

The Low Vision Testing Procedure: Results and Financial Success

COPE ID:

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**Richard J. Shuldiner, OD, FAAO,
has no financial interests to disclose.**



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,

1985-present

Belarus, China, Africa, & Israel

The Low Vision Testing Procedure: Results and Financial Success

PRODUCING PATIENT RESULTS
PRODUCING FINANCIAL SUCCESS

The Definition of Low Vision

Fully corrected VISION

which is insufficient TO DO what you want to do.

The Definition of Low Vision

**LOW VISION IS ABOUT
DOING
NOT SEEING!**

The Low Vision Testing Procedure: Results and Financial Success

STARTS WITH WHO I AM: WIN / WIN

Where does “who I am” live?

The Low Vision Testing Procedure: Results and Financial Success

WHO I AM:

THE PATIENT MUST SAY THEY BENEFIT

The Low Vision Testing Procedure: Results and Financial Success

WHO I AM:

THE DOCTOR MUST MAKE MONEY

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:

The patient must say they benefit.

The Doctor must make money.

The Low Vision Testing Procedure: Results and Financial Success

LET'S START WITH THIS STATEMENT:

THE PATIENT MUST SAY THEY BENEFIT

The Low Vision Testing Procedure: Results and Financial Success

We need the right patient.

The Low Vision Testing Procedure: Results and Financial Success

We need a reasonable amount of **vision**.
and
We need reasonable **goals (tasks)**.

The Low Vision Testing Procedure: Results and Financial Success

We need a phone conversation with the patient or someone who knows the patient

THE SHULDINER PHONE CONVERSATION TEMPLATE

1. GET INFORMATION / WHAT TO LISTEN FOR:

- A. Amount of vision the patient has now.
- B. The diagnosis.
- C. The tasks they want to be able to do.
- D. Logistics: can they get to the office.
- E. Cognitive abilities / motivation.
- F. Affordability.



Call1MadeAppointment.wav



Call5OneGoodEye.wav

2. GIVE INFORMATION

- A. A prediction for success
- B. What the exam will be like
- C. Demonstrators
- D. Costs
- E. Cosmesis

3. MAKE THE APPOINTMENT

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.

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.

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

The SHULDINER 12 Step Low Vision Evaluation

1 CREATING RELATIONSHIP

The low vision exam is different. Different from every other eye exam they have ever had and they have had many, many eye appointments!

We need to break the chain of history that this will be just another disappointing experience.

- NO FORMS TO FILL OUT!
- Greet them in the waiting room
- Introduce yourself to the family
- Observe as they walk to the exam room
- Encourage a family member to be present



Step 1.Create Relationship.Professional Video.mpg

The SHULDINER 12 Step Low Vision Evaluation

- 1 CREATING RELATIONSHIP
- 2 OPENING STATEMENTS:

Opening Statements to Start Case History

THE **SHULDINER** OPENING STATEMENTS:

1. Mrs. Jones, I have lots of questions for you.
2. Because there's lots of things I need to know...
3. **AND**, there's lots of things I don't need to know!
4. So I may stop you from time to time.
5. Because I only have one hour to send you home better than you walked in.



The SHULDINER 12 Step Low Vision Evaluation

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

The Case History

Focus of the low vision case history

Everything relates to the task desired

Focus on the future, not the past

How questions are structured

Like a lawyer: short answers, best if Y/N

Questions NOT asked

What happened? Why are you here? What's wrong?

Questions that provoke emotions

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*

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



The SHULDINER 12 Step Low Vision Evaluation

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

THE CONCEPT OF *TASK SPECIFIC*

LOW VISION DEVICES ARE DESIGNED TO HELP WITH SPECIFIC TASKS.

