

# ***41 Assessing the Patient with Low Vision***

## **Guideline**

**41.01** The optometrist examining the patient with low vision should be familiar with local protocols regarding the assessment and care of people with low vision. Contact details of other members of the multidisciplinary teams should be available to give to patients.

## **Advice**

### **General**

- 41.02** Optometrists should be aware that patients may benefit from low vision services even if their vision is not bad enough for them to be registered as sight impaired or severely impaired. All patients should be assessed according to their needs.
- 41.03** The optometrist undertaking a low vision assessment needs to understand the multi-disciplinary nature of low vision. Within the context, of working within a multi-disciplinary team an optometrist has a duty to carry out whatever tests are necessary to determine the patient's needs for vision care as to sight, health, emotional support and social care notwithstanding any difficulties in communication or assessment which may be associated with physical, sensory or learning disability.
- 41.04** If the optometrist is not comfortable with his or her expertise in examining the patient with low vision, or if the optometrist cannot offer a low vision service s/he should refer the patient to someone who can. This could be an optometrist or dispensing optician based low vision service or the local social services department.
- 41.05** Optometrists are in a position to supply low vision devices but they should also be aware of their responsibility to ensure that patients have access to the wider aspects of rehabilitative and social care. In the case of children and young people this would include ensuring that any assessment is carried out in the context of their educational and developmental needs. In both cases the optometrist should ensure that, where the patient consents, links are made so that the individual's educational and rehabilitative needs can be addressed. For this reason it is advisable that the optometrist works in the context of a 'low vision team'.
- 41.06** A low vision assessment is rarely a one-off process, and patients should be encouraged to return for follow-up assessments at regular intervals. This helps to ensure they are getting the best from their sight and low vision devices. This is in addition to their regular optometric or ophthalmological care (see also 41.12 below).

## **Examining the patient with low vision**

- 41.07** In addition to the principles established in the guideline on the eye examination, older patients, children and people with learning disabilities an assessment may include the following:
- a) Assessment of need in the context of a person's educational/ social care situation. This may include seeking a briefing from rehabilitation/ education professionals or undertaking an extended history specifically concentrating on a person's practical needs resulting from low vision. Some patients may have a personal care plan or low vision passport that would assist in this assessment. Optometrists should be prepared to pass visual information on in a meaningful form to people in charge of the patient's educational or social care.

- b) Appropriate assessment of visual acuity in relation to low vision - this would include use of distance and near logMAR charts. If these are not available the optometrist may be able to adapt conventional charts to achieve meaningful results.
- c) Assessment of contrast sensitivity, and being able to apply the results to functional vision.
- d) Advice on visual function relating to visual acuity/ contrast sensitivity levels should be explained in relation to both threshold and sustained visual function. Practitioners should be aware of the need to differentiate between clinical measurements and practical ability. Practical tasks such as door signs, newspapers and packets might be retained by the practitioner to demonstrate these differences.
- e) Assessment of glare function
- f) Assessment of central visual function (e.g. Amsler charts and appropriate colour vision tests)
- g) Visual field assessment. Practitioners should be aware of both the need to repeat fields assessment to obtain a meaningful result and the limitations of static screening equipment in cases of severe sight loss. For example if an optometrist does not have access to a conventional kinetic tests (e.g. Goldmann) confrontation type tests may enable more practical advice to be given.  
Optometrists should be aware of the value of providing results from visual field assessments, where the patient consents, to rehabilitation and educational professionals. However they should note that not all these professionals would be conversant with field plots and where possible additional explanation should be supplied.  
As well as giving an assessment of functional vision (i.e. residual peripheral vision in conditions such as glaucoma), visual field tests may also be used in screening for new disease.
- h) The provision of specific advice on illumination for visual tasks as well as the use of specific tints and glare shields and non-optical devices such as typoscopes.
- i) Where appropriate, for example in all phakic children with low vision, particular attention should be paid to measurement of binocular and accommodative status.

**41.08** On completion of all appropriate tests suitable advice on the findings should be given to the patient and, where consent has been given, to other members of 'the low vision team'. This should be in large print writing or appropriate format (tape or rarely Braille) for those patients who may have difficulties with memory or comprehension. Optometrists may like to consider having a low vision pack available containing information on support services (Action on Blind people's 'Getting -on' example) as well as other leaflets promoting support services (talking books, holidays, safety at home, lighting , travel etc) together with those explaining the most common eye conditions that cause low vision.

