

Summerville Family Health Team

Aging Well with Vision Loss January 3, 2024

Learning about VLRC, Strategies for supporting Patients with Vision Loss

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Agenda

Who we are

Our organization & People we serve

What we know

Understand Vision Loss

What we do Service Offered

How to be referred

Healthy Tips

Strategies for supporting patients with Vision Loss

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Vision Loss Rehabilitation Canada

Our Journey to Today

2017: CNIB rebranded rehabilitation services under the name
Vision Loss Rehabilitation Canada

2018: Formal launch of new organization: Vision Loss Rehabilitation Canada

- Governed by a dedicated board of directors
- Funded by provincial governments

2019: Accreditation of our Corporate office, Governance and two VLRC Sites

2020: VLRC enhanced service delivery model to meet the needs of clients and
partners

Who we are

Vision Loss Rehabilitation Canada

- VLRC is a not-for-profit national healthcare organization and the leading provider of rehabilitation therapy and healthcare services for individuals with vision loss.
- We work in the community, in clinics, in your home or in medical centres.
- We see people of all ages
- Services are covered by provincial healthcare

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Who we are what people do we serve?

- Around 1.2 million Canadians were living with vision loss and blindness in 2019
- This is vision loss that impacts their quality of life.
- More than 8 million Canadians are living with eye disease from one of four conditions: age-related macular degeneration (AMD), glaucoma, cataract and diabetic retinopathy (DR)



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What we know

Understand vision loss

- Most common reasons for vision loss
 - Age-related conditions (glaucoma, cataracts, macular degeneration)
 - Disease or medical condition (diabetes, stroke)
 - Due to an accident or trauma

What we know

Understand vision loss

Age related conditions

Macular Degeneration (AMD)

- Most common cause of irreversible vision loss in the developed world for people over age 50
- The macula is part of the retina and is responsible for sharp, straight-ahead vision. Damage results in blurry central vision and loss of details.

Age related Macular Degeneration (AMD)



Age-related Macular Degeneration

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What we know

Understand vision loss

Age related conditions

Glaucoma

- A group of eye diseases that damage a nerve in the back of your eye called the optic nerve.
- Often no symptoms. Early detection and treatment needed to prevent severe vision loss.
- Important to have regular eye exams, especially after 45 and if there is a family history of glaucoma.

