

A multidisciplinary low vision rehabilitation & research conference by

**ENVISION UNIVERSITY** 

September 17-20, 2014

Hyatt Regency Minneapolis
1300 Nicolett Mall
Minneapolis, Minnesota

www.envisionconference.org

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# **S** About Envision University

The number of individuals in the United States aged 65 or older is expected to more than double to nearly 70 million by 2030. As the population of older adults increases, so too does the number of people with vision impairments that significantly impact their quality of life. Additionally, vision loss or blindness can originate from injury or trauma, congenital or genetic origin, or disease beginning at birth or early childhood. That means virtually every medical professional will come into contact with a patient with low vision. As such, they need the most up-to-date research and education available to make good clinical decisions for patients in their care.

It was with this growing need to educate vision rehabilitation service providers that the Envision Conference was created. In 2006, the Envision Conference was launched as the first multidisciplinary low vision rehabilitation and research conference of its kind. Over the years, hundreds of low vision professionals from multiple fields and disciplines have joined to share their ideas, research and knowledge about the issues that face low vision individuals every day.

Since that first year, Envision's professional education and research program has expanded to include several continuing



education opportunities each year as well as a journal publication, *Visibility*. As the need for education increases, so does our responsibility to provide it. It was with this in mind that Envision University was established.

The mission of Envision University is to provide multidisciplinary continuing education and research opportunities for low vision rehabilitation professionals, establishing best practices to ensure continued research and clinical care for individuals who are blind or visually impaired. Our promise is to collaborate with vision rehabilitation and research professionals to provide relevant multidisciplinary continuing education and research opportunities that address practice gaps in current standards of care and research.

Learn more about Envision University at **www.envisionuniversity.org.** 



## A Broader Mission

Since 1933, Envision has become one of the nation's most trusted service and employment providers for people who are blind or low vision. From providing a job to providing much needed resources, the goal is always the same – independence.

Headquartered in Wichita, Kansas, the mission of Envision, Inc. is to improve the quality of life and provide inspiration for the blind and visually impaired through employment, outreach, rehabilitation, education and research.



## Table of Contents

- **Envision Conference** Committees
- **6** | Awards
- Schedule Overview
- Schedule-at-a-Glance 10 |
- **Special Events** 20 |
- **Plenary Session** 22 |

- 23 | Sessions
- **52** | Speaker Index
- **54** | Exhibit Hall Guide
- 60 | Hotel Floor Plans
- **Continuing Education** 62 |
- Attendee Resources 66 |

## **Envision Conference Committees**

**Envision Conference programming is made possible through the hard work and** dedication of the following committees:

### **Clinical Education Peer Review Committee**

- Gary Asano, OD, FAAO, Assistant Professor, Southern California College of Optometry; Chair, Low Vision Rehabilitation Section, California Optometric Association
- Ellen Bowman, TVI, COMS, UAB Vision Science Research Center, University of Alabama at Birmingham
- **Jennifer Brantley, PhD, Manager, Continuing Education and Outreach, Envision University**
- Ronald Cole, MD, MVT Visual Rehabilitation Center, Sacramento, CA
- Michael Epp, MS, Director, Professional Education, Envision University
- Linda Lawrence, MD, Private Practice, Salina, KS
- Pam Simpson, MBA, CMP, Senior Program Manager, Continuing Education, University of Kansas Medical Center
- Debra A. Sokol-McKay, MS, OTR/L, CDE, SCLV, CLVT, CVRT, Consultant Private Practitioner

### **Research Abstract Peer Review Committee**

- **Donald C. Fletcher, MD.** University of Kansas Department of Ophthalmology: Medical Director, Envision Vision Rehabilitation Center: Smith-Kettlewell Eve Research Institute and California Pacific Medical Center Department of Ophthalmology; Helen Keller Foundation for Research and Education
- Shirin E. Hassan, BAppSc(Optom), PhD, Assistant Professor, Indiana University School of Optometry
- Gordon Legge, PhD, University of Minnesota, Minneapolis, MN
- **Olga Overbury, PhD, School of Optometry, University of Montreal:** Department of Ophthalmology, McGill University, Montreal, Quebec, Canada
- George T. Timberlake, PhD, VRT, Senior Eye/Vision Researcher, Kansas City Veterans Administration Medical Center, Kansas City, Missouri
- Laura Walker, PhD, Executive Director, Envision Research Institute, Wichita, Kansas; Associate Scientist, The Smith-Kettlewell Eye Research Institute, San Francisco



### **Envision Oculus Award**



Second Sight Medical Products, Inc. has been selected through nominations to receive the 2014 Envision Oculus Award. Through dedication and innovation, Second Sight's mission is to develop, manufacture and market implantable visual prosthetics to enable blind individuals to achieve greater independence. Through twenty-plus years of research, dedication, and innovation, Second Sight Medical Products has achieved what was previously thought to be impossible, partial restoration of vision for people who are blind. The Argus II Retinal Prosthesis System is the first and only approved long-term therapy for people with advanced Retinitis Pigmentosa (RP) in the U.S. and restores some vision to people who are completely blind due to RP.

Brian Mech, Vice President of Business Development, will be accepting the 2014 Oculus Award on behalf of Second Sight.

The Envision Oculus Award is presented to the individual(s) or organization whose career or program has had a national or international impact for people who are blind or low vision through professional collaboration, advocacy, research or education. A nomination form is included in your attendee resources, or you can visit **www.envisionconference.org** to submit your nomination.



### **Envision Award in Low Vision Research**

**Janet Sunness, MD**, Medical Director, Richard E. Hoover Low Vision Rehabilitation Services, Greater Baltimore Medical Center, will be awarded the 2014 Envision Award in Low Vision Research.

Janet Sunness, MD, has been a prolific clinician-researcher in the area of maculopathy. She has made significant contributions most specifically in our understanding of the natural history and possible genetics of geographic atrophy (dry AMD, for which there is no cure), which has formed the basis for new clinical trials. In her practice, Dr. Sunness utilizes an occupational therapy model of



low vision rehabilitation, and has conducted research into the functional impacts of low vision. Beyond the eye, Dr. Sunness was among the first to investigate cortical reorganization in patients with central field loss. Her pioneering research and commitment to patients puts her in a class of her own as a clinician-scientist.

Dr. Janet Sunness is an ophthalmologist, specializing in low vision rehabilitation, retinal disease, and clinical visual function testing. She is recognized as an authority on advanced dry macular degeneration. She was on the Wilmer faculty for 20 years, during which she directed a large NIH-funded study of advanced dry age-related macular degeneration, whose findings have served as the basis for most clinical research and trials for this condition. She also has a strong interest in Stargardt disease, and is the director of one of the 9 clinical centers worldwide involved in a natural history study of Stargardt disease, organized by FFB. She has done pioneering work in using microperimetry for understanding macular disease, and reported the first case of visual cortex mapping in macular degeneration as part of an NIH grant on neuroplasticity.

The award is presented each year to a mid-career senior investigator in low vision and vision rehabilitation research. Selection is peer reviewed and based on research by a scientist having six or more years post-terminal or professional degree research.

## **Schedule Overview**

### Wednesday | September 17

2-6 pm **Registration Open** | Nicollet Promenade

**Speaker Ready Room Open** | Lakeshore C

4-6 pm **Pre-Conference Research Activity: Translating Research** 

Into Clinical Practice | Moderator: Donald Fletcher, MD | Nicollet D

### Thursday | September 18

7 am-5:30 pm **Registration Open** | Nicollet Promenade

Speaker Ready Room Open | Lakeshore C

7-8 am **Continental Breakfast** | Nicollet Promenade

8-9:30 am Plenary Session | Regency Ballroom

9:30-9:45 am **Coffee Break** | Nicollet Promenade

9:45 am-5:30 pm **Conference Sessions** | See Schedule-at-a-Glance

12-1 pm *Lunch on Your Own* 

3-8 pm **Exhibit Hall Open** | Nicollet A/B/C

3-3:30 pm Coffee Break | Exhibit Hall | Nicollet A/B/C

5:30-8 pm Welcome Reception | Exhibit Hall | Nicollet A/B/C

### Friday | September 19

7 am-5:30 pm **Registration Open** | Nicollet Promenade

**Speaker Ready Room Open** | Lakeshore C

7 am-1:15 pm Exhibit Hall Open | Nicollet A/B/C

7-8 am Continental Breakfast | Exhibit Hall | Nicollet A/B/C

8 am-5:30 pm **Conference Sessions** | See Schedule-at-a-Glance

10:15-10:45 am **Coffee Break** | Exhibit Hall | Nicollet A/B/C

11:45 am-1:15 pm **Buffet Lunch** | Exhibit Hall | Nicollet A/B/C

3:15-3:30 pm **Coffee Break** | Nicollet Promenade

### Saturday | September 20

7 am-5 pm Registration Open | Nicollet Promenade

7 am-4 pm Speaker Ready Room Open | Lakeshore C

7-8 am **Continental Breakfast** | Nicollet Promenade

8 am-5 pm **Conference Sessions** | See Schedule-at-a-Glance

10-10:15 am Coffee Break | Nicollet Promenade

12:15-1:30 pm Lunch on Your Own

3:45-4 pm **Coffee Break** | Nicollet Promenade

| Wedne    | sday, September 1   | 7   |  |  |
|----------|---|---|--|--|
| 2:00 PM  | Registration Open, 2-6 pm, Nicollet Promenade   |   |  |  |
|          | Speaker Ready Room Open, 2-6 pm   | , Lakeshore C   |  |  |
| 4:00 PM  | Pre-conference Research Activity,<br>Translating Research Into Clinical   | 4-6 pm, Nicollet D Practice. Moderator: Donald Fletcher, MD                           |  |  |
| Thursd   | ay, September 18  |   |  |  |
| 7:00 AM  | Registration Open, 7 am-5:30 pm, N  | licollet Promenade  |  |  |
|          | Speaker Ready Room Open, 7 am-5   | :30 pm, Lakeshore C   |  |  |
|          | Continental Breakfast, 7-8 am, Nicol  | let Promenade   |  |  |
| 8:00 AM  | Plenary Session   8-9:30 am   Regency Ballroom   A Journey of Hope:<br>Low vision Clinics as a Means to Impact Human Rights for Persons with<br>Albinism in East Africa. Rebecca Kammer OD, PhD, Diplomate Low Vision, FAAO |   |  |  |
| 9:30 AM  | Coffee Break, 9:30-9:45 am, Nicollet  | Coffee Break, 9:30-9:45 am, Nicollet Promenade  |  |  |
|          | Lakeshore A Lakeshore B   |   |  |  |
| 9:45 AM  | C1: Changing My View: Increasing the Perception of Access for Students with Low Vision. Cindy Bachofer, TVI, CLVT, PhD; Chrissy Cowan, TVI  | C2: Experience with the IVA System in Vision Rehabilitation.  August Colenbrander, MD |  |  |
| 11:00 AM | C5: Accessing the Curriculum: Students with Visual Impairment in the Elementary School Classroom. Christine Moe, TVI  | C6: How Do Mainstream Lenses Have a Low Vision Application. Gary Asano, OD            |  |  |

| Wednesday, September 17   |   |   |          |  |
|---|---|---|----------|--|
|   | 2:00 PM   |   |          |  |
|   | Speaker Ready Room Op   | en, 2-6 pm, Lakeshore C   |          |  |
|   | -conference Research Activ<br>nto Clinical Practice. Mode   |   | 4:00 PM  |  |
|   | Thurs   | sday, Septen  | nber 18  |  |
| Re  | egistration Open, 7 am-5:30 p   | om, Nicollet Promenade  | 7:00 AM  |  |
| Spea  | aker Ready Room Open, 7 an  | n-5:30 pm, Lakeshore C  |          |  |
|   | Continental Breakfast, 7-8  | am, Nicollet Promenade  |          |  |
| Plenary Session   8-9<br>Low vision Clinics as<br>Albinism in East Africa   | 8:00 AM   |   |          |  |
|   | Coffee Break, 9:30-9:45   | am, Nicollet Promenade  | 9:30 AM  |  |
| Nicollet D1   | Nicollet D2   | Nicollet D3   |          |  |
| C3: Self-Report Assessment of Functional Visual Performance Profile (SRAFVP): A Multipur- pose Tool for Evalua- tion, Goal Planning and Functional Reporting (G-Codes). Deann Bayerl, MS, OTR/L, SCLV | C4: Mergers: An Imperative for Not-For-Profit Vision Agencies? A Case Study: A Review of the Merger Between Lighthouse International and Jewish Guild Healthcare (formerly Jewish Guild for the Blind).  Mark Ackermann, MS | R1: Low Vision Plus: Comorbidity and Vision Loss. Moderator: Walter Wittich, PhD; Gregory Goodrich, PhD; Donald Fletcher, MD; Gina di Grazia, OTR/L, MA, COMS, CLVT; Olga Overbury, PhD | 9:45 AM  |  |
| C7: My Client has a Touch of Sugar  Debra Sokol-McKay, MS, OTR/L, CDE, SCLV, CVRT, CLVT   | <b>C8:</b> Effects of Loss of an Eye. <i>J. Vernon Odom, PhD</i>  |   | 11:00 AM |  |

| Thursday, September 18 cont. |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| 12:00 PM                     | Lunch on your own, 12-1 pm   |  |  |  |  |
|                              | Lakeshore A Lakeshore B  |  |  |  |  |
| 1:00 PM                      | C9: How Long Can She Read at that Rate? Determining Reading Speed and Stamina for the Reader with Low Vision.  Chrissy Cowan, TVI                    | <b>C10:</b> Advanced Dry Age-Related Macular Degeneration (Geographic Atrophy).  Janet Sunness, MD |  |  |  |
| 3:00 PM                      | Coffee Break, 3-3:30 pm, Exhibit Hall  |  |  |  |  |
|                              | <b>Exhibits Open,</b> 3-8 pm, Exhibit Hall,  | Nicollet A/B/C   |  |  |  |
|                              | Lakeshore A  | Lakeshore B  |  |  |  |
| 3:30 PM                      | C13: The Kansas Lions Statewide<br>Low Vision Program (KanLovKids):<br>A Delivery Model Developed by a<br>Community of Practice.<br>Kendall Krug, OD | C14: Here's Your GPS to Navigate Through the Latest Gadgets and Gizmos of 2014. Ana Juricic, OD    |  |  |  |
| 5:30 PM                      | Welcome Reception, 5:30-8 pm, Exh  | ibit Hall, Nicollet A/B/C  |  |  |  |
| Friday, September 19         |  |  |  |  |  |
| 7:00 AM                      | Registration Open, 7 am-5:30 pm, Nicollet Promenade  |  |  |  |  |
|                              | Speaker Ready Room Open, 7 am-5:30 pm, Lakeshore C   |  |  |  |  |
|                              | Exhibits Open, 7 am-1:15 pm, Exhibit Hall, Nicollet A/B/C  |  |  |  |  |
|                              | Continental Breakfast, 7-8 am, Exhibit Hall, Nicollet A/B/C  |  |  |  |  |

