

# Training for Job Placement Providers to Assist Individuals with Vision Loss Find Employment

SESSION #2

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# Overview

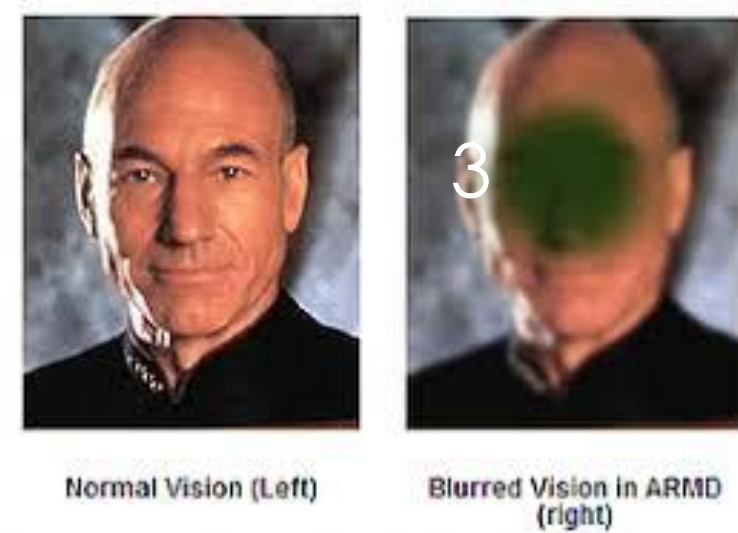
- ▶ Common Eye Diseases
  - ▶ Symptoms
  - ▶ What to do
  - ▶ What to look for
- ▶ Handouts –
  - ▶ Common eye diseases and what to do
  - ▶ General Things to Do to Accommodate

**\*Listen for code words. Email Kellie with code words for Certificate of Attendance.**

\*Please put questions into the chat box & make sure to mute yourself.

# Macular Degeneration (ARMD)

- ▶ Affects central vision.
- ▶ May complain of central areas of blurriness, distortions, or fracturing of straight edges, making them appear wavy.
- ▶ Central areas may appear grey to black, may have no central vision, or colors may appear muted.
- ▶ Symptoms may progress very slowly or very quickly - overnight.
- ▶ Problems reading, recognizing others, or seeing details.



# Macular Degeneration: What to Do

- ▶ Improve contrast for all viewing situations
- ▶ Get close to whatever needs to be seen
- ▶ Limit light sources
- ▶ Back to windows or shade windows
- ▶ Evaluate lighting
- ▶ Control glare
- ▶ Wear a hat and use sunglasses

# Macular Degeneration: What to Do cont'd

- ▶ Eccentric viewing
- ▶ Increase size and boldness. Space letters and words apart.
- ▶ Magnification is usually useful.
- ▶ Use a reading stand.
- ▶ Bold pens and bold-line paper.
- ▶ Use “Set-Down Place”

# Macular Degeneration cont'd

- ▶ Telescope for distance viewing.
- ▶ Writing guides.
- ▶ Recorder for notes.
- ▶ Use a talking clock or watch for the time.

# Glaucoma

- ▶ Caused by increased pressure in the eye.
- ▶ Complain of loss of peripheral view.
- ▶ Spots or patches of loss anywhere in their field of view.
- ▶ Can startle easily with things approaching from the side.
- ▶ It can develop so slowly it is undetectable or extremely fast within minutes.
- ▶ May have trouble with steps and curbs.



# Glaucoma: What to Do

- ▶ Deal with light sensitivity.
- ▶ Evaluate lighting.
- ▶ Assure good contrast in all situations.
- ▶ Bold pens and bold-line paper may be easier to see.
- ▶ Magnification may help.
- ▶ Client may benefit from scanning.
- ▶ Telescope for distance viewing may be easier.
- ▶ In advanced cases, client may need non-visual techniques.



