



Low Vision Services

Policy Issue

Current demographic trends indicate that more and more Canadians are suffering from vision loss that cannot be corrected with glasses or medical or surgical interventions, and is severe enough to interfere with daily tasks. Optometrists play a key role in providing low vision services, and may do so as part of an interdisciplinary team of health care providers working together to meet patient needs.

Definitions

Low vision (LV) is defined as a level of visual impairment (measurable decrease in vision) which cannot be corrected by conventional glasses or by medical or surgical interventions and which causes a disability/activity limitation. As such, the individual is not able to undertake desired activities because of vision loss. (Leat SJ, Legge E, et al. 1999, American Academy of Ophthalmology 2013; Markowitz SN 2006)

Low vision rehabilitation (LVR) teaches patients to use their residual vision, compensating techniques, or practical adaptations to their environment in order to safely maximize functional independence, maintain quality of life, and help adapt to the psychosocial aspects of vision loss. A variety of visual and adaptive devices (e.g. magnifiers, improved lighting, absorptive lenses, telescopic aids, electronic devices, optical character recognition) may be used. Before and during rehabilitation, the patient's existing medical eye condition is evaluated and treated by means of standard techniques to maintain and maximize the patient's visual potential. LVR should be individualized to meet each patient's particular goals, limitations, and resources. (Jutai et al. 2005) The process of LVR should begin as early as possible in the disease process, in order to facilitate the patient's adaptation and to increase independence.

Policy Position

Depending on the patient's needs, low vision services may be delivered by an interdisciplinary team including, but not limited to, optometrists, ophthalmologists, opticians, occupational therapists, psychologists, social workers, and other low vision and rehabilitation specialists.

Optometrists play a key role in providing low vision services, including patient assessment/screening and recognition; management of the patient, including rehabilitation and treatment of underlying pathology as appropriate; and referral of patients with severe vision loss for more comprehensive low vision rehabilitation. As mentioned above, optometrists may work with other health care providers to assist and support the low vision patient.



With respect to low vision services, the Canadian Association of Optometrists believes it is important to:

- a) promote access to high quality low vision services for all Canadians who require it;
- b) encourage the role of optometry as a provider of clinical low vision services within an interdisciplinary team;
- c) encourage appropriate health care measures leading to the earliest possible detection, diagnosis, and treatment of sight threatening diseases or injuries;
- d) encourage optometrists to deliver low vision services to patients, including assessment/recognition, management, rehabilitation, and referral, as appropriate, and in accordance with applicable provincial regulations and standards
- e) advocate for reasonable reimbursement for optometrists providing low vision assessment, care, and rehabilitation;
- f) advocate for government financial support for low vision devices for patients suffering from vision impairment, in order to facilitate their rehabilitation and increase their independence and functioning;
- g) inform health care providers about the need for early referral to professional low vision rehabilitation services as an integral part of managing patients with sight threatening ocular disorders;
- h) expand training in low vision services for optometry students and practicing optometrists;
- i) co-operate with other agencies, organizations, and professions that share CAO's desire to help Canadians with low vision;
- j) promote a better understanding of low vision among the general public, other health care professionals, teachers, employers, legislators, and not-for-profit charities and relevant agencies; and,
- k) promote high quality basic and applied low vision research.

References

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