

**On behalf of Vision Expo, we sincerely thank you for being with us this year.**

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## **Vision Expo Has Gone Green!**

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to us as our Conference Advisory Board considers content and speakers for future meetings to provide you with the best education possible.



MARC JAY GANNON HAS NO FINANCIAL  
INTERESTS TO DISCLOSE.

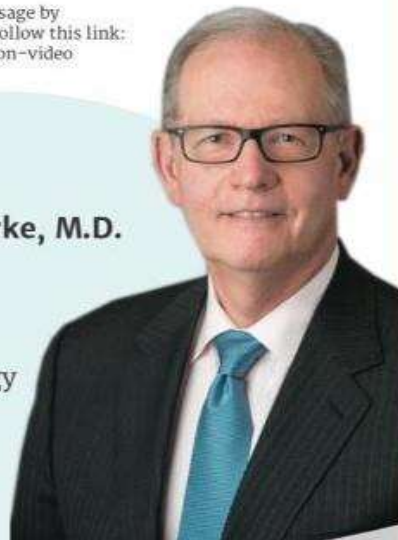
Yesterday

=Keep it simple, straight forward, and  
introductory

**“Vision rehabilitation  
is now the standard of  
care for patients who  
are losing their vision.”**

To hear the entire message by  
David W. Parke, M.D. follow this link:  
[www.aao.org/low-vision-video](http://www.aao.org/low-vision-video)

**David W. Parke, M.D.**  
CEO  
The American  
Academy Of  
Ophthalmology



# The Orthopedic Surgical Analogy

## Ophthalmology Management October 2000

Every OMD, OD, and Optician should be involved in low vision care at some level.

It is no longer acceptable to tell a patient that  
“There is nothing else that can be done”

Google Low Vision or Refer to a local Low Vision Resource.

The Standard of Care needs to be a  
Continuum of Care at the Very Least!!

