The Low Vision Testing Procedure: Results and Financial Success

COPE ID: 98415-LV 2 HOURS

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Richard J. Shuldiner, OD, FAAO,
has no financial interests to disclose
Other than being the owner of The Shuldiner Low Vision Training Institute

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Who is this Shuldiner guy and what entitles him to speak?

Pennsylvania College of Optometry	1970
Private Practice, Poughkeepsie New York	1973 – 1993
LOW VISION EXPERIENCE	
-Independent study with Robert Gold, OD, Low Vision Diplomate	1974
-Independent study with William Feinbloom, OD, Ph. D.,	1980
-New York Lighthouse Low Vision Service, Founder & Clinical Director of Upstate Clinics, with Eleanor Faye, MD & Bruce Rosenthal, OD	1981-1993
-Low Vision Diplomate Emeritus, American Academy of Optometry	1988-present
-Low Vision Optometry of Southern California	1994-present
- Founder, SHULDINER LOW VISION TRAINING INSTITUTE	2000-Present
-President/Founder, The International Academy of Low Vision Specialists	2006-Present
-Chief Clinical Editor, Managing Low Vision e-Newsletter, Optometric Mgt.	2018-2022
-COPE approved CE lectures at Vision Expo East & West, Russia, Ukraine, Belarus, China, Africa, & Israel	1985-present

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The Low Vision Testing Procedure: Producing Results and Financial Success

PRODUCING PATIENT RESULTS

PRODUCING FINANCIAL SUCCESS

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The Low Vision Testing Procedure: Producing Results and Financial Success

In other words:

THIS IS NOT THE WAY YOU LEARNED TO DO LOW VISION IN SCHOOL!

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The Low Vision Testing Procedure: Producing Results and Financial Success

THIS MORNING CAN ALTER THE COURSE OF YOUR LIFE & THE LIVES OF OTHERS!

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The Low Vision Testing Procedure:
Producing Results and Financial Success

MY LOW VISION ONLY PRACTICE FOR THE PAST 25 YEARS

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The Definition of Low Vision

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The Definition of Low Vision

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The Low Vision Testing Procedure:
Results and Financial Success

My first 20 years in low vision was in a non-profit, agency based clinic.

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The Low Vision Testing Procedure:
Results and Financial Success

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The Low Vision Testing Procedure:
Results and Financial Success

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The Low Vision Testing Procedure:
Results and Financial Success

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The Low Vision Testing Procedure:
Results and Financial Success

WHO I AM: (what I am listening for)

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The Low Vision Testing Procedure:
Results and Financial Success

WHO I AM: (what I am listening for)

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The Low Vision Testing Procedure:
Results and Financial Success

THIS IS WHO I AM IN THE MATTER OF LOW VISION:

WIN/WIN: BOTH MUST OCCUR:

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The Low Vision Testing Procedure:
Results and Financial Success

LET'S START WITH THIS STATEMENT:

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The Low Vision Testing Procedure:
Results and Financial Success

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The Low Vision Testing Procedure:
Results and Financial Success

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The Low Vision Testing Procedure:
Results and Financial Success

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THE SHULDINER PHONE CONVERSATION TEMPLATE

1. **GET INFORMATION / WHAT TO LISTEN FOR:**
2. **GIVE INFORMATION**
3. **MAKE THE APPOINTMENT**

Call1 Sy MadeAppointment.wav

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The SHULDINER 12 Step Low Vision Evaluation

My original low vision education was for the Non-Profit, Agency Based Low Vision Model. This is the model taught in optometry schools.

The Agency Based, Non-Profit Low Vision Model has unlimited time, unlimited resources, many more services for the visually impaired. (O/T; O/M; etc.)

Private practitioners are not in that position.

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THE SHULDINER 12 STEP LOW VISION EVALUATION

The Shuldiner 12 Step low vision evaluation was designed in 1996 for the private practicing optometrist and takes exactly one hour to complete.

It's success has been proven over the past 20+ years by IALVS low vision optometrists in the USA, Canada, Mexico, and South Africa.