| Thursday, September 18 cont.   |  |   |          |
|--|--|---|----------|
| Lunch on your own, 12-1 pm   |  |   | 12:00 PM |
| Nicollet D1  | Nicollet D2  | Nicollet D3   |          |
| C11: Nifty Nineties-<br>Vision Rehabilitation<br>and the Oldest Old.<br>Colleen O'Donnell,<br>OTR, CLVT  | C12: Fearless Low Vision Care Without Formulas. Henry Greene, OD  R2: Low Vision in Late Life: Psychological Challenges and Interventions. Moderator: Silvia Sörensen, PhD; Verena Cimarolli, PhD; Rajeev Ramchandran, MD; Katherine White, OD |   | 1:00 PM  |
|  | Coffee Break   | , 3-3:30 pm, Exhibit Hall   | 3:00 PM  |
|  | <b>Exhibits Open,</b> 3-8 pm, Ex   | chibit Hall, Nicollet A/B/C   |          |
| Nicollet D1  | Nicollet D2 Nicollet D3  |   |          |
| C15: Evidence- Based Evaluation and Treatment of Unilateral Field Loss and Spatial Neglect. Stephen Whittaker, CLVT, OT, PhD  C16: Making Patients Aware of Binocular Scotomas. Gianfrancesco Villani, MD; Donald Fletcher, MD; Ronald Cole, MD; Marilee Walker, OTR/L, SCLV |  | R3: Ocular Motor<br>Control in AMD with<br>Central Scotoma.<br>Moderator: Preeti<br>Verghese, PhD; Laura<br>Walker, PhD; George<br>Timberlake, PhD;<br>Caitlin Murphy, PhDc | 3:30 PM  |
| Welco  | 5:30 PM  |   |          |
| Friday, Septen   |  |   | nber 19  |
| Registration Open, 7 am-5:30 pm, Nicollet Promenade  |  |   | 7:00 AM  |
| Spe  |  |   |          |
| Exhibits Open, 7 am-1:15 pm, Exhibit Hall, Nicollet A/B/C Continental Breakfast, 7-8 am, Exhibit Hall, Nicollet A/B/C  |  |   |          |
| Cont   |  |   |          |

| Friday,  | Friday, September 19 cont.  |   |  |  |
|----------|---|---|--|--|
|          | Lakeshore A   | Lakeshore B   |  |  |
| 8:00 AM  | C17: Keeping An Eye On Cooking.  Kathi Garza, TVI; Cindy Bachofer, TVI, CLVT, PhD   | C18: Occupational Leadership.  Julie Nastasi, OTD, OTR/L, SCLV, FAOTA   |  |  |
| 9:15 AM  | <b>C21:</b> Comprehensive Pediatric<br>Low Vision Services: Research,<br>Supports and Challenges.<br><i>Anne Corn, EdD</i>          | <b>C22</b> : Is Low Vision Lighting Coming of Age? <i>Gregory Goodrich, PhD; Donald Fletcher, MD; Karen Kendrick, OTR/L, CLVT</i> |  |  |
| 10:15 AM | Coffee Break, 10:15-10:45 am, Exhib   | it Hall, Nicollet A/B/C   |  |  |
| 10:45 AM | <b>C25:</b> Communication for Children who are Deaf-blind: An Overview of Methods, Assessments, and Technology.  Angel Perez, TVI   | <b>C26:</b> What Can the Visual Evoked Potential Test (VEP) Tell Us for Rehabilitation?  J. Vernon Odom, PhD                      |  |  |
| 11:45 AM | Buffet Lunch, 11:45 am-1:15 pm, l   | Exhibit Hall (Nicollet A/B/C)   |  |  |
| 1:15 PM  | C29: Oh the Places You'll Go With an iPad: The Low Vision Professional's Perspective Laurie Hoffman, OD, FAAO; Angie Ryan, CLVT, OT | C30: The Science Behind Assessing and Recommending Task Lighting.  Peter Borden, PhD;  Michele Klein, MBA                         |  |  |
| 3:15 PM  | Coffee Break, 3:15-3:30 pm, Nicollet Promenade  |   |  |  |

| Friday, September 19 cont.  |   |  |          |  |  |
|---|---|--|----------|--|--|
| Nicollet D1   | Nicollet D2   | Nicollet D3  |          |  |  |
| C19: Bioptic Driving Program: Developing Compensatory Skills Including the Use of a Driving Simulator. Annik Gemme, O&M Vincent Moore, OD | <b>C20:</b> Electromagnetic<br>Radiation. It's Effect on<br>the Eye and Vision Loss.<br>Patrick Yoshinaga, OD,<br>MPH                                   | R4: Instruments and Measurements for Low Vision Rehabilitation. Moderator: Peter Borden, PhD; Marco U. Morales, MEng, PhDc; Gianfrancesco                    | 8:00 AM  |  |  |
| C23: Low Vision Rehabilitation for Multiple Sclerosis Julie Nastasi, OTD, OTR/L, SCLV, FAOTA  | <b>C24:</b> Medical Marijuana:<br>Cannabis and the Visual<br>System.<br><i>Denise A. Valenti, OD, ABO</i>   | Villani, MD; Theresa<br>Smith, PhD, OTR/L,<br>CLVT; Safa Gamam,<br>Undergraduate   | 9:15 AM  |  |  |
| Coffe   | ee Break, 10:15-10:45 am, Ex  | hibit Hall, Nicollet A/B/C   | 10:15 AM |  |  |
| C27: How to Move Your<br>Patients/Students from<br>Frustration/Struggle to<br>Freedom.<br>Charlie Collins, CPSC                           | C28: Using Supported Conversation for Adults with Aphasia During a Low Vision Assessment. Melinda Szilva, MTS, CCC; Tammy Labreche, OD; Ann Plotkin, OD | R5: Assistive Technology in Low Vision. Moderator: Jocelyn Faubert, PhD; Gang Luo, PhD; Aaron Johnson, PhD; Walter Wittich, PhD                              | 10:45 AM |  |  |
| Buffet Lun  | ch, 11:45 am-1:15 pm, Exh   | ibit Hall, Nicollet A/B/C  | 11:45 AM |  |  |
| C31: Attention!!!  Colleen O'Donnell, OT, CLVT  | C32: Taking the Risk Out of Prescribing Bioptic Telescopes. Henry Greene, OD  | R6: Low Vision and Social Interactions.  Moderator: Olga Overbury, PhD; James Odom, PhD; Aaron Johnson, PhD; Heather Livengood, OT, PhDc; Marie Celeste, EdD | 1:15 PM  |  |  |
|   | Coffee Break, 3:15-3:30 pm, Nicollet Promenade 3:15 PM  |  |          |  |  |

| Friday, September 19 cont. |   |   |  |  |
|----------------------------|---|---|--|--|
|                            | Lakeshore A   | Lakeshore B   |  |  |
| 3:30 PM                    | C33: Are We Really Doing the Best for Our Patients?  Gary Asano, OD         | C34: Documentation and Billing of Vision Rehabilitation Services.  Kendall Krug, OD       |  |  |
| Saturda                    | ay, September 20  |   |  |  |
| 7:00 AM                    | Registration Open, 7 am-5 pm, Nico  | ollet Promenade   |  |  |
|                            | Speaker Ready Room Open, 7 am-4   | ·   |  |  |
|                            | Continental Breakfast, 7-8 am, Nico   |   |  |  |
|                            | Lakeshore A   | Lakeshore B   |  |  |
| 8:00 AM                    | C37: Dymystifying the Medical Model.  Cathy Holden, COMS;  Marlene Snow, OT | C38: OD/OT Collaboration: Oh, The Places We Go! Nilima Tanna, OT; Rebecca Kammer, OD, PhD |  |  |
| 10:00 AM                   | Coffee Break, 10-10:15 am, Nicollet   | Promenade   |  |  |

|  | 19 cont.  |  |          |
|--|---|--|----------|
| Nicollet D1  | Nicollet D2   | Nicollet D3  |          |
| C35: Visual Impairment Worth Falling For? Jennifer Bulmann, OD; Katie Boland, OD   | C36: Analysis of 5 Service Delivery Models in Canada and the United States. Donald Fletcher, MD; Gregory Goodrich, PhD; Biljana Zuvela, PhD; Anne Jarry, VRT, M.Ed: Karen Kendrick, OTR/L, CLVT | R7: Vision Loss and<br>Mobility Issues<br>Moderator: Shirin<br>Hassan, OD, PhD;<br>Ellen Bowman, TVI,<br>COMS; Paymon<br>Rafian, Undergraduate;<br>Gordon Legge, PhD;<br>Christina Granquist | 3:30 PM  |
|  | Satu  | rday, Septer   | nber 20  |
|  | 7:00 AM   |  |          |
| S  |   |  |          |
| Nicollet D1  | Nicollet D1 Nicollet D2 Nicollet D3   |  |          |
| C39: Google Says I'll Get My Sight Back: Managing Unrealistic Expectations for Low Vision Rehabilitation Ann Plotkin, OD; Melinda Szilva, MTS, CCC; Tammy Labreche, OD | C40: Occupational Therapy in the Visual Rehabilitation Team: Emerging Trends for the Future. Angie Ryan, CLVT, OT   | R8: Normal and Impaired Vision in Older Drivers.  Moderator: Charles Collin, PhD; Bradley Dougherty, OD, PhD; Anne Corn, EdD; Heather Woods-Fry, PhDc; Gang Luo, PhD; Jocelyn Faubert, PhD   | 8:00 AM  |
|  | Coffee Break, 10-10:15  | am, Nicollet Promenade   | 10:00 AM |

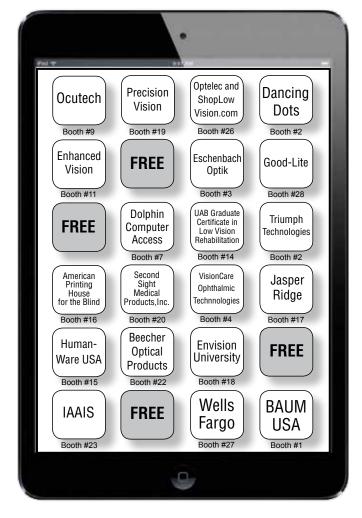
| Saturda | ay, | Sept | embe | r 20 | cont. |
|---------|-----|------|------|------|-------|
|         |     |      |      |      |       |

| Saturday, September 20 cont. |  |  |  |
|------------------------------|--|--|--|
|                              | Lakeshore A  | Lakeshore B  |  |
| 10:15 AM                     |  | C42: Eye-hand Coordination in Patients with Macular Degeneration: Current Research. Donald Fletcher, MD; Laura Walker, PhD; George Timberlake, PhD |  |
| 12:15 PM                     | Lunch on your own, 12:15-1:30 pm   |  |  |
|                              | Lakeshore A  | Lakeshore B  |  |
| 1:30 PM                      | C45: Collaboration Among Colleagues – Interdisciplinary Teaming Among OTs, PTs, and Orientation & Mobility Specialists. Kevin Hollinger, TVI, COMS | <b>C46:</b> From Mapping to Measuring Vision Rehabilitation Outcomes. <i>Biljana Zuvela, PhD</i>   |  |
| 2:45 PM                      | C47: Training of Occupational Therapists in Sensory Impairment: Are We Doing Enough? Walter Wittich, PhD   | <b>C48:</b> Assessments of Cognitive Function: Vision Impairment. <i>Denise A. Valenti, OD, ABO</i>  |  |
| 3:45 PM                      | Coffee Break, 3:45-4 pm, Nicollet Promenade  |  |  |
| 4:00 PM                      | C49: Assessments and Why<br>They Matter<br>Theresa Smith, PhD, OTR/L,<br>CLVT  | <b>C50:</b> Using Occlusion Therapy in Low Vision Rehabilitation. <i>Kendall Krug, OD</i>  |  |

|  | Saturday,  | September 2 | 20 cont. |
|--|--|-------------|----------|
| Nicollet D1  | Nicollet D2  | Nicollet D3 |          |
| C43: Starting a Private Practice in Occupational Therapy Low Vision Rehabilitation – Bringing Low Vision Rehabilitation to Your Community. It Can Be Done! Deann Bayerl, MS, OTR/L, SCLV | C44: 50 Interesting Braille Products Worth Touching. Ana Juricic, OD |             | 10:15 AM |
| Lunch on your own, 12:15-1:30 pm   |  |             | 12:15 PM |

# iPad Mini BINGO!

Visit each **Envision Conference 2014** vendor booth to learn more about their products and services, and secure the unique stickers needed to complete your Bingo card. Return your completed form to the registration table by 5:30 pm on Friday to be eligible for the drawing for an iPad Mini. Late entries will be disqualified; only completed cards will be eligible. Winner to be notified by phone or email.



We hope you have a great Envision Conference experience!





### **Pre-conference Research Activity**

Wednesday, September 17, 4-6 pm | Nicollet D

### **Translating Research Into Clinical Practice**

Moderator: Donald C. Fletcher, MD

Research studies with significant results in low vision rehabilitation often lag in their impact on clinical practice. It is not easy to change patterns of patient care, even when evidence that is effective and provides for maximized clinical outcomes indicates needed change. This presentation will focus on creating diverse and innovative ways of translating vision research into clinical practice action. A panel representing occupational therapy, ophthalmology, optometry, research and others engaged in the care and education of the low vision patient will fuel a discussion of how best to apply low vision rehabilitation research to close clinical practice gaps.

### Instruction Level: Intermediate

### **Objectives:**

- 1. Describe the most current clinical practices in low vision rehabilitation.
- 2. Recognize practice gaps in current standards of care.
- 3. Analyze how to best apply low vision rehabilitation research to close clinical practice gaps.

CEUs: ACCME: 2; COPE: 2; CPC: 2; ACVREP: 2; AOTA: .2; CRCC: 2

### **Welcome Reception**

Thursday, September 19 5:30-8 pm Exhibit Hall

Wine, dine and unwind. This is your chance to network with colleagues from around the world and explore the exhibit hall! Each guest will receive two complimentary drinks and plenty of hors d'oeuvres.





