

Transcript and Description of American Academy of Ophthalmology Low Vision Video

Description: Video opens with a screen that says: "Low Vision--Vision Loss that cannot be corrected and interferes with activities. VA less than 20/40, scotoma, field loss, or contrast sensitivity loss."

Screen shot of David W. Parke, MD., CEO, American Academy of Ophthalmology speaking as follows:

David W. Parke, MD: "One of the things that we can do as ophthalmologists is to realize the importance of referral for vision rehabilitation for any patient, who is starting to lose their vision. And it's most effective when we do this early in their vision loss. At a time when they can really begin to involve themselves in the vision rehabilitation process. Vision rehabilitation is now the standard of care for patients who are losing their vision. This is something that all of us as ophthalmologists should keep in mind every day in our offices."

Description: Screen cuts to picture of eye chart that says, "There is something you can do. Refer patients to vision rehabilitation early."

Description: Screen cuts to a woman walking. Then a shot of her face. She starts to speak as follows:

Lara Freidenfelds: "I have a pretty profound distortion of my visual field. (Screen shows her walking simulating distorted view of street. Then cuts to her sitting in eye exam room while talking.) The doctors I had seen were not asking me what I was seeing. So we just miscommunicated for a year and a half, really. If I had been referred a year and a half ago when I had the problem, originally, I could have spared myself a year and a half of exhaustion and my kids (screen shows picture of her with her two sons and husband) worrying about me and my husband trying to figure out how to make it okay."

Male Speaker: "Let's go and take a look." (screen shows doctor looking in Lara's eyes)

Roy Chuck, MD, Ph.D., Chairman, Department of Ophthalmology, Montefiore Einstein: "As ophthalmologists, traditionally, we're trained to cure disease, to make vision better." (description: head shot of Dr. Chuck talking.)

Ophthalmologist (talking to Lara while conducting exam): "Look down."

Roy Chuck, MD (description: headshot of Dr. Chuck talking): "Oftentimes, when we run into patients who are losing their vision, it's almost a sign of defeat or at least traditionally, it's been

that. And we try our best with all the modern technology that's out there to make vision better. But, sometimes, we can't."

Male Ophthalmologist (description: Doctor talking to male patient while conducting eye exam): "So, how are you seeing?"

Male Patient (description: patient in exam chair): "It's getting worse. It's getting worse."

Roy Chuck (description: head shot of Dr. Chuck talking): "We need to concentrate more on continuing and maintaining what the patient already has. And that's a shift in thinking to focus beyond the eye."

Jack A. Cioffi, MD, Chairman, Department of Ophthalmology, Columbia University (description: headshot of Dr. Cioffi talking; screen cuts to him conducting eye exam of male patient): "The entire spectrum of disease, of eye disease, can be helped with vision rehab. So, it covers a spectrum of disease from glaucoma to cataracts, early macular degeneration, late macular degeneration, inherited diseases, degenerative diseases, every form of vision loss, mild to extensive, patients benefit."

Roy Chuck, MD (description: headshot of Dr. Chuck talking; cuts to close-up of article he is reading, "Editorial: Preservation of Vision or Prevention of Blindness?" by August Colenbrander, MD. Then screen cuts to picture two women resident ophthalmologists walking in corridor.): "Our specialty has taken the stance that low vision care is standard of practice and in fact we've made it a standard part of our teaching programs for our residents. They are required to understand and to deliver low vision care to the extent that they can and to refer appropriately to low vision specialists when needed."

Laura Sperazza, OD (description: Dr. Sperazza talks to Lara while two women residents stand by): "So, basically I reviewed the vision field that we took for you and based on your symptoms of loss of visual field on the left side, it's very consistent."

Priya Mathews, MD, MPH, Ophthalmology Resident, Columbia University (description: head shot of Dr. Mathews speaking; screen cuts to DR. Sperrazza examining patient): "I was quite frankly shocked. I remember my first visit watching Dr. Sperazza with a patient. She took close to an hour with that patient going really in-depth."

Aakriti Garg, MD, Ophthalmology Resident Columbia University (description: head shot of Dr. Garg speaking): "Before I got here, I thought that it was only patients with advanced disease who were sent out here as kind of a last resort. We have nowhere else to send them, no other medicines to give them. But, in fact, it's not like that at all."