Questions must elicit task specific responses

THE WISH LIST

TASKS CAN BE BROKEN DOWN INTO 3 CATEGORIES:

DISTANCE: driving; sporting events; theater, fast food menus

INTERMEDIATE: TV; playing bridge, computer, facial expressions

NEAR: reading, writing, sewing, hand crafts



Step 4.The Wish List.Professional Video.mpg

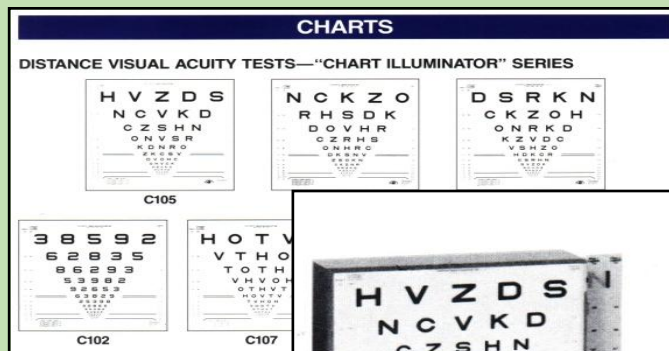
EXAMPLES OF THE WISH LIST

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

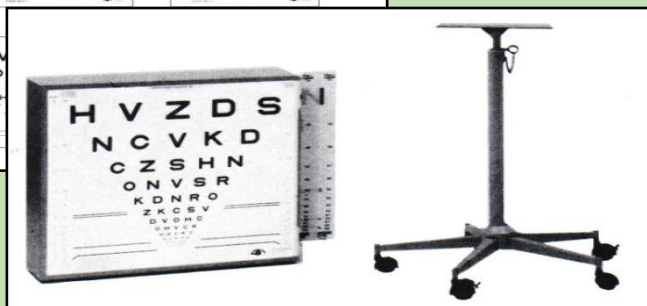
The SHULDINER 12 Step Low Vision Evaluation

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

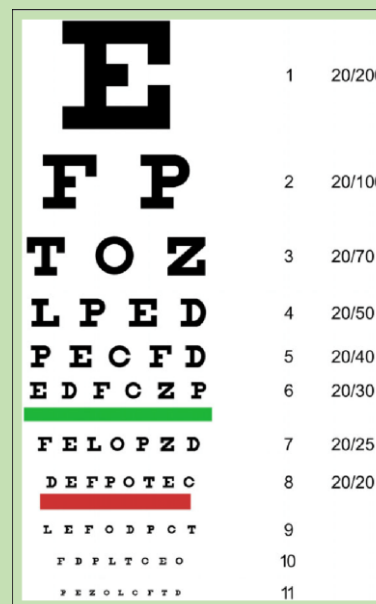
Measurement of Distance Visual Acuity



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.

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.

The SHULDINER 12 Step Low Vision Evaluation

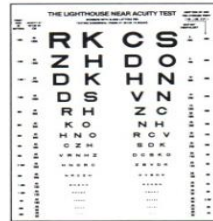
- 1 CREATING RELATIONSHIP
- 2 OPENING STATEMENTS:
- 3 CASE HISTORY (in 2 minutes)
- 4 THE WISH LIST
- 5 DISTANCE ACUITY / REFRACTIVE STATUS
- 6 NEAR ACUITY

Measurement of Near Visual Acuity

NEAR VISION ACUITY AND READING TESTS



C170



C175



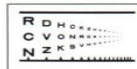
C185

SNELLEN: calibration different for each test card

JAEGER: no calibration

M NOTATION: calibrated for 16"

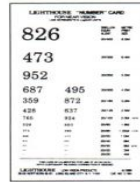
Pocket Size



C188



C191



C194



C197

Single letter or number

Single word

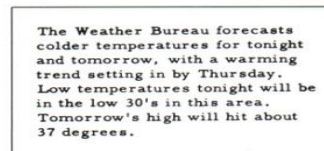
Sentence

Paragraph

Continuous Text



C202



C205

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

The SHULDINER 12 Step Low Vision Evaluation

STOP & TALK

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



Step 7.Stop & Talk 1.Professional Video.mpg

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

**PRESCRIBING FOR PATIENT SATISFACTION
AND FINANCIAL VIABILITY:**

THE SHULDINER PHILOSOPHY

The Low Vision Testing Procedure: Results and Financial Success

NOW THIS STATEMENT:

THE DOCTOR MUST MAKE MONEY!