# VA Rehabilitation Research & Development Center of Excellence for Visual & Neurocognitive Rehabilitation Atlanta, Georgia

### Postdoctoral and Faculty Position in Visual Rehabilitation Research

The Rehabilitation Research & Development Center of Excellence for Visual and Neurocognitive Rehabilitation (CVNR) of the Atlanta VA Medical Center invites applications for postdoctoral training and faculty positions from individuals with research interests in the field of visual rehabilitation. The CVNR conducts a range of human and animal studies in visual and neurocognitive rehabilitation and related areas, and offers an exciting, collegial and collaborative environment for research and training (www.varrd.emory.edu).

Postdoctoral fellows work with a team of mentors chosen based on research and training needs of the fellow, and are strongly encouraged to apply for VA Career Development Awards. They will be supported by the CVNR for up to two years, with the possibility of further extension subject to funding. Potential mentors include **Krish Sathian, MD, PhD**; **Machelle Pardue, PhD**; **Katharina Echt, PhD**; and **David Ross, MSEE, MEd**; along with a number of University-based collaborators. Potential faculty candidates will be considered at all levels of seniority. Applicants should ideally have a background in vision science or low vision rehabilitation research; however, applicants with training in other disciplines will also be considered if such training is relevant.

- · US citizenship is a requirement.
- Salary is based on VA pay scales and experience, and is highly competitive.
- Applications should include a cover letter explaining the applicant's interest in visual rehabilitation, a CV, and the names and contact information of three references.

Please direct applications or inquiries to cvnr@va.gov.







### **Plenary Session**

Thursday, September 18, 8-9:30 am | Regency Ballroom

A Journey of Hope: Low Vision Clinics as a Means to Impact Human Rights for Persons with Albinism in East Africa.

Rebecca Kammer, OD, PhD, Diplomate Low Vision, FAAO



Dr. Kammer's research focuses on pedagogy and critical thinking in doctoral health profession students. She joined Western University College of Optometry in August 2012 as an Associate Professor and the Assistant Director of Optometric Education, has served as the Chief of Low Vision at the Southern California College of Optometry (SCCO) since 2005, and has led courses at SCCO on Geometric Optics and Low Vision Rehabilitation. A Diplomate of the Low Vision Section of the American Academy of Optometry, she has previously lectured at optometric and low vision conferences in the United States and abroad. She is the co-founder of the Shared Visions Annual Art Exhibit at the Eye Care Center in Fullerton, Calif., featuring works of legally blind artists. Her recent humanitarian efforts include offering remote low vision clinics to children with albinism in East Africa. Dr. Kammer recently received her PhD in higher education from Azusa Pacific University.

This lecture is aimed at describing a programmatic solution to a deep cultural problem of discrimination against persons with albinism that has resulted in acts of murder and brutality. Dr. Kammer will describe her role in providing low vision services to a cohort of children and young adults with albinism. The lecture will describe how the services have brought attention nationally and across Africa through health care education that supports the broader education and advocacy goals of her partner NGO, Under The Same Sun. As the effectiveness of the four years of annual low vision provision is discussed, the clinical profile of the cohort of persons with albinism (e.g., refractive error and strabismus) will be reviewed as it provides new insights into albinism in East Africa. Through the use of stories and images, Dr. Kammer will explain how her journey started with one emboldened step of action but that ongoing courage and perseverance is key to progress.

## **Instruction Level:** Introductory **Objectives:**

- 1. Describe why early development of vision is crucial for development of communication and interaction.
- 2. Describe ways to prevent problems in early visual communication.
- 3. Describe ways to assess for early intervention and education, including "clinical" functional tests; tests to depict early visual processing; tests to assess recognition of persons, objects and pictures; and tests to assess visuomotor functions and spatial awareness.

CEUs: ACCME: 1; ACVREP: 1; CPC: 1; AOTA: .1; COPE: 1; CRCC: 1



Clinical education sessions are listed with C session numbers.

Research sessions are list with R session numbers.

## Thursday, September 18

# C1. Changing My View: Increasing the Perception of Access for Students with Low Vision

Cindy Bachofer, TVI, CLVT, PhD Chrissy Cowan, TVI 9:45-10:45 am | Lakeshore A

Perception and reality can vary greatly when considering student access to visual information. The TSBVI Low Vision Tools and Strategies class relies on group process to encourage evaluation and discussion of modes of access. Activities are explained that help students learn from each other regarding challenges and solutions for successful access.

## **Instruction Level:** Introductory **Objectives:**

- 1. Identify benefits of the group process for understanding issues such as access to visual information.
- 2. Describe activities that help a person with low vision self-evaluate use of vision and management of routine tasks.

3. Give examples of instructional strategies for helping students set goals to improve their access.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

# C2. Experience with the IVA System in Vision Rehabilitation

August Colenbrander, MD 9:45-10:45 am | Lakeshore B

The Interactive Vision Assessment (IVA) system assesses "How the PERSON functions". The reading speed module and the oculomotor search module, serve to assess initial performance, guide the prescription of aids and/or training, and document their results. Last year's presentation discussed the basics. This presentation will discuss experiences by rehabilitation professionals.

## **Instruction Level:** Advanced **Objectives:**

1. Describe the difference between: "How the EYEs function" and: "How the PERSON functions".

- 2. Explain the use of reading speed tests to diagnose and train perceptual problems, and to document rehabilitation results.
- 3. Illustrate the use of visual search tests to diagnose and train oculo-motor skills and scotoma awareness, and to document rehabilitation results.

**CEUs:** ACCME: 1, ACVREP: 1, AOTA: .1, COPE:

1, CPC: 1, CRCC: 1



C3. Self-Report Assessment
of Functional Visual
Performance Profile (SRAFVP):
A Multipurpose Tool for
Evaluation, Goal Planning and
Functional Reporting (G-Codes)

Deann Bayerl , MS, OTR/L, SCLV 9:45-10:45 am | Nicollet D1

Functional Reporting (G-Codes) is a reality and low vision rehabilitation practitioners need a reliable method of selecting modifiers for functional reporting that is supported by a standardized assessment reflecting the limitations

manifest in impaired vision. The Self-Report Assessment of Functional Visual Performance Profile (SRAFVP) is an assessment tool that quantifies activities of daily living performance, providing objective functional reporting, as well as a clinical road map for goal selection and intervention decisions. Employed as an element of the initial, intermediate and discharge evaluation, this easily administered tool offers a valid method to determine and support required functional reporting.

# **Instruction Level:** Introductory **Objectives:**

- 1. Evaluate the advantages of the SRAFVP as related to other vision based functional assessments and Medicare suggested assessment tools.
- Examine how to administer and score the SRAFVP.
- 3. Recognize the utility of using the SRAFVP for selection of functional reporting modifiers and outcome goals in low vision rehabilitation.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1



C4. Mergers: An Imperative for Not-For-Profit Vision Agencies? A Case Study: A Review of the Merger Between Lighthouse International and Jewish Guild Healthcare (formerly Jewish Guild for the Blind)

Mark Ackermann, MS 9:45-10:45 am | Nicollet D2

The only path for the future of many Not-For-Profits is to consider a strategic alliance or a full-asset merger. This presentation reviews the who, what, when, where and why of the merger between Lighthouse International and Jewish Guild Healthcare (formerly Jewish Guild for the Blind) into what is now America's largest vision agency, Lighthouse Guild International based in New York City. A behind-the-scenes view of the process that was undertaken to bring these two century old vision organizations together under one corporate banner will be presented. In addition, an updated perspective will be offered on the integration process currently underway, the economies of scale that have resulted, and the clinical, educational, and research opportunities that abound.

# Instruction Level: Intermediate Objectives:

- 1. Identify strategies for planning and implementing strategic alliances and mergers.
- 2. Review the step-by-step procedures for creating a new corporate entity and governance structure to effectuate the strategic

- alliance or merger as well as learn the process of creating a new corporate identity, brand awareness, signage, etc.
- 3. Cite the numerous issues related to the integration of two corporate cultures and the challenges faced as it relates to human resources, work ethic, benefits administration, unionization, and governance.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

# R1. Low Vision Plus: Comorbidity and Vision Loss

Moderator: Walter Wittich, PhD 9:45-11:45 am | Nicollet D3

9:45-10:05 Utilization Success of Assistive Hearing Devices by Individuals with Sensory Loss. *Walter Wittich, PhD* 

**10:05-10:25** TBI-related Vision Loss: The Chicken and the Egg. *Gregg Goodrich, PhD* 

10:25-10:45 Vision Loss with the Comorbidity of Anxiety and/or Depression. *Donald Fletcher, MD* 

10:45-11:05 Increasing Staff Awareness of Ocular Health and Fall Risks for Patients Residing in a Long Term Care Facility. Gina di Grazia, OTR/L, MA, COMS, CLVT

11:05-11:25 Age-related Vision Loss and Mild Cognitive Impairment: Is There a Connection? *Olga Overbury, PhD* 

# **Instruction Level:** Intermediate **Objectives:**

- 1. Characterize the common comorbidities associated with vision loss.
- 2. Analyze the challenges practitioners are presented with in treating patients with vision loss accompanied by other sensory impairments.
- 3. Determine appropriate rehabilitation intervention strategies that include vision loss and comorbidty.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C5. Accessing the Curriculum: Students with Visual Impairment in the Elementary School Classroom

Christine Moe, TVI
11 am-12 pm | Lakeshore A

This presentation describes accommodations, accessibility, and instructional strategies for students with visual impairment in the elementary classroom. Educational challenges that students frequently face are illustrated in three case studies. Common educational tools, techniques, and technology will be discussed, as well as the role of the teacher of visually impaired students.

# Instruction Level: Intermediate Objectives:

 Identify common challenges associated with visual impairment in children in grades Kindergarten through 5th grade.

- 2. Describe accommodations, modifications, and accessibility devices used with students with visual impairment in the K-12 education system.
- 3. Understand the role and responsibilities of the teacher of visually impaired students.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

# C6. How Do Mainstream Lenses Have a Low Vision Application

Gary Asano, OD
11 am-12 pm | Lakeshore B

We are familiar with the optics of low vision aids, but do mainstream ophthalmic lenses made by regular lens companies have a role in low vision? This course will demonstrate many examples of these lenses and optics.

# **Instruction Level:** Intermediate **Objectives:**

- Recognize why ophthalmic optics is important for prescribing for the low vision patient.
- 2. Synthesize how physiological changes in vision are correlated to special vision needs and thus certain lenses are required to compensate.
- 3. Identify new types of optics in low vision aids and applicable mainstream lens manufacturers and why their products apply so well in low vision.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1, COPE: 1,

CPC: 1, CRCC: 1

# C7. My Client has a Touch of Sugar .....

Debra Sokol-McKay, MS, OTR/L, CDE, SCLV, CVRT, CLVT
11 am-12 pm | Nicollet D1

Your client has just informed you he has a "touch of sugar." Learn about this and other common myths/misperceptions your clients have about diabetes. Be able to respond to these false beliefs in an empowering way. Develop diabetes self-care adaptations that assist your client with vision loss alleviate these myths and take control of their diabetes.

# **Instruction Level:** Introductory **Objectives:**

- 1. Define diabetes.
- 2. List 2 myths or misperceptions about diabetes and explain why they are false.
- 3. Provide one visual adaptation to 2 myths or misperception-related areas.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1, CRCC: 1

### C8. Effects of Loss of an Eye

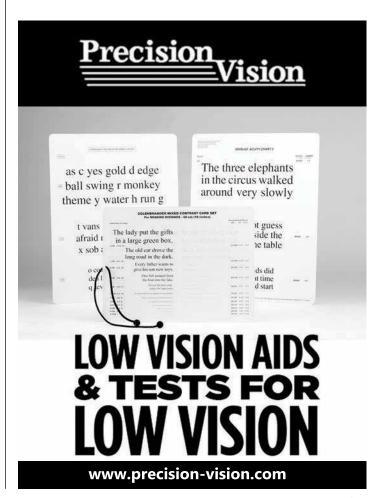
J. Vernon Odom, PhD
11 am-12 pm | Nicollet D2

The program will consist of a presentation within a broader research and clinical perspective of the consequences of loss of an eye. The major focus will be on the results of a series of studies in adults who have lost their eye and their quality of life and changes in their ability to perform visual spatial tasks.

# **Instruction Level:** Introductory **Objectives:**

- Identify the basic visual consequences of the loss of an eye and discuss the need and appropriateness of rehabilitation for loss of an eye
- 2. Provide information on the effects of loss of an eye on the long term quality of life of monocular patients.
- 3. State information on laboratory experiments which identify perceptual and perceptual motor consequences of loss of an eye.

**CEUs:** ACCME: 1, ACVREP: 1, AOTA: .1, COPE: 1, CPC: 1, CRCC: 1



# C9. How Long Can She Read at that Rate? Determining Reading Speed and Stamina for the Reader with Low Vision

Chrissy Cowan, TVI 1-3 pm | Lakeshore A

This workshop will cover a strategy TVIs, reading teachers, and general educators can use to collect comparative reading speed data which factors in stamina, variable print sizes, and reading with magnification. The presenter will describe the evaluation process, show a video demonstrating the process with a student, and discuss how to fold this data into a literacy media assessment. Intervention options for struggling readers with low vision will also be reviewed.

# **Instruction Level:** Introductory **Objectives:**

- 1. Assess reading fluency and stamina for print readers with low vision.
- 2. Use data to support the literacy media assessment and make educational decisions regarding print reading fluency.
- 3. Apply methods for improving print reading fluency.

CEUs: ACVREP: 2, AOTA: .2, CRCC: 2



C10. Advanced Dry Age-Related Macular Degeneration (Geographic Atrophy)

Janet Sunness, MD 1-3 pm | Lakeshore B

This course will provide a comprehensive description of advanced dry age-related macular degeneration (geographic atrophy, GA). The goals are to familiarize the participant with the stages of GA, and the visual problems and vision rehabilitation modalities appropriate for each stage.

# **Instruction Level:** Intermediate **Objectives:**

- 1. Understand the impact of geographic atrophy on vision.
- 2. Differentiate the stages of GA, before and after the fovea is involved.
- 3. Identify low vision treatment approaches appropriate to different stages.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

# C11. Nifty Nineties-Vision Rehabilitation and the Oldest Old

Colleen O'Donnell, OTR, CLVT 1-3 pm | Nicollet D1

By the year 2030, the number of people over the age of 80 is expected to triple. This presentation will discuss the results of the book; "Aging Our Way; Lessons for Living from 85 and Beyond." Case examples of meeting the needs of elders in vision rehabilitation will be shared.

**Instruction Level:** Introductory **Objectives:** 

- Understand the impact the fastest growing age segment of the U.S. population (85 and older) is having on our society.
- 2. Discuss the unique ways this group of elders is managing to be comfortable, stay healthy and remain connected.
- 3. Incorporate the lessons for living from 85 and beyond into the vision rehabilitation programs of clients in this age group.

