

FOCUS CONFERENCE

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Come on.....really?



“FLIRT”ing and “KISS”ing and Rehabilitation Teaching? What?? Yes, it’s true! During this session you will learn how to Find Little Independent Rehabilitation Techniques (FLIRT) as well as how to Keep It Safe and Simple (KISS). You will learn briefly about the most common eye diseases, be exposed to rehabilitation teaching strategies and techniques, as well as see and learn about adaptive equipment and in the end, how to “FLIRT” and “KISS” like a Rehabilitation Teacher!

HMMMMMMMM



Take a moment and think about ALL the daily living tasks you do in YOUR life (with vision). HOW could you adapt it in a safe and/or simple way if you had less vision? There IS a way: Rehabilitation Teaching

WHY would someone need Rehabilitation Teaching?



People may experience a reduction in vision or more specifically have “low vision” due to various eye diseases or conditions which then result in some form of a visual impairment thereby requiring rehabilitation teaching strategies/adaptations to be implemented

- The National Eye Institute defines **low vision** as "a visual impairment, not correctable by standard glasses, contact lenses, medicine, or surgery, that interferes with activities of daily life."
- Most eye care professionals prefer to use the term "low vision" to describe permanently reduced vision that cannot be corrected with regular glasses, contact lenses, medicine, or surgery
- Whereas the definition of legal blindness constitutes an acuity of 20/200 the definition of “low vision” is 20/70 (used for insurance purposes)
- A more **functional** definition of low vision is that **low vision** is: uncorrectable vision loss that interferes with daily activities. It is better defined in terms of function, rather than numerical test results; in other words, "not enough vision to do whatever it is you need to do," which obviously can vary from person to person
- If you have low vision, it is necessary to have a different kind of eye examination that uses different and more detailed tests to determine what you can and cannot see and thus assist to utilize your remaining vision to its fullest potential

Common Types of Visual Impairments

(which may result in low vision)

Structural

- Macular Degeneration
- Glaucoma
- Cataracts
- Retinal Detachment
- Diabetic Retinopathy
- Optic Nerve Atrophy

Neurological

- Traumatic Brain Injury (TBI)
- Closed Head Injury
- Cortical Visual Impairment (CVI)
- Cerebrovascular Accident (CVA)/Stroke
- Neurological/Genetic Etiology

Macular degeneration is a progressive and irreversible visual impairment. It results from the deterioration of the central part of the retina (the macula) which leads to the loss of central vision; peripheral vision is retained. Central vision loss, blurred vision, depth perception issues as well as changes in color perception and details are the commonly noted symptoms.



Normal Vision



Macular Degeneration



Macular Degeneration



Functional Implications

- Central scotoma (blind spot) causes a central visual acuity decrease
- Problems with details such as trouble seeing faces, overall distortion of vision, trouble reading or writing
- Depth perception issues
- Contrast sensitivity loss resulting in a need for increased lighting - “trouble telling object or print from its background”
- Has impacts on ADL’ s such as eating, stairs, bathroom needs, reading Newspaper/book vs. Kindle/ebook
- Color perception problems having a large effect on function: matching socks or clothes, art projects, home decorating, contrast loss
- Eccentric Viewing techniques must be taught
- Amsler Grid

Glaucoma – characterized by increased intraocular pressure resulting in damage to the optic nerve and retinal nerve fibers, resulting in peripheral visual field loss



Normal Vision



Glaucoma



Glaucoma



Functional Implications

- Peripheral field loss
- Contrast sensitivity issues
- Bumping into objects and people and overall mobility problems-stairs, etc.
- Scanning, tracking, tracing
- “Sneak thief of vision”: can lead to total blindness quickly and without warning

Cataracts – a clouding of the lens preventing a clear image from forming on the retina; like looking through wax paper, can produce significant issues with contrast