# LOW VISION TRIAGE

## THE GAP BETWEEN SIMPLE MAGNIFICATION AND BRAILLE

# USS Eisenhower



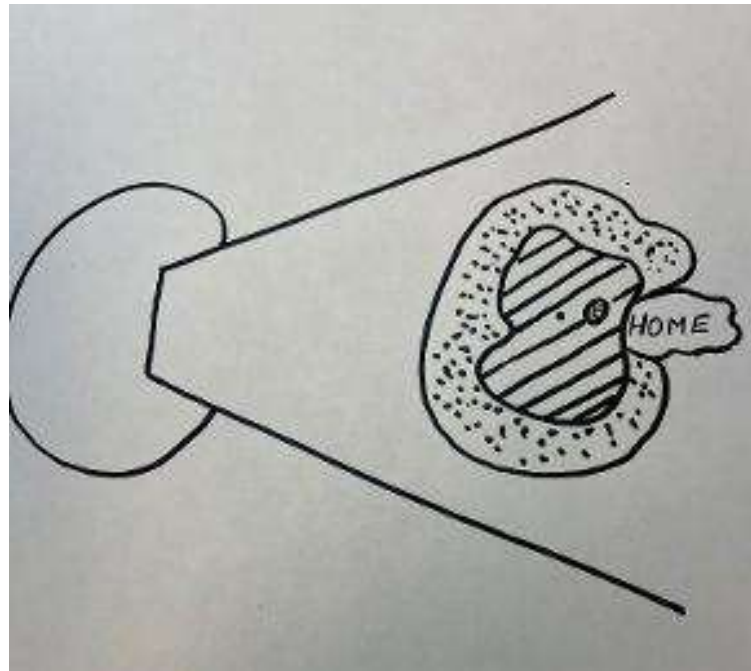
# Practice Triage

# Importance of taking Acuity

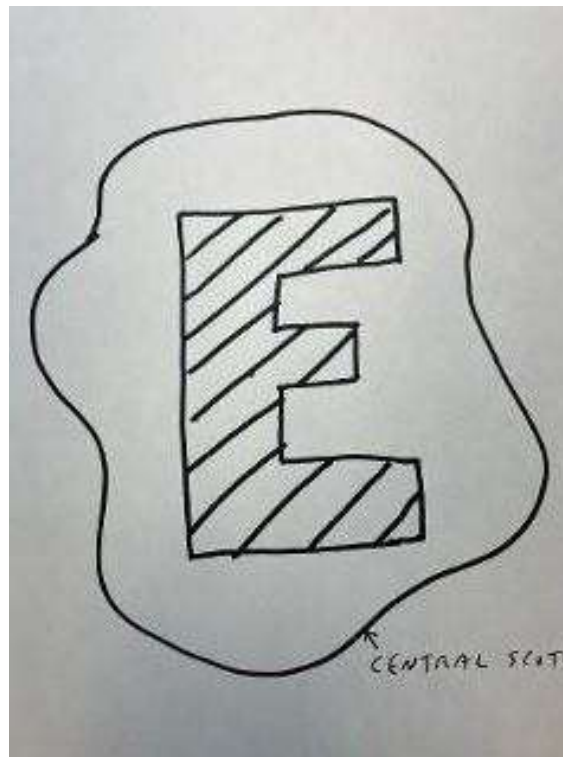
- PRL (Preferred Retinal Locus)
- BRL (Best Retinal Locus)
- Acuity, When hand motion is not really hand motion
- Eccentric Fixation
- Static vs. Dynamic evaluation of the eccentricity

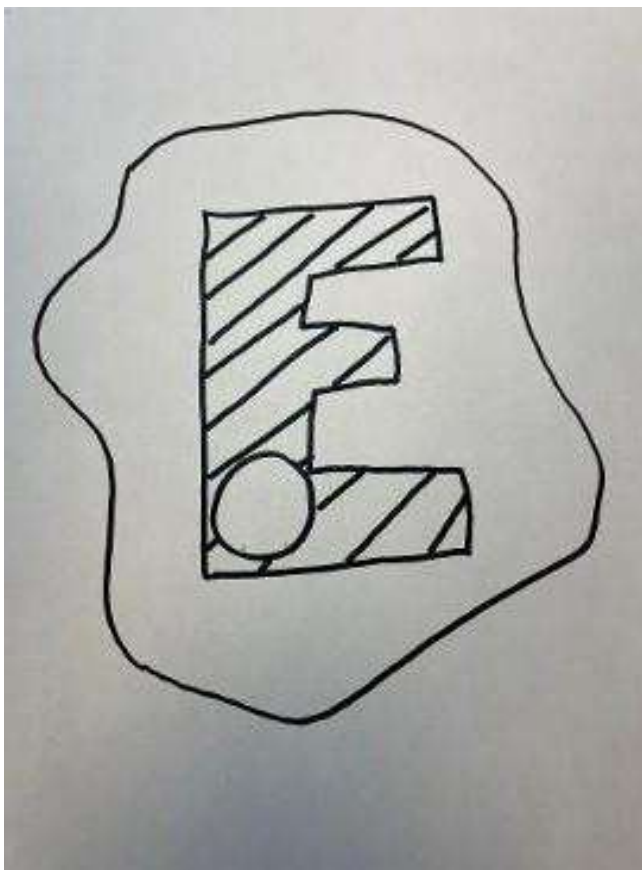
# PRL vs BRL

- PRL= Preferred Retinal Locus. That area generally closest to the macula with the highest level of sensitivity that the patient may gravitate toward.
- BRL= Best Retinal Locus, (also referred to as trainable retinal locus). That area generally identified through testing that may prove to be an area that the patient can use successfully to regain some level of functional vision.



# Acuity

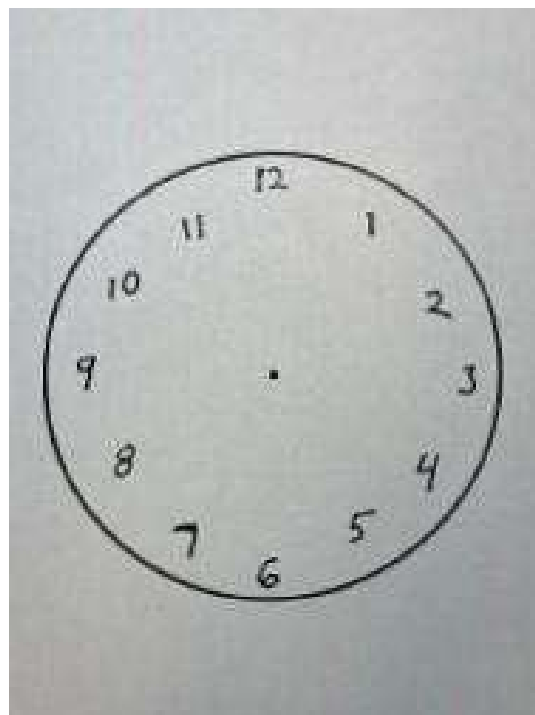






First we need to establish the location of the BRL

Next we need to determine it's size, and finally to establish it's sensitivity.





