Referral Criteria

Introduction

Referral for Low Vision Assessment is sometimes left until the patient has reached the level of registration as Severely Sight Impaired (6/60 Snellen or less). This means that many patients who could benefit greatly from a Low Vision Assessment are denied access until it is too late for them to fully benefit. For example, an older person living alone, whose best corrected vision prevents them from reading N10, is going to encounter many difficulties in coping with everyday tasks such as reading cooking instructions, medicine instructions, household bills, as well as general correspondence. Similarly, an individual of employment age may well be having extreme problems retaining their job (or finding employment) with best corrected vision of 6/18 – N10. The same factors are equally true for children, both in school and in the wider world.

The following suggested criteria for referral to Low Vision Assessments should not be seen as a rigid or fixed criterion, but should be used as general guidelines. The most important factor when deciding whether to refer for a Low Vision Assessment is the patient’s own definition of their problem. In other words, if a patient is expressing concern about their ability to cope with reading, writing or other daily activities, they should be referred regardless of recorded visual acuity. It is preferable for the Low Vision Therapist to see patients at an early stage of their visual problem rather than attempt to ‘pick up the pieces’ when problems are too great for the patient to readjust or their motivation to cope visually has all but gone.

In other words, ‘If in doubt – Refer for Low Vision Assessment’.

Getting the Basics Right First

Before referring a patient for Low Vision Assessment please check that they have been refracted within the past six months. If they have not (or if you suspect that their reading problems may be rectified with +4D readers), then they should be referred to their usual optometrist.

Suggested Criteria

- Any patient with best corrected vision of 6/18 (Snellen) and/or best corrected near vision of N10 or less, should be referred for a Low Vision Assessment as routine.

- Patients with best-corrected vision of 6/6 or N8 who have field defects (either centrally or peripherally) may also benefit from a Low Vision Assessment. For example, an individual with early stage Macular Degeneration, Diabetic Maculopathy, Macular Hole etc. may well perform well on a Snellen chart but because of a small but absolute scotoma may find reading extremely difficult because two or three letters are missing at any one time. Low Vision Therapy techniques can often improve reading performance significantly for these patients. On the other hand, a patient with peripheral field loss may record 6/6 and N8 during clinical assessment, however their actual visual performance in everyday activities may well be extremely limited by their peripheral field loss. Low Vision Assessment is not just about magnification – field expanders, task lighting and/or training techniques can be provided which may enable the patient to maximise their visual potential.

- There is no ‘bottom line’ for referral to Low Vision Assessment. Patients with acuity of 1/60, CF or less than N48 can often be brought up to N6/N5 with the right aids and equipment. Again, if a patient with very severe visual loss expresses a wish to try to improve their visual abilities, the service is happy to try.

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