Living With Low Vision:

What you should know

National Eye Institute

National Eye Health Education Program
NEHEP
A program of the National Institutes of Health

NIH...Turning Discovery Into Health®

The National Eye Health Education Program (NEHEP) of the National Eye Institute (NEI) wants to show you how to live a fulfilling, healthy, and independent life with vision loss. This booklet will help you to better understand and live with low vision.

A companion video, entitled *Living With Low Vision: Stories of Hope and Independence*, is available online through the NEI Low Vision website (www.nei.nih.gov/lowvision) and YouTube page (www.youtube.com/user/neinih). The video will show you how vision rehabilitation can help you continue to enjoy life and live on your own.

NEI is one of the federal government's National Institutes of Health and is also the largest sponsor of vision research in the United States.

For more information about NEI and low vision, contact:

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What is low vision?

When you have low vision, eyeglasses, contact lenses, medicine, or surgery may not help. Activities like reading, shopping, cooking, writing, and watching TV may be hard to do.

In fact, millions of Americans lose some of their sight every year. While vision loss can affect anyone at any age, low vision is most common for those over age 65.

Low vision is usually caused by eye diseases or health conditions. Some of these include age-related macular degeneration (AMD), cataract, diabetes, and glaucoma. Eye injuries and birth defects are some other causes. Whatever the cause, lost vision cannot be restored. It can, however, be managed with proper treatment and vision rehabilitation.

You should visit an eye care professional if you experience any changes to your eyesight.

How do I know if I have low vision?

Below are some signs of low vision. Even when wearing your glasses or contact lenses, do you still have difficulty with—

- Recognizing the faces of family and friends?
- Reading, cooking, sewing, or fixing things around the house?
- Selecting and matching the color of your clothes?
- Seeing clearly with the lights on or feeling like they are dimmer than normal?
- Reading traffic signs or the names of stores?

These could all be early warning signs of vision loss or eye disease. The sooner vision loss or eye disease is detected by an eye care professional, the greater your chances of keeping your remaining vision.

How do I know when to get an eye exam?

Visit your eye care professional regularly for a comprehensive dilated eye exam. However, if you notice changes to your eyes or eyesight, visit your eye care professional right away!

Meet Erin, Joma, Lawrence, and Ruth

Erin, Joma, Lawrence, and Ruth all have vision loss, but available technology has helped them make use of their remaining vision. Now they can continue enjoying life and their everyday activities.

Erin's Story

Teri thought her daughter needed eyeglasses, but a visit to the eye care professional painted a much clearer picture.

Erin was three when she first started having trouble seeing from far away, but an eye exam showed that Erin couldn't see up close, either. After several tests, doctors discovered that Erin had *dominant optic nerve atrophy*—an eye disease where optic nerves are damaged and can't send correct visual information to the brain.

Shortly after the diagnosis, a vision rehabilitation team was called in to come up with a plan to help Erin. This team of optometrists, ophthalmologists, and other specialists tested many different low vision devices, but it was a special video magnifier that helped Erin the most.

Now Erin can read better in school, at home, in restaurants, and in stores. Teri describes the video magnifier as a "useful tool" that has opened up a whole new world for her daughter.

Joma's Story

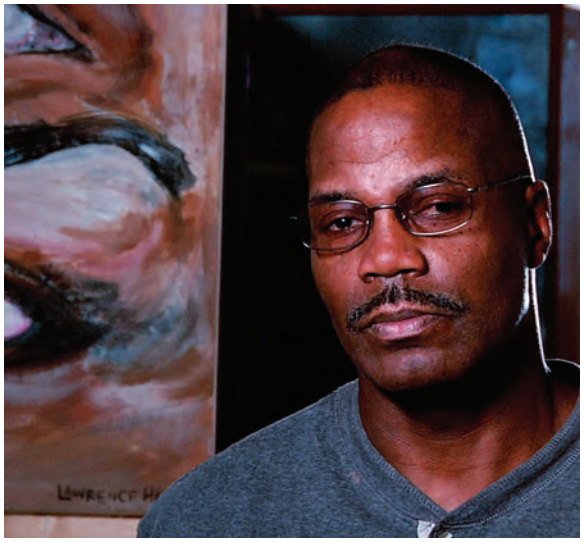
Despite his severe vision loss, Joma was determined to find a job.