# The Difference between an Adaptive/Compensatory solution and a Restorative Solution

# Fixation Therapy

- Central Fixation
- Right Fixation
- Left Fixation
- Superior Fixation
- Inferior Fixation
- Oblique Fixation

# Optics beyond hand held and stand magnifiers.

- Hands Free Optics for Near Point and Intermediate function
  - Prism Readers
  - High Powered Bifocals
  - Clear Image Microscopes
  - Full Diameter Spectacle Mounted Tele-scopes/Tele-microscopes
- Hands Free Optics for Distance and Mobility
  - Beecher Telescopic Systems
  - Ocutech Systems
  - Designs for Vision Systems
  - E-Scoop low power optics.

# Electronic Magnification

- Table Based
- Hand Held
- Head Borne
- Cell Phone Apps: Supervision + and Supervision + Goggles

## OCR

- Head Borne
- Table Based
- Cell Phone Apps: Seeing A-I

# Prism Readers

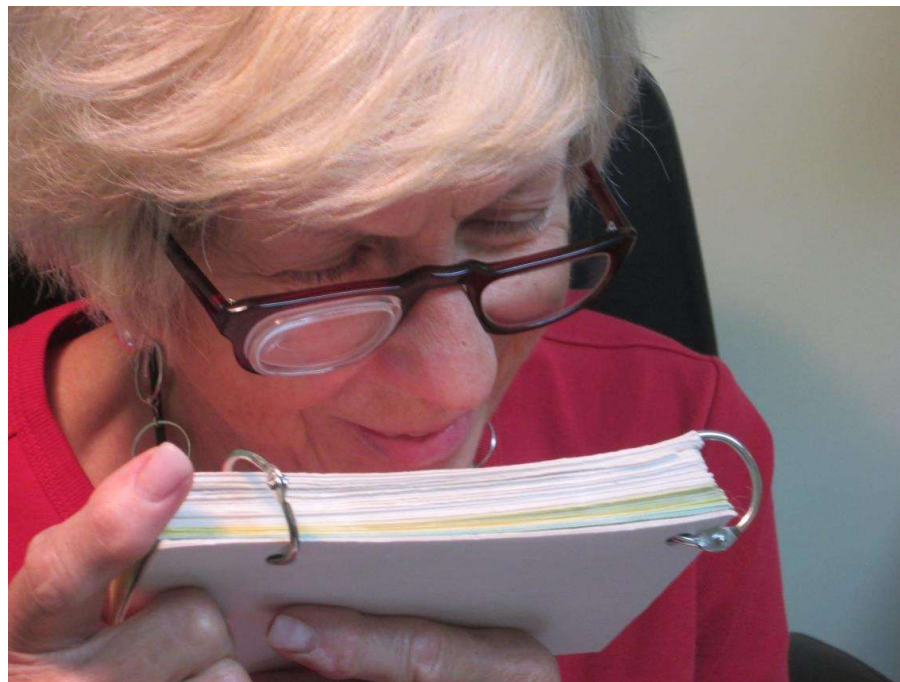


# High Powered Bifocals and Microscopic Segs

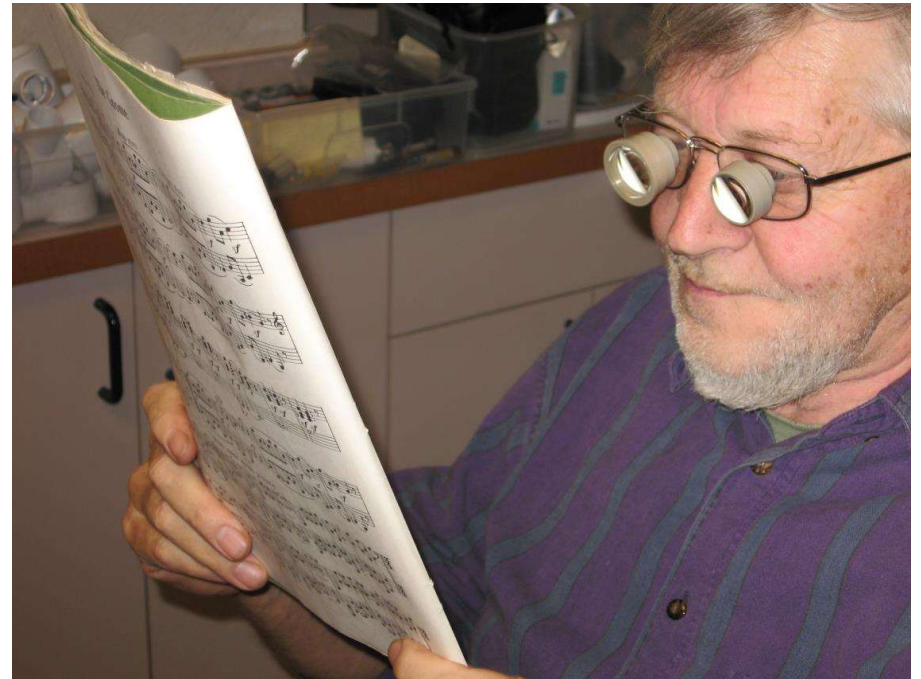




# Clear Image Microscopes



# Full Diameter Telescopic Systems with Tele-Microscopic Near Point Caps

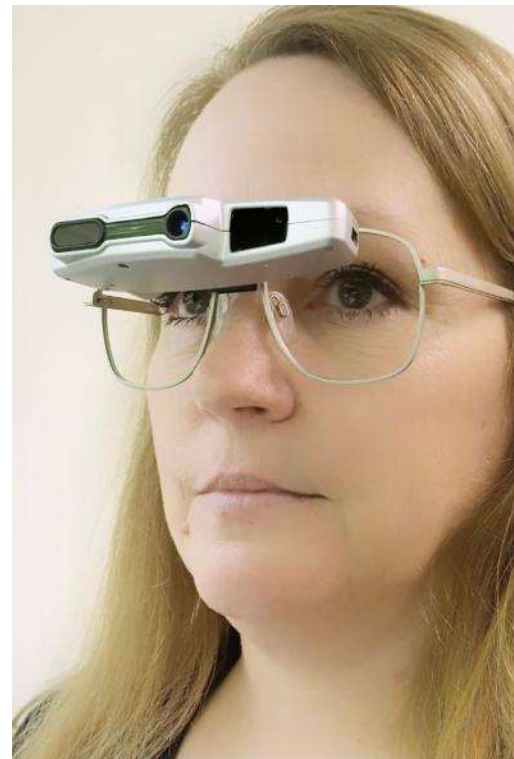