CEUs: ACVREP: 2, AOTA: .2, CRCC: 2

# C12. Fearless Low Vision Care without Formulas

Henry Greene, OD 1-3 pm | Nicollet D2

Low vision need not be complicated, full of formulas, frustrating and time consuming.

Learn simple, efficient, time tested methods.

We will explore what you do and don't need, how to evaluate the patient, establish a

prognosis, make a treatment plan, and how to avoid disappointments. Practice management issues will also be explored.

Instruction Level: Intermediate Objectives:

- 1. Establish patient goals.
- 2. Determine prescription options.
- 3. Detect a prognosis.

**CEUs:** ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# R2. Low Vision in Late Life: Psychological Challenges and Interventions

Moderator: Silvia Sörensen, PhD 1-3 pm | Nicollet D3

1:00 - 1:30 Vision Loss and Aging: An Overview of Psychological Issues. Silvia Sörensen, PhD

1:30 - 2:00 Assessing and Addressing Vision Problems in a Geriatric Rehabilitation Setting.

Verena Cimarolli, PhD

2:00 - 2:30 Patient Responses to a Teleophthalmology Enabled Primary Care Based Diabetic Retinopathy Surveillance Program.

Rajeev Ramchandran, MD

2:30 - 3:00 The Macular Degeneration and Aging Study: Results of a Psychosocial Intervention. Silvia Sörensen, PhD & Katherine White, OD

# Instruction Level: Intermediate Objectives:

- 1. Understand the psychological challenges of vision loss in late life.
- 2. Recognize different approaches to alleviating mental health consequences of vision loss.
- 3. Consider introducing supportive interventions into low vision service contexts.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C13. The Kansas Lions Statewide Low Vision Program (KanLovKids): A Delivery Model Developed by a Community of Practice

Kendall Krug, OD 3:30-5:30 pm | Lakeshore A

This session introduces the KanLOVKids program developed at the Kansas School for the Deaf and Blind in 2005. This program serves visually impaired children throughout the state from birth to age 21 years. The Lions Club International Foundation grant along with the different components of the program will be discussed.

## **Instruction Level:** Introductory **Objectives:**

- Describe a successful collaborative program which includes a State School for the Blind, Medical and Optometric eye exam providers and TVI / COMS professionals.
- 2. Review statistics of the number of students served and their characteristics.

3. Discuss components of the program and its ongoing operation.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C14. Here's Your GPS to Navigate Through the Latest Gadgets and Gizmos of 2014

Ana Juricic, OD 3:30-5:30 pm | Lakeshore B

This course will outline the newest technology that was released in 2014. It will highlight the newest products for computers and smartphones (including accessories and APPS); new wearable technology to help with navigation and reading; educational products for children and young adults, to everyday products.

# **Instruction Level:** Introductory **Objectives:**

- 1. Obtain an introduction to the newest technology released in 2014 for the visually impaired and blind.
- Decipher which technology may be beneficial to your patient/client depending on level of vision impairment and/or blindness.
- 3. Become more knowledgeable in discussing new technology and where technology is leading with your patient/client.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,



# C15. Evidence-Based Evaluation and Treatment of Unilateral Field Loss and Spatial Neglect

Stephen Whittaker, CLVT, OT, PhD 3:30-5:30 pm | Nicollet D1

Using equipment generally available in a medical rehabilitation setting, evaluation and treatment protocols will be presented for unilateral field loss and spatial neglect associated with stroke and acquired brain injury in adults. Functional disability from reading to mobility will be addressed.

# Instruction Level: Intermediate Objectives:

- 1. Interpret observed measurements of visual fields, spatial vision and other non-visual aspects of neglect syndrome.
- Recognize the correct treatment plan for unilateral field loss with and without a split central field, and spatial neglect with and without unilateral field loss and identify the level of evidence supporting different treatments.
- 3. Identify and interpret clinical outcome measures for treatments for neglect and field loss.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C16. Making Patients Aware of Binocular Scotomas

Gianfrancesco Villani, MD
Donald Fletcher, MD
Ronald Cole, MD
Marilee Walker, OTR/L, SCLV
3:30-5:30 pm | Nicollet D2

Binocular central scotomas interfere with many activities of daily living in the low vision patient population. Both clinician and patient need to be aware of the presence and nature of these scotomas to maximize rehabilitation potential. This course will present several techniques to identify and demonstrate binocular central scotomas.

# Instruction Level: Intermediate Objectives:

- 1. Recognize implications of binocular central scotomas on ADLs.
- 2. Differentiate between with a variety of evaluation tools to identify binocular central scotomas.
- 3. Describe a variety of tools available to teach patients the nature of their binocular central scotomas.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

# R3. Ocular Motor Control in AMD with Central Scotoma

Moderator: Preeti Verghese, PhD 3:30-5:30 pm | Nicollet D3

3:30 - 3:45 Scotoma Awareness and Eye Movement Training in Age-Related Macular Degeneration. *Preeti Verghese, PhD* 

3:45 - 4:00 Stability of Eccentric Gaze. *Laura Walker, PhD* 

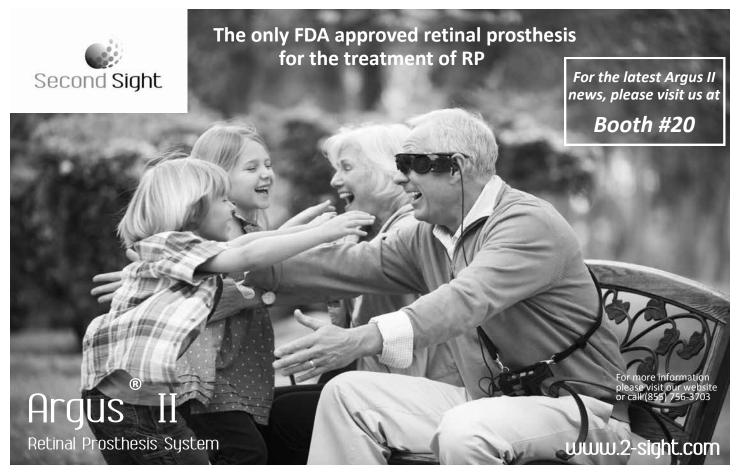
**4:00 - 4:15** Visuomotor Training for Manual Task Deficits from Macular Scotomas. *George Timberlake, PhD* 

4:15 - 4:30 The Influence of Fixation Stability on Balance in Patients with a Central Scotoma. *Caitlin Murphy, PhDc*  4:30 - 4:45 Depth Perception and Grasping in Age-related Macular Degeneration. *Preeti Verghese, PhD* 

Instruction Level: Intermediate Objectives:

- 1. Appreciate the lack of scotoma awareness in individuals with age-related macular degeneration.
- 2. Understand the role of attention in eye position in maintaining gaze.
- 3. Discuss how the SLO can be used to study eye-hand coordination.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,



# Friday, September 19

### C17. Keeping an Eye on Cooking

Kathi Garza, TVI
Cindy Bachofer, TVI, CLVT, PhD
8-9 am | Lakeshore A

By sophomore year, a student should be able to make toast! Students with low vision are often denied the opportunity to develop kitchen skills comparable to their typically sighted peers. This presentation outlines strategies for building student confidence to complete age appropriate tasks in the kitchen independently.

# **Instruction Level:** Introductory **Objectives:**

- 1. Identify obstacles and solutions for students to develop age appropriate cooking skills.
- 2. Describe strategies and tools that help students work safely and efficiently in the kitchen.
- 3. Give examples of academic objectives that align with cooking practice in the school day.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

### C18. Occupational Leadership

Julie Nastasi, OTD, OTR/L, SCLV, FAOTA 8-9 am | Lakeshore B

Occupational leadership incorporates the models of occupational adaptation and situational leadership. Occupational leadership provides a framework for facilitating community participation for individuals with visual impairment.

# Instruction Level: Intermediate Objectives:

- 1. Understand key components of the model of occupational adaptation.
- 2. Recognize key components of the model of situational leadership.
- 3. Integrate the models of occupational adaptation and situational leadership, and use occupational leadership as a framework for community participation.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

# C19. Bioptic Driving Program: Developing Compensatory Skills Including the Use of a Driving Simulator

Annik Gemme, O&M Vincent Moore, OD 8-9 am | Nicollet D1

The bioptic driving program is part of the new and innovative service offering at INLB. It uses in an innovative way a driving simulator to develop compensatory visual skills and in addition to the bioptic training which allow the safe driving of a vehicle and promote independence and social participation.

# **Instruction Level:** Introductory **Objectives:**

- 1. Understand the driving program with bioptic lens system developed for visual impaired people.
- 2. Cite examples of training in visual abilities.
- 3. Present driving scenarios enriched with the use of the driving simulator could optimize the training.

CEUs: ACVREP: 1, AOTA: .1, COPE: 1, CRCC: 1



### C20. Electromagnetic Radiation: It's Effect on the Eye and Vision Loss

Patrick Yoshinaga, OD, MPH 8-9 am | Nicollet D2

Understanding the detrimental effects of ocular exposure to sunlight and the electromagnetic spectrum and its relationship to conditions causing visual impairment is not fully understood and can be controversial. This presentation will examine our current knowledge of these issues and help create proper recommendations to individuals with low vision.

# Instruction Level: Intermediate Objectives:

- 1. Understand the effects of the various components of the electromagnetic spectrum on the eye.
- 2. Identify the current knowledge regarding the relationship between electromagnetic radiation exposure and visual impairment.
- 3. Recognize the various precautions and recommendations to prevent vision loss from electromagnetic radiation exposure.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

# R4. Instruments and Measurements for Low Vision Rehabilitation

Moderator: Peter Borden, PhD 8-10 am | Nicollet D3

8:00-8:30 Measuring and Prescribing Preferred Light Intensity and Color. *Peter Borden, PhD* 

8:30-9:00 Multifixation Target set for Microperimetry to Evaluate PRL in Low Vision Patients. Marco Morales, MEng, PhDc & Gianfrancesco Villani, MD

9:00-9:30 Validation and Responsiveness of the Low Vision Independence Measure (LVIM). Theresa Smith, PhD, OTR/L, CLVT,

9:30-10:00 Exploring Contrast-Polarity Effects in an iPad 3 Implementation of the MNREAD Acuity Chart. Safa Gamam

# **Instruction Level:** Intermediate **Objectives:**

- 1. Know the status of a device developed to provide a standardized measured of task lighting needs.
- 2. Determine how well various instruments enhance visual ability.
- 3. Review results of efficacy of enhancing low vision mobility through various measurement methods.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C21. Comprehensive Pediatric Low Vision Services: Research, Supports and Challenges

Anne Corn, EdD 9:15-10:15 am | Lakeshore A

Conflicting beliefs about the use or non use of impaired vision have existed for over 100 years. Clinical low vision specialists and educators are caught in a bind with education policies influencing whether children will receive comprehensive low vision services, prescribed devices and/or lenses, and instruction in their use. The purpose of this presentation is to provide for clinicians, educators, and rehabilitation personnel the information they need to make informed decisions about treatments and education.

# **Instruction Level:** Introductory **Objectives:**

- 1. Review research on the impact of clinical low vision services for children 2-21 yrs.
- 2. Learn how historical issues related to "blindness" have influenced practices in children's use or non use of low vision.
- 3. Discuss which laws, position papers and documents support or create barriers to children receiving clinical low vision evaluations and the roles and functions of educators of students with visual impairments.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

# C22. Is Low Vision Lighting Coming of Age?

Gregory Goodrich, PhD
Donald Fletcher, MD
Karen Kendrick, OTR/L, CLVT
9:15-10:15 am | Lakeshore B

Low vision lighting is important for maximizing patient ability. However, quantification is challenging beyond simple trial and error demonstrations of a few lamps. We will review current assessment strategies and research to introduce a new device, the LuxIQ, which allows assessment of optimum lighting for visual acuity and reading.

# **Instruction Level:** Intermediate Objectives:

- 1. Review current practices in low vision illumination assessment and prescription.
- 2. Explain the aspects of lighting (lux, color temperature, and color) relevant to assessing and prescribing lighting for low vision.
- 3. Present the research basis for measuring and quantifying patient lighting needs and for prescribing individualized lighting solutions.

**CEUs:** ACCME: 1, ACVREP: 1, AOTA: .1, COPE: 1, CPC: 1, CRCC: 1



# C23. Low Vision Rehabilitation for Multiple Sclerosis

Julie Nastasi, OTD, OTR/L, SCLV, FAOTA
9:15-10:15 am | Nicollet D1

One of the first signs of multiple sclerosis is blurred or hazy vision. Learn more about roles and responsibilities of each member of the rehabilitation team and identify MS-specific screening techniques that facilitate individualized and targeted rehabilitation services.

# **Instruction Level:** Introductory **Objectives:**

- 1. Differentiate the roles and responsibilities of each member of the rehabilitation team and describe the interplay between each professional service.
- 2. Identify MS-specific screening techniques that facilitate individualized and targeted rehabilitation services.
- 3. Recognize the basic and instrumental activities of daily living which should be assessed for intervention.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

## C24. Medical Marijuana: Cannabis and the Visual System

Denise A Valenti, OD, ABO 9:15-10:15 am | Nicollet D2

Twenty states allow for the use of marijuana for medical treatments and fifteen have legislation pending. This course will explore the use of cannabis in the United States and its current use as treatment option for several diseases. The relevance to the eye and visual function will be discussed.

## **Instruction Level:** Introductory **Objectives:**

- Learn the history of medical cannabis
  use in the United States and describe the
  current strategies and laws for distribution
  through dispensaries.
- 2. Understand the cannabinoids receptor systems throughout the brain and body as well as gain knowledge of the cannabinoid compounds and botanical strains.
- 3. Identify general treatment considerations and the treatments related to the visual system including the adverse effects of cannabis.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1



# C25. Communication for Children Who are Deaf-blind: An Overview of Methods, Assessments, and Technology

Angel Perez, TVI
10:45-11:45 am | Lakeshore A

"Communication for Children Who are Deafblind: An Overview of Methods, Assessments, and Technology" consists of information concerning meaningful communication from infancy through teen years. Modes of communication is discussed extensively as well as interaction with the family, peers, self-determination, advocacy, social interaction, assessments, assistive technology, service providers, and conflict resolution, and appropriate supports throughout the lives of those who are deaf-blind.

