



Resource

What You Should Know About Low Vision

If you or someone you know can't see very well... Read this booklet.

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This booklet will help people with vision loss and their families and friends better understand low vision. It describes how to live more safely and independently.

What is low vision?

Low vision means that even with regular glasses, contact lenses, medicine, or surgery, people find everyday tasks difficult. Reading the mail, shopping, cooking, seeing the TV, and writing can seem challenging.

Millions of Americans lose some of their vision every year. Irreversible vision loss is most common among people over age 65.

Is losing vision just part of getting older?

No. Some normal changes in our eyes and vision occur as we get older. However, these changes usually don't lead to low vision.

Most people develop low vision because of eye diseases and health conditions like macular degeneration, cataract, glaucoma, and diabetes. A few people develop vision loss after eye injuries or from birth defects. While vision that's lost usually cannot be regained, people can make the most of the vision they have.

Your eye care professional can tell the difference between normal changes in the aging eye and those caused by eye disease.

How do I know if I have low vision?

There are many signs that can signal vision loss. For example, even with your regular glasses, do you have difficulty:

- Recognizing faces of friends and relatives?
- Doing things that require you to see well up close, like reading, cooking, sewing, or fixing things around the house?
- Picking out and matching the color of your clothes?
- Doing things at work or home because lights seem dimmer than they used to?
- Reading street and bus signs or the names of stores?

Vision changes like these could be early warning signs of eye disease. Usually, the earlier your problem is diagnosed, the chance of successful treatment and keeping your remaining vision.

How do I know when to get an eye exam?

Regular dilated eye exams should be part of your routine health care. However, if you believe your vision has recently changed, see your eye care professional as soon as possible.

Meet Mary, Jim, Crystal, and Mike

By making better use of their remaining vision, people can continue to enjoy doing important daily activities. Here are some stories.

Mary's story

Mary is slowly losing her "straight-ahead" vision, which allows her to read and recognize faces. She has age-related macular degeneration, an eye disease that affects central vision.

While Mary's eye care professional has reassured her that she will not lose her vision completely, she is frustrated because she can't see as well as before.



Mary thought that nothing she did would help. Then her eye care professional suggested that she see a specialist in low vision.

A specialist in low vision is an optometrist or ophthalmologist who is trained to evaluate vision. This person can prescribe and teach people how to use them.

There are a wide variety of devices that help people make the most of their remaining vision. The specialist recommended magnifying devices for Mary that helped her see things more clearly.

Mary also went to a vision rehabilitation program that taught her new ways of doing tasks. Someone from the program came home to see what changes could be made. She also learned about helpful devices, such as talking clocks that tell the time and large print books and publications made it easier to read and allowed Mary to keep enjoying one of her favorite activities.

Jim's story

Jim has lost a lot of his side vision because of glaucoma. He found it difficult to do his job.

He made some changes to his office so he could work better. A talking computer keeps him up-to-date on sales figures. It was difficult until he used better lighting. A vision rehabilitation teacher showed Jim how to use a writing guide to help write clear employee memos.



Learning to get around safely from an orientation and mobility specialist helped him travel independently.

He also joined a support group to talk about the challenges, frustrations, fears, and unhappiness that can come from living with vision loss. At first, he felt that his vision loss would keep him from doing the things he liked to do. In the end, he found that wasn't true.

Crystal's story

Crystal lost some vision because of diabetes.

Rather than limit her activities, she chose to look at them as challenges. Crystal met with a vision rehabilitation professional for training on how to use certain low vision aids. As a result, Crystal made several changes to her home and simplified her life.



