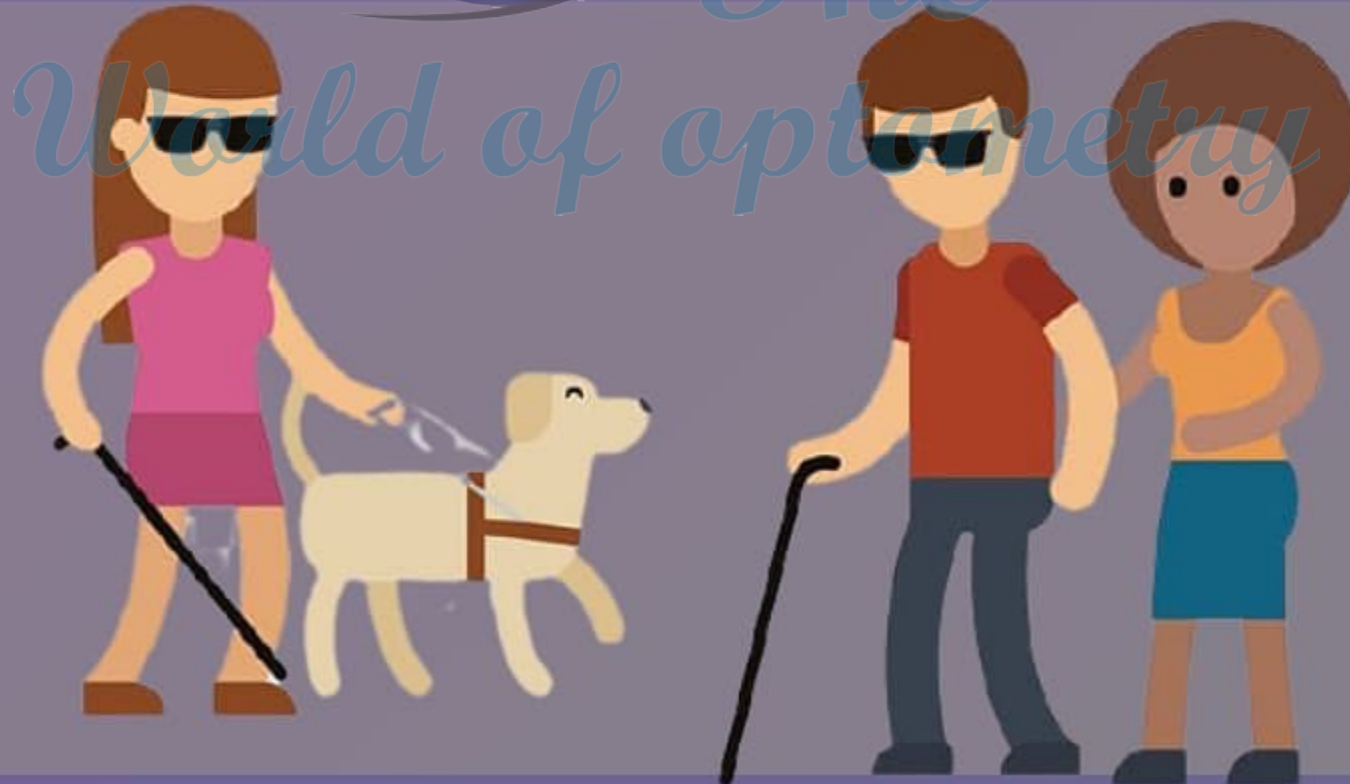


TWOP Discussion

Globally United
LOW VISION
The

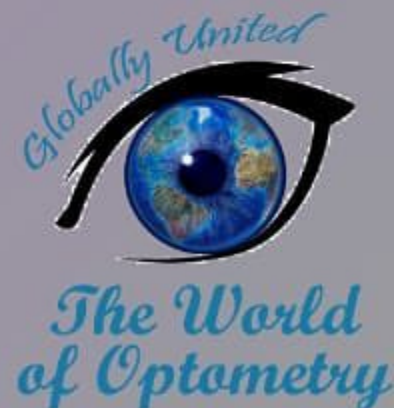


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INTRODUCTION

A vision that interferes with the daily performance of the individual and aims at exploitation of the residual vision for the benefit of the individual to make them more useful to society.