## **Instruction Level:** Introductory **Objectives:**

- 1. Collect assessments used to determine the most appropriate mode of communication for the deaf-blind individual.
- 2. Demonstrate a knowledge of purpose and use of assistive technology.
- 3. Access appropriate supports for those who are deaf-blind.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1, CRCC: 1



## C26. What Can the Visual Evoked Potential Test (VEP) Tell Us for Rehabilitation?

J. Vernon Odom, PhD 10:45-11:45 am | Lakeshore B

This presentation focuses on the complexities and efficacy of providing neuro-optometric rehabilitation in a clinical setting, utilizing an interdisciplinary team approach. Case studies of patients presenting with a multitude of complex systemic and/or neurological manifestations related to traumatic brain injury, cerebral vascular accidents and neoplasms will be presented. Diagnosis and the implementation of neuro-optometric rehabilitation techniques involving primary care, neurology, neuro-ophthalmology, occupational therapy, physical therapy, speech language pathology and behavioral health will be emphasized. Discussion of vision therapy (efficacy, validity and cost) is invited.

## Instruction Level: Intermediate Objectives:

- 1. Describe the etiology of neurological vision loss and implications for visual function.
- 2. Explain the function and utility of the Visual Evoked Potential test (VEP) in diagnosing neurological vision loss.
- 3. Identify the role of each member of the interdisciplinary team involved in the care of a neurological patient and identify neuro-optometric rehabilitation techniques employed by each specialty.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1

#### C27. How to Move Your Patients/ Students from Frustration/ Struggle to Freedom

Charlie Collins, CPSC 10:45-11:45 am | Nicollet D1

An inspiring, educational and uplifting presentation that will allow people to clearly see the problem and easily move into action.

## Instruction Level: Intermediate Objectives:

- 1. Define the four levels of learning.
- 2. Gain the ability to identify your patients' or students' obstacles.
- 3. Devise a plan to help patients to develop their own path to freedom.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

## C28: Using Supported Conversation for Adults with Aphasia During a Low Vision Assessment

Melinda Szilva, MTS, CCC
Tammy Labreche, OD
Ann Plotkin, OD
10:45-11:45 am | Nicollet D2

This presentation will focus on effective communication strategies to facilitate more effective low vision service provision to adults with aphasia. These strategies will be illustrated using three case studies. Useful resources will be provided to help participants develop greater competence and confidence in their interactions with this important population.

## **Instruction Level:** Introductory **Objectives:**

- 1. Gain a better understanding of aphasia.
- 2. Identify effective communication strategies for people with aphasia and necessary adaptations for people with a combination of aphasia and low vision during a low vision exam.
- Learn to access resources that can be utilized during assessments to increase success.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1

## R5. Assistive Technology in Low Vision.

Moderator: Jocelyn Faubert, PhD 10:45-11:45 am | Nicollet D3

10:45-11:05 Evaluation of a Google Glass App for Smartphone Screen Zoom. *Gang Luo, PhD* 

11:05-11:25 The Effectiveness of the Apple iPad as a Reading Tool for Individuals with Low Vision.

Aaron Johnson, PhD

11:25-11:45 The Presentation and Perception of Assistive Technologies in Print Media. *Walter Wittich, PhD* 

## Instruction Level: Intermediate Objectives:

- 1. Examine vision rehabilitation interventions available with assistive devices and optics.
- 2. Discuss how smartphones and other mobile device can help low-vision patients.
- Integrate assistive devices and optics to maximize quality of life potential for patients.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,



# C29. Oh the Places You'll Go... with an iPad: The Low Vision Professional's Perspective

Laurie Hoffman, OD, FAAO Angie Ryan, CLVT, OT 1:15-3:15 pm | Lakeshore A

This presentation will outline how an iPad can be used as a low vision device, particularly as a video magnifier. Up-to-date recommendations for accessibility features and apps will be discussed, which take into account both the patient's eye disease and level of vision to determine iPad applicability.

## **Instruction Level:** Introductory **Objectives:**

- 1. Determine what constitutes low vision and blindness and to identify the most common eye diseases causing visual impairment in the United States.
- 2. Provide resources to low vision professionals for apps, accessories, and tools to be used in conjunction with the iPad as well as to identify advantages and disadvantages of using the iPad as a video magnifier/CCTV.
- 3. Discuss how disease characteristics and different levels of visual impairment determine appropriate utilization of the iPad.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C30. The Science Behind Assessing and Recommending Task Lighting

Peter Borden, PhD
Michele Klein, MBA
1:15-3:15 pm | Lakeshore B

Optimized task lighting can be a simple, effective way to improve comfort and acuity for those with low vision. This course presents the essential concepts behind lighting and light sources that clinicians need to understand to assess task lighting needs and provide sound recommendations.

## Instruction Level: Intermediate Objectives:

- 1. Gain knowledge of lighting principles and measures important for low vision.
- 2. Learn how to assess task lighting needs.
- 3. Understand how to convert an assessment into useful recommendations.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

#### C31. Attention!!!

Colleen O'Donnell, OT, CLVT 1:15-3:15 pm | Nicollet D1

Attention is the basis for cognitive processing. Vision is the main sensory input that drives attention. The relationship between vision and attention and the impact of attentional deficits on neuro-vision rehabilitation will be discussed. Assessments, interventions, and case studies will be included in this program.

**Instruction Level:** Intermediate **Objectives:** 

- 1. Distinguish various forms of attention-a basic component of visual and cognitive processing.
- 2. Identify manifestations of visual inattention in neuro-vision practice.
- 3. Associate clinical tools to assist in the management of attentional deficits.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2, CRCC: 2

#### C32. Taking the Risk Out of Prescribing Spectacle Mounted Telescopes

Henry Greene, OD 1:15-3:15 pm | Nicollet D2

This course will explore the impact of distance vision loss on functioning, present simple methods to refine distance refractions, determine a bioptic telescope prognosis, make prescribing decisions, and advice on training and managing the patient.

## **Instruction Level:** Intermediate **Objectives:**

- 1. Explain the distance vision prescribing options.
- 2. Translate the clinical decision making process.
- 3. Describe how to examine, prescribe and manage patients with bioptic telescopes.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

## R6. Low Vision and Social Interactions.

Moderator: Olga Overbury, PhD 1:15-3:15 pm | Nicollet D3

1:15-1:45 Envision Visual Function on Reported Prosocial Behavior.

J. Vernon Odom, PhD

1:45-2:15 Quantifying Emotion Recognition and Classification in Clients with Age-Related Macular Degeneration.

Aaron Johnson. PhD

2:15-2:45 Exploring Participation in Individuals with Glaucoma.

Heather Livengood, OT, PhDc

2:45-3:15 Infant-Caregiver Interactions and Home Environments of Children (birth to age 3) With Visual Impairments. *Marie Celeste, EdD* 

## Instruction Level: Intermediate Objectives:

- 1. Determine the relationship of measures of visual function and reported giving and receiving help in an older adult population.
- 2. Characterize the restrictions in the accomplishment of daily living activities experienced by people with vision loss.
- 3. Analyze perceived satisfaction with the accomplishment level of social participation of people with visual impairment.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

## C33. Are We Really Doing the Best for Our Patients?

Gary Asano, OD 3:30-5:30 pm | Lakeshore A

Do we assume that conventional testing in a low vision patient applies, but just using larger optotypes? This course will demonstrate otherwise, and propose that there are prescribing considerations that may not have been considered.

## Instruction Level: Intermediate Objectives:

- 1. Understand that conventional testing and thinking may not be appropriate.
- 2. Prescribe spectacles that help patients appropriately.
- 3. Identify pertinent testing that is often not considered in LV.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2



## C34. Documentation and Billing of Vision Rehabilitation Services

Kendall Krug, OD 3:30-5:30 pm | Lakeshore B

This session is a discussion of the current documentation and billing strategies for low vision rehabilitation services as required by Medicare. A special emphasis will be placed on specific billing codes and the proper documentation for both low vision consultation services and rehabilitation services for optometry and occupational therapy. Additional documentation for determination of Legal Blindness status using the new Social Security definition and the calculations for determining Vision Impairment level based on AMA standards will be covered and contrasted.

## **Instruction Level:** Introductory **Objectives:**

- 1. Review the necessary documentation to support and bill specialized low vision services required by CMS.
- 2. Write a low vision rehabilitation plan and provide or refer for these services.
- 3. Appraise the use of self-reported Health and Quality of Life questionnaires.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,



## C35. Visual Impairment: Worth Falling For?

Jennifer Bulmann, OD
Katie Boland, OD
3:30-5:30 pm | Nicollet D1

Visual Impairment has proven to be a significant risk factor in falls. Presentation will include numerous eye disease entities and their effect on vision and mobility. Lifelike simulation will be a part of the presentation to aid in the understanding of visual functioning.

## **Instruction Level:** Introductory **Objectives:**

- 1. Discuss different definitions of visual impairment and correlate common ocular diseases with their visual effects.
- 2. Establish how visual acuity and visual fields affect fall risk and understand how lack of depth perception and contrast sensitivity results in falls.
- 3. Assess how lighting, glare and comorbidities contribute to falls and then associate how fear of falling can affect psychosocial aspects of a person's overall well-being.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

## C36. Analysis of 5 Service Delivery Models in Canada and the United States

Donald Fletcher, MD
Gregory Goodrich, PhD
Biljana Zuvela, PhD
Anne Jarry, VRT, MEd
Karen Kendrick, OTR/L, CLVT
3:30-5:30 pm | Nicollet D2

The panel will present and discuss a number of low vision service models provided in North America. Analysis of private, public, state, and community agencies or clinics will be discussed. Participants will learn the benefits and challenges of different models in this decade of boomers, seniors, evolving assistive technology and economic challenges facing service providers in the blind and low vision service sector.

## Instruction Level: Intermediate Objectives:

- 1. Distinguish the differences among existing low vision service delivery models in North America.
- 2. Understand the different acceptance criteria for services.
- 3. Differentiate the outcome measures used in each model.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

#### **R7. Vision Loss and Mobility Issues.**

Moderator: Shirin Hassan, OD, PhD 3:30-5:30 pm | Nicollet D3

3:30 - 3:50 Do Pedestrians Incorporate a Safety Margin When Crossing the Street? Shirin Hassan, OD, PhD

3:50 - 4:10 The Design of a Feasibility Study for Using Computer Generated Virtual Reality in Low Vision Orientation and Mobility Rehabilitation. Ellen Bowman, TVI, COMS

4:10 - 4:30 Using Remote Sighted
Assistants to Identify the Location and
Orientation of Visually Impaired
Pedestrians. Paymon Rafian

4:30 - 4:50 Spatial Updating During Indoor Navigation with Visual Impairment. Christina Granquist, BS; Gordon Legge, PhD

Instruction Level: Intermediate Objectives:

- 1. Understand the issues facing low vision pedestrians.
- 2. Discuss the options of using remote sighted people and computer generated virtual reality scenarios to assist with mobility issues of low vision clients.
- 3. Analyze opportunities to help low vision clients navigate successful in indoor and outdoor areas.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

#### VisioBook S and VisioDesk The ultra portable video magnifiers



Web: www.baumusa.com Toll-free: (855) 620-7985 VisioBook S and VisioDesk are high-quality, full color magnification systems for people who are visually impaired. They are extremely easy to use, very portable, and feature built-in batteries that provide 5 hours of continuous use when away from a power source.

VisioBook S and VisioDesk use an HD camera to magnify your documents (correspondence, newspapers, magazines,) and photos up to 30 times magnification. The simple interface allows quick adjustment to the magnification level, and to switch between full color, black on white, and white on black.

Products and services for the blind or visually impaired

## Saturday, September 20

## C37. Demystifying the Medical Model

Cathy Holden, COMS
Marlene Snow, OT
8-10 am | Lakeshore A

There seems to be a divide in vision rehabilitation between traditional and medical models. We will discuss these approaches and present a third possibility, multidisciplinary vision rehab. Our comprehensive low vision clinic utilizes a low vision optometrist, low vision occupational therapy, orientation and mobility and computer assisted technology and produces evidenced based outcomes. This presentation will discuss how a multidisciplinary team allows both models to play on each other's strengths and eliminate the weaknesses or gaps in service.

## **Instruction Level:** Introductory **Objectives:**

- 1. Identify three different approaches to treat persons with significant vision loss.
- 2. Understand the strengths and weaknesses of various rehabilitation models.
- 3. Integrate traditional models with medical models to create a successful multidisciplinary team.

CEUs: ACVREP: 2, AOTA: .2, CRCC: 2

## C38. OD/OT Collaboration: Oh The Places We Go!

Nilima Tanna, OT Rebecca Kammer, OD 8-10 am | Lakeshore B

This presentation explores the complex relationship between Low Vision Optometrists and Occupational Therapists as they may work together in a team setting or in referral based settings. Each profession's background areas of expertise, areas of potential overlap and recommendations for collaboration for best patient outcomes will be explored.

## **Instruction Level:** Intermediate **Objectives:**

- 1. Describe the background training and clinical practice of Low vision Optometrists and Occupational Therapists separately.
- 2. Distinguish the barriers to the OD/OT collaborative approach to low vision rehabilitation and translate how the OD/OT team approach can be implemented in various clinical settings.
- 3. Recall how an optometry low vision exam can be constructed to support the team approach to rehabilitation and explain how an occupational therapist rehabilitation plan can be constructed/implemented to support the team approach to rehabilitation.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

#### C39. Google Says I'll Get My Sight Back: Managing Unrealistic Expectations for Low Vision Rehabilitation

Ann Plotkin, OD Melinda Szilva, MTS, CCC Tammy Labreche, OD 8-10 am | Nicollet D1

A common frustration for vision rehabilitation professionals is dealing with unrealistic expectations of clients who have been influenced by misleading press coverage, advertisements describing new disability interventions, or belief it will be like it was before vision loss. Service providers must identify and address these expectations without "turning off" clients to legitimate and life-altering benefits of vision rehabilitation.



**Instruction Level:** Introductory **Objectives:** 

- 1. Understand the derivation of unrealistic expectations in vision rehabilitation service consumers, their friends and families, their advocates, and by rehabilitation professionals and how these convictions can negatively influence rehabilitation outcome
- 2. Recognize how unrealistic expectations by vision rehabilitation clients can be identified and addressed through appropriate counseling and enlightened clinical actions.
- 3. Identify the actions by various stakeholders (researchers, rehabilitation professionals, service agencies & assistive technology distributors) that people seeking vision rehabilitation services present with realistic and positive outcome expectations.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C40. Occupational Therapy in the Visual Rehabilitation Team: Emerging Trends for the Future

Angie Ryan, CLVT, OT 8-10 am | Nicollet D2

This presentation will be an interactive discussion exploring the emerging practice of the occupational therapy profession being part of the visual rehabilitation team. Traditionally, visually impaired and blind individuals are serviced through the educational model whereas the future trend is gravitating toward the medical model.