To prepare, he first learned how to use adaptive technology, which can include things like specialized computer programs and video magnifiers. Next, he was placed in a four-week job readiness program that led to an internship. Finally, Joma landed a permanent position as a customer care associate at a call center.

Thanks to the help of vision rehabilitation services, Joma can move around the workplace with ease. Special magnification software on his work computer also helps, as it reverses colors on the screen and highlights the mouse cursor.

Overjoyed by his success in the workforce, Joma exclaimed, "I can't control my vision loss, but I can control how I live my life!"

Lawrence's Story



After 10 years in the Navy, Lawrence began losing his sight. Sadly, he also thought he'd lose his favorite pastime—painting.

When Lawrence was diagnosed with glaucoma, his vision was nearly gone. To learn how to make use of his remaining eyesight, he enrolled in a vision rehabilitation program where he was taught new ways to do certain tasks.

With the help of an orientation and mobility specialist, Lawrence learned how to move around safely in his home and how to travel by himself. Also, telescopic spectacles—an adaptive device attached to his glasses—help Lawrence to read and see the TV screen more clearly.

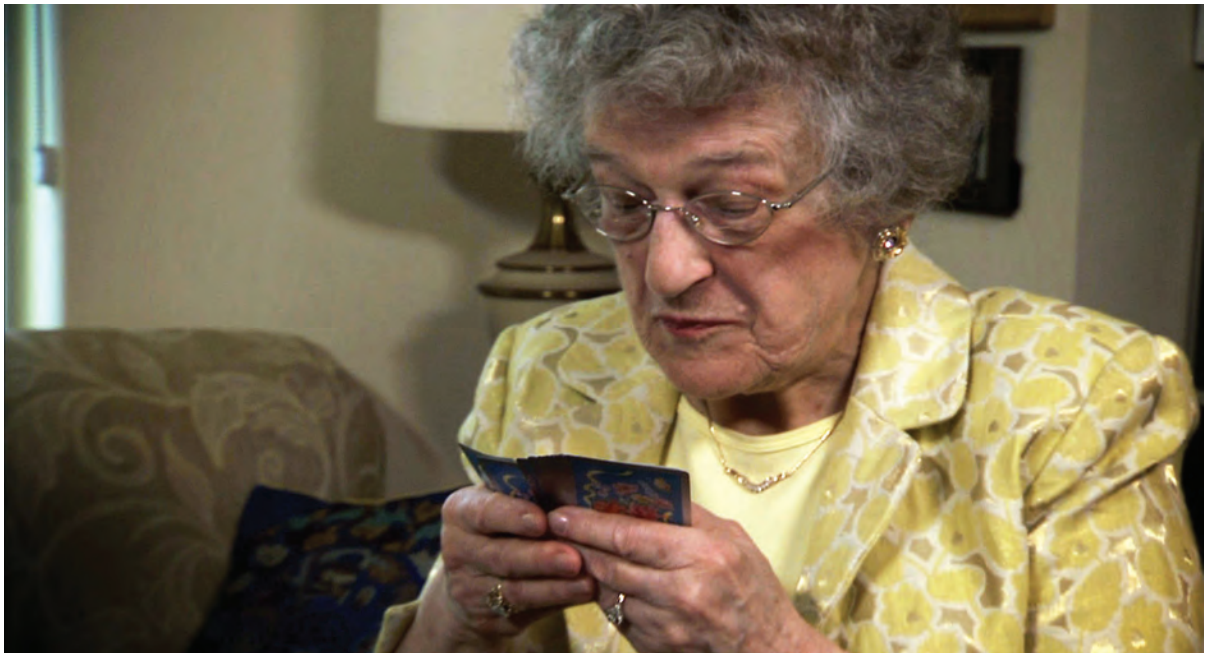
This Navy veteran could continue doing what he loved most, after all—painting. A head-mounted magnifier helps him to do the more detailed brushstrokes of his artwork. Rather than limit his activities, Lawrence viewed his vision loss as a challenge. "With your vision loss, you can continue on no matter what. You can still do it!" he says.

