

SMARTSIGHT™
MAKING THE MOST OF REMAINING VISION

Academy Initiative in Vision Rehabilitation

For use with all patients <20/40 or with scotoma, field loss or contrast loss

Level 1 Guide for All Ophthalmologists: *Recognize and Respond*

- ◆ **Recognize** the great impact on patients' lives of even a little vision loss.
- ◆ **Respond** by assuring patients they can live fully in spite of vision loss, and give them the information to do so, provided by the American Academy of Ophthalmology.

Refer for low vision/vision rehabilitation services, as available. You may direct patients to <http://www.visionconnection.org> or 800-829-0500.

**Level 2 Guide for Comprehensive Ophthalmologists:
*Add Record – Refract – Rx – Report***

Recognize and Respond plus:

- ◆ **Record precise visual acuity**, to 20/1600 with easy, inexpensive charts. “Count fingers” does not distinguish among acuities with very different functional implications and incorrectly implies no useful vision. See chart sources below.
- ◆ **Refract.** Retinoscope with a phorometer or loose lenses in dark room with short working distance for accurate results. Manifest in trial frame to allow viewing around scotoma.
- ◆ **Rx: Adds to +5** allow many with 20/50 to 20/100 to read, with closer focal distance. Separate readers or clip-ons may be preferred. Upper clip-ons for computer use or for those with inferior scotomas. See sources below.
 - Direct lighting.** A gooseneck lamp alone allows many to read, sew, etc. See sources below.
 - Filters for glare.** Yellow, orange, amber, plum, gray per patient preference in fitovers, wraparounds and clip-ons, polarized optional. Visor or brimmed hat. See sources below.
 - Level 3** evaluation and training when the above does not suffice for reading and activities of daily living (ADLs).
- ◆ **Report to patients' primary care providers.** Central vision loss is invisible to others. Patients' primary care providers need to know that their vision loss is permanent and increases risk for medication mix-ups, falls, isolation and depression, and that Charles Bonnet Syndrome, visual hallucinations in the visually impaired, relates to low vision not cognition.

Sources:

Charts for Distance and Near Acuity	Source
Colenbrander Low Vision Chart (inexpensive, foldable, 1 meter)	http://www.precision-vision.com
ETDRS	http://www.precision-vision.com
Lighthouse near charts, individual letters, and continuous print	http://www.precision-vision.com http://www.shoplowvision.com

Reading Glasses/ Clip-on Adds	Source
Clip-on flip-up adds, one-half lens upper or lower +1 to +4 in one-half D steps	Walters, 800-992-5837
Prism half-eyes ready-made +4 to +6	http://www.shoplowvision.com

Gooseneck Lamps and Bulbs	Source
45-65W indoor floodlight bulb, chromolux bulb, or white light	Hardware stores, fabric stores
OTT-Lite; Brandt lamp with 50W halogen bulb	http://www.shoplowvision.com

Filters	Source
Fitovers	NOIR, 800-521-9746
Solar Shield Ultra	Eschenbach, 800-487-5389 http://www.shoplowvision.com
Clip-ons: Sunshields (flip-up)	http://www.shoplowvision.com
Corning lenses (yellow, orange, amber)	Eschenbach, 800-487-5389

More detailed information on the American Academy of Ophthalmology web site at <http://www.aao.org/smartsight>.



SmartSight™ is a program of the American Academy of Ophthalmology
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