**Instruction Level:** Introductory **Objectives:** 

- Explain the history of Occupational Therapy
   (OT) and Vision Rehabilitation Therapy
   (VRT) as well as the similarities and
   differences that exist between the two.
- 2. Provide up-to-date information on trends for the occupational therapy profession to be included in the rehabilitation service delivery for those who are blind and visually impaired.
- 3. Discuss among current visual rehabilitation specialists the impact of the shift in professionals who are serving people who are blind and visually impaired.

CEUs: ACVREP: 2, AOTA: .2, CRCC: 2

## R8. Normal and Impaired Vision in Older Drivers

Moderator: Charles Collin, PhD 8-10 am | Nicollet D3

8:00-8:20 Characteristics of Older Bioptic Drivers.

Bradley Dougherty, OD, PhD

8:20-8:40 On Becoming a Bioptic Driver of an Efficient Non Driver - A Challenge for Professionals Working with Older Drivers with Impaired Vision.

Ann Corn, EdD

8:40-9:00 Sensitivity to Peripheral Motion Predicts Driving Reactions in Older Drivers. *Heather Woods-Fry, PhDc* 

9:00-9:20 Traffic Hazard Detection by Fellow Eye in Bioptic Driving.

Gang Luo, PhD

9:20-9:40 Comparing Older Drivers with Inexperienced and Experienced Younger Drivers on a Driving Simulator.

Jocelyn Faubert, PhD

## Instruction Level: Intermediate Objectives:

- 1. Differentiate between normal and impaired vision in older drivers when predicting fitness to drive.
- 2. Describe specific visual functions which are important for safe driving.
- 3. Characterize the effects of aging and vision impairment on scanning and detection capabilities.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C42. Eye-hand Coordination in Patients with Macular Degeneration: Current Research

Donald Fletcher, MD
Laura Walker, PhD
George Timberlake, PhD
10:15 am-12:15 pm | Lakeshore B

Fine manual tasks require coordination of vision, eye movements, and motor control. Macular scotomas from Age-related Macular Degeneration (AMD) may adversely affect this coordination. When vision is lost in the central field, a new peripheral retinal locus

(PRL) is adopted as the oculomotor reference for fixating isolated targets. This same locus is thought to act as a "pseudo-fovea" for saccadic behavior. Shifting the oculomotor reference frame presents a potential conflict for coordinating eye and hand movements. This presentation reviews the latest research as to how eye-hand coordination is affected when foveal vision is lost due to central macular scotomas, accompanied by a patient case study demonstrating eye-hand coordination problems, and implications for rehabilitation.

## Instruction Level: Intermediate Objectives:

- Describe how macular scotomas from AMD may adversely affect hand-eye coordination.
- 2. Analyze current research on eye-hand coordination in patients with AMD.
- 3. Predict how eye-hand coordination problems may affect the patient with AMD and the implications for successful rehabilitation.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2



# C43. Starting a Private Practice in Occupational Therapy Low Vision Rehabilitation – Bringing Low Vision Rehabilitation to Your Community. It Can Be Done!

Deann Bayerl, MS, OTR/L, SCLV 10:15 am-12:15 pm | Nicollet D1

The need for low vision rehabilitation is high and therapists can be the catalyst to bring services into their community. Private practice offers a platform for therapists to begin working with a few low vision clients at a time. This presentation is designed for the therapist with training or experience in low vision rehabilitation interested in venturing out as a private practitioner or without opportunity to provide low vision services in their current practice. This is an update of the 2013 presentation and includes new PQRS Medicare reporting and ICD-10 coding.

## **Instruction Level:** Introductory **Objectives:**

- 1. Determine if a private practice in occupational therapy is a viable step to bring low vision rehabilitation services into your practice and community.
- 2. Identify the steps necessary to start a private practice in low vision occupational therapy.
- 3. Recognize documentation and billing requirements required in a low vision occupational therapy private practice.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2, CRCC: 2



## C44. 50 Interesting Braille Products Worth Touching

Ana Juricic, OD 10:15 am-12:15 pm | Nicollet D2

This course will discuss the evolution of Braille and how it has been incorporated into various daily living products for individuals with limited or no vision. Fifty interesting products will be discussed and presented during this interactive two hour seminar.

## **Instruction Level:** Introductory **Objectives:**

- 1. Understand the evolution of Braille.
- 2. Have insight in some of the newest Braille products available for everyday use.
- 3. Increase awareness of the advancements in Braille products.

CEUs: ACCME: 2, ACVREP: 2, AOTA: .2,

COPE: 2, CPC: 2, CRCC: 2

# C45. Collaboration Among Colleagues – Interdisciplinary Teaming Among OTs, PTs, and Orientation & Mobility Specialists

Kevin Hollinger, TVI, COMS 1:30-2:30 pm | Lakeshore A

This session is specifically designed to discuss interdisciplinary teaming and collaboration among Orientation & Mobility Specialists, Occupational Therapists, and Physical Therapists. The role of these professions will be defined and described in the context of visual impairments and the impact on evaluation, establishing goals and outcomes, outlining instructional responsibilities, and exploring role release. Discussion and demonstration of the School Function Assessment and Community Based Instruction will be offered.

## **Instruction Level:** Introductory **Objectives:**

- 1. Gain information of role-release within collaborative evaluations of persons with visual impairment.
- 2. Increase knowledge of interdisciplinary teaming for establishing program / instructional outcomes for persons with visual impairment.
- 3. Discuss required community-based instruction for persons with visual impairment.

CEUs: ACVREP: 1, AOTA: .1, CRCC: 1

## C46. From Mapping to Measuring Vision Rehabilitation Outcomes

Biljana Zuvela, PhD 1:30-2:30 pm | Lakeshore B

This presentation will review CNIB's experience in developing a comprehensive theory of change and meaningful vision rehabilitation outcomes measures. The focus will be on the process involved in mapping the key outcomes and outcomes measures in order to better demonstrate the impact of vision rehabilitation services.

## **Instruction Level:** Introductory **Objectives:**

- 1. Recognize the key steps in mapping vision rehabilitation outcomes.
- 2. Describe what the theory of change is and how to develop it.
- 3. List the key steps in evidencing vision rehabilitation outcomes.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1

# C47. Training of Occupational Therapists in Sensory Impairment: Are we doing enough?

Walter Wittich, PhD 2:45-3:45 pm | Lakeshore A

The goal of professional entry-level education in occupational therapy (OT) is to educate generalist clinicians and ensure that they possess the required knowledge, attitudes

and skills to provide evidence-based services. Current employment environments for OTs include several growing clientele groups that require specific attention in service delivery based on their visual and hearing capacities, including older adults, patients with acquired brain injury, and persons requiring assistance with diabetes management. It is currently unclear to what extent elements relevant to sensory impairment detection and screening (vision and/or hearing loss) are be included as core content in professional OT curricula.

## **Instruction Level:** Introductory **Objectives:**

- 1. Obtain on overview of the training provided for OTs in Quebec on sensory rehabilitation.
- 2. Review the needs of OTs with regard to sensory rehabilitation skills in the work environment in Quebec.
- Acquire the skills to administer, score and interpret standardized measures of vision and hearing screening in questionnaire format.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1

## C48. Assessments of Cognitive Function: Vision Impairment

Denise A. Valenti, OD, ABO 2:45-3:45 pm | Lakeshore B

Tests of cognition are part of the diagnosis of age related dementias such as Alzheimer's disease and are an important aspect of disease management. Such tests rely heavily on vision and this course will describe the more common tests and the strategies for use in the presence of vision loss.

## **Instruction Level:** Introductory **Objectives:**

- 1. Understand the demographics of cognitive impairment and the common tests used to measure cognitive function.
- 2. Characterize strategies to test cognitive functions when there is vision loss.
- 3. Describe common pathologies reducing cognitive function and relationships to vision.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1

## C49. Assessments and Why They Matter

Theresa Smith, PhD, OTR/L, CLVT 4-5 pm | Lakeshore A

This presentation focuses on measuring the effectiveness of low vision rehabilitation, and its contribution to best practice. Factors affecting measurement, such as client characteristics and the introduction of bias, will be addressed. Assessments features such as type, validity and reliability, clinical utility and responsiveness to intervention will be discussed.

## Instruction Level: Intermediate Objectives:

1. Understand how the introduction of bias affects assessment outcomes.

- 2. State the importance of using a reliable and valid assessment and identify components that increase clinical utility of an assessment.
- 3. Judge the responsiveness of an assessment to your intervention and to relate how best evidence-based practice contributes to best practice.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

COPE: 1, CPC: 1, CRCC: 1

## C50. Occlusion Therapy for Low Vision Rehabilitation

Kendall Krug, OD 4-5 pm | Lakeshore B

Many low vision patients will present with unequal acuity between the two eyes. While many do well with standard binocular correction, some will exhibit reduced functional abilities (reading speed, etc) even though they appear to have proper lens power/magnification. This course will help describe this phenomenon and offer a treatment strategy for improving reading function.

## Instruction Level: Intermediate Objectives:

- 1. Characteristics of patients who might benefit from using occlusion therapy.
- 2. Helpful diagnostic tests for determining benefit of using occlusion.
- 3. Selection of proper Bangerter Foil density.

CEUs: ACCME: 1, ACVREP: 1, AOTA: .1,

## **Speaker Index**

## Complete speaker bios can be found at www.envisionconference.org//confsessionsevents.asp.

| SPEAKER NAME S                          | ESSION NUMBER        |
|---|----------------------|
| Mark Ackermann, MS                      | C4                   |
| Gary Asano, OD                          | C6, C33              |
| Cindy Bachofer, TVI, CLVT               | , PhD <b>C1, C17</b> |
| Deann Bayerl, MS, OTR/L,                | SCLV <b>C3, C43</b>  |
| Katie Boland, OD                        | <b>C</b> 35          |
| Peter Borden, PhD                       | C30, R4              |
| Ellen Bowman, TVI, COMS                 | R7                   |
| Jennifer Bulmann, OD                    | C35                  |
| Marie Celeste, EdD                      | R6                   |
| Verena Cimarolli, PhD                   | R2                   |
| Ronald Cole, MD                         | C16                  |
| August Colenbrander, MD                 | C2                   |
| Charles Collin, PhD                     | R8                   |
| Charlie Collins, CPSC                   | <b>C27</b>           |
| Anne Corn, EdD                          | C21, R8              |
| Chrissy Cowan, TVI                      | C1, C9               |
| Gina di Grazia, OTR/L, MA<br>COMS, CLVT | ., R1                |
| Bradley Dougherty, OD, Pl               | nD <b>R8</b>         |
| Jocelyn Faubert, PhD                    | R5, R8               |

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|---|-----------------------------|
| SPEAKER NAME S                          | ESSION NUMBER               |
| Donald Fletcher, MD                     | R1, C16, C22,               |
|   | C36, C42                    |
| Safa Gamam                              | R4                          |
| Kathi Garza, TVI                        | C17                         |
| Annik Gemme, O&M                        | C19                         |
| Gregory Goodrich, PhD                   | C22, C36, R1                |
| Christina Granquist, BS                 | R7                          |
| Henry Greene, OD                        | C12, C32                    |
| Shirin Hassan, OD, PhD                  | R7                          |
| Laurie Hoffman, OD, FAAC                | C29                         |
| Cathy Holden, COMS                      | C37                         |
| Kevin Hollinger, TVI, COM               | S <b>C45</b>                |
| Anne Jarry, VRT, MEd                    | C36                         |
| Aaron Johnson, PhD                      | R5, R6                      |
| Ana Juricic, OD                         | C14, C44                    |
| Rebecca Kammer, OD                      | Keynote, C38                |
| PhD, Diplomate Low Visio                | n, FAAO                     |
| Karen Kendrick, OTR/L, CL               | LVT <b>C22</b> , <b>C36</b> |
| Michele Klein, MBA                      | C30                         |
| Kendall Krug, OD                        | C13, C34, C50               |

## **Speaker Index**

## Complete speaker bios can be found at www.envisionconference.org//confsessionsevents.asp.

| SPEAKER NAME SES                         | SION NUMBER                |
|--|----------------------------|
| Tammy Labreche, OD                       | C28, C39                   |
| Gordon Legge, PhD                        | R7                         |
| Heather Livengood, OT, PhDo              | R6                         |
| Gang Luo, PhD                            | R5, R8                     |
| Christine Moe, TVI                       | C5                         |
| Vincent Moore, OD                        | C19                        |
| Marco Morales, MEng, PhDc                | R4                         |
| Caitlin Murphy, PhDc                     | R3                         |
| Julie Nastasi, OTD, OTR/L<br>SCLV, FAOTA | C18, C23                   |
| Colleen O'Donnell, OTR, CLV              | /T <b>C11</b> , <b>C31</b> |
| J. Vernon Odom, PhD                      | C8, C26, R6                |
| Olga Overbury, PhD                       | R1, R6                     |
| Angel Perez, TVI                         | C25                        |
| Ann Plotkin, OD                          | C28, C39                   |
| Paymon Rafian                            | R7                         |
| Rajeev Ramchandran, MD                   | R2                         |
| Angie Ryan, CLVT, OT                     | C29, C40                   |
| Theresa Smith, PhD, OTR/L,               | CLVT <b>R4, C49</b>        |

|              | •   |
|--------------|---|
| NUMBER       | PEAKER NAME SESSION                               |
| <b>C37</b>   | larlene Snow, OT                                  |
| DE <b>C7</b> | ebra Sokol-McKay, MS, OTR/L, C<br>CLV, CVRT, CLVT |
| R2           | ilvia Sörensen, PhD                               |
| C10          | anet Sunness, MD                                  |
| C28, C39     | lelinda Szilva, MTS, CCC                          |
| C38          | ilima Tanna, OT                                   |
| C42, R3      | eorge Timberlake, PhD                             |
| C24, C48     | enise A. Valenti, OD, ABO                         |
| R3           | reeti Verghese, PhD                               |
| C16, R4      | ianfrancesco Villani, MD                          |
| R3, C42      | aura Walker, PhD                                  |
| C16          | larilee Walker, OTR/L, SCLV                       |
| R2           | atherine White, OD                                |
| C15          | tephen Whittaker, CLVT, OT, PhD                   |
| C47, R5      | alter Wittich, PhD R1,                            |
| R8           | eather Woods-Fry, PhDc                            |
| C20          | atrick Yoshinaga, OD, MPH                         |
| C36, C46     | iljana Zuvela, PhD                                |

## **Exhibit Hall Guide**

The following exhibiting companies are listed alphabetically.