**41.09** Practitioners should be aware of their responsibilities to provide appropriate forms of communication under the provisions of the Disability Discrimination Act. Local and national organisations who work with people who are sight impaired may be able to assist practitioners in supplying information in alternative formats. Practitioners may like to consider the guidance given in RNIB's 'See it Right' documentation.

**41.10** Where possible patients should be referred to named (or identifiable) rehabilitation/ education professionals with specific advice about visual function. The optometrist should be conversant with local protocols with regard to access to follow up / low vision therapy services. In England both the LVL and RVI (Referral of vision impairment) may be used to supply additional information to social care agencies (though the LVL is not completed by the practitioner but by the patient)<sup>1</sup>. In Wales the low vision passport may be used for this purpose. In addition to these, practitioners may consider using a report that specifically outlines the patient's visual function status.

- 41.11 In many cases the patient requires reassurance about visual function and the absence of significant ocular disease. Where a patient has a condition affecting vision, an explanation of the cause and effects should be given, as well as explanations of the benefits and disadvantages of appropriate optical appliances and low vision devices (see also Guidance below on dispensing low vision aids).
- 41.12 Practitioners should remember that all patients should have access to ophthalmological opinion no matter their status as regards sight impaired registration or how severe or long term their sight loss. Practitioners should be aware of the risks of secondary eye disease associated with ageing and some congenital eye conditions. Patients should not be discharged from routine optometric care as the impact of additional disease on top of the patient's existing visual problem may be significant.
- 41.13 Practitioners should make themselves aware of the guidance relating to both identification and notification of sight loss. Optometrists are ideally placed to advise about the possibility of registration. The patient should be advised about the nature of the process (i.e. certification by an ophthalmologist and registration by local social services services departments in England). In addition practitioners have a role in explaining the role of social workers, rehabilitation staff and specialist sensory skills teachers.
- 41.14 The optometrist should be aware that of the groups of people that may need additional support to access services at the onset of visual impairment - these include older people, children, people from black and minority ethnic groups, carers or people who live alone and people with learning difficulties. The optometrist may need to seek out appropriate professionals locally to advice on access to local services. A Low Vision Services Committee, if established locally, should be able to advise.

### **Dispensing low vision devices**

- 41.15 Before the patient is assessed for a low vision aid, practitioners should ensure that the patient has had a recent eye examination which includes determining their accurate spectacle prescription and change in ocular disease status.
- 41.16 Following the preliminary assessment of a patient, the optometrist has a duty to ensure that each individual patient is supplied with the most appropriate low vision device(s) to enable optimum use and make best use of vision. This would include both magnification, care, and ergonomics.
- 41.17 Advice on visual ergonomics - in particular reading posture and use of addition devices such as reading stands, copy holders and clip-boards is particularly important for young people and when discussing conventional low vision devices and the use of higher reading additions.
- 41.18 The practitioner should be conversant with the optical characteristics of devices including whether or not a specialist spectacle correction is required for optimum use of the device.
- 41.19 Binocularity and accommodative difficulties should be considered with each individual supply of any device
- 41.20 Practitioners should be aware of the limitations of optical devices and should be willing and able to direct the patient towards agencies that can advise on non-optical devices such as CCTV.
- 41.21 Prior to the issue of any device, patients should be assessed using practical tasks appropriate for the device use. This will enable any practical limitations, such as switch or left/right hand use, to be identified.

- 41.22 Following supply of the device the patient should be provided with full instructions on
- The tasks the device has been issued for;
  - How to use the device. This will include what distance from the eye the device should be positioned, which spectacles (if any) to use with the device and any specific advice on lighting;
  - The initial programme of low vision training. This would include reading/skill practice, aftercare and expectations regarding what post-supply support is available;
  - Care, storage and cleaning.
- 41.23 Appropriate elements of the instructions must be given in writing to comply with the Medical Devices Directive.
- 41.24 Patients should be advised of any required changes in the type of lens, its use, and achievable goals. Such advice should be given in writing and recorded clearly in the patient's notes.
- 41.25 Optometrists may wish to consider the following additional items:
- Typoscopes
  - Writing frames and signature guides
  - Selection of glare shields/specialist tinted lenses
  - Ergonomic aids such as clip-boards, reading stands, copy holders
  - Having a selection of practical tasks for the patient to do such as mobile phone screens, text books, signs, newspapers, food packets and timetables.
- 41.26 In some cases, a low vision aid will not be considered necessary or suitable, or the patient may reject it. In this situation the optometrist should explain to the patient that their situation or technology may change in the future and that patient should still be encouraged to return for regular assessments <sup>2</sup>.

