

# CHILDREN'S LOW VISION CLINICS

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Canadian Vision Teachers Conference 2009

# Objectives

- ▣ Provide low vision evaluation (including an Ophthalmological assessment), device prescription, and classroom adaptation recommendations.
- ▣ Provide Orientation and Mobility Evaluation and recommendations.
- ▣ Provide a lending library of low vision devices and related visual aids.
- ▣ Provide recommendations for Assistive Technology.
- ▣ Provide training suggestions and resources to special education and regular education teachers, vision consultants and parents.

# Benefits

- ▣ Reduction of large print production due to increased use of optical devices.
- ▣ Proven increased reading performance rates with optical devices.
- ▣ Comprehensive Low Vision Evaluation in rural communities with students leaving with devices in hand.
- ▣ Assessment takes place in a natural environment as to better assess visual function.
- ▣ Collaborative and functional approach to low vision evaluation.

# Team Members

- ▣ Ophthalmologist
- ▣ Optometrist
- ▣ Teachers of the Visually Impaired
- ▣ Orientation and Mobility Specialist
- ▣ Technology Expert

# Intake Process

- ▣ *Meet with families and team to clarify any questions*
- ▣ *Explain how the clinic will work*
- ▣ *Clarify where information (reports should be sent)*



# The Assessment Process – Functional Vision Assessment

- ❑ *Acuity – Near & Distance*
- ❑ *Contrast Sensitivity*
- ❑ *Varied Print size*
- ❑ *Lighting*
- ❑ *Conducted by Optometrist and teachers of the VI*





# Low Vision Device Trials

STUDENTS TRIAL DEVICES FOR NEAR AND DISTANCE



# Lending Library of Optical Aids

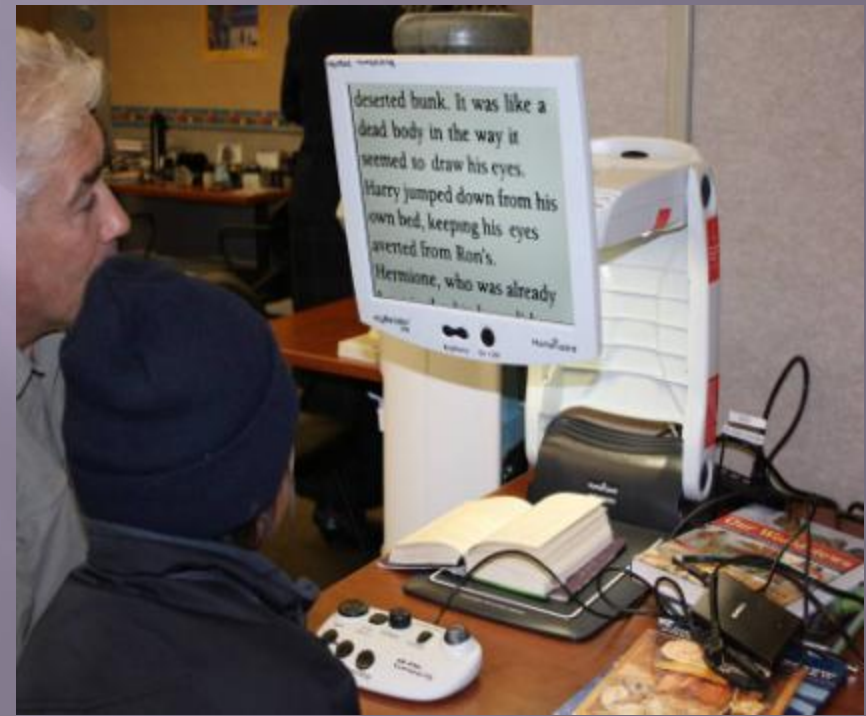
- ▣ Near devices – latest magnifiers and near distance aids
- ▣ Distance devices – latest monoculars and distance viewing aids.
- ▣ Non Optical devices – Reading stands, lamps, Zoom Caps.
- ▣ All devices are student oriented to make them interested and motivated to use them.



# “On the Road” Medical Eye Exam



# Assistive Technology Trials



# Orientation and Mobility Assessment





# Collaborative Assessment – “Hats Off Approach”



# Reporting and Follow Up

- ❑ *Wrap Up meeting with parents and team*
- ❑ *Low Vision Clinic Report*
- ❑ *Follow-up in 2 years*
- ❑ *Ongoing support for use of the low vision devices by vision teachers*



# 'Wow' Moments

- ▣ Detection of 2 retinal detachments and immediate treatment arranged to save the child's vision.
- ▣ Children "seeing" for the first time with low vision devices things they didn't think they could see.
- ▣ A young girl having their first eye exam in 9 years.
- ▣ Student being referred for Lasik surgery and having acuity improve to 20/100 from 20/400.
- ▣ Tears, fears, can do, independence, comfort zone, collaboration, team, student/family centered approach.
- ▣ Several students have had follow up with the local optometrist on the team to have specialized contacts fitted that would enhance visual functioning and acuity.



# What Makes this Model Unique?

- ▣ This clinic brings the expertise of professionals in the medical and education fields together to provide children and their families a comprehensive assessment and follow up plan.
- ▣ Assessment occurs in an environment similar to the one that the child/student must function in daily (not a hospital lane but a school setting).
- ▣ The expertise comes to the child and their families, thus providing access to all children regardless of where they live.
- ▣ The low vision aides that would allow the child to access their environment in both school and community are provided free of charge. If they continue to be used by the child they remain on permanent loan.
- ▣ The provincial resource centres are partners in the loaning or purchase of high tech devices.
- ▣ Follow up occurs in 3-6 months to ensure that equipment that was recommended is the "right fit" To trouble-shoot any questions/problems.
- ▣ Students are reassessed biannually.

# How are the AB and BC clinics different?

- ▣ Funding
- ▣ Team
- ▣ Provincial Focus

# Contact

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