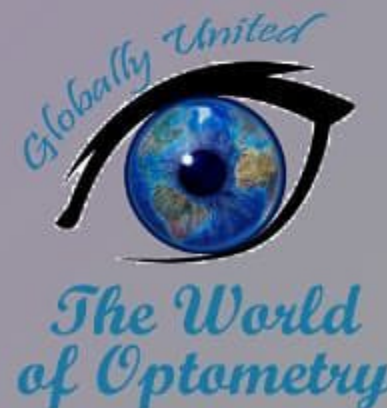
- Economic Blindness; Defined as Distance Visual Acuity of 6/60 or less in the better eye with best optic correction or as a defect in the visual field.
- Partially sighted child for educational purposes is one who's Distance Visual Acuity ranges 6/24 to 6/60 in the better eye with best optical correction and who can use vision as his primary channel of learning
- Limitations for this definition don't consider reading or near vision, Scotomas nor judge visual performances in terms of usefulness.



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INTRODUCTION

- Travel vision classification differentiates functionally sighted from functionally blind based on their ability to read and write, recognize familiar objects and move safely in unfamiliar environments.
- Identification of patients for low vision services should be on visual efficiency based on performance and the felt needs of the patient

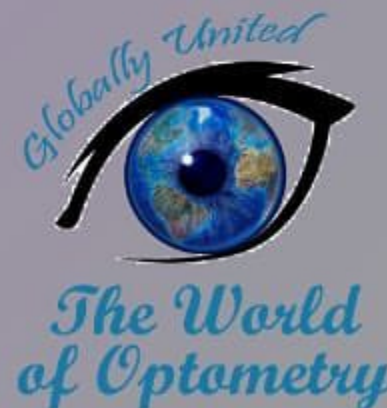
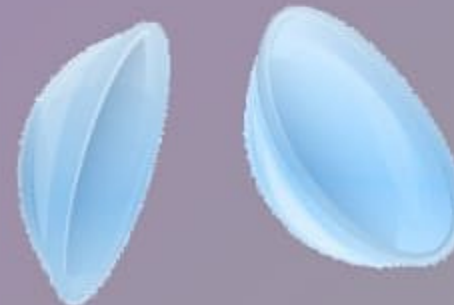


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CASE HISTORY

Consider,

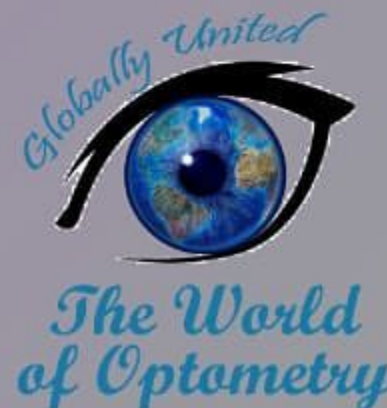
- Duration of ocular pathology, diagnosis and prognosis
- Residual vision including how the patient enters the clinic
- Age, education status, and literacy
- Ability to move independently before the checkup
- Low Vision Aids including contact lenses or spectacles used prior



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CASE HISTORY

- Preferred luminaries. More or Less luminous.
- Is the presenting vision good for near or far or bad for both
- Preferred Visual; Exact requirement in terms of Progressive Distance, Intermediate or Near Vision
- The psychological buildup to determine readiness for aid acceptance.
- After a thorough clinical assessment, deception can be reached on preferred Low Vision Aid to introduce. Aid may vary between patients with the same disease impairing vision so preferences should be simple, portable ,and flexible enough for use.
- Depending on the patient's preferred vision.



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CLINICAL REQUIREMENTS

Some of the extra pieces of equipments besides the usual Optical Clinic machinery required for Low Vision are;

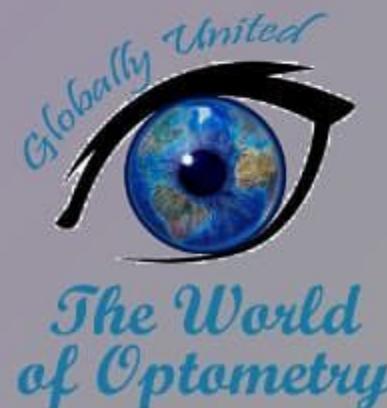
- Good trial frame and set having full aperture telescopes and prisms
- Lensometer, Slit Lamp, Tonometer, Ophthalmoscope, Retinoscope and Visual Field Chart
- Snellen or Logmar Distance And Near Visual Chart
- Reading boards, Chinrest, measuring rod and table lamp with rheostat
- Microscopic lenses, stand ,and handheld magnifiers preferred illuminated
- Slit, Pinhole, Filters, Visors ,and Typoscope



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CONCLUSION

- An Optometrist may have to discard the conventional ideas about refractive results as in prescribing Low Vision Aids subjective improvement with no objective confirmation is the usual methodology employed.
- The preliminary examination requires time, cooperation, and examiner patience to reach the preferred vision.
- Invariably more than one visit is required for a full examination and proper prescription.
- The fundamental concept of Low Vision Aids is to attain or improve maximum possible Vision as well as mobility to the visually impaired.



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