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**

THE SHULDINER PHILOSOPHY

1. YOU MUST PROVIDE PROFESSIONAL, ETHICAL, and EXCELLENT SERVICE.

If you don't, you develop a poor reputation and no one will come to see you.

THE SHULDINER PHILOSOPHY

2. YOU MUST BE FINANCIALLY VIABLE
(aka: you must make money)

If you don't, you will go out of business
and can't help anyone.

THE SHULDINER PHILOSOPHY

3. YOU ARE NOT THE PATIENT'S FINANCIAL MANAGER
OR FINANCIAL CONSULTANT.

YOU ARE THEIR LOW VISION OPTOMETRIST.

THE SHULDINER PHILOSOPHY

4. THE BEST DEVICES FOR THE PATIENT ARE PRESCRIPTION DEVICES, NOT OTC.
5. PEOPLE PREFER LOW VISION DEVICES IN THE FORM OF GLASSES, IF POSSIBLE.

THE SHULDINER PHILOSOPHY

6. No Surprises.

Before the patient comes in they must know:

- Possible Costs
- How long the process is
- Low Vision device cosmesis
- Possible vision changes
- Refund policy

The SHULDINER 12 Step Low Vision Evaluation

- 1 CREATING RELATIONSHIP
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- 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

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?**

The Definition of Low Vision

**LOW VISION IS ABOUT
DOING
NOT SEEING!**

**THE MOST COMMON TASKS PEOPLE
WITH LOW VISION WANT TO DO:
READING / DRIVING / TV / FACES**

The Principles of Low Vision

MAGNIFICATION

IS USUALLY HOW WE HELP

(most of our patients are central vision loss)

The Principles of Low Vision

LOW VISION DEVICES ARE TASK SPECIFIC !

They are designed to help with specific tasks.

Multiple devices/glasses are usually required.

Plus Lens Optics in Low Vision

READING

HIGH PLUS LENSES WITH PATIENT Rx



**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:

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

The Principles of Low Vision

The Standard Unit of Magnification with high plus lenses is

$$\mathbf{4\ D = 1\ x}$$

+8 (2x) DIOPTER ADD:

METRIC: $1/8=12.5\text{ cm}$

IMPERIAL: $40/8=5\text{ inches}$

1 meter = 39.37 inches (40 in)

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: $5x(20d = 40/20 = 2 \text{ inches})$

The Principles of Low Vision

HIGH ADD SPECTACLES

GOOD NEWS

for those only prescribing up to a +3 add:

**EVERY STATE BOARD IN THE UNITED STATES OF AMERICA
IS NOW ALLOWING OPTOMETRISTS
TO PRESCRIBE AN ADD HIGHER THAN
+3.00 !!!**

CONGRATULATIONS

READING

HIGH PLUS LENSES WITH PATIENT Rx



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.

HIGH ADD SPECTACLES: BINOCULAR

PRISMATIC GLASSES



Readymade prismatic $\frac{1}{2}$ eyes.