Normal Vision



Cataracts



Cataracts

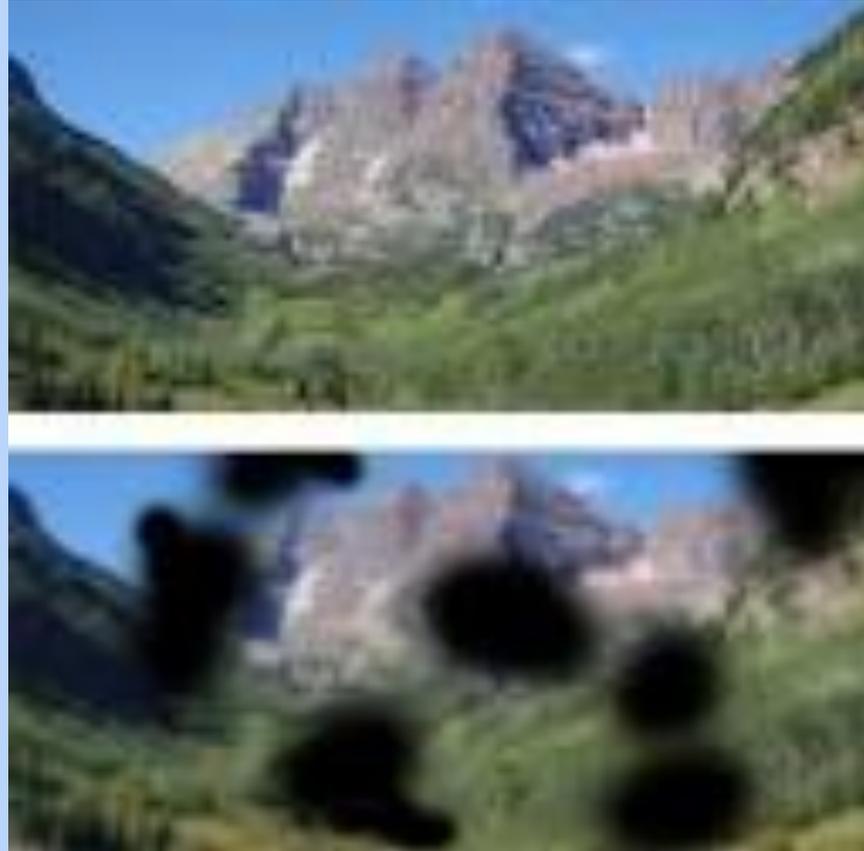


- Objects appear blurry/cloudy/overall blurry vision
- Objects may appear hazy, or faded in color
- Difficulty seeing in the night
- Need for increased/brighter lighting and contrast to see or read
- Can be corrected/surgical IOL intervention
- Beware sensitivity to light and glare post-op

Retinal Detachment – separation of the retina from the underlying tissue-“like a curtain coming down”; can lead to total and permanent vision loss; considered to be a medical emergency



Diabetic Retinopathy – retinal changes due to Diabetes Mellitus, eventually resulting in the growth of abnormal new blood vessels causing distortion/ disruption to vision



Rehabilitation Teaching (RT) or Vision Rehabilitation Therapy (VRT)



So.....what exactly is it?

Rehabilitation Teaching or Vision Rehabilitation Therapy is specifically defined as “the educational process that prepares a blind or visually impaired person of any age to perform daily living skills safely and independently in any environment.”

Can it help my consumer?



Yes! Even the simplest strategy can help!

OK.....But-HOW?

By assessing an individual's environment and daily living skills as well as his/her ability to function within those environments, adaptive rehabilitation strategies or devices can be used to help individuals set and achieve goals which then lead to increased self-esteem and independent living skills for people of all ages and ability levels despite their vision loss.

How EXACTLY is this done?