All exhibits are located in the Nicollet Ballroom A/B/C.

See the Exhibit Hall Floor Plan on page 59 for booth locations.

Exhibit Hours: Thursday, 3-8 pm and Friday, 7 am-1:15 pm

## American Printing House for the Blind

Booth 16 | www.aph.org

American Printing House for the Blind, Inc. Louisville, Kentucky, USA Founded 1858 APH is the world's largest company devoted solely to making products for people who are visually impaired, and is the official supplier of educational materials for blind students in the U.S. Visit our website at www.aph.org or call one of our friendly Customer Service representatives at 800-223-1839 for more information. You may also view our shopping site at http://shop.aph.org.

#### **BAUM USA**

Booth 1 | www.baumusa.com

BAUM manufactures a variety of assistive technology solutions for people who are blind or visually impaired, including the very portable VisioBook video magnified, which is available exclusively from the American Printing House for the Blind (APH). We invite you to come and meet the rest of the BAUM product family.

#### **Beecher Optical Products, Inc.**

Booth 22

Beecher Optical Products, Inc. has been in the Low Vision market for 27 years. We manufacture headbourne telescopic aids for the visually impaired market. These aids are designed in many magnifications, near viewing for computer work or hobbies, and distant viewing at sport events or watching television.

#### **Dolphin Computer Access**

Booth 7 | www.yourdolphin.com

It is our vision to deliver independence to people with vision and print impairments worldwide. With over 160 million visually impaired people and 600 million dyslexic or learning disabled people, that's no small challenge but we're determined to make a difference and have been working hard on that goal since Dolphin started.

#### **Enhanced Vision**

Booth 11 | www.enhancedvision.com

Enhanced Vision is the leading developer of innovative products designed specifically for individuals with low-vision conditions. Our company offers the most comprehensive line of electronic magnifying solutions including systems with HD and text-to-speech (OCR). For more information, please call (888) 811-3161 or visit www.enhancedvision.com.

#### **Eschenbach Optik**

Booth 3 | www.eschenbach.com

Eschenbach is a leading manufacturer and distributor of magnifiers (hand-held, stand, spectacle), telescopes, filters, and video magnifiers for the visually impaired. Our exclusive Portable Kit is ideal for rehab professionals and includes a diagnostic assortment of vision aids and in-service training by our sales professionals nationwide.

#### **Good-Lite**

Booth 28 | www.good-lite.com

Manufacturer of the Lea Test System including Lea Symbols® and Lea Numbers®. We offer a complete range of vision testing products including the new self-calibrating ETDRS Standardized Viewer. Cortical Vision Assessment, high and low contrast, color vision, preferential looking tests will be on display at Envision 2014.

#### **HumanWare USA Inc**

Booth 15 | www.humanware.com

HumanWare has been manufacturing and distributing assistive technology products for blind, low vision and learning disabled for over 25 years. Our family of products include the BrailleNote Apex, Victor Reader Stream and Stratus as well as our new product family the Prodigi electronic magnifier.

## International Association of Audio Information Services

Booth 23 | ww.iaais.org

International Association of Audio Information Services (iaais.org) IAAIS member services provide date-sensitive audio access to newspapers, magazines, consumer information and other items not generally available in accessible formats—bringing content to life via voice. With live radio reading, streaming, archives, podcasts and phone, you'll find information galore. Issuebased or rehab programs, personal readings, audio description and other services are also offered. Locate or start a service near you: (800) 280-5325 http://iaais.org.



## Jasper Ridge Inc., maker of the LuxIO™

Booth 17 | http://jasperridge.net

Jasper Ridge technology enables vision
practitioners to scientifically diagnose lighting
needs and prescribe solutions that enhance
the ability of people to read and work.

Jasper Ridge has pioneered a way to assess,
prescribe and dispense illumination to improve
near acuity with the LuxIQ™ exam tool, the
LightChooser™ iPad app and the VisionEdge™
lighting device.

#### **Ocutech**

#### Booth 9 | www.ocutech.com

Thousands of people with vision loss are bringing their world back into focus with Ocutech Bioptic Low Vision Aids for the Visually Impaired. Ocutech bioptics are the most advanced, most convenient, and easiest to use eyeglass telescopes available.

#### Optelec & ShopLowVision.com

Booth 26 | www.ShopLowVision.com Identify unique ways to assess, retain and refer your patients/clients with low vision. Optelec provides life-changing assistive technology for the blind and visually impaired by reaching out with simple and effective low vision solutions. The ShopLowVision.com division offers the latest in Professional Optical Products and Daily Living Aids.

#### Precision Vision, Inc.

Precision Vision has been the leading producer of vision testing and visual acuity products worldwide for decades. They have been at the forefront of numerous milestones in the field and are still recognized as the premier manufacturer for standard and custom products. Precision Vision continually works to exceed industry standards.

#### Second Sight Medical Products, Inc.

Booth 20 | www.2-sight.com

Second Sight Medical Products, Inc. is the inventor and manufacturer of the Argus II® Retinal Prosthesis System - the first and only approved long-term therapy for people living with advanced Retinitis Pigmentosa in the U.S. Argus II is designed to restore some level of vision to people who are profoundly blind and provide them with increases in orientation and mobility skills, object localization and recognition, and people localization. In doing so, it is intended to increase their independence and quality of life.





#### Graduate Certificate in Low Vision Rehabilitation, Department of Occupational Therapy, University of Alabama at Birmingham

Booth 14 | www.uab.edu/lowvision

A graduate certificate for occupational therapists to develop clinical expertise in low vision rehabilitation. Students complete five 3 credit hour graduate courses in evaluation and intervention for adults with vision loss from age-related eye disease and brain injury. Offered through a web-based distance education platform with in-state tuition from UAB.

## VisionCare Ophthalmic Technologies, Inc.

Booth 4 | www.visioncareinc.net/

VisionCare has developed the first FDA-approved telescope prosthesis demonstrated to improve vision and quality of life in individuals with End-Stage AMD. The telescope implant is integral to the CentraSight ® treatment program which has been created to help patients follow the necessary steps for proper diagnosis, surgical evaluation, and postoperative care.

#### **Dancing Dots**

Booth 2 dancingdots.com

Magnify print music scores up to 10 times standard size and scroll hands-free. Read and write music in an accessible environment. Dancing Dots offers a variety of technology for blind and low vision musicians and their educators. We are represented at Envision by our Minneapolis-based dealer, Triumph Technologies.

#### **Triumph Technologies**

Booth 2

attriumph.com

Minneapolis based Triumph Technology is owned and operated by business professionals with visual impairment and are distributors for some of the best-known companies in the adaptive technology industry. We also offer customized adaptive technology training and consulting services to organizations and individuals throughout the United States and Canada.

#### Wells Fargo/Visionary Sponsor

Booth 27

www.wellsfargo.com

Wells Fargo Advisors provides investment advice and guidance to clients through 15,189 Financial Advisors and 3,472 licensed bankers in retail stores across the U.S. Wells Fargo Advisors administers \$14 trillion in client assets.

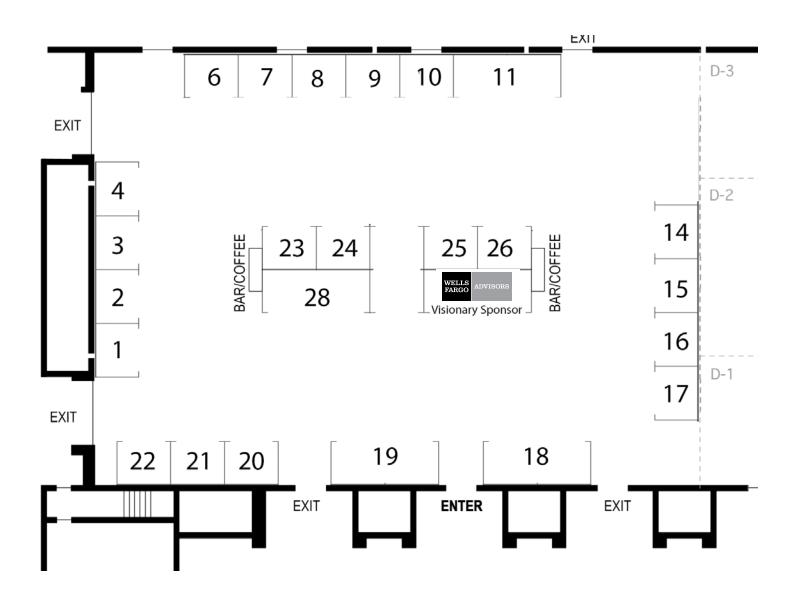
### **Exhibitors**

- 1 BAUM USA
- 2 Dancing Dots & Triumph Technologies
- 3 Eschenbach Optik
- **4** VisionCare Ophthalmic Technologies, Inc.
- 7 Dolphin Computer Access
- **9** Ocutech
- 11 Enhanced Vision
- 14 Graduate Certificate in Low Vision Rehabilitation, Department of Occupational Therapy, University of Alabama at Birmingham
- **15** HumanWare USA Inc.

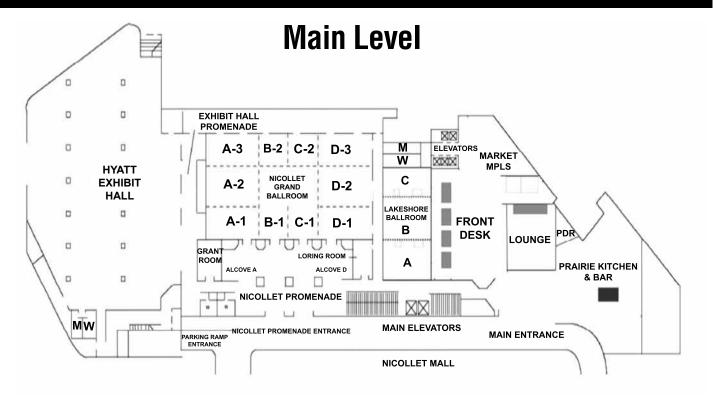
- **16** American Printing House for the Blind
- 17 Jasper Ridge, maker of LuxIQ™
- **18** Envision University
- **19** Precision Vision, Inc.
- 20 Second Sight Medical Products, Inc.
- **22** Beecher Optical Products, Inc.
- 23 International Association of Audio Information Services (IAAIS)
- 26 Optelec & ShopLowVision.com
- 27 Wells Fargo
- 28 Good-Lite



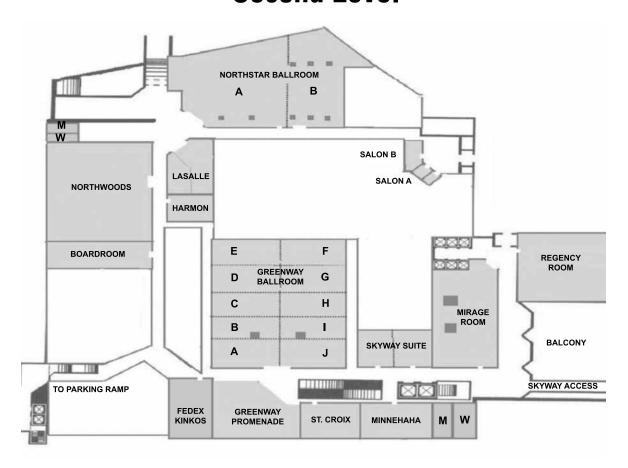
## **Exhibitor Booth Map**



## Hotel Floor Plans



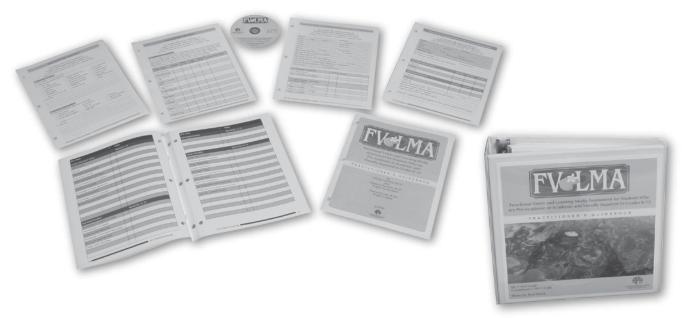
#### **Second Level**





#### **Functional Vision and Learning Media Assessment**

This assessment tool is useful for gathering, tracking, and analyzing information regarding students' functional vision and appropriate learning media.



#### **Includes:**

- Practitioner's Guidebook
- CD containing HTML and .brf files
- Expanded core curriculum screening form
- Expanded core curriculum yearly screening form
- If/Then Chart
- Resource List
- Protocols



American Printing House for the Blind, Inc.

800.223.1839 • info@aph.org • www.aph.org

## **S** Continuing Education



Envision University is an American Occupational Therapy Association (AOTA) Approved Provider. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.



Envision University is an Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) Registered Provider of Professional Learning and Education (RPPLE).

#### **Continuing Education Accrediting Agencies**

Each session may be approved by one or more of the following agencies:

- ACCME (Accreditation Council for Continuing Medical Education)
- ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals)
- AOA-CPC (American Optometric Association Commission on Paraoptometric Education)
- AOTA (American Occupational Therapy Association)
- COPE (Council on Optometric Practitioner Education)
- CRCC (The Commission on Rehabilitation Counselor Certification)

Not all sessions are accredited by all accrediting agencies. Please refer to your program and session room signage for exact continuing education information. Envision University does not guarantee that a licensing board or certifying organization will accredit any course presented by Envision Conference 2014.



All participants are required to have their badge scanned in each session attended.

Continuing education credit will be prorated according to documented attendance.

Evaluations must be completed for you to obtain credit and certificate for each session. To fill out evaluations, visit <a href="http://www.envision-conference.org/SessionEvaluations">http://www.envision-conference.org/SessionEvaluations</a>

Login to your account on the Continuing
Education page with your name and badge
number or registration number. You will be
able to access evaluations within eight hours
after the session is complete. You will be able
to print out your attendance certificate from
your account when the conference has ended.
Please refer to your conference packet to view
a sample evaluation so you will know what you
will be evaluating for each session.

This activity if for scientific and educational purposes only, and will not promote any specific proprietary business interest of a commercial interest. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CE/CEU, CME/CNE, selection of educational methods, and the evaluation of the activity.

Physicians: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Kansas Medical Center Office of Continuing Medical Education and Envision University. The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the ACCME to provide continuing medical education for physicians.

