

Occupational Therapy Services for Individuals With Visual Impairment



Visual impairment is included among the 10 most prevalent causes of disability in the United States (National Eye Institute, 2004), and occupational therapy is a profession that specializes in reducing the impact of disabilities and promoting the highest level of independence and quality of life in children and adults with all types of functional limitations. Occupational therapists and occupational therapy assistants are experts at analyzing the performance skills and patterns necessary for people to engage in their everyday activities and occupations. This includes providing services to individuals with low vision or visual impairments for the purpose of optimizing the individual's performance of meaningful everyday activities, thus reducing the

impact of the vision impairment. Occupational therapy practitioners are knowledgeable about multiple dimensions of disability such as the disease process, body system function, psychosocial factors, and comorbidities (for example, diabetes or neurological disorders like stroke) that might exist with vision problems. Their training in activity analysis enables them to provide screening to detect when functional deficits may be due to visual dysfunction. They consult and collaborate with physicians, optometrists, school personnel, and other health care providers to meet the needs of their clients and make referrals as appropriate.

Children with vision impairments benefit significantly from coordinated and comprehensive services to ameliorate disability resulting from vision problems, including occupational therapy (National Eye Institute, 2004). Common issues of children with low vision that are addressed by occupational therapy include poor development of gross motor abilities; poor development of fine motor abilities; difficulty with spatial awareness; and difficulty with the occupations of feeding, toileting, dressing, and engagement in play. The occupational therapy practitioner assists the child with visual impairment in transition into adult life, including vocational and community living.

Adults with low vision may have difficulty using their remaining vision efficiently and effectively enough to complete needed activities and may benefit from occupational therapy to enable appropriate functioning. They experience difficulty performing many basic activities of daily living, including grooming, meal preparation, financial management, driving, and shopping. Their safety is often at risk: They report difficulty using knives to chop and slice foods; difficulty accurately monitoring and identifying medications; difficulty accurately dialing emergency telephone numbers such as 911; and difficulty identifying spoiled foods, dials on stoves, and water spilled on floors.

Occupational therapists and occupational therapy assistants enable children and adults with visual impairment to engage in their chosen

daily living activities safely and as independently as possible. This is accomplished by 1) teaching the person to use their remaining vision as efficiently as possible to complete activities; 2) modifying activities so that they can be completed with less vision; 3) training the person in use of adaptive equipment to compensate for vision loss, including high and low technology assistive devices; and 4) modifying the person's environment.

Occupational therapy recognizes that certain activities may be possible for individuals with low vision when compensatory strategies are employed. Occupational therapy practitioners adjust the task or environment for the individual's particular needs and provide training or assistive technology to assist the individual in accomplishing tasks despite limitations created by the vision loss. Based on the individual's capacity and the demands of the environment, occupational therapy practitioners can provide adaptations to address low vision in the form of lighting; sensory substitution, including audiotapes and special talking devices; computer technology; special writing materials; tactile markings; and other environmental adaptations.



Occupational therapy for individuals with low vision may be provided in any setting, including schools, skilled nursing or other extended care facilities, rehabilitation centers, specialty clinics, and community based programs. Treatment initially may be completed within a clinical setting or educational environment to improve performance skills, such as use of specialized viewing techniques, or to try out various optical and adaptive devices. Therapy is usually completed in the person's home, community, or school environment to ensure carryover into the person's daily activities (AOTA, 2001).

Most health insurance programs, as well as Medicare and Medicaid, provide coverage for rehabilitation through occupational therapy, including coverage of needs resulting from vision loss. Many occupational therapy state practice acts do not require a physician or optometrist referral, but many payers do, including Medicare

and Medicaid. Under many payment systems optometrists are able to provide referral for occupational therapy services. Children with vision impairment may receive services in educational settings under the Individuals with Disabilities Education Act (IDEA).

Federal Medicare legislation passed in 1999 (the Balanced Budget Refinement Act) included a technical amendment that recognizes optometrists as physicians for the purpose of certifying a Medicare beneficiary's need for occupational therapy services under Medicare Part B. This must also be consistent with state laws.

Adaptation of the environment, determining and teaching compensatory strategies, promoting normal developmental processes, and addressing other disabling conditions that occur in concert with low vision and other visual impairments are the hallmarks of occupational therapy treatment. **The main focus of occupational therapy is to have people of all ages with low vision or visual impairment participate in activities that are meaningful and contribute to their quality of life. ■**

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Occupational Therapy: Skills for the Job of Living

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