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The SHULDINER 12 Step Low Vision Evaluation

The Original Lighthouse Low Vision Evaluation took place over 4 visits:
First Visit: 2 hours
Second Visit: 1 hour
Third/Fourth: 30 min with L.V. Aide/RN/Optician

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP

[redacted]

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:

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The SHULDINER 12 Step Low Vision Evaluation

THE **SHULDINER** OPENING STATEMENTS:

Step 2 Opening Statements Professional Video.mpg

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)

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The Case History

Focus of the low vision case history

How questions are structured

Questions NOT asked

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The Case History

Two things I am not:

1. *I am not their psychological therapist (although, we must remember the psychological effects of vision loss).*
2. *I am not their financial consultant/financial manager*

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The Case History

The Sequence of Questions

1. Ocular Diagnosis and present status
2. Recent stability
3. General health status/medications/vitamins
4. Mobility
5. Home family support
6. Occupational status/occupations
7. Glare difficulty/sunglass usage

Step 3 Case History in less than 2 minutes Professional Video.mpg

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THE CONCEPT OF *TASK SPECIFIC*

LOW VISION DEVICES ARE DESIGNED TO HELP WITH SPECIFIC TASKS.

Questions must elicit task specific responses

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST

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THE WISH LIST

TASKS CAN BE BROKEN DOWN INTO 3 CATEGORIES:

DISTANCE

INTERMEDIATE:

NEAR:

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EXAMPLES OF THE WISH LIST

1. Driving
2. Reading
3. Computer
4. Television
5. Card playing
6. Prices/labels/menus
7. Faces
8. Music
9. Hand crafts

Step 4 The Wish List Professional Video.mpg

WishList Roulette.wmv

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST
5 DISTANCE ACUITY / REFRACTIVE STATUS

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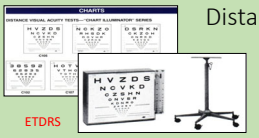
Measurement of Distance Visual Acuity



ETDRS

SNELLEN

FEINBLOOM/DVI

1. Which chart is better, one or two (or three)?
2. Start at any distance and any size you know they will see.

(Success oriented)

1. Start with the better eye with best Rx in place.
2. Teach eccentric viewing techniques.
3. Squeeze out, like a sponge, every drop.
4. Use POC if VA is better than 20/100.

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Determination of Refractive Status

1. Retinoscopy / AutoRefractors are not usually useful.
2. Trial Frame Refraction: NEVER USE A PHOROPTER!!!!
3. Teach eccentric viewing techniques as you go along.
4. JND: associated with acuity. ie: **20/200 JND= 2 USE +/- 1**
5. Demonstrate Rx change in real world to see if it makes a difference.

FEINBLOOM CHART Naugle.mp4

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST
5 DISTANCE ACUITY / REFRACTIVE STATUS
6 NEAR ACUITY

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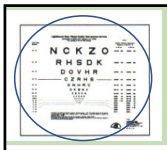
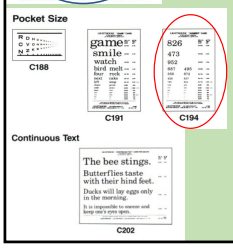
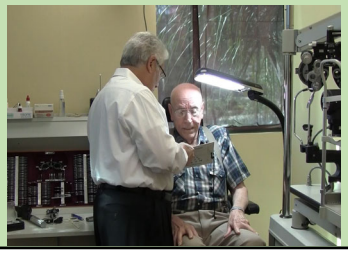
Measurement of Near Visual Acuity

Single letter or number
Single word
Sentence
Paragraph







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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST
5 DISTANCE ACUITY / REFRACTIVE STATUS
6 NEAR ACUITY
7 STOP AND TALK 1

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The SHULDINER 12 Step Low Vision Evaluation

S T O P & T A L K

- What to say first.
- The conversations to have:
  - educating the patient
  - managing the expectations
  - answering questions
  - giving the patient a break

HereisWhatItDoesSoFar.Roulette.wmv

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The SHULDINER 12 Step Low Vision Evaluation

This completes the first half of the low vision evaluation.
We now have all the information we need to start helping the patient.

