Low Vision in Private Practice Outline

Course objective: demonstrate how to incorporate low vision (LV) into a private practice setting through case presentations. Course will cover testing equipment needed, prescribing equipment and clinical pearls, insurance billing, and resources available to optometrists practicing low vision.

Introduction: LV statistics and evidence-based support for LV services improving quality of life.

Case 1: Patient with age-related macular degeneration (AMD) with mild vision loss

1. Case history and how to adapt for LV patients with mild vision loss
2. Measuring VA using Bailey-Lovie/ETDRS charts
3. Measuring contrast sensitivity using Mars contrast test
4. How to/why measure VA & contrast with reduced retinal illumination
5. Measuring central visual fields: methods and tests available for mild vision loss
6. Measuring and prescribing for reading needs: strong adds vs magnification
   a. Reading acuity and efficiency
   b. Dome/paperweight magnifier
   c. Stand magnifier: 3x/8D Mattingly Advantage
7. Resources available: lighting for near tasks
   a. Berryessa designs
   b. Mattingly Stella Lamp
8. Insurance: how to bill Medicare for LV services

Case 2: Patient with AMD with moderate to severe vision loss

1. Case history and how to adapt for LV patients with moderate to severe vision loss
2. Measuring VA using the Berkeley Rudimentary Vision Test
3. Measuring contrast sensitivity using Mars contrast test, grading of contrast sensitivity
4. Measuring central visual fields: methods and tests available for moderate vision loss, eccentric fixation
   a. Pros/cons of Amsler grid testing for central scotoma
5. Measuring and prescribing for reading needs: optical vs electronic magnification, indications for each option
   a. Hand-held magnifiers
   b. Portable vs desktop CCTV
6. Resources available: contrast sensitivity enhancement, adaptive techniques
   a. California Telephone Access Program
   b. Talking Books Library
   c. Paratransit application
   d. Lions Center and available resources
7. Insurance: how to bill Medi-Cal for LV services

Case 3: Young patient with mild vision loss and stable condition (oculo-cutaneous albinism, congenital nystagmus)

1. Case history and how to adapt for LV patients for younger patients
2. Measuring VA, when to trial frame refract vs when to use phoropter
3. Measuring contrast sensitivity, what is normal contrast and when to patients become symptomatic for contrast loss?

4. Measuring peripheral visual fields with LV patients

5. Measuring and prescribing for reading needs for younger patients and mild vision loss: what are the most useful LV aids for patients with mild vision loss?
   a. Eschenbach 3x EasyPocket
   b. Intro to prescribing telescopes, most common telescopes prescribed

6. Resources available: computer adaptations for LV patients
   a. PC options
   b. Apple products
   c. Intro to iPhone/iPad apps for LV patients

7. Insurance: how to bill VSP for LV services and devices

Case 4: Patient with glaucoma and moderate vision loss, peripheral field loss

1. Case history and how to adapt for LV patients with glaucoma

2. Measuring VA in glaucoma and variable vision
   a. Distance devices, MaxTV glasses

3. Measuring contrast sensitivity when patients have peripheral vision loss

4. Measuring visual fields: Humphrey Visual Fields vs impact on functional vision

5. Measuring and prescribing for reading needs; special challenges in glaucoma

6. Clinical pearls: prescribing tints

7. Resources available: services available locally
   a. Department of Rehabilitation: when to refer
   b. Other (Lions Center for the Blind, etc)
   c. When to refer for mobility training

8. Insurance: how to bill Department of Rehabilitation for LV services and devices

Appropriate referral methods for LV patients

Conclusion and questions