

REDACTED: O&M and VISION

ORIENTATION AND MOBILITY: X is currently recovering from major surgery. Learning to walk steadily on her feet is a major component of her recovery and she has demonstrated her ability to ambulate independently, though the rate of ambulation at this point is slow and contingent upon physical therapy, focused on building strength, balance, duration, and confidence. X type of vision loss, left homonymous hemianopia, involves the absence of vision on the left side of both eyes; in other words, the left side of each eye has reduced vision. The degree of vision loss has not been revealed at this point due to delays in testing as a result of her current state of recovery. A brief run-in with X parents revealed that the official vision test would occur in January, 2016, after X has had time for things to settle from the surgery. It was stated that the test would not result in accurate readings if conducted at this present time, as vision loss from hemianopia is a visual processing issue as the eyes themselves may not be affected. Given the specific safety concerns involving left visual field loss, such as bumping into obstacles not visually detected on her left, as well as the concern of tripping, stumbling, or falling as a result of left visual field loss, it is safe to say that X is a strong candidate for OM direct service as part of her recovery. "Left neglect" was discussed within this report and is of particular concern at this point of her recovery as visual scanning skills and procedures need to be part of sensory integration while she is learning to walk steadily on her feet again. Lastly, X has expressed her personal concern of being accidentally bumped or pushed by her peers when walking on campus. This is a real and legitimate concern that affects her personal safety and well being. X has expressed her preference to receive OM training off campus initially until she regains her ability and confidence to walk at school again. This OM specialist, the OM intern co-assessors, and the assigned OM instructor all agree with X on this matter. Confidence during pedestrian travel for the person with vision impairment is one very important component of the OM training and curriculum.

X reported that she has been bumping into objects on her left side. This is a common occurrence for students with significant visual field loss. Peripheral vision is essential for negotiating obstacles while walking, particularly in congested areas and narrow spaces. It is common for middle school campuses to be swarming with students, outward swinging doors, and unexpected obstacles. Low-lying obstacles such as chairs, backpacks, students, and books increase fall risk. These are of particular concern for X given her visual field loss, balance issue, and other medical concerns.

Peripheral vision is responsible for detecting obstacles and motion to either side and below and above. **Visual field loss is a significant concern in regards to street crossings.** When X prepares to cross a street, the most dangerous car will be coming from the left. This is the side X has lost vision. There is concern of her ability to visually scan at intersections.

VISION: Scanning is a challenge due to her left side neglect. X reports using a yellow highlighter to remind herself to mark upper left hand corner of an assignment. Staff assessing X has reported that she missed the top left group of math tasks during a target task. However, X has been observed by this assessor to successfully scan left to right with return sweep, no skipping lines or words, on continuous lines of standard sized text for an extended period of time. This occurs in both paper and electronic format.

When scanning a distance acuity chart during the FVA, X missed several left oriented symbols for several lines when material was presented directly ahead of her for the first time. When material was placed to the extreme left (area of field loss) for the first time, X knew to turn her head in order to detect information. With this body position planning, X successfully read all target symbols from left to right to her threshold acuity. A different distance acuity chart was repeated over a week later as presented straight ahead. During this time X successfully scanned all symbols to her threshold acuity. In the first presentation where she successfully read the chart to the left, she was made aware of the positioning of

the task. In the second complete scan of the cart presented directly ahead, she had remembered the review of what she had missed the week earlier and adjusted to the newly presented chart. She independently adapts a compensatory strategy that works!

When seated and scanning or tracking material for near vision tasks, X will begin with standard body and head positioning but will employ more compensatory strategies (shifting electronic or print source to the left, turning her head to the left) as the length of the reading task lengthens. She will block out one eye (her right) when it appears that the length of reading is causing some fatigue. She did this on several occasions during the assessment, but did not employ her right eye only for a short duration. She would cover or rub her right eye for a short period of time, then resume using both eyes in tandem. Her self-driven compensatory skills in this area keep her accuracy and rate of reading at an even rate and at grade level. X has adapted a compensatory strategy that works!

X demonstrates restricted Visual Fields in both eyes. Her left field in both eyes is absent, giving her restricted field completely towards the left side of her body, as observed by staff and at school and recorded as "visual neglect." It was approximated by the assessors to be 45 degrees from midline to the left, which would place it approximately 90 degrees from the center (pupil) of her left eye.

Assessment results indicate that, at this time, X does qualify for vision services. Even though X shows some very strong self-driven compensatory skills and can read at a "standard print" with normal acuity both near and distant, other components of her vision may present difficulty in accessing the curriculum without some need for accommodation and or modification. **X may not need direct instruction in obtaining compensatory skills, but the permanent presence of heminopsia affects her ability to naturally obtain a complete scope of visual information in her academic environment. This is combined with visual fatigue from sustained reading, headaches from the effect heminopsia has on maintaining adequate tracking and scanning, and her documented left side neglect which results in some inconsistency locating information both distant and near primarily in the upper left quadrant of her field of vision.** She is a young lady who is still in the midst of recovering from a major, life altering surgery. Her ability to attend mainstream classes with a demanding workload will be met with challenges at times. **Vision is our main means of accessing information, and assistance with maintaining strategies as well as exploring alternatives to keep up the pace of academics will be part of her recommended service.**