THE SHULDINER PHILOSOPHY OF PRESCIBING FOR THE PATIENT

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PRESCRIBING FOR PATIENT SATISFACTION AND FINANCIAL VIABILITY:

THE SHULDINER PHILOSOPHY

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The Low Vision Testing Procedure:
Results and Financial Success

NOW THIS STATEMENT:

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The Low Vision Testing Procedure:
Results and Financial Success

NOW THIS STATEMENT:

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The Low Vision Testing Procedure:
Results and Financial Success

"THE MORE MONEY YOU MAKE IN LOW VISION, THE BETTER YOU WILL DO IT!"

William Feinbloom, OD, Ph D
Inventor of Telescopic Glasses / Father of Low Vision Care

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THE SHULDINER PHILOSOPHY

1.

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THE SHULDINER PHILOSOPHY

2.

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THE SHULDINER PHILOSOPHY

3.

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THE SHULDINER PHILOSOPHY

4.

5.

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THE SHULDINER PHILOSOPHY

6. No Surprises.

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST
5 DISTANCE ACUITY / REFRACTIVE STATUS
6 NEAR ACUITY
7 STOP AND TALK 1

STEPS 8 9 10
Helping the patient with tasks at these required distances:
NEAR
INTERMEDIATE
DISTANCE

In any order you deem necessary according to the patient

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The SHULDINER 12 Step Low Vision Evaluation

Task Analysis

- Working Distance
- Field of view
- Illumination
- Hand/eye coordination
- Depth of focus / depth perception
- Hands free?

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The Definition of Low Vision

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The Principles of Low Vision

MAGNIFICATION

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The Principles of Low Vision

LOW VISION DEVICES ARE TASK SPECIFIC !

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Plus Lens Optics in Low Vision

High plus lenses focus closer.
It is the closer distance that causes the magnification, not the lens.

The Standard Unit of Magnification with high plus lenses is
4 D= 1 x
+8 (2x) DIOPTER ADD:

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Plus Lens Optics in Low Vision

High plus lenses focus closer.
It is the closer distance that causes the magnification, not the lens.

OPTICS OF PLUS LENSES:
METRIC SYSTEM: 1/D=F
The focal length in METERS is the reciprocal of the dioptric power.
+8D lens focuses at 1/8 meter (12.5 cm)

OPTICS OF PLUS LENSES: (1 meter = 40 inches)
IMPERIAL SYSTEM: 40/D=F
The focal length in INCHES is 40 OVER the dioptric power.
+8D lens focuses at 40/8 or 5 inches

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The Principles of Low Vision

HIGH ADD SPECTACLES

Why is knowing the focal distance so important?

1. **Holding the material at the correct distance is crucial for patient success.**
2. **You can catch uncorrected refractive errors if focus is at the wrong distance.**

Patient example: 5x(20d= 40/20=2 inches)

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The Principles of Low Vision

HIGH ADD SPECTACLES

GOOD NEWS
for those only prescribing up to a +3 add:

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HIGH ADD SPECTACLES: BINOCULAR

PRISMATIC GLASSES

Readymade prismatic ½ eyes.
+4.00 w 6pd BI
+5.00 w 8pd BI
+6.00 w 10pd BI
+8.00 w 12pd BI
+10.00 w 14pd BI

Cost to you $180
Price to patient:
Starts at $600

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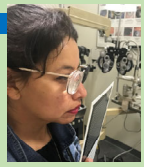
READING

HIGH PLUS LENSES WITH PATIENT Rx



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HIGH ADD SPECTACLES: BIFOCALS

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HIGH ADD SPECTACLES: BINOCULAR

PRISMATIC GLASSES

Monocular vs Binocular

IF PATIENT ACUITIES ARE ALMOST EQUAL, YOU CAN USE UP TO 10 DIOPTERS WITH PRISM FOR BINOCULARITY.

