SMARTSIGHT™ – Patient Handout
An American Academy of Ophthalmology Initiative in Vision Rehabilitation

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MAKING THE MOST OF REMAINING VISION
Is it difficult to read newspapers and price tags, set dials or manage glare? If so, SmartSight™ information can help with tips about the tools, techniques, and resources of vision rehabilitation. Losing vision does not mean giving up your activities, but it does mean applying new ways of doing them.

Patterns of Vision and Vision Loss
◆ **Central vision** is the detailed vision we use when we look directly at something. Age-related macular degeneration (AMD) affects central vision.

◆ **Peripheral vision** is the less-detailed vision we use to see everything to the sides. Glaucoma affects peripheral vision first. Strokes can affect one side of the peripheral vision.

◆ **Contrast sensitivity** is the ability to distinguish between objects of similar shades such as coffee in a black cup or facial features. All eye problems can decrease contrast sensitivity.
The Experience of Vision Loss

It is always a shock to learn that your vision loss is irreversible. It is important to acknowledge the loss, anger or frustration you may feel, get help working through these feelings, and apply the strategies of vision rehabilitation in order to stay active to avoid isolation and depression, which may appear to you as fatigue or lack of interest. If depression occurs, address it with treatment and counseling. A support group can help you recognize that your value to yourself and others does not depend on your vision. You are worth the effort to make the most of your remaining vision.

The Phantom Visions: Charles Bonnet Syndrome

About 25% of people with vision loss see lifelike images they know are not real. This is called Charles Bonnet syndrome. It is not a loss of mental capacity but just part of vision loss for some. If there are additional neurological problems, the hallucinations may be due to other diseases.

Making the Most of Remaining Vision

The following practical suggestions help many patients.

*Use Your “Next-Best Spot”*

When the center of your vision is obscured by a blind spot (scotoma), you use more peripheral vision in which you may find your "next best spot" (preferred retinal locus, or PRL). Most patients find this automatically, but many may benefit from training to use the spot more effectively.
**Make Things Brighter**

- *Improve lighting.* Use a lamp directed toward your task. Carry a penlight.
- *Reduce glare.* Indoors you can cover tables and shiny counters. Many wear yellow clip-on or fit-over glasses. Outdoors, try dark plum or amber glasses and visors.
- *Increase contrast.* Use a black ink gel or felt pen, not a ballpoint. Draw a dark line where you need to sign. Use a white cup for coffee.

**Make Things Bigger**

- *Move closer.* Sit close to the TV and at the front for performances.
- *Enlarge.* Get large-print playing cards, bingo cards, crosswords, checks, TV remotes, calendars, keyboards, and books.
- *Magnify.* Magnifiers are available in many powers and types that are suited to individual needs and to different tasks. There are hand-held magnifiers, stand magnifiers, video camera magnifiers, magnifiers using the cameras in cell phones, and a magnifier computer mouse.

**Organize**

Designate particular spots to place your keys and wallet and for items in your refrigerator. Minimize clutter. Keep black clothes in a separate area from blue ones.

**Label**

Mark thermostats and dials with high-contrast markers and label medications with markers or rubber bands.
Substituting: Let’s Hear It for Ears!

There are many free audio books and magazines available. You can purchase talking watches, glucometers, and memo recorders. You can change text on a computer monitor to an audio presentation.

Participating

Don’t isolate yourself. Keep your social group, volunteer job, or golf game. It might require lighting, large-print cards, a magnifier, a ride, or someone to help you, but ask for the help you need. There is nothing independent about staying home to avoid asking for help.

Driving

Pick your times and consider using a GPS or tinted lenses. Ask yourself: Do cars appear unexpectedly? Do drivers honk at you? Are you having fender-benders? If the answer is yes, consider an on-road driving assessment, driving rehabilitation, or the following transportation alternatives.

Transportation Alternatives: Be Creative!

Hire a driver, arrange for a taxi, buy gas for a friend who drives, or use senior or public transit. Try a three-wheel bike or battery-powered scooter at walking speed. Walk if you are able. Set the pace for your peers by using these alternatives now. The future will offer even more solutions.
Vision Rehabilitation

A low vision evaluation and rehabilitation training can help you make the most of your vision. Ask providers if their services include the following:

◆ A low vision evaluation by an ophthalmologist or optometrist.
◆ Advice about devices. Are some devices loaned before purchase or returnable?
◆ Rehabilitation training for reading, writing, shopping, cooking, lighting, and glare control.
◆ Home assessment, mobility training, information about support groups.
◆ Are services free, or billed to Medicare or other insurances? If not, what is the charge? Medicare covers services provided by licensed health care providers, such as occupational therapists, but it does not cover devices. Be a smart consumer and remember that a vendor's job is to sell you something. Consult family or friends you trust before you make expensive purchases.

Advice for Family and Friends

Your loved one with vision loss needs to be empowered to do as much as possible independently. Recognize the challenge of vision loss and don’t take over their tasks. Instead, help identify the adjustments they need to make to maximize their independence.
RESOURCES

Audio digital books, magazines, and textbooks:

- Public libraries
- Learning Ally, www.learningally.org

Large-print books, newspapers, and checks:

- Public libraries
- Checks/registers: your bank or check catalog
- eReaders

Large-print materials – crosswords, bingo cards, address books, calendars:

Shoplowvision: 1-800-826-4200, www.shoplowvision.com
Perkins Products: www.perkins.org/store/about/perkins-products-brand.html

Computer enlargement:
Accessibility features built into your computer,
www.microsoft.com/enable/products/default.aspx
www.apple.com/accessibility/

Video magnifiers:
List of vendors provided by the American Foundation for the Blind,
www.afb.org/ProdBrowseCatResults.asp?CatID=53

Other:
Accessible cell phones, www.accessiblephones.com
Accessible GPS, http://senderogroup.com

National organizations for support, information, and research updates:
American Foundation for the Blind: 1-800-AFB-LINE (1-800-232-5463), www.afb.org
American Occupational Therapy Association (AOTA), www.aota.org
American Macular Degeneration Foundation, www.macular.org
Association for Macular Diseases, www.macula.org
Centers for Disease Control and Prevention (CDC):
  • Vision Health Initiative (VHI), www.cdc.gov/visionhealth
Glaucoma Research Foundation: 1-800-826-6693, www.glaucoma.org
Hadley School for the Blind online courses: 1-800-323-4238, www.hadley.edu
MD Support (listing of support groups): 816-761-7080 (toll call), www.mdsupport.org
◆ National Eye Institute, www.nei.nih.gov
◆ Vision Aware, www.visionaware.org

Self-Help Books:

Eligible Veterans:

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