Ruth's Story

Ruth was on a mission.

She was losing her vision, but she wasn't going to lose her independence.

Ruth has AMD. She can't see as well as she used to, so she asked for help. Medicare paid for Ruth to have an occupational therapist come to her home. The therapist worked with Ruth to modify her home so she could do everyday things more safely and easily. The therapist taught Ruth how to move around without falling. She put "raised markings" on the stove, the microwave, and the washing machine to help Ruth cook and clean. And she even marked Ruth's prescriptions in the bathroom cabinet.



On most days now, you'll probably find Ruth playing her favorite card game—bridge—with large-print playing cards. Or you may find her painting with a special magnifying glass to help her choose colors. Wherever she is, Ruth is living with the freedom and happiness that she always enjoyed.

"Life goes on," Ruth remarked.

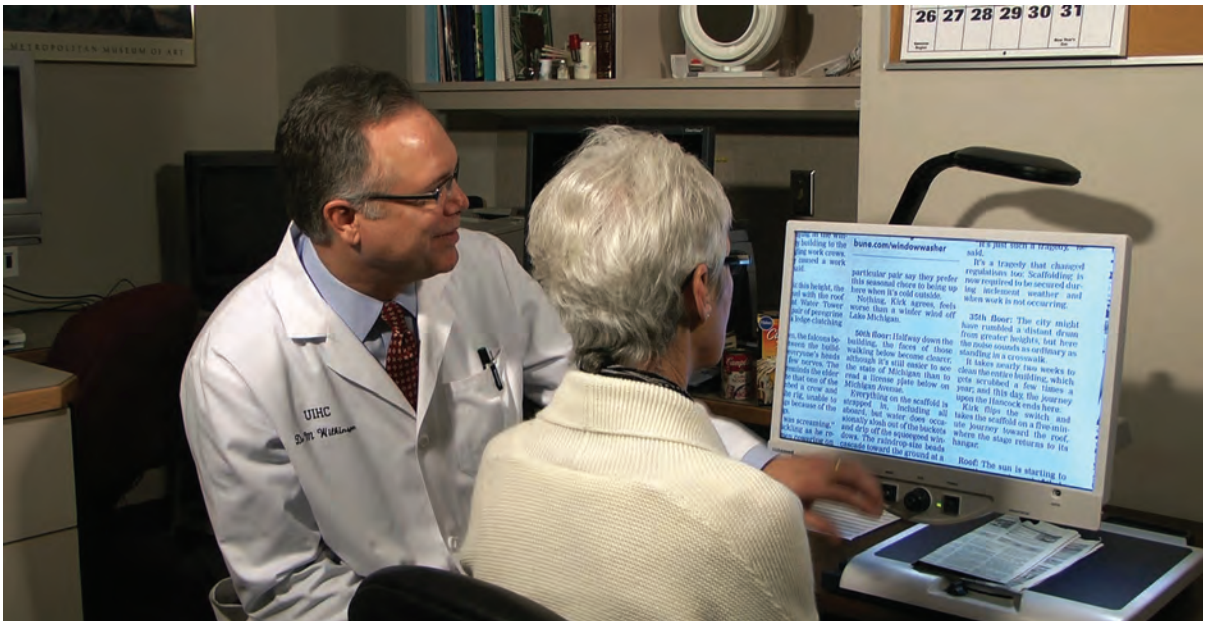
What can I do if I have low vision?

To cope with vision loss, you must first **have an excellent support team**. This team should include you, your primary eye care professional, and an optometrist or ophthalmologist specializing in low vision.

Occupational therapists, orientation and mobility specialists, certified low vision therapists, counselors, and social workers are also available to help.

Together, the low vision team can help you make the most of your remaining vision and maintain your independence.

Second, **talk with your eye care professional** about your vision problems. Even though it may be difficult, ask for help. Find out where you can



get more information about support services and adaptive devices. Also, find out which services and devices are best for you and which will give you the most independence. Remember, Erin, Joma, Lawrence, and Ruth each had different types of vision loss, but they all talked with their eye care professional and are now living fulfilling and independent lives.

Third, **ask about vision rehabilitation**, even if your eye care professional says that "nothing more can be done for your vision."