Glaucoma



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What we know

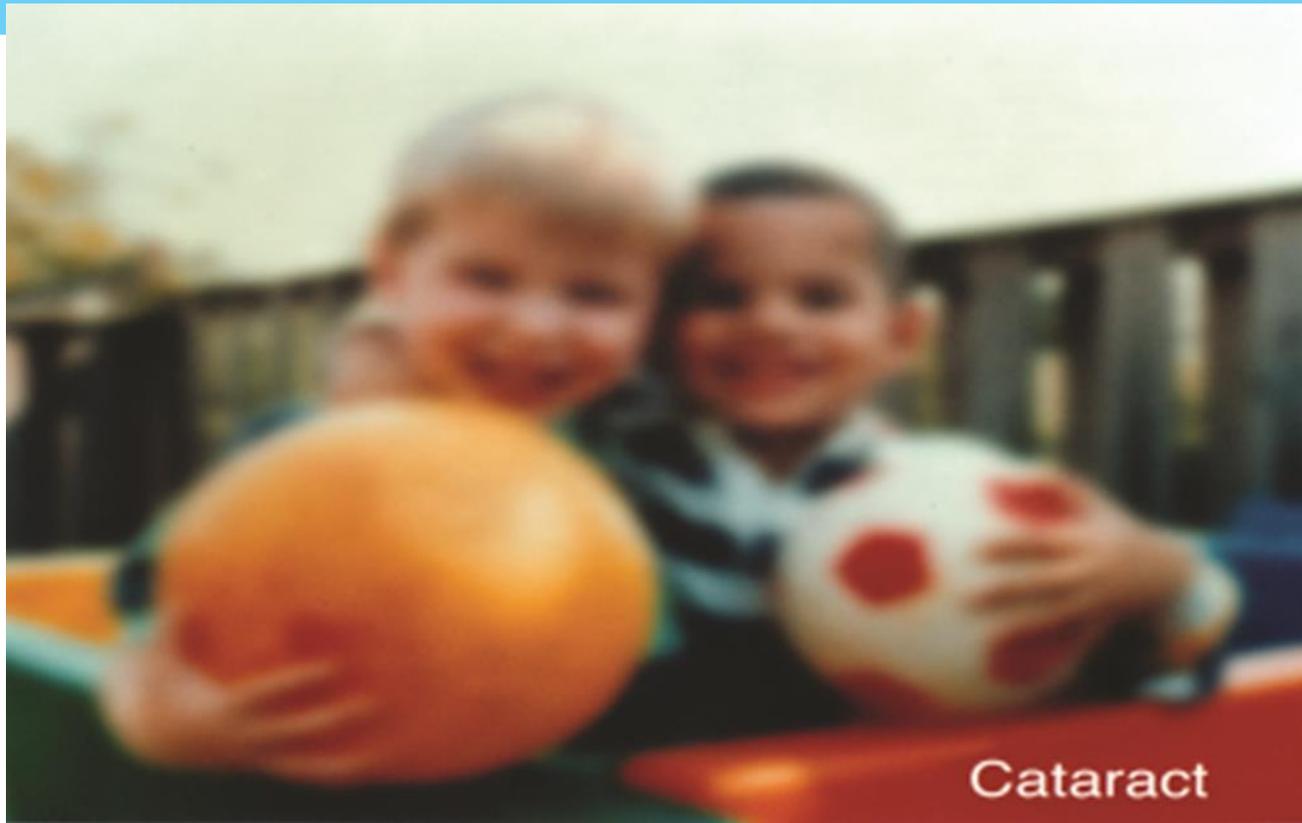
Understand vision loss

Age related conditions

Cataracts

- It is a clouding of the lens which blocks light from reaching the retina, causing overall blurring of vision
- Over 2.5 million Canadians have cataracts, usually from aging, but can occur at any age
- They can usually be surgically removed, and vision restored.

Cataracts



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What we know

Understand vision loss

Disease or condition related

Diabetic Retinopathy

- Diabetes creates higher risk of eye problems
- Elevated blood sugar levels cause blood vessels in the retina to swell and leak
- People experience blurred vision, frequent change in their glasses, blank spots in the vision, distorted vision, double vision, etc.

Diabetic Retinopathy



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What we know

Understand vision loss

Disease or condition related

Stroke or Brain injury

- Lack of blood flow to the brain result in damage and in vision loss
- Could be a variety of problems- visual field loss, central vision loss, visual motor, visual perceptual
- Often the problem lies not in the visual system but in the ability to process it in the brain

Stroke (neurologic)



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What we do

VLRC Services

- **Client Navigation:** our client navigators coordinate and integrate post-vision loss rehabilitation.
- **Primary Service Provision:** Focusing on functional needs, they target primary, short-term independence goals.
- **Specialized services:** focus on long-term and advanced independence goals, like learning to be fully independent at home.
- **Concentrated Programs:** designed to fill gaps in care and reduce the overall burden on the health care system.
- **Emergency Response:** Services that support rapid discharge from hospital and helps individuals avoid emergency visits and hospital admissions

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Primary Service

CLVT Low Vision Therapist

- Completes an assessment different than the optometrist or ophthalmologist.
- Focuses on function; how you use your eyes to see details, read, write, and manage every day
- Trains the use of:
 - optical aids/ low vision devices
 - specific visual motor skills
 - vision while still or while moving (scanning a page or turning the head).
 - specific visual perceptual skills
 - adaptive equipment that enhance or compensates for visual function



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Specialized Service CVRT-Vision Rehab Therapist

- Focus is on helping you to be as independent as possible in your home and community

**ADL-IADL-Employment-
School-Leisure**



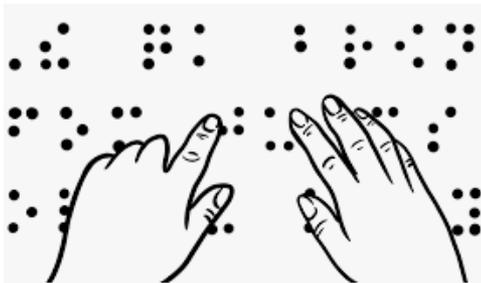
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CVRT-Vision Rehab Therapist

Instructs in use of

- Compensatory skills
- Assistive technology
- Personal and home management
- Adaptive communications
- Braille



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Specialized Service COMS-Orientation & Mobility

- comprehensive approach to orientation & mobility addressing nonvisual, visual, physical, cognitive, and psycho-social aspects related to mobility training for individuals of all ages, as well as diverse needs and abilities.
- Use a sequential process to train people to use their remaining senses to determine their position within their environment and to negotiate safe movement from one place to another.



