

The Low Vision Testing Procedure: Results and Financial Success – part 1

Richard J. Shuldiner, OD, FAAO

Best Education for Patient Care and Business Management
**OPTOMETRIC
Management
SYMPOSIUM**

The Low Vision Testing Procedure: Results and Financial Success – part 1

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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 Uptake Clinics, with Eleanor Raye, MD & Bruce Rosenthal, OD	1981-1993
-Low Vision Diplomate Emeritus, American Academy of Optometry	1988-present
-Low Vision Optometry of Southern California	1994-present
<i>A new model for providing low vision care in the private practice setting as distinct from the non-profit, agency based model for providing low vision care.</i>	
-Founder/President, The International Academy of Low Vision Specialists	2006-Present
-Chief Clinical Editor, <i>Managing Low Vision</i> e-Newsletter, Optometric Mgt.	2018-Present
-COPE approved CE lectures at Vision Expo East & West, Russia, Ukraine, Belarus, China, Africa, & Israel	1985-present

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 SHULDINER 12 Step Low Vision Evaluation

My original low vision education was for the Non-Profit, Agency Based Low Vision Model. The Agency Based, Non-Profit Low Vision Model has unlimited time, unlimited resources, but, ultimately, is not financially viable.
In 2014, The New York Lighthouse was acquired by The Jewish Guild for the Blind and is now Lighthouse Guild. The New York Lighthouse ran out of money.

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**SOME REMARKS ABOUT "The Shuldiner 12 Step"**

I designed it 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 low vision optometrists all over the country.

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.



Step 2: Opening Statements: Professional Video.mpg

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



Step 3 Case History in less than 2 minutes Professional Videos.mpg

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

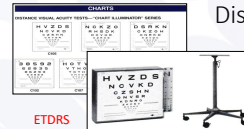
EXAMPLES OF THE WISH LIST

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



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

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Measurement of Near Visual Acuity

NEAR VISION ACUITY AND READING TESTS

SNELLEN: calibration different for each test card
 JAEGER: no calibration
 M NOTATION: calibrated for 16"

Single letter or number
 Single word
 Sentence
 Paragraph

NEAR VISION ACUITY AND READING TESTS

C170

C175

C185

Pocket Size

C186

C191

C194

C197

Continuous Text

C202

C205

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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

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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

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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

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The SHULDINER 12 Step Low Vision Evaluation

NEAR TASK HELP

- Task Analysis
 - Working distance
 - Field of view
 - Illumination
 - Hand/eye coordination
 - Depth of focus / depth perception

Step 8: Near Help Professional Video.mpg

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The SHULDINER 12 Step Low Vision Evaluation

NEAR TASK HELP

- The near-help conversation.
- Enrolling the patient in holding it at the correct distance.
- The Shuldiner Add Plus Method vs. calculation of magnification.
- Near Help:
 - High Plus Lenses/Microscopes/Prismatics
 - Near telescopes
 - Hand & stand magnifiers
 - Electronics
 - Large print
 - Non-visual

Step 8: Near Help Professional Video.mpg

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 HELP

The SHULDINER 12 Step Low Vision Evaluation

INTERMEDIATE TASK HELP

- TASK ANALYSIS
- The intermediate help conversation.
- Enrolling the patient in the types of devices.
- INTERMEDIATE HELP:
 - Telescopes
 - Electronics



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

The SHULDINER 12 Step Low Vision Evaluation

DISTANCE TASK HELP

- TASK ANALYSIS
- Determination of magnification
- Spectacle Telescopes: take patient outside
- Hand Held Telescopes
- E-Scoops
- Electronics
- Glare Control Devices: CPF/NoIR



Step 9 Distance Help Professional Video.mpg

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

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