



## LOW-VISION REHABILITATION



### Low-vision rehabilitation

When someone is diagnosed with diabetes, the best possible health results occur when that patient has a team on the medical side as well as on the rehabilitative side. On the medical side, this team usually includes the primary care physician (internist, family practitioner, etc.) to monitor sugar levels, blood pressure and over-all health; a diabetes nurse to assist with those functions; a primary eye care specialist to monitor changes in the eye; and perhaps a retinal specialist, if changes have begun. If medical intervention cannot treat changes that have occurred, patients should explore low-vision rehabilitation.

If damage has occurred and vision loss has resulted, a low-vision rehabilitation team can help the patient regain quality of life. In addition, when conventional lenses fail to address a patient's functional need, there are many other options the low-vision rehabilitation team can recommend.

The goal of the rehabilitation team is to maximize the patient's remaining vision so that he or she might meet the challenges of daily living. The team usually consists of the primary eye doctor, a rehabilitation teacher/therapist and a counselor.

In addition to the team support, the low-vision team has access to many devices, tools and aids that can be prescribed for people with partial sight. Each patient is evaluated with the following in mind: visual needs and goals, environment, support system and physical limitations to determine what can help the patient continue to function independently at home and in the community.

### Some low-vision aids include:

- Magnifying lenses or special reading glasses that are specifically prescribed by low-vision practitioners.
- Prescriptive magnifiers come in a wide array of options, from hand-held, pocket, necklace and stand-alone magnifiers.
- As technology grows, so do the options in the electronic and video magnification arena, including telescope optics and camera readers.
- CCTV (closed circuit television) uses a camera to display images at a magnified size on a TV or computer monitor. Magnification can range from 3X to 60X, depending on the specific unit and the size of the monitor.
- Adaptive/assistive software that enlarges font size, produces speech output and transfers text to Braille. Other adaptive devices include very bright reading lamps, large-print and recorded books, magazines and newspapers and talking clocks.

Early intervention is crucial to preventing and/or successfully monitoring eye disease. It is also important to successful low-vision rehabilitation. Equally important is the inspiration of the human spirit that there is life after vision loss. Education and support of the patient combined with the right low-vision aid can mean a return to independence for many people experiencing vision loss.