Special Assistive Devices Available to the Visually Impaired
Written by: Lyn A. Sedwick, M.D.

Partially sighted people can often be assisted to retain or attain independence or even return to work. In general, patients who have one good eye have very little disability, although some occupations require bilaterally good vision such as an airline pilot, policeman, fireman, etc. (It is suggested that the Life Care Planner refer to the Dictionary of Occupational Titles for a listing of the physical capabilities required to perform various jobs). Therefore, these types of occupations would not be appropriate to an individual who is monocular. Most problems with long-term ocular visual disability arise with bilateral loss of vision. Depending on the exact cause of, and type of visual loss, such patients may not be able to legally drive. Even patients with “20/20” may not be able to drive if their impairment is a visual field defect such as hemianopsia. Nevertheless, such patients may otherwise function fairly normally. If the patient has an impaired visual field and visual acuity in both eyes, especially if visual acuity is below 20/200, the ability to cook, clean, care for oneself, and read is limited. Such a patient should be evaluated when practical by a low vision expert. A low vision expert is usually an optometrist or ophthalmologist with a special interest in such patients and the devices available to them to improve their use of their remaining vision. Sometimes optical aids like high plus reading magnifying lenses or telescope lenses in glasses will be helpful in giving such patients ability to see regular-size print, and thus, being able to read their mail, write checks, and read the newspaper. For others, TV projection-type devices, although expensive, may work well.

Patients with total blindness may function semi-independently with a guide dog, but generally will depend on sighted people for at least some assistance such as labeling food stuffs, marking appliances for safe use, shopping, and other activities of daily living. Patients do extremely well in familiar surroundings and can learn the placement of furniture, doorways, and other physical boundaries of their environment.

Most states have agencies designed to assist particularly sighted or blind individuals. These agencies should be contacted when necessary in order to obtain information about programs to retrain such individuals in activities of daily living. In some communities, specific schools for the blind may be available which help even more in guiding rehabilitation therapy to appropriate occupations for particularly sighted or blind individuals, and to train these individuals in independence in daily activities.