### **Working with dispensing opticians**

- 41.27 Dispensing opticians are a valuable part of the low vision team. ABDO run an honours diploma in Low Visual Acuity and have advice and guidelines for their members on Low Vision Practice. This includes a suggested basic LVA kit, and advice on Low Vision Assessment. The ABDO advice is available on their website <sup>3</sup>.

### **Information**

- 41.28 National and international surveys continue to reveal that there is substantial under-identification of sight loss and variability in practical, emotional and social care in the UK.

Other agencies that might be useful contacts for further information include:

Local Social Services Departments

RNIB 105 Judd Street, London WC1H 9NE ([www.rnib.org.uk](http://www.rnib.org.uk))

Partially Sighted Society 62 Salisbury Road, London NW6 6NS

Guide Dogs - Hillfields, Burghfield Common, Reading, Berkshire, RG7 3YG

[www.guidedogs.org.uk](http://www.guidedogs.org.uk)

National Association of Local services for Visually impaired people (Nalsvi) - 8b Greencliffe Drive, York, YO30 6NA [www.nalsvi.cswebsites.org](http://www.nalsvi.cswebsites.org)

View - Specialist Teaching Team for VI and Physical Disability, Greenbank, Firbank Road, Royton, Oldham, Lancashire, OL2 6TU

Look (The National Federation of Families with Visually Impaired Children) c/o Queen Alexandra College, 49 Court Oak Road, Harborne, Birmingham, West Midlands, B17 9TG  
National Blind Children's Society (NBCS), Bradbury House, Market Street, Highbridge, Somerset, TA9 3BW [www.nbcs.org.uk](http://www.nbcs.org.uk)

Vision 2020 UK - 80 Elms Farm Road Hornchurch Essex RM12 5RD [www.vision2020uk.org.uk](http://www.vision2020uk.org.uk)

Low Vision Services Implementation Group – 58-72 John Bright Street Birmingham B1 1BN  
International Glaucoma Association, 108C Warner Road, London SE5 9HQ

Macular Disease Society Darwin house, 13a Bridge Street, Andover, Hampshire, SP10 1BE  
SP10 1BE [www.macular-disease.org.uk](http://www.macular-disease.org.uk)

Diabetes UK, 10 Queen Anne Street, London W1M 0BD [www.diabetes.org.uk](http://www.diabetes.org.uk)

- 41.29 The terms 'visually impaired' and 'severely visually impaired' have now been replaced with 'sight impaired' and 'severely sight impaired'.
- 41.30 Practitioners should be aware of the impact sight loss may have on people who have other sensory impairment.
- 41.31 The supply of spectacles to patients who are registered as sight impaired or severely sight impaired is restricted to optometrists and registered dispensing opticians. The supply of certain low vision aids is also similarly restricted. The Opticians Act does not define 'restricted low vision aids', but the College considers that the supply of spectacle magnifiers and distance telescopes incorporating a distance prescription and/or mounted on a patient's spectacles, and near vision telescopes with a spectacle prescription are restricted, and that the supply of other types of low vision aids is not restricted.

### **Additional information**

The following references are relevant to this section:

Disability Discrimination Act 1995

Framework for Multidisciplinary Approach to Low Vision, College of Optometrists, 2001

Low Vision Services Consensus Group. Low Vision Services: Recommendations for future service delivering in the UK. RNIB 1999.

RNIB See-it -Right Guidance

National Eyecare Services Steering Group First Report, May 2004

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4080998&chk=0cdaYD](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4080998&chk=0cdaYD) Accessed 27/7/05

See also:

*Section 2 - The Patient-Practitioner Relationship*

*Section 3 – Patient Practitioner Communication*

*Section 24 – Examining the Adult Patient with Learning Disabilities*

*Section 26 – Examining Children and Vulnerable Adults*

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### **References**

<sup>1</sup> Details of the Department of Health's revised procedure for the registration of a patient as sight impaired or severely sight impaired is available at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/OpticalDocumentsArticle/fs/en?CONTENT\\_ID=4074843&chk=q%2B1fLr](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/OpticalDocumentsArticle/fs/en?CONTENT_ID=4074843&chk=q%2B1fLr) Accessed 12/4/05

<sup>2</sup> [www.abdo.org.uk/membership/pdfs/appendixd.pdf](http://www.abdo.org.uk/membership/pdfs/appendixd.pdf) paragraph 5. Accessed 9/9/05

<sup>3</sup> <http://www.abdo.org.uk/membership/pdfs/appendixd.pdf> Accessed 9/9/05

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