(Hint: use the “KISS” Method 😊)



Adaptive strategies and equipment to **Keep It Safe** and **Simple** will assist folks to achieve success in chosen activities of daily living

- Use markings/tape/stickers (high contrast, color, tactile)
- Simple magnification: increase the size or distance of item being viewed or font being read
- Use memory devices: calendars, lists, picture boards, auditory boards, electronic devices can be color or tactile coded
- Teach scanning & tracking strategies used in conjunction with remaining vision
- Use common terminology between client and teacher and have the client repeat instructions and “check in” with the client
- Allow for maximum independence even if it is only one portion of a task that can be completed
- Use positive reinforcement
- Reduce overall physical clutter as well as visual clutter in work space and outline a workspace using a tray
- Organize/Categorize (use the same place ALL the time; group similar items together; use baskets/cubbies)
- Evaluate lighting and glare-be aware of placement/type of lighting & glare control
- Increase or change contrast of objects/material (b/w or w/b; change color: yellow, use sunshades)
- Utilize a multi sensory approach (hearing (auditory)/smell (olfactory)/touch (tactile) for tasks
- Task analysis: break down tasks into smallest components/steps
- Use of modeling, repetition, training the caregivers, hand over hand, hand under hand

That all **SOUNDS** great...but what is it **REALLY**???? (Hint: it's "FLIRT"ing)



You "FLIRT": *F*inding *L*ittle *I*ndependent *R*ehabilitation *T*echniques. It is the combination of using various adaptive teaching strategies with adaptive equipment (different gizmos & gadgets) by/with/for an individual who has a vision loss to achieve a goal.

For example:

- It is: the simple and safe process of making a flat panel microwave accessible for someone to make popcorn or warm up a meal by putting a tactile or colorful marker on the popcorn, start, minute plus or 30 second button
- It is: labeling a drawer with Braille, auditory or large print labels to make it easier to find a fork, plate or cooking tool
- It is: creating and implementing an organizational system: ALWAYS putting something back in the SAME place EVERY TIME so a person with less sight does not have to struggle to find it
- It is: replacing a "regular" phone with a large print phone that may have memory buttons to make it easier to contact someone
- It is: using adaptive equipment to assist in meal preparation tasks such as: pouring, measuring or food labeling

“FLIRT”ing and “KISS”ing continued....



- It is: using large print, Braille or auditory labels to assist an individual to identify paperwork, CD's, movies
- It is: providing a talking, large print or Braille time piece (watch, clock, etc.) in order to tell time independently
- It is: utilizing alternative methods to identify money
- It is: teaching and using alternative methods of self-care and grooming (such as toothpaste application)
- It is: providing and teaching the use of a simple device to sign a name or write a letter
- It is: training to use a hand held magnifier, desk top or portable video magnifier to view materials such as mail, books, photos, etc.
- It is: looking at lighting to determine if there is too much light, not enough light or if sunshades should be used to do a task in order to the maximum amount of remaining vision
- It is: adapting cards or board games so the pieces can be utilized by an individual with less sight

Maximization of Remaining Vision



- Magnification device assessment (hand-held/stand; lighted/non-lighted, portable/desktop CCTV' s)
- Relative size/distance magnification
- Use of lighting & contrast (ambient, task, natural, focused, LED, halogen, gooseneck: tabletop/floor, sunshades)
- Use of low vision devices (magnifiers, glasses, prescribed by LV doctors or others)

Daily Living



- Use tactile/colored markings on microwave, oven, toaster oven, washer/dryers, thermostats, remote controls
- Telling time (talking, low vision, Braille products)
- Medication organization: label medications and use large print pill boxes
- Use organizational strategies in every room (kitchen, closets)
- House cleaning/laundry
- Teach key identification/placement in lock
- Electrical outlets do they need to be marked, do they have contrast-teach insertion methods
- Teach adaptive money identification (coins, bills)
- Assess personal care (grooming, make up application)
- Discuss approaches to shopping
- Utilize low vision, Braille & talking watches, clocks, digital clocks
- Adaptive and safe meal prep (pouring, recipes, food labeling)

Kitchen/Cooking



- Use tactile (Velcro)/colored/high contrast markings (tape/stickers/bumps/puff paint) on appliances
- Make large print or tactile labels on drawers and cabinets to find items
- Mark existing or use high contrast/large print measuring cups or spoons
- Use adaptive equipment for safe meal preparation such as high contrast cutting board/Ove glove/fillet glove
- Organize the space during a task through the use of a tray (move objects from left to right after use)
- Use a lipped or divided plate to minimize chasing food
- When pouring use a contrast cup/finger/ping pong ball/LLI
- Use a spoon to spread rather than a knife
- Use Tupperware/Ziploc bags to separate foods