# Retinal detachment, tears, & holes

- ▶ Slow to sudden vision loss, dark spots, increase in floaters (or cobwebs), or light flashes.
- ▶ What to Do:
  - ▶ Assure they can travel safely.
  - ▶ Eccentric viewing may help.
  - ▶ Control glare and light sensitivity.
  - ▶ In advanced cases, client may need non-visual techniques.



Questions???

# Retinitis Pigmentosa (RP)

11

- ▶ A hereditary disease that causes peripheral retinal cells to function poorly or not at all.
- ▶ Causes night blindness and tunnel vision.
- ▶ Generally progresses slowly from peripheral loss to central loss over several years, and can eventually take all vision.
- ▶ Generally impacts both eyes.
- ▶ Can startle easily with things approaching from the side.



# Retinitis Pigmentosa: What to Do

- ▶ Assure good resolution with print, pictures, monitors, and other screens.
- ▶ Develop good contrast.
- ▶ May benefit from brightening the light.
- ▶ May benefit from reducing size of print.
- ▶ For distance, try a telescope backwards.
- ▶ Use scanning, tracing, and tracking techniques.

# Retinitis Pigmentosa: What to Do cont'd

- ▶ Headlamp for night travel. Try yellow sunglasses for darker days, dusk, and dawn.
- ▶ Use other colors during the day for light sensitivity.
- ▶ In advanced cases, client may need non-visual techniques.

# Diabetic Retinopathy

14

- ▶ Caused by uncontrolled blood sugar levels in diabetics.
- ▶ Complain of blind spots, spider-webbing, general blurriness, floaters, or loss of color or central vision.
- ▶ Can be a sudden onset or occur over several years.
- ▶ Can cause total blindness.



# Diabetic Retinopathy: What to Do

- ▶ Assure good screen resolution and improve general contrast.
- ▶ May benefit from adjusting the light brightness, proximity, and direction.
- ▶ Control glare and wear a hat.
- ▶ Use sunglasses for light sensitivity.
- ▶ Stand, lighted magnifiers or electronic magnification may help.
- ▶ Try enlarging size and increasing boldness of print.

# Diabetic Retinopathy: What to Do cont'd

- ▶ Try a telescope.
- ▶ May need scanning techniques for field losses.
- ▶ Expect fluctuating vision.
- ▶ Headlamp for night travel to illuminate their path.
- ▶ Assure they are keeping their blood glucose levels at the level recommended by their doctor.
- ▶ For advanced cases, client may need non-visual techniques.



# Retinopathy of Prematurity (ROP)

17

- ▶ ROP, to some extent, affects about  $\frac{1}{2}$  of children born prematurely according to Boston Children's Hospital.
- ▶ Eye problems may result:
  - ▶ nystagmus (jerky, uncontrolled eye movement)
  - ▶ strabismus (improper alignment of the eyes)
  - ▶ amblyopia (the brain chooses to use one eye over the other)
  - ▶ anisometropia (eyes do not focus equally)
  - ▶ myopia (nearsightedness)