# Beecher Telescopes



# Ocutech Sport and Falcon



# Bioptic Telescopes



# Carroll Shelby



# Trioptic System



# E-Scoop



# LPTS Telescopic Wide Angle System



# Table Based Electronic CCTV



# Hand Held Electronic



# Head Borne Electronic



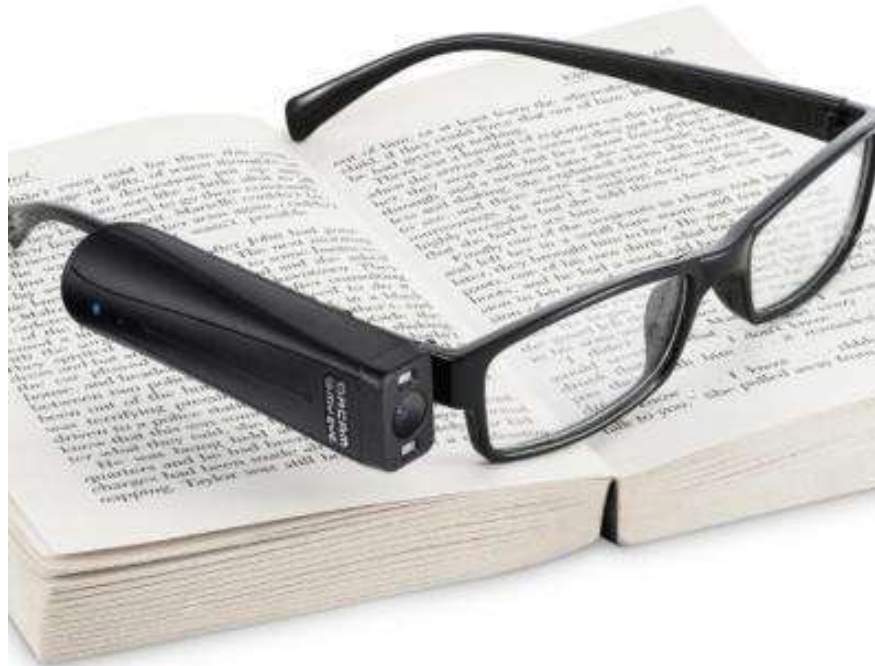
Supervision +



# Supervision + Goggles



# Head Bourne OCR



# Table Based OCR



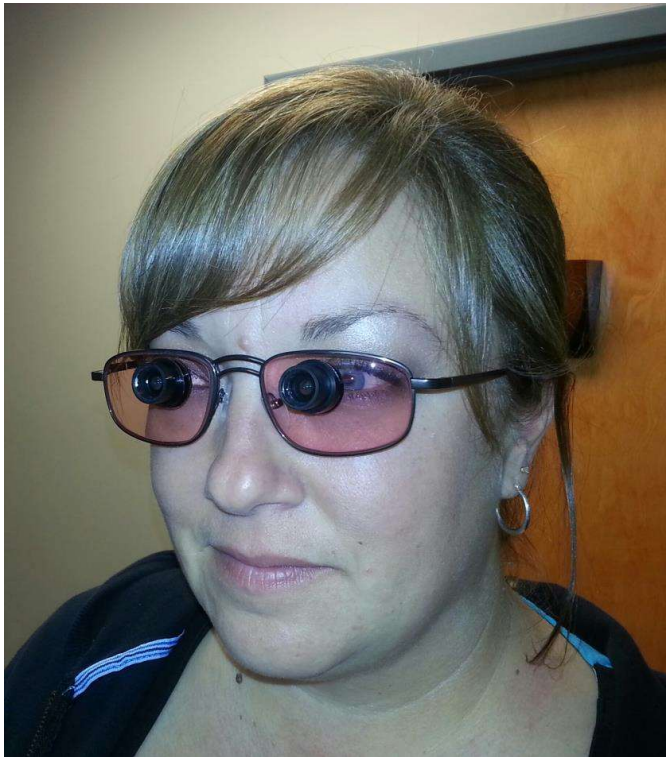
# Cell Phone OCR App Seeing A-I



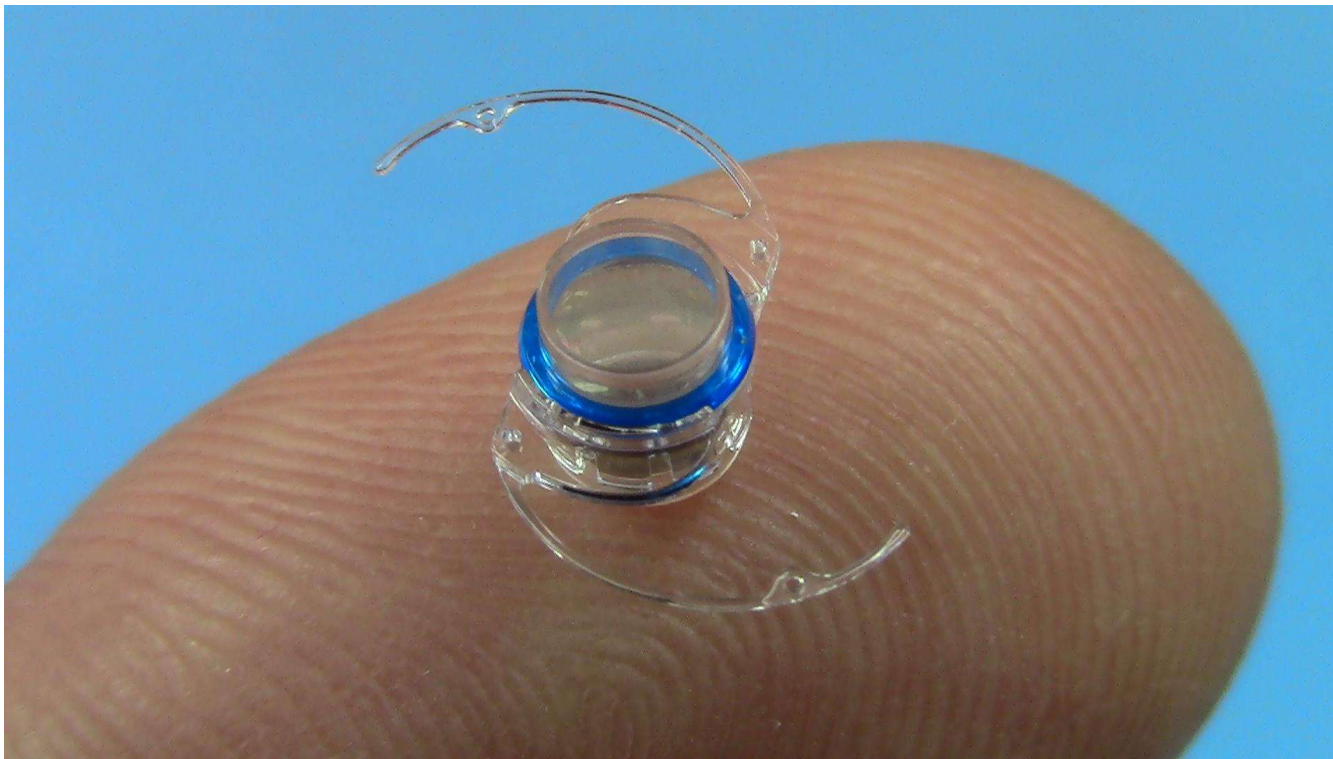
# Retinitis Pigmentosa

- Steep Margins
- Sloping Margins

