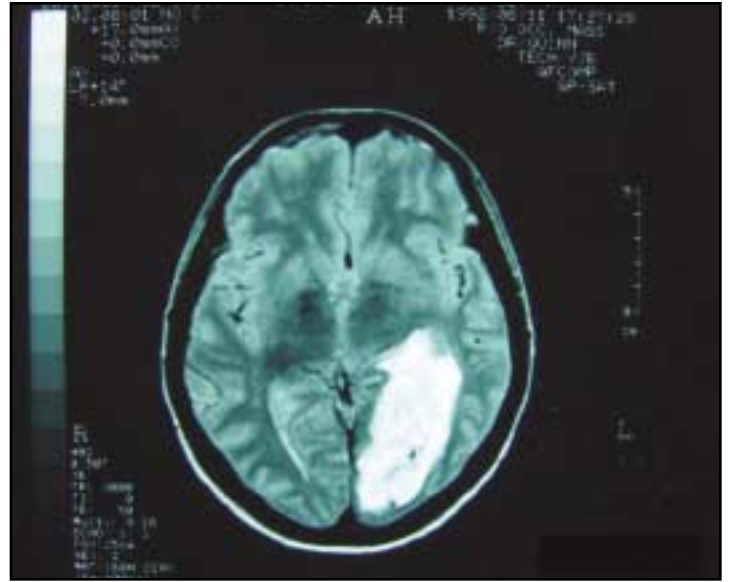


Optometric Care of Hospitalized and Rehabilitation Patients

Optometrists, through their education, clinical expertise and broad geographic distribution, have been providing over 70% of the primary eye and vision care services across the United States for many years.¹ In addition to diagnosing and treating ocular diseases such as macular degeneration, cataracts, diabetic retinopathy and glaucoma, optometrists treat the vision disorders that are secondary to ocular disease and acquired brain injuries.



Thus, in the hospital, nursing facility, or domiciliary setting the optometrist, as part of the healthcare team, can provide the necessary spectrum of eye and vision care to enhance the overall patient management and institute prompt rehabilitative services for the following signs and symptoms resulting from ocular or systemic disease or trauma:

overall patient management and institute prompt rehabilitative services for the following signs and symptoms resulting from ocular or systemic disease or trauma:

- Central and peripheral visual field defects
- Reduced visual acuity
- Uncorrected refractive errors
- Double vision
- Glare sensitivity and contrast loss
- Distortion
- Disorientation
- Impaired mobility
- Intermittent visual disturbances

In addition to assessing the visual system, the optometrist also interacts with the interdisciplinary rehabilitation team, providing input regarding the patient's visual abilities and limitations. When appropriate, the optometrist develops and implements an individualized vision rehabilitation plan, which may be initiated in the hospital or nursing facility setting or after the patient is discharged. Specific concerns that can be addressed include: reading difficulties, television viewing, activities of daily living, mobility, and driving.



Many hospitals and nursing facilities are not aware that optometric diagnostic and treatment services can be performed on site with minimal inconvenience to the patient and the facility. This eliminates the added costs of transportation and provides ease and access to comprehensive eye care. In addition, many optometric services are covered by Medicare, Medicaid, and secondary insurances.



Specifically, the optometrist can:

1. Assess ocular health and related systemic health conditions and how they impact visual functioning
2. Evaluate the functional status of the eyes and visual system
3. Provide appropriate optometric low vision intervention to improve the patient's visual functioning, taking into account the patient's special visual demands, needs, and adjustments to vision loss
4. Counsel and educate patients and family members regarding their visual impairment and ocular and related systemic health status, including recommendations for treatment, management, and future care
5. Coordinate care with other health care providers.

It is estimated that there are 13.5 million visually impaired persons over the age of 45 in the United States.² The number of patients who are visually impaired is escalating,³ as is the need for appropriate evaluation, management, and rehabilitative services for these individuals. Optometrists are uniquely qualified to manage visually impaired patients and provide therapeutic intervention or coordinate other forms of care to improve the functioning of the patients' affected visual system.

In a multidisciplinary team approach, both patients and health care providers benefit from the interaction of many specialties formulating a combined treatment program. Many primary care physicians in hospitals and nursing facility settings have recognized that optometrists are a vital resource in effectively diagnosing and treating chronic and acute conditions affecting the ocular system.

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1. American Optometric Association. Caring for the Eyes of America 1998, A Profile of the Optometric Profession, 1998:12.
 2. The Lighthouse, Inc. The Lighthouse National Survey on Vision Loss: the experience, attitudes, and knowledge of middle-aged and older Americans. New York: The Lighthouse, Inc., 1995:11-3.
 3. American Optometric Association, Optometric Clinical Practice Guideline for Care of the Patient with Low Vision, 1997:3.