



# EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

## LOW VISION

Effective March 1, 2015

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# Low Vision Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on the assessment, diagnosis, treatment, co-management, on-going independent management and referral of low vision patients. It is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

A low vision patient is defined as a patient who has functional limitation of the eye(s) and/or visual system. This may include reduced visual acuity or contrast sensitivity, visual field defects, photophobia, diplopia, perceptual difficulties, or any combination of the above. Low vision can result from congenital, hereditary or acquired disorders. It can interfere with ones ability to function independently and limit activities of daily living. Some difficulties may include, but are not limited to, loss of the ability to read standard sized print, inability to drive, difficulty with work-related or leisure activities, and the inability to recognize faces.

Low vision aids are considered to be medical devices that must be properly fitted and maintained in order to achieve clear, comfortable and healthy vision. They are used to provide:

- Correction of refractive, binocular, genetic, acquired, ocular health and general health vision anomalies
- Enhancement of a patient's quality of life.

As many factors may influence the possibility of successful low vision correction; it is incumbent on all optometrists to refer or perform the necessary tests that will allow them to select, educate and fit patients in an appropriate manner.

## Goals

**It is the goal of every optometrist to:**

- 1. Identify those patients who may benefit from low vision aids as a form of treatment.**
- 2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:**
  - **Increase access to competent vision care services,**
  - **Maximize a patient's visual status and quality of life,**
  - **Improve patient compliance and outcomes,**
  - **Reduce the possibility of duplication of tests and services,**  
**and,**
  - **Provide vision care services in the most efficient and effective manner.**

## **General Guidelines**

- 1. When deemed therapeutically beneficial for the patient, the suitability of low vision aids as a form of correction for the patient should be considered.**
- 2. The patient's refraction, achievable acuity, visual field, binocular status, ocular and physical health, mental status, occupational requirements, leisure requirements, wearing environment, condition stability and other findings must be considered when determining the most appropriate form of low vision aid correction.**
- 3. Optometrists who do not provide this type of optometric care must refer patients who require low vision examination and treatment to an appropriately trained optometrist, ophthalmologist or low vision clinic.**
- 4. Optometrists shall communicate with other professionals and organizations involved with the patient's care (such as CNIB, orientation and mobility instructors, ophthalmologists, etc.) as per Section 1.8 of the ACO Standards of Practice.**

## **Specific Guidelines**

- 1. The most appropriate low vision aid can only be determined after performing additional specialized services following completion of a comprehensive eye examination.**
- 2. When a patient requests their low vision examination, dispensing and instruction occur inside the optometrist's office and the optometrist agrees to provide these services, the optometrist must:**
  - Maintain in a hygienic manner the additional low vision assessment equipment as detailed in GL-1.1.4e.**
  - After determining the most appropriate electronic, optical and/or non-optical low vision aids; educate the patient and/or legal guardian on their low vision aid choices along with the accompanying benefits and challenges of each choice.**
  - Explain the costs involved in the examination, fitting, dispensing and instruction of a low vision aid in advance of providing the services and allow the patient and/or legal guardian to decide on whether to continue.**
  - Demonstrate and instruct the patient in the use and proper maintenance of the low vision device.**
  - Evaluate, monitor and recommend alternative low vision devices as necessary.**

- 3. When a patient requests their low vision examination, dispensing or instruction occur from another source, the optometrist shall:**
  - **Respect the patient's choice of provider for their low vision aid.**
  - **Inform the patient and/or legal guardian of costs associated with services performed on low vision aids purchased elsewhere. These services may include: verification, instruction in the use, adjustment or repair of low vision aids purchased and dispensed from another source.**
  
- 4. Optometrists who provide, examination, demonstration, fitting and instruction for low vision patients as part of a multi-disciplinary team shall communicate and coordinate care with patients, parents, legal guardians, orientation and mobility instructors, classroom teachers, special education teachers, other health care practitioners and other low vision organizations to ensure maximum opportunity for proper correction and improvement.**