+4.00 w 6pd BI

+5.00 w 8pd BI

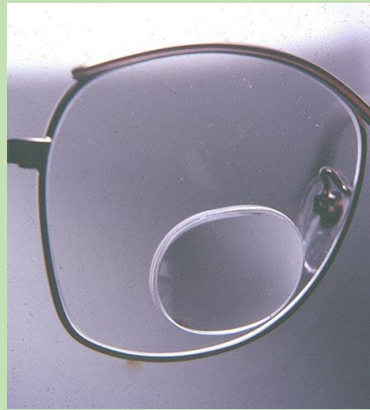
+6.00 w 10pd BI

+8.00 w 12pd BI

+10.00 w 14pd BI



HIGH ADD SPECTACLES: BIFOCALS



HIGH ADD SPECTACLES: MICROSCOPE



READING TELESCOPES: 1.7X / 2.2X



TV / FACES: Full Diameter Telescopes



DRIVING: Bioptic Telescope Glasses

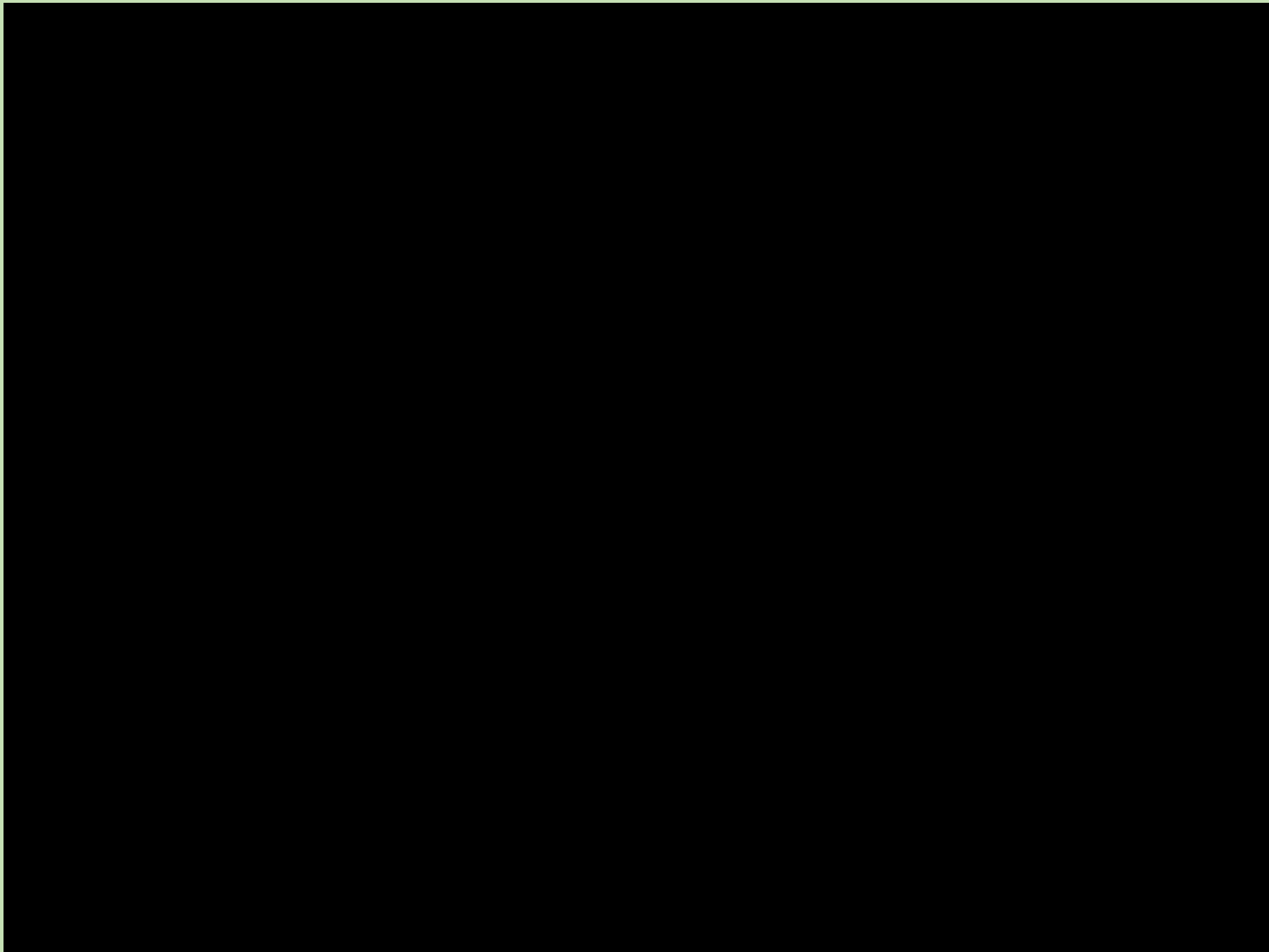


We can make a safe driver safer.
We cannot make an unsafe driver safe.