# Retinopathy of Prematurity (ROP): What to Do

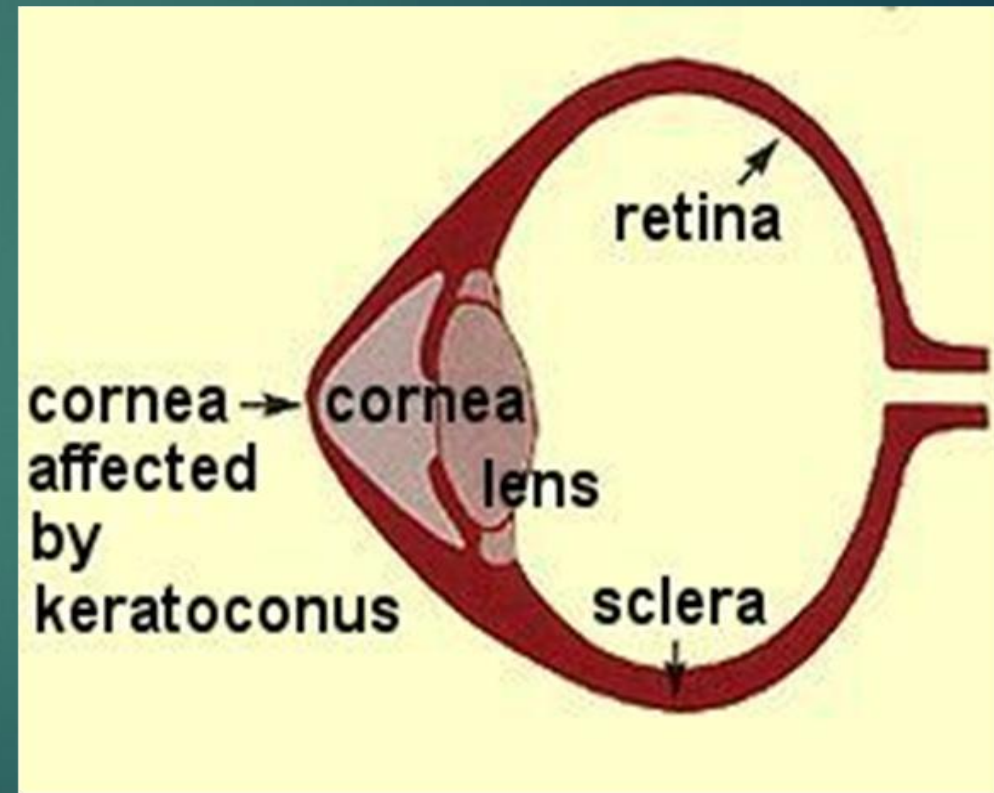
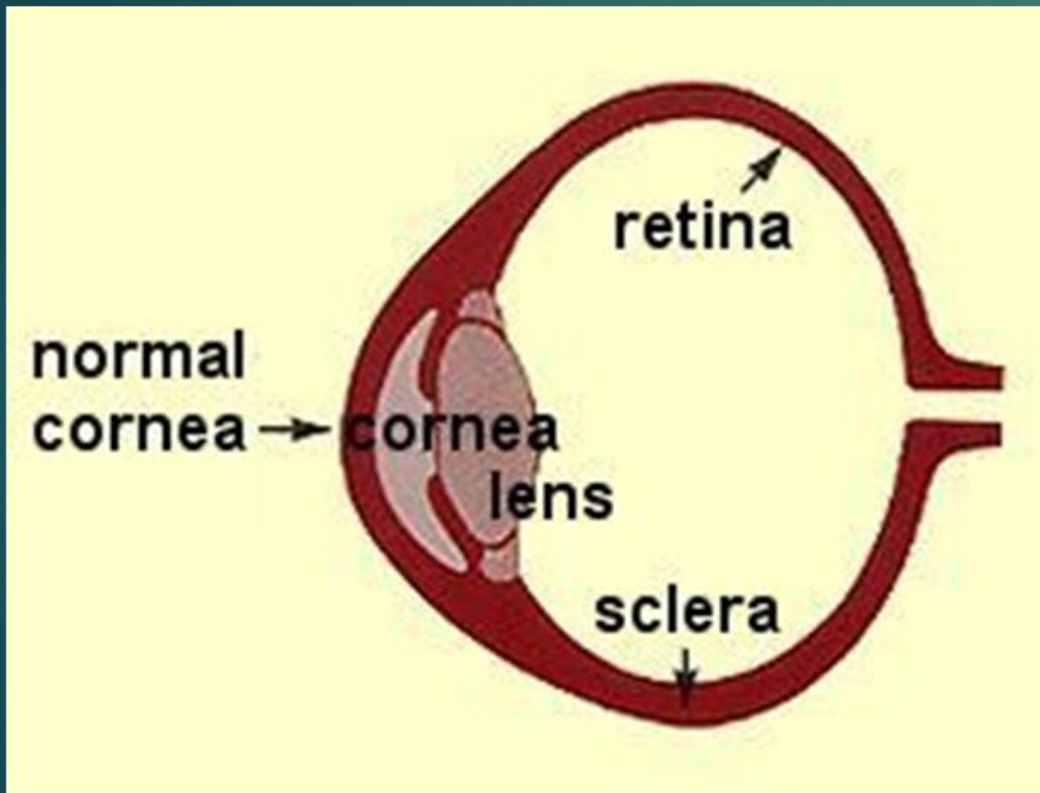
- ▶ Assure good resolution to screens and monitors.
- ▶ Develop good contrast.
- ▶ May benefit from adjusting the light (brighter or dimmer) and check light direction.
- ▶ Check desired proximity to viewed objects.
- ▶ May benefit from reduced or enlarged size of print or electronic magnification.