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HIGH ADD SPECTACLES: MICROSCOPE

14x Full Diameter Wide Angle Microscope (+56 D)

Cost to you
$230-$435

Price to patient:
$1200- $1500

6x Clear Image Microscope (+24 D)

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READING TELESCOPES: 1.7X / 2.2X

1.7x Reading Telescope

Cost to you
$440- $1005

Price to patient:
$2900-$3500

2.2x Reading Telescope

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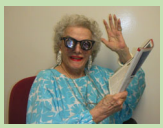
TV / FACES: Full Diameter Telescopes

Cost to you
$365-$655

Price to patient:
$2900-$3800



1.7x Full Diameter Telescope
available with reading caps

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DRIVING: Bioptic Telescope Glasses

Cost to you
$375-$785

Price to patient:
$3200-$3900

2.3 Bioptic Telescopes

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We can make a safe driver safer.
We cannot make an unsafe driver safe.

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DRIVING: Bioptic Telescope Glasses

The Telescopic System must be
placed above the visual axis.

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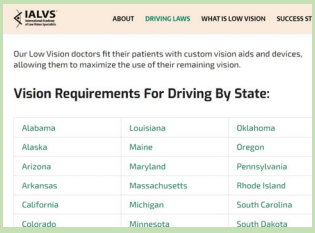
www.IALVS.com



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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS:
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST
5 DISTANCE ACUITY / REFRACTIVE STATUS
6 NEAR ACUITY
7 STOP AND TALK 1
8 NEAR TASK HELP
9 INTERMEDIATE TASK HELP
10 DISTANCE TASK HELP
11 STOP & TALK 2

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The SHULDINER 12 Step Low Vision Evaluation

STOP & TALK: SELLING HELP:

- REVIEWING THE WISH LIST:
  what is/isn't possible
  benefits/limitations/proficiency
- LISTING THE "HELP" MENU
- DEMONSTRATING HELP AGAIN
- PRESENTING THE COSTS

[redacted]

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The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP
2 OPENING STATEMENTS
3 CASE HISTORY (in 2 minutes)
4 THE WISH LIST
5 DISTANCE ACUITY / REFRACTIVE STATUS
6 NEAR ACUITY
7 STOP AND TALK 1
8 NEAR TASK HELP
9 INTERMEDIATE TASK HELP
10 DISTANCE TASK HELP
11 STOP & TALK 2
12 SHUT UP AND LISTEN

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The SHULDINER 12 Step Low Vision Evaluation

SHUT UP & LISTEN

LISTEN FOR:
- WHAT HAS BEEN ABSORBED
- CONFUSION
- MISUNDERSTANDING
- CONCERNS
- QUESTIONS

PERHAPS LEAVE THE ROOM FOR A WHILE!
COME BACK AND LISTEN MORE
KEEP SPEAKING: *"QUALITY OF LIFE"*
TELL THEM WHAT TO EXPECT ON DISPENSING

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WHAT TO PRESCRIBE WHEN

Television & Reading

Patient: Female, 86yo, AMD

Prescribed:
1.7x FDTS binocular for TV
add +8 cap OD for reading

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WHAT TO PRESCRIBE WHEN

Read, Write, Board, TV, Ipad, Cell

Patient: Female, 12yo, Stargardt's
OD>OS
7th Grade
OD 5/40- No Glasses
OS 5/100
Retinoscope: +3.50-1.00x180
+3.00-1.00x180

No VA change w/Rx

NVA: OD 20/160 at 4 "
OS much worse

Low Vision Aids
1. Moderate Plus
   +8 Prismatics
   "ok for writing"
2. High Plus
   7x MS
   "read small print"
3. *1.7x FDTS*
4. *2.2 BTS*

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WHAT TO PRESCRIBE WHEN

Read, Write, Board, TV, Ipad, Cell

Low Vision Aids Prescribed:

- No DV Rx
- +8 prismatic ½ I
- Plano 1.7x FDTS
- +14 reading cap

(3.5x) X (1.7x)=6x

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WHAT TO PRESCRIBE WHEN

Extensive Wish List

Patient: Female, 77yo, Myopic Deg.
OD>OS
Retired office work
OD 20/80 -12.75-3.50 x 5
OS 20/600 -9.50-2.25 x 180 add+4
Retinoscope: pl over OU

NVA: OD 20/30 w Rx

OD 20/20 w/o Rx

Low Vision Aids
1. 2.2 BTS

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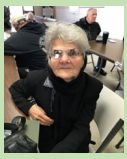
WHAT TO PRESCRIBE WHEN

Extensive Wish List

LOW VISION AIDS PRESCRIBED:
2.2x Microspiral Focusable Telescope
Smallest frame possible.