The Telescopic System must be placed above the visual axis.






Find an Eye Doctor: By Location

 **IALVS**
International Academy
of Low Vision Specialists

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IALVS is Helping Low Vision Patients Regain Independence

 **IALVS**
International Academy
of Low Vision Specialists

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Our Low Vision doctors fit their patients with custom vision aids and devices, allowing them to maximize the use of their remaining vision.

Vision Requirements For Driving By State:

Alabama	Louisiana	Oklahoma
Alaska	Maine	Oregon
Arizona	Maryland	Pennsylvania
Arkansas	Massachusetts	Rhode Island
California	Michigan	South Carolina
Colorado	Minnesota	South Dakota

www.IALVS.com

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

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

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

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

WHAT TO PRESCRIBE WHEN

Television & Reading

Patient: Female, 86yo, AMD

Prescribed:

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



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

WHAT TO PRESCRIBE WHEN

Read, Write, Board, TV, Ipad, Cell

Low Vision Aids Prescribed:

- No DV Rx
- +8 prismatic $\frac{1}{2}$ I
- Plano 1.7x FDTS
- +14 reading cap

$$(3.5x) \times (1.7x) = 6x$$



WHAT TO PRESCRIBE WHEN

Intermediate Distance Tasks: Poker; TV, Drive

Patient: Female, 85yo, AMD

OD>OS

Retired RE Broker

OD 20/50 pl - 0.75 x 80

OS 20/100 +0.75-1.00 x 95

Retinoscope: -0.50 over OU

NVA: OD 20/63 @ 13"

OS 20/90

Low Vision Aids

1. Moderate +
Prismatics rejected
2. 2x MS best
3. 1.7 FDTS
4. 2.2 BTS

WHAT TO PRESCRIBE WHEN

Intermediate Distance Tasks: Poker; TV, Drive

Low Vision Aids Prescribed:

- 1.7x FDTS
- +0.50/+2.25 bifocal cap
- 2x MS

WHAT TO PRESCRIBE WHEN



WHAT TO PRESCRIBE WHEN



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

WHAT TO PRESCRIBE WHEN

Extensive Wish List

LOW VISION AIDS PRESCRIBED:

2.2x Microspiral Focusable Telescope

Smallest frame possible.



Advantages

WHAT TO P

1. See color details of hummingbirds at 10'
2. Easily perform pedicure
3. See spider webs to clean from 12' corners in home
4. Able to see if the inside front door is locked from 15'
5. Comfortably view TV and read print on screen (32") from 1
6. able to read license plates from 2 car lengths
7. able to read Aisle signs in grocery stores
8. able to read labels of food products on the top shelf in grocery store
9. able to read the food menu at the Subway store
10. Able to clearly read the church monitor from 12'
11. Able to see the Tabernacle design from 10'
12. Can see facial features of priest, deacon, proclaimer during the service.
13. Recognize parishioners easier
14. Able to read easier

WHAT TO PRESCRIBE WHEN

Reading

Patient: Female, ? yo, AMD
OD>OS

OD 20/560

OS 20/560

Retinoscope: ?

Prescribed 14x MS (56d)





SHULDINER LOW VISION
TRAINING INSTITUTE

**MORE LOW VISION
OPTOMETRISTS
ARE NEEDED**



SHULDINER LOW VISION TRAINING INSTITUTE

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