# Retinopathy of Prematurity (ROP): What to Do cont'd

- ▶ Try a telescope.
- ▶ Use scanning, tracing, and tracking techniques.
- ▶ Use colored sunglasses during the day for light sensitivity and wear a hat.
- ▶ For advanced cases, client may need non-visual techniques.

Questions???

# Keratoconus



# Keratoconus

- ▶ Keratoconus is caused by increased internal eye pressure and/or a weakened or thinned cornea, which creates conical bulging of the cornea.
- ▶ The pressure in the eye pushes on the weakest spot (cornea) bulging the cornea forward.
- ▶ Generally, it progresses slowly and causes blurriness to the view.
- ▶ In the earlier stages, correction may prove valuable.
- ▶ As Keratoconus progresses, correction may no longer help and the client may need medical restoration.

# Keratoconus: What to Do

- ▶ Control light brightness (may need dimmer light) and check light direction.
- ▶ Block direct light to the eyes (from forward and up slightly).
- ▶ Control glare and light sensitivity using hat and sunglasses.
- ▶ Develop good contrast.
- ▶ Get close to the viewed object.

# Keratoconus: What to Do cont'd

- ▶ May benefit from magnification and print enlargement.
- ▶ For advanced cases, client may need non-visual techniques.



# Hemianopsia (Hemianopia)

- ▶ Most commonly caused by a stroke, but can be caused by trauma, tumors, or other brain injuries or infections.
- ▶ It usually affects only one side of the brain, and there is vision loss on only one half of the visual field. Each eye has a right half field and a left half field. The loss from hemianopsia is usually the same side of visual field in each eye.
- ▶ May also include: paralysis or loss of sensation on one side, forgetfulness, learning difficulties, and other TBI symptoms.
- ▶ Occasionally, hemianopsia is accompanied by “Neglect”, which is the lack of any awareness of the presence of any objects outside the remaining visual field.

# Hemianopsia (Hemianopia): What to Do

- ▶ Review light brightness and direction.
- ▶ Control glare and develop contrast.
- ▶ Block direct light.
- ▶ Scanning is very important to account for “neglect”.
- ▶ Tracing and tracking may be valuable.
- ▶ Place important items within their field of view.



# Hemianopsia (Hemianopia): What to Do cont'd

- ▶ Develop specific places for all needed objects and assure everything is put in its place when not in use.
- ▶ For advanced cases, client may need non-visual techniques.

# Are you currently working with someone that may have undiagnosed vision loss?

- ▶ What to look for:
  - ▶ New or increased problems focusing
  - ▶ Squinting
  - ▶ Headaches
  - ▶ Eye fatigue
  - ▶ Dizziness
  - ▶ Balance problems
  - ▶ Nausea
  - ▶ Getting close to items, such as computer screen and printed materials
- ▶ If YES to any of the above, speak with an SBVI Counselor.

Questions???

# Next Session:

- ▶ Courtesies
- ▶ Aids and devices
- ▶ Manipulating the working environment
- ▶ Orientation & Mobility
- ▶ Barriers
  
- ▶ Thank you!
  - ▶ Bob and Kellie with the SD Rehabilitation Center for the Blind

**\* Email Kellie at [Kellie.Hauglid@state.sd.us](mailto:Kellie.Hauglid@state.sd.us) with code words for Certificate of Attendance.**