encourage independence.
- Differentiate grooming products by using colored rubber bands (shampoo versus conditioner) or large labels for ease of identification.
- Teach “trailing” technique with wheelchair or walker. Trailing is used to locate a destination such as a door and to maintain a straight line. With a FWW, train the resident to slide the near legs of the walker along the wall. For a wheelchair, instruct the resident to propel a short distance then reach up and touch the wall or hallway rail to ensure they are traveling a straight path.
- De-clutter drawers in nightstand. Label drawers. Use trays and organizers to sort like items.
- Velcro cloth bag to bed rail with “must have” items – TV remote, call light, tissue, hand-held magnifier, cell phone, pen and note pad.
- Place additional light on nightstand for task lighting.