Inna Babaeva, Occupational Therapist, Lighthouse Guild (description: Inna talks to Lara while residents observe Lara finding large print numbers and letters on wall of exam room) "Our next exercise we're going to do, it's finding the object which will be the lateral number."

Lara: "Okay."

Aakriti Garg (Dr. Garg speaks while Lara moves around room locating numbers): "And they can get started in learning how to compensate very early on in their vision loss while they're still able to see. If they can learn how to move around in their world, then, perhaps, later on as their disease progresses, they'll be able to compensate much better."

Female Speaker (description: trainer talks with Lara while showing her how to make her tablet accessible with voice over, zoom, color inversion): "So, you can literally reconfigure your entire tablet from your house to be completely customized to you."

Jack A. Cioffi, MD (description: Dr. Cioffi speaking while shots of operating room and Dr. Sperazza talking to patient are shown in background): "We work in teams now. I think, most medicines delivered in a team. For ophthalmologists, I mean doing a surgery for a particular disease and then coupling with vision rehabilitation to maximize the patient's performance."

Laura Sperazza, OD, Director of Low Vision Services, Lighthouse Guild (description: talks while picture of male scanning grocery and pharmacy shelves): "A patient with any sight loss who's having any difficulty functioning, no matter what the level, needs to be addressed by a low vision specialist."

Joseph Lovett, Filmmaker, low vision patient (talks while standing on edge of set of steps, then walking down the steps, holding onto railing): "In my very first low vision session, I was taught to look down until I saw my feet so that my brain would know where my feet were and I do very little stumbling since then. It is pretty amazing."

Donald C. Fletcher, MD, Director, Frank Stein and Paul S. May Center for Low Vision Rehabilitation (description: doctor working with patient on reading baseball scores using direct lighting): "I'm an ophthalmologist. I specialize in ophthalmology in eye surgery."

Donald C. Fletcher, MD: "Here's the white light."

Donald C. Fletcher, MD: "I was distressed by how often I found myself saying, 'I'm sorry. That's all I can do for you.' Out of that frustration, I actually decided to do further training in low vision rehabilitation. I fell in love with it and realized there was a lot could be done that I've been missing previously."

Robert Popper, MD, Pediatric Cardiologist, Macular Degeneration Patient (description: headshot of Dr. Popper while talking): "I've first developed signs of macular degeneration five years ago."

Donald C. Fletcher, MD (description: images of scotomas or blind spots showing in background): "Most patients with macular disease, also have blind spots in their vision. And these scotomas make reading very difficult. Because part of the word, part of the letter may disappear. So, by enhancing their vision, making it larger with magnification (description: picture of electronic magnification showing in background), making the contrast better, increasing illumination, it makes it possible for individuals to see the letters they were not able to see previously."

Robert Popper: "I just needed to be told what to do. My reading abilities have become much easier and less frustrating" (description: Popper using lighted magnifier to read.)

Priya Mathews, MD (description: in background child using desktop video magnifier and another individual using portable electronic magnifier; camera cuts to Dr. Sperazza, Lara, and trainer showing Lara large computer screen): "Low vision rehab makes us excited that we have something we can offer our patients. We're able to say, 'Okay, maybe we've done everything we can at this moment for you but we have another team that will help us improve your quality of life.'"

Lara (description: Lara learning about computer and zoom technology): "It has been great. Mostly just realizing that they have so many ideas here. This is really gonna be more comfortable for me and pretty quickly too."

Donald C. Fletcher, M.D. (description: Dr. Fletcher talking while shots of patient using computer and reading in background): "If I can't totally cure their problem, am I still interested in their quality of life? I hope the answer is going to be a yes. So, I insist that they participate in rehabilitation."

Robert Popper (wearing low vision spectacles): "It really makes all the difference in the world."

David W. Parke, M.D. (headshot of Dr. Parke speaking): "We have the opportunity to change these lives by getting these patients into a vision rehabilitation process earlier and earlier. This is now the standard of care."

Video closes with slide saying: "What to do for your low vision patient? Refer to your local vision rehabilitation clinic. Let your techs refer. If you are not aware of a low vision rehabilitation clinic or need more information, you can find national resources at: aao.org/low-vision."

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