Indoor-Outdoor-Community-Transit-Sighted guide

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COMS-Orientation & Mobility

Focus on:

- Understanding what is around you
- Knowing where you are
- Improving your other senses (auditory, tactile)
- Improving balance, posture and gait
- Self-protective techniques
- Identification & Analysis of intersections
- Cane techniques
- Sighted guide training



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Specialized Service Assistive Technology Specialist

Evaluation, training and integration into everyday life of technologies for those with vision loss.

- Assess current hardware and software
- Enhance the use of reliable remaining vision
- How to use non-visual techniques (auditory and tactual)
- Teach the skills to use technology
- Make recommendations for specific technologies and instructional strategies

Assistive Technology Specialist

Hardware-Software-Screen readers-Braille displays



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Referrals

- Anyone can refer (self-referral, health professional)
 - Do not need a visual diagnosis or assessment
- On the VLRC website or by fax
 - <https://visionlossrehab.ca/en/referrals>

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Eye Health Tips

Get regular eye exams

Eat a healthy diet and get plenty of exercise

Do not smoke

Wear sunglasses to protect you eyes from UV light.

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Strategies for supporting patients with vision loss

- **When speaking with a Person with Vision Loss:**
- DO identify yourself, especially when entering a room. Don't say, "Do you know who this is?"
- DO speak directly to the individual. Do not speak through a companion. Unless they are hard of hearing, they can speak for themselves.
- DO give specific directions like, "The desk is five feet to your right," as opposed to saying, "The desk is over there."
- DO give a clear word picture when describing things to an individual with vision loss. Include details such as color, texture, shape and landmarks.
- DO touch them on the arm or use their name when addressing them. This lets them know you are speaking to them, and not someone else in the room.
- DON'T shout when you speak. They can't see but often have fine hearing.
- DON'T be afraid to use words like "blind" or "see." Their eyes may not work, but it is still, "Nice to see you."
- DON'T assume all persons with vision loss will have the same needs. Some will need more than others

Strategies for supporting patients with vision loss

- **If you see a Person with Vision Loss who seems to be in need of assistance:**
 - DO introduce yourself and ask the person if he needs assistance.
 - DO provide assistance if it is requested.
 - DO respect the wishes of the person who is blind.
 - DON'T insist upon trying to help if your offer of assistance is declined.
- **If a Person with Vision Loss asks you for directions:**
 - DO use words such as "in front or behind," "turn left," "on your right."
 - DON'T point and say, "Go that way," or "It's over there."
 - Do use watch face when describing location such as it's at 12:00 o'clock meaning directly in front.
 - **General guidelines:**
 - DO treat Blind people as individuals. People with visual disabilities come in all shapes, sizes, and colors. They each have their own strengths and weaknesses, just like everyone else.
 -

Strategies for supporting patients with vision loss

- **If you are asked to guide a Person with Loss:**
- DO allow the person you are guiding to hold your arm and follow as you walk.
- DO move your guiding arm behind your back when approaching a narrow space so the person you are guiding can step behind you and follow single-file.
- DO hesitate briefly at a curb or at the beginning of a flight of stairs.
- DO tell the person you are guiding whether the steps go up or down.
- DO allow the person you are guiding to find the handrail and locate the edge of the first step before proceeding.
- DON'T grab the person you are guiding by the hand, arm, or shoulder and try to steer him.
- DON'T grab the person's cane or the handle of a dog guide's harness.
- DO refer to [Sighted Guide Techniques](#) for more information.

Contact Us



To find out more about Vision Loss Rehabilitation Canada and our services, contact us today.

Phone: 1-844-887-VLRC (8572)

Email: info@vlrehab.ca

Website: visionlossrehab.ca

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