The KU Medical Center Office of Continuing Medical Education designates this live activity for a maximum of 23 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Continuing Education Objectives

Envision Conference 2014 plenary and concurrent sessions enable participants to:

- Describe the most current clinical practices in low vision rehabilitation.
- Recommend appropriate patients who could benefit from low vision rehabilitation.
- Recognize the multidisciplinary nature of professionals involved in the continuum of care of patients.
- Assess the potential of patients for maximizing functional vision through low vision rehabilitation.
- Select appropriate resources and adaptive strategies for patients with permanent vision loss.
- Develop strategies for strengthening the role of low vision on the public health agenda.
- Address disparities in access to low vision care.
- Provide opportunities and training to address national eye health epidemics.



## **Solution** Credits Summary

#### **WEDNESDAY SESSION**

| NUMBER           | ACCME            | ACVREP | CPC | AOTA | COPE | CRCC |
|------------------|------------------|--------|-----|------|------|------|
| Pre-<br>Conferer | 2<br>1 <b>ce</b> | 2      | 2   | .2   | 2    | 2    |

#### THURSDAY SESSIONS

| NUMBER    | ACCME | ACVREP | CPC | AOTA | COPE | CRCC |
|-----------|-------|--------|-----|------|------|------|
| Plenary   | 1     | 1      | 1   | .1   | 1    | 1    |
| C1        |       | 1      |     | .1   |      | 1    |
| C2        | 1     | 1      | 1   | .1   | 1    | 1    |
| C3        |       | 1      |     | .1   |      | 1    |
| C4        | 1     | 1      |     | .1   |      | 1    |
| <b>C5</b> |       | 1      |     | .1   |      | 1    |
| C6        | 1     | 1      | 1   | .1   | 1    | 1    |
| <b>C7</b> | 1     | 1      |     | .1   |      | 1    |
| C8        | 1     | 1      | 1   | .1   | 1    | 1    |
| C9        |       | 2      |     | .2   |      | 2    |
| C10       | 2     | 2      | 2   | .2   | 2    | 2    |
| C11       |       | 2      |     | .2   |      | 2    |
| C12       | 2     | 2      | 2   | .2   | 2    | 2    |
| C13       | 2     | 2      | 2   | .2   | 2    | 2    |
| C14       | 2     | 2      | 2   | .2   | 2    | 2    |
| C15       | 2     | 2      | 2   | .2   | 2    | 2    |
| C16       | 2     | 2      | 2   | .2   | 2    | 2    |
| R1        | 2     | 2      | 2   | .2   | 2    | 2    |
| R2        | 2     | 2      | 2   | .2   | 2    | 2    |
| R3        | 2     | 2      | 2   | .2   | 2    | 2    |
| -         |       |        |     |      |      |      |

#### **FRIDAY SESSIONS**

| NUMBER | ACCME | ACVREP | CPC | AOTA | COPE | CRCC |
|--------|-------|--------|-----|------|------|------|
| C17    |       | 1      |     | .1   |      | 1    |
| C18    |       | 1      |     | .1   |      | 1    |
| C19    |       | 1      |     | .1   | 1    | 1    |
| C20    | 1     | 1      | 1   | .1   | 1    | 1    |
| C21    | 1     | 1      | 1   | .1   | 1    | 1    |
| C22    | 1     | 1      | 1   | .1   | 1    | 1    |

| NUMBER | ACCME | ACVREP | CPC | AOTA | COPE | CRCC |
|--------|-------|--------|-----|------|------|------|
| C23    |       | 1      |     | .1   |      | 1    |
| C24    | 1     | 1      | 1   | .1   | 1    | 1    |
| C25    | 1     | 1      |     | .1   |      | 1    |
| C26    | 1     | 1      | 1   | .1   | 1    | 1    |
| C27    |       | 1      |     | .1   |      | 1    |
| C28    | 1     | 1      | 1   | .1   | 1    | 1    |
| C29    | 2     | 2      | 2   | .2   | 2    | 2    |
| C30    | 2     | 2      | 2   | .2   | 2    | 2    |
| C31    | 2     | 2      |     | .2   |      | 2    |
| C32    | 2     | 2      | 2   | .2   | 2    | 2    |
| C33    | 2     | 2      | 2   | .2   | 2    | 2    |
| C34    | 2     | 2      | 2   | .2   | 2    | 2    |
| C35    | 2     | 2      | 2   | .2   | 2    | 2    |
| C36    | 2     | 2      | 2   | .2   | 2    | 2    |
| R4     | 2     | 2      | 2   | .2   | 2    | 2    |
| R5     | 1     | 1      | 1   | .1   | 1    | 1    |
| R6     | 2     | 2      | 2   | .2   | 2    | 2    |
| R7     | 2     | 2      | 2   | .2   | 2    | 2    |

#### **SATURDAY SESSIONS**

| NUMBER | ACCME | ACVREP | CPC | AOTA | COPE | CRCC |
|--------|-------|--------|-----|------|------|------|
| C37    |       | 2      |     | .2   |      | 2    |
| C38    | 2     | 2      | 2   | .2   | 2    | 2    |
| C39    | 2     | 2      | 2   | .2   | 2    | 2    |
| C40    |       | 2      |     | .2   |      | 2    |
| C42    | 2     | 2      | 2   | .2   | 2    | 2    |
| C43    | 2     | 2      |     | .2   |      | 2    |
| C44    | 2     | 2      | 2   | .2   | 2    | 2    |
| C45    |       | 1      |     | .1   |      | 1    |
| C46    | 1     | 1      | 1   | .1   | 1    | 1    |
| C47    | 1     | 1      | 1   | .1   | 1    | 1    |
| C48    | 1     | 1      | 1   | .1   | 1    | 1    |
| C49    | 1     | 1      | 1   | .1   | 1    | 1    |
| C50    | 1     | 1      | 1   | .1   | 1    | 1    |
| R8     | 2     | 2      | 2   | .2   | 2    | 2    |





#### **VISION STATEMENT**

We believe every individual has vision, and that eyesight is not a requirement to achieving a dream. Our goal is to restore function to the blind and visually impaired. To this end, we dedicate our research

to investigating the functional implications of vision loss, early screening and access to treatments, optimizing rehabilitation therapies and developing accessibility technology.

#### FELLOWSHIP PROGRAM

This program joins recent PhDs, mentors from around the globe and the unique resources at Envision to conduct applied research that impacts the lives of the blind and visually impaired. Guidelines and program details can be found at: <a href="http://www.envisionus.com/Pages/Learning/Fellows.aspx">http://www.envisionus.com/Pages/Learning/Fellows.aspx</a>

ERI pursues both industry and academic/clinical collaborations. Contact **research@envisionus.com** with your ideas, comments and questions.



## **Attendee Resources**

#### **Complimentary Food and Beverage**

Complimentary food and beverage is provided throughout the conference with registration.

#### **Continental Breakfast**

Thursday-Saturday: 7-8 am

#### **Coffee Break**

**Thursday:** 9:30-9:45 am; 3-3:30 pm **Friday:** 10:15-10:45 am; 3:15-3:30 pm **Saturday:** 10-10:15 am; 3:45-4 pm

#### **Welcome Reception**

(Drink Tickets Required)

Thursday: 5:30-8 pm

#### **Buffet Lunch**

(Ticket Required)

**Friday:** 11:45 am-1:15 pm



#### Dining Options at the Hyatt Regency Minneapolis

**Prairie Kitchen and Bar** 

Breakfast: 6:30-11 am Lunch: 11 am-2 pm Dinner: 5-10 pm

Lounge: 11 am-Midnight

#### Market

Open Daily: 6 am-8 pm

Friday and Saturday: 6 am-10 pm

#### FedEx Office

FedEx Office is staffed Monday through Friday, 8 am-5 pm. For copier access after hours, use your room key card. For more information or questions regarding the FedEx Office, please call **612-339-5641** or fax **612-339-5995**.

#### **Internet Access**

Guestroom internet may be handled at the Front Desk and will be paid for by individual guests, not Envision. The basic option provides a standard speed wireless Internet connection that is suitable for checking email and basic Internet searches at \$9.95 for a period of twenty four (24) hours. There is also a premium package available, which provides a much higher Internet speed for more intense

searches, downloading, and uploading at \$14.95 for a period of twenty-four (24) hours. Should a guest encounter any challenges, there is customer service available twenty four (24) hours a day, seven (7) days a week. Each Guestroom will have an option to connect up to six (6) electronics.

#### **Lost and Found**

Lost and found is located at the conference registration desk in Nicollet Promenade.

#### **Message Center**

Messages for attendees can be left and retrieved at the conference registration desk in Nicollet Promenade.

#### **Parking Information**

**Self Parking Rates** 

**Early Bird** (Monday-Friday)

Enter by 8 am - Exit before 8 pm - \$7.00

**0-1 Hours** \$4.00

**1-2 Hours** \$8.00

**2-3 Hours** \$12.00

**3-4 Hours** \$16.00

**4-24 Hours** \$17.00

**Valet Parking Rates** 

Short Term Valet (0-2 Hours) \$15.00

Valet (over and above 2 Hours) \$30.00

#### **Presenters**

All presenters should check in with the conference registration staff at least one hour in advance of their scheduled presentation time, or upon arrival at the hotel. Your presenter's packet will include information about your specific presentation, including time and location and audio-visual support.

A **Speaker Ready Room** is available in Lakeshore C. Upon check-in at the conference registration desk, please make your way to the Speaker Ready Room to ensure we have the most recent version of your presentation.

The Speaker Ready Room will be open during the following times:

Wednesday: 2-6 pm

Thursday: 7 am-5:30 pm

Friday: 7 am-5:30 pm Saturday: 7 am-4 pm

#### **Registration Desk**

The Envision Conference 2014 registration desk, located in the Nicollet Promenade, is open during the following times:

Wednesday: 2-6 pm

Thursday: 7 am-5:30 pm

**Friday:** 7 am-5:30 pm

Saturday: 7 am-5 pm

#### **Dining Options Close By:**

#### **Brit's Pub**

1110 Nicollet Mall ● 612.332.3908

0.1 miles from Hyatt Regency Minneapolis

For over 20 years Brit's has been Minneapolis's own little corner of the UK. They are known for nights by the cozy bar area and lawn bowling on the rooftop deck in the summer, with a whole lot in between.

#### Hell's Kitchen

80 South 9th Street ● 612.332.4700

0.4 miles from Hyatt Regency Minneapolis
In the heart of downtown Minneapolis,
appropriately located in a beautiful underground space, you will discover a chef-owned restaurant known for its darn good food:
unique but not fancy, interesting but not fussy.
Open for breakfast, lunch, dinner, and drinks 7 days a week. The restaurant/bar also offers free live music most evenings and during weekend brunch, plus late night "rock-the-house" shows Fridays and Saturdays until 2 AM.

#### Seven Sushi Ultralounge & Skybar

700 Hennepin Ave • 612.238.7770

0.8 miles from Hyatt Regency Minneapolis

From juicy cuts of 1881 signature steak to the super fresh sushi, a visit to Seven satisfies a broad pallet and evokes the desire for a return experience. Visit Seven for steakhouse, sushi, or a night on top of the city.

#### The Union

731 Hennepin Ave • 612.455.6690

0.8 miles from Hyatt Regency Minneapolis

Union offers a chef-driven cuisine, crafted cocktails along with a unique wine selection brought to life in a chic and stylish atmosphere.

#### Kieran's Irish Pub

85 6th St. N. • 612.339.4499

1 mile from Hyatt Regency Minneapolis Kieran's Irish Pub has been the original Irish experience in downtown Minneapolis since 1994. Whether you're looking for live music or a quiet corner to sop a dram of whiskey, our friendly staff will make you feel right at home.

#### Stella's Fish Cafe & Prestige Oyster Bar

1400 W. Lake Street • 612.824.8862
2.5 miles from Hyatt Regency Minneapolis
Stella's is a casual, contemporary seafood
restaurant in the heart of Minneapolis' Uptown
Neighborhood. They serve fresh fish, whole
maine lobster, king crab legs, sushi, steaks,
ribs, and pasta too. Grad a seat at the oyster
bar, head into the dining areas, or kick back on
the rooftop deck.

#### Solera

900 Hennepin Ave. ◆ 612.338.0062

0.7 miles from the Hyatt Regency Minneapolis

Spanish cuisine served simply and sumptuously. Small plates or "tapas" is a dining tradition that has long been a part of Spain's culture. At Solera, we believe tapas' encourages tasting and sharing a variety of unique foods to create a lively and entertaining atmosphere.



Envision has been tireless in its efforts to improve the *quality of life* and provide *inspiration* for the blind and visually impaired through employment, outreach, rehabilitation, education and research.

#### **EMPLOYMENT**

Our visually impaired employees realize the power of perseverance while asserting their independence. With positions in manufacturing, retail, customer service and management, Envision employees prove daily that people who are blind or low vision can do anything they set their hearts and minds to accomplish. More than 200 employees who are blind or low vision are making a difference for themselves and their communities.

**OUTREACH** 

Besides employees and patients, other individuals with vision loss participate in one or more of Envision's support groups. These support groups are dedicated to seniors, children, and parents of children who are blind or low vision. Envision provides opportunities for youth to enjoy summer camp, art instruction, sporting activities, homework assistance, social events and more.

#### REHABILITATION

Thousands of blind and low vision individuals have been significantly impacted by the Envision Vision Rehabilitation Center. Working in partnership with optometrists and ophthalmologists, our licensed and certified low vision professionals work alongside patients of all ages to teach new ways of doing everyday tasks. Low vision rehabilitation trains the patient how to maximize their remaining functional vision.

#### **EDUCATION**

Envision's mission is public and professional education. Our public education spectrum includes public service announcements, outreach, seminars, education resource guides, assistive technology camp for children and much more. The Envision Conference, a national multidisciplinary low vision rehabilitation and research conference brings vision professionals from various fields and numerous countries together to provide professional education opportunities for low

An important component of

#### RESEARCH

vision professionals.

Research is a critical component of the mission of Envision. Envision is committed to engaging in research that addresses practical issues in the clinical treatment and rehabilitation of persons who have low vision or blindness. Improving outcomes and closing practice gaps in low vision rehabilitation not only educates and informs, but also serves to address a larger plan and mission promoted by the National Eye Institute.

www.envisionus.com

| Notes | Envision Conference 2014 |
|-------|--------------------------|
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Multidisciplinary vision rehabilitation education and research *Improving the quality of low vision care through continuing education and research.* 

- Live Continuing Education Events
- Online Education



#### BECOME A MEMBER AND SAVE

#### Join the OCULUS SOCIETY

- 20-30% discount on all continuing education offerings
- Free Visibility online and print subscription
- Access to membership directory
- Access to membership discussion forums
- Opportunity to participate in Envision
   University committees



To improve the quality of life and provide inspiration for the blind and visually impaired through employment, outreach, rehabilitation, education and research.

### Thank you for attending the 2014



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