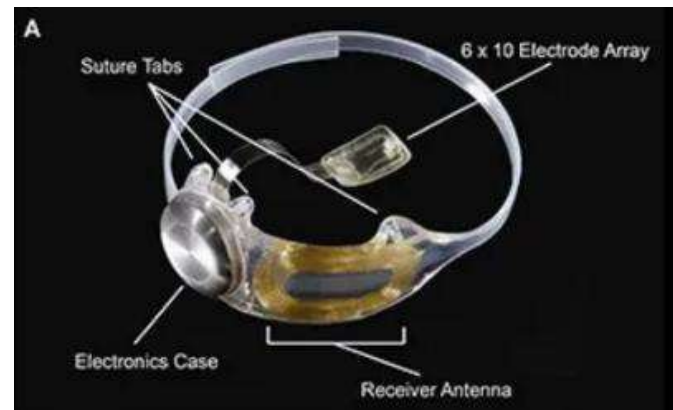
# Reverse Field Expansion Telescopes Bioptic and Central Mount



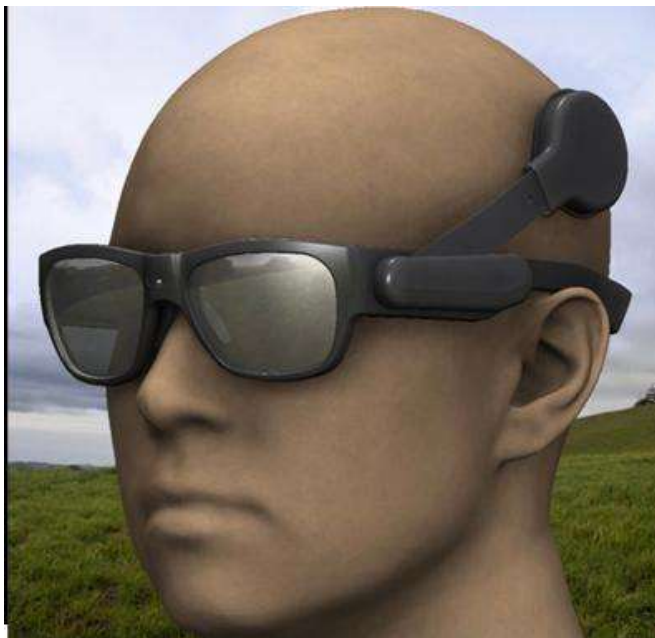
# Miniature Implantable Telescope (IMT)



# Second Sight Argus II



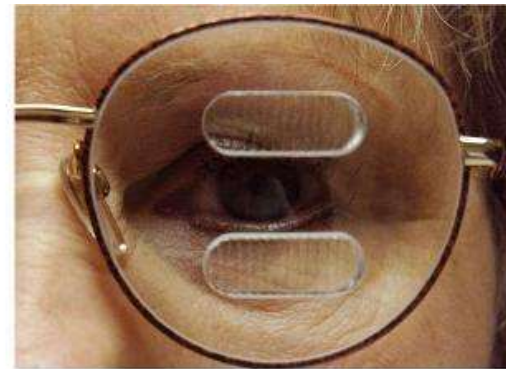
# Orion



# Some Possible Approaches to Homonymous Hemianopia



The  
Peli



I want to thank Vision Expo for allowing me the pleasure and privilege to share this time and information with you. I can be reached at [Drgannon@lowvisioninstitute.com](mailto:Drgannon@lowvisioninstitute.com)