



Complete Summary

GUIDELINE TITLE

Care of the patient with low vision.

BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with low vision. St. Louis (MO): American Optometric Association; 1997. 72 p. (Optometric clinical practice guideline; no. 14). [111 references]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Visual impairment (low vision)

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management

CLINICAL SPECIALTY

Optometry

INTENDED USERS

Health Plans
Optometrists

GUIDELINE OBJECTIVE(S)

- To identify patients with visual impairment who might benefit from low vision care and rehabilitation
- To evaluate visual functioning of a compromised visual system effectively
- To emphasize the need for comprehensive assessment of patients with impaired vision and referral to and interaction with other appropriate professionals
- To maintain and improve the quality of care rendered to visually impaired patients
- To inform and educate other health care practitioners and the lay public regarding the availability of vision rehabilitation services
- To increase access to low vision care and rehabilitation for patients with visual impairment, thereby improving their quality of life

TARGET POPULATION

Patients with visual impairment

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Patient History
2. Ocular Examination
 - Visual Acuity
 - Refraction
 - Ocular Motility and Binocular Vision Assessment
 - Visual Field Assessment
 - Ocular Health Assessment
3. Supplemental Testing

Treatment

1. Optical and nonoptical aids to enhance visual abilities
2. Training in the use of residual vision and/or use of optical devices
3. Counseling and referral for other services

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches using the National Library of Medicine's Medline database and the VisionNet database.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Reference Guide for Clinicians was reviewed by the American Optometric Association (AOA) Clinical Guidelines Coordinating Committee and approved by the AOA Board of Trustees.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Potential Components of the Comprehensive Examination of the Patient with Low Vision

- A. Patient History
 - 1. Nature of the presenting problem, including diagnosis, visual difficulties, and chief complaint
 - 2. Visual and ocular history, including family ocular history
 - 3. General health history, pertinent review of systems, family medical history
 - 4. Medication usage and medication allergies
 - 5. Social history
 - 6. Vocational, educational, and avocational vision requirements (i.e., needs assessment)
- B. Visual Acuity
 - 1. Distance visual acuity testing
 - 2. Near visual acuity testing
- C. Refraction
 - 1. Objective refraction
 - 2. Subjective refraction
 - 3. Assessment of present spectacles and low vision devices
- D. Ocular Motility and Binocular Vision Assessment
 - 1. Gross assessment of ocular alignment
 - 2. Sensorimotor testing
 - 3. Amsler grid testing, monocular and binocular
 - 4. Contrast sensitivity testing, monocular and binocular
 - 5. Effects of lenses, prisms, or occlusion on visual functioning
- E. Visual Field Assessment
 - 1. Confrontation visual field testing
 - 2. Amsler grid assessment, monocular and binocular
 - 3. Tangent screen testing
 - 4. Goldmann bowl perimetry or equivalent kinetic testing
 - 5. Automated static perimetry
- F. Ocular Health Assessment
 - 1. External examination
 - 2. Biomicroscopy
 - 3. Tonometry
 - 4. Central and peripheral fundus examination
- G. Supplemental Testing
 - 1. Contrast sensitivity
 - 2. Glare testing
 - 3. Color vision
 - 4. Visually evoked potential
 - 5. Electroretinogram
 - 6. Electro-oculogram

Management of Visual Impairment

Management strategies for the following types of visual impairment are discussed in the guideline document:

- Reduced visual acuity
- Central visual field defects
- Peripheral visual field defects
- Reduced contrast sensitivity and glare sensitivity

CLINICAL ALGORITHM(S)

An algorithm is provided for Optometric Management of the Patient with Low Vision.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Optometrists are uniquely qualified to manage visually impaired patients in that they can assess ocular status, evaluate visual functioning, prescribe low vision devices (e.g., optical, non-optical, electronic), and provide therapeutic intervention or coordinate other forms of care to improve the functioning of the patient's impaired visual system. Comprehensive optometric low vision care can significantly improve the quality of life for visually impaired patients.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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Clinicians should not rely on this Clinical Guideline alone for patient care and management. Please refer to the references and other sources listed in the original guideline for a more detailed analysis and discussion of research and patient care information.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with low vision. St. Louis (MO): American Optometric Association; 1997. 72 p. (Optometric clinical practice guideline; no. 14). [111 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (reviewed 2001)

GUIDELINE DEVELOPER(S)

American Optometric Association - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Vision Service Plan (Rancho Cordova, California) and its subsidiary Altair Eyewear (Rancho Cordova, California)

GUIDELINE COMMITTEE

American Optometric Association Consensus Panel on Care of the Patient with Low Vision

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline has been reviewed on a biannual basis and is considered to be current. This review process involves updated literature searches of electronic databases and expert panel review of new evidence that has emerged since the original publication date.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Optometric Association Web site](#).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 1, 1999. The information was verified by the guideline developer on January 31, 2000.

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