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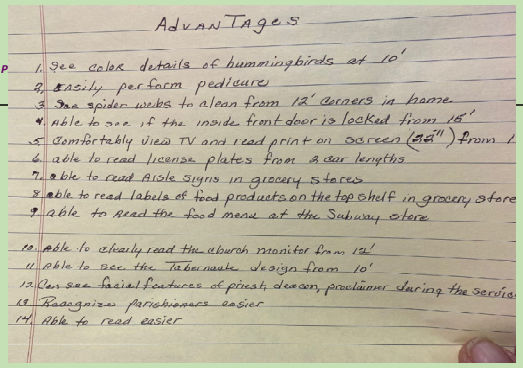
WHAT TO PRESCRIBE WHEN



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WHAT TO PRESCRIBE WHEN

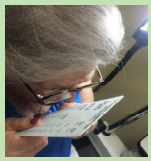
Reading

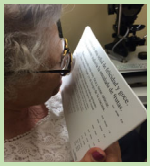
Patient: Female, ? yo, AMD
OD>OS

OD 20/560
OS 20/560

Retinoscope: ?

Prescribed 14x MS (56d)





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SLVTI
SHULDINER LOW VISION TRAINING INSTITUTE

THE UNMET NEED

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SHULDINER LOW VISION TRAINING INSTITUTE

APPROXIMATELY 8 MILLION PEOPLE ARE VISUALLY IMPAIRED IN THE UNITED STATES

Alabama	150,600	Kentucky	152,000	North Dakota	14,400
Alaska	17,600	Louisiana	155,900	Ohio	280,100
Arizona	175,600	Maine	30,800	Oklahoma	138,100
Arkansas	97,900	Maryland	111,500	Oregon	104,500
California	797,300	Massachusetts	129,800	Pennsylvania	298,500
Colorado	107,700	Michigan	223,500	Puerto Rico	218,400
Connecticut	61,200	Minnesota	86,500	Rhode Island	22,100
Delaware	19,200	Mississippi	96,400	South Carolina	153,300
District of Columbia	16,400	Missouri	153,900	South Dakota	16,600
Florida	544,700	Montana	21,800	Tennessee	205,400
Georgia	267,100	Nebraska	39,700	Texas	702,500
Hawaii	24,500	Nevada	101,500	Utah	55,000
Idaho	43,500	New Hampshire	28,600	Vermont	14,100
Illinois	258,900	New Jersey	163,700	Virginia	178,400
Indiana	159,800	New Mexico	65,200	Washington	161,900
Iowa	60,700	New York	418,500	West Virginia	71,400
Kansas	67,900	North Carolina	285,500	Wisconsin	110,300
				Wyoming	14,500

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Results

- **A total of 1228 low-vision rehabilitation service entities were identified.**
- **Almost half (42.7%) were private optometry practices.**
- State agencies had the highest number of clients per week (45.0 clients per week) **whereas private optometry practices had the lowest (4.1 clients per week).**
- Most (≥88.0%) established rehabilitation goals, fit optical aids with basic training, and conducted eye examinations.
- Scanning, eccentric viewing, orientation and mobility, **and advanced device training were less commonly offered** (25%-50% of entities). Central vision impairment was the most common deficit (74.1% of clients), with age-related macular degeneration being the most common cause (67.1%).
- Among the clients, 85.9% had problems reading and 67.7% had problems driving; 44.9% had adjustment disorders.
- Almost 1 in 3 clients was aged 80 years or older.

APPROXIMATELY 8 MILLION PEOPLE ARE VISUALLY IMPAIRED IN THE UNITED STATES

42.7% of 1228 = 524 private L.V. optometrists

8,000,000/524 = 15,267

15,267 LOW VISION PATIENTS PER PRIVATE LOW VISION OPTOMETRISTS

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SHULDINER LOW VISION TRAINING INSTITUTE

MORE LOW VISION OPTOMETRISTS ARE NEEDED

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SHULDINER LOW VISION TRAINING INSTITUTE

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