Eating



- Use the “clock” method for identifying food or placement of items on table
- Utilize contrast when able on table and with food/plate items
- Use a “pusher”-a utensil or piece of bread to “push” food from one place to another on a plate
- Trail the table with hand turned palm down fingers on table-slows down the task and reduces spilling
- Utilize Dycem or other non-slip material under plates

Communication



- Use a large button phone or phone with memory functions or picture phones; make a list of large print phone numbers and emergency contacts with bold paper and pens
- Cell phones: teach adaptations and applications (Zoom/Voice Over)
- Large print wall/desk calendars can be used for organization of time and schedules; use auditory/colored/tactile markings, or pictures
- Use recording devices such as the Pen Friend (make calendars/ phone books)
- Use a Kindle, Ipad or computer programs
- Adaptive record keeping: writing guides, large print check registers, large print/low vision/talking calculators
- Use bold-lined paper and dark pens, slate/stylus, Perkins Braille; make your own bold lined paper using Word
- Amazon Echo/Google Home

Assistive Technology



Simple and complex

- Recording devices: Pen Friend, Recorders
- CCTV's (portable and desktop)
- Amazon products-Alexa/Google (smart home)
- Assessment of keyboarding skills (typing & use of large print overlays)
- Screen reading/enlarging software (Jaws, Zoom Text)
- Ipad/Iphone (Voice Over/Zoom)
- Low vision/Blindness Apps (seeing AI, AIRA, Be my Eyes)

Leisure time activities



- Oversized, low vision or tactile dice
- Large print or Braille playing cards
- Large print or Braille Bingo cards
- Large print, Braille or Tactile games: Monopoly, Scrabble, Checkers, Dominos, Tic-Tac-Toe
- Auditory balls (soccer, football, baseball)
- Auditory/sound puzzles
- DBM (Perkins Talking Book Library)/Newsline
- Descriptive Video Service
- Sewing/crocheting
- Amazon Echo/Google home
- Max TV glasses (chair placement/glare)

Games/Leisure Time/Recreation (continued)



Modification of board games

- Change the shape or add a marking to a playing piece so they can be distinguished from one another (Connect Four pieces having holes/markings)
- Add raised outlines (use household glue, thick fabric paints, Hi Marks, foam board, Velcro) to prevent pieces from slipping or to delineate areas/boundaries

Do's and Dont's



- DO identify yourself and provide information as to whom you are upon entering a room
- DO let the visually impaired person take YOUR arm; do NOT push/pull the individual
- DO put the individual's hand on the back of a chair, this will allow them to seat themselves more easily
- DO give directions that are clear and use directional words such as LEFT, RIGHT, UP/DOWN or use the clock face method
- DO NOT say "here/there"; those are ambiguous
- DO NOT pet or distract a service dog; the dog is a working dog
- DO NOT shout; a visual impairment does NOT denote a hearing loss
- DO NOT move items or furniture without informing the individual
- DO NOT leave doors/cabinets open
- DO NOT assume every individual requires assistance, DO ask if assistance is wanted

Resources for Information



Massachusetts Commission for the Blind: www.mass.gov/

Maxi Aids (catalog company) 1-800-522-6294 www.MaxiAids.com

Independent Living Aids (catalog company) 1-800-537-2118 www.independentliving.com

Commonwealth of Massachusetts Equipment Distribution Program MASS EDP 1-800-300-5658

Carroll Center for the Blind 770 Centre Street Newton, MA 02458 1-617-969-6200 <https://carroll.org>

Perkins School for the Blind 175 North Beacon Street Watertown, MA 1-617-924-3434 www.perkins.org

Northeast Resource Center for Vision Education (NERCVE) UMASS BOSTON

National Eye Institute-NIH 5635 Fishers Lane Ste 1300 Bethesda, MD 20892 1-301-451-2020

<https://nei.nih.gov>

American Foundation for the Blind 1401 S Clark St Ste 730 Arlington, VA 22202 1-202-469-6831

www.afb.org

Thank you! Any questions?

