

The Visually Impaired Patient

**Satellite Conference
Wednesday, March 16, 2005
2:00-4:00 p.m. (Central Time)**

**Produced by the Alabama Department of Public Health
Alabama Public Health Training Network**

Faculty

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Objectives

- **List four major causes of vision loss and be familiar with how they affect vision.**
- **List at least five tips to help communication.**
- **Recognize and solve a variety of home safety issues.**

Cataract



Cataracts

- **Clouding of the lens behind the black pupil and colored iris.**
- **Degree of vision loss varies from mild to severe. Color vision flattens, halos around lights, glare problems. May affect either central or side vision or both.**

Macular Degeneration



Macular Degeneration

- Leading cause of vision loss for persons 65 years and older.
- Usually a progressive disease occurring over years.
- Only central vision is affected. Peripheral or side vision is not changed.

Macular Degeneration

- Affects fine detail vision such as close reading tasks and prevents facial recognition.
- Will not cause complete blindness.

Glaucoma



Glaucoma

- Most frequently occurs in persons over age 40 years.
- Results from a faulty drainage system for normally produced eye fluids. The result is increased eye pressures which damage eye structures with the result vision loss.
- Vision loss starts in the side vision and progresses into the central vision.

Glaucoma

- The result may be problems with mobility. Person may not be able to see objects from the side in one or all directions.
- May cause complete blindness.

Diabetic Retinopathy



Diabetic Retinopathy

- Side effect of elevated blood sugars with diabetes, which damages the small blood vessels in the back of the eye.
- Resulting vision may be spotty and may change from time to time, especially if vessels in the back of the eye are bleeding.
- Vision loss may affect detail vision and mobility vision.
- May cause complete blindness.

Communication Courtesies

- Tell the person who you are, do not assume they can see you.
- Treat a person with a disability with the same dignity and respect you would anyone else.
- Don't lower your standards or expectations.
- Talk in a normal tone of voice.

Communication Courtesies

- Do not talk down to the consumer, call them by name if possible.
- Don't assume anything about a disability.
- Ask permission before helping.
- Do not make assumptions.
- Tell the person you are leaving the room.

Home Safety Issues (Simplify the Environment)

- Never move any objects in the room without a consumer's knowledge.
- Keep counters and tables uncluttered.
- Remove non-rubber bottomed throw rugs in walkways. May use a rug under a coffee table or kitchen table to help identify glass top table location.

Home Safety Issues (Injury Prevention)

- To prevent injuries keep cupboard doors all the way closed or completely open against the other cupboard doors. Not half way open. Keep drawers closed including dishwasher doors.
- Use contrast tape on door sills.

Home Safety Issues (Injury Prevention)

- Use same tape as for door sills to mark top and bottom steps. Use color contrasting tape of a bright contrasting color to mark the beginning and end of hand railing. (Example: colored electrical tape)
- To improve visibility of the bath tub drape a dark colored bathmat over the side of the tub.

Home Safety Issues Consumer Mobility with the Assistance of the Caretaker

- Walk with the consumer holding your arm. If more support is necessary, give it from the side – always keeping one of your hands in front of the consumer.
 - Basic position: Consumer grasps guides arm with his hand just above the elbow.
 - Narrow passageways: Sighted person puts guide arm behind back so consumer can step behind.

Home Safety Issues Consumer Mobility with the Assistance of the Caretaker

- Reversing directions: Both people face each other then turn in new direction.
- Negotiating closed doors: Guide opens door and consumer closes door.
- Negotiating stairs: Guide pauses before ascending or descending the stairs. Consumer holds onto stair railing with non-guide hand.

Home Safety Issues Consumer Mobility with the Assistance of the Caretaker

- Stand directly in front of the consumer to help him from bed.
- Before seating the consumer, let him feel the seat with the back of both legs.

Promote Emotional Health (Isolation Prevention)

- Tell the consumer who else is in a room.
- Use talking books from the library for the blind, Newslines service, Radio Reading Service to keep the consumer in touch with what is going on in the world.

Promote Emotional Health (Isolation Prevention)

- Tape cassettes can be used to help the consumer keep in touch with family and friends when letter writing is no longer an option. Mailed cassettes can be marked free matter for the blind.
- Encourage consumer to form or participate in self-help groups with other visually impaired persons as a means to share experiences, concerns and successes. Even if it can only be by phone.

Adaptive Devices

Examples:

- Paper
- Pens
- Talking clocks
- Kitchen items

Community Resources

- 1. ADRS: Mobility Specialists, Vision Rehabilitation Therapists (Rehabilitation Teachers)**
- 2. National Agencies**
 - American Council Of The Blind**
 - National Federation Of The Blind**
 - American Foundation For the Blind**
 - LIGHTHOUSE International**

Upcoming Programs

**HIPAA: The Application of HIPAA to
ADPH Employees and Our Patients**

Wednesday, April 6, 2005

2:00-4:00 p.m. (Central Time)

This training is required for all ADPH staff members
in order for the department to be in compliance
with federal HIPAA requirements.

**For a complete listing of all upcoming
programs, www.adph.org/alphtn**