Vision rehabilitation programs offer a wide range of services, including training for magnifying and adaptive devices, ways to complete daily living skills safely and independently, guidance on modifying your home, and information on where

to locate resources and support to help you cope with your vision loss.

Medicare may cover part or all of a patient's occupational therapy, but the therapy must be ordered by a doctor and provided by a Medicare-approved healthcare provider. To see if you are eligible for Medicare-funded occupational therapy, call 1–800–MEDICARE or 1–800–633–4227.

Finally, **be persistent**. Remember that you are your best healthcare advocate. Explore your options, learn as much as you can, and keep asking questions about vision rehabilitation. In fact, write down questions to ask your doctor before your exam, and bring along a notepad to jot down answers.

There are many resources to help people with low vision, and many of these programs, devices, and technologies can help you maintain your normal, everyday way of life.

What questions should I ask my eye care team?

An important part of any doctor–patient relationship is effective communication. Here are some questions to ask your eye care professional or specialist in low vision to jumpstart the discussion about vision loss.

Questions to ask your eye care professional:

- What changes can I expect in my vision?
- Will my vision loss get worse? How much of my vision will I lose?
- Will regular eyeglasses improve my vision?

- What medical or surgical treatments are available for my condition?
- What can I do to protect or prolong my vision?
- Will diet, exercise, or other lifestyle changes help?
- If my vision can't be corrected, can you refer me to a specialist in low vision?
- Where can I get vision rehabilitation services?

Questions to ask your specialist in low vision:

- How can I continue my normal, routine activities?
- Are there resources to help me in my job?
- Will any special devices help me with daily activities like reading, sewing, cooking, or fixing things around the house?
- What training and services are available to help me live better and more safely with low vision?
- Where can I find individual or group support to cope with my vision loss?

Where can I go for more information?

For more information on low vision, visit the NEI Low Vision Website at www.nei.nih.gov/lowvision.

Glossary

Adaptive and Assistive Devices—Prescription and nonprescription devices that help people with low vision enhance their remaining vision. Some examples include magnifiers and telescopes, talking devices, and computer software.

Age-Related Macular Degeneration (AMD)—An eye disease that results in a loss of central, "straight-ahead" vision. AMD is the leading cause of vision loss in older Americans. It makes reading, seeing faces, and performing other daily living tasks difficult.

Cataract—A clouding of the lens. People with a cataract see through a haze. In a usually safe and successful surgery, the cloudy lens can be replaced with a plastic lens.

Diabetes—A chronic disease related to high blood sugar that may lead to vision loss (diabetic retinopathy).

Dominant Optic Nerve Atrophy—Hereditary damage to the optic nerve, resulting in a loss of vision.

Eye Care Professional—An optometrist or ophthalmologist.

Glaucoma—An eye disease that damages the optic nerve and leads to vision loss. Glaucoma affects peripheral, or side, vision.

Low Vision—A visual impairment, not corrected by standard eyeglasses, contact lenses, medication, or surgery, which interferes with the ability to perform everyday activities.

Low Vision Therapist—A vision rehabilitation professional who trains people with low vision to use optical and nonoptical devices and adaptive techniques to make the most of their remaining vision.

Ophthalmologist—A medical doctor who diagnoses and treats all diseases and disorders of the eye and prescribes glasses and contact lenses.

Occupational Therapist—A rehabilitation professional who works with persons with disabilities, including low vision, to complete the everyday activities that they need for independence and quality of life.

Optometrist—An independent primary eye care provider who prescribes glasses and contact lenses, and diagnoses and treats certain conditions and diseases of the eye.

Orientation and Mobility Specialist—A vision rehabilitation professional who trains people with low vision to move about safely in the home and travel by themselves.

Specialist in Low Vision—An ophthalmologist or optometrist who specializes in the evaluation of low vision. This professional prescribes magnifying devices.

Vision Rehabilitation Therapists (VRTs)—Professionals who teach adaptive independent-living skills, enabling adults who are blind or have low vision to confidently perform a range of daily activities.

Notes

Notes

To learn more about low vision, the benefits of vision rehabilitation, and the individuals featured in this booklet, visit www.nei.nih.gov/lowvision.

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