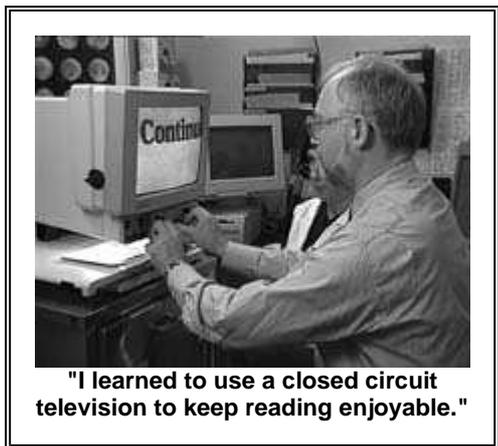
First, raised markings were applied to the most common settings on her microwave dial. This allowed her to more safely

control her microwave. Better lighting in her stairways, closets, and home workshop made it safer to move about. A magnifier for reading food labels made controlling her diet easy. Special checks with large print and raised markings simplified paying bills. A special needle allowed her to continue sewing, one of her favorite activities.

For Crystal, the result was increased safety, more freedom, and restored confidence.

Mike's story

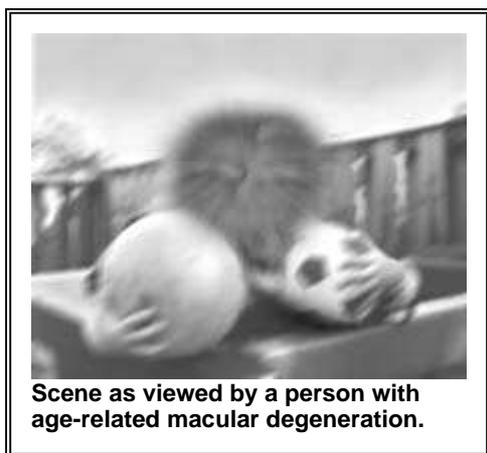
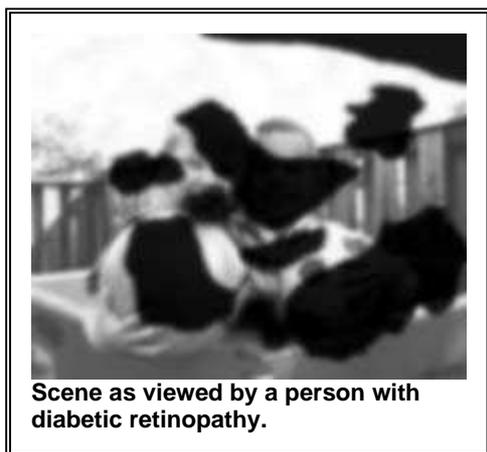
Mike also has low vision because of age-related macular degeneration. But he has found ways to adapt to his vision loss



Mike's doctor referred him to a vision rehabilitation program. As a result of his evaluation, Mike uses a closed circuit telev enlarges the print in letters, bills, newspapers, and magazines. He uses a telescopic lens for getting around his neighborl magnifier helps him read his mail in his favorite chair and menus at restaurants. Mike learned to adapt, and low vision ha from enjoying life.

What can I do if I have low vision?

Many people with low vision are taking charge. They want more information about devices and services that can help the independence.





Scene as viewed by a person with cataract.

Talk with your eye care professional

It's important to talk with your eye care professional about your vision problems. Even though it may be difficult, ask for where you can get more information about services and devices that can help you.

What Jane, Jim, Crystal, and Mike have in common is that they're taking charge of their health. They have different types of different eye diseases. Yet each of them asked about available resources that might help them continue to live independently. They needed specific visual devices and training on how to use them.

Many people require more than one visual device. They may need magnifying lenses for close-up viewing, and telescopic lenses for viewing in the distance. Some people may need to learn how to get around their neighborhoods.

If your eye care professional says, "Nothing more can be done for your vision," ask about vision rehabilitation.

These programs offer a wide range of services, such as low vision evaluations and special training to use visual and adaptive devices. They also offer guidance for modifying your home as well as group support from others with low vision.

Investigate and learn

Be persistent. Remember that you are your best health advocate. Investigate and learn as much as you can, especially if you've been told that you may lose more vision. It is important that you ask questions about vision rehabilitation and get answers. Many resources are available to help you.

Write down questions to ask your doctor, or take a tape recorder with you.

Rehabilitation programs, devices, and technology can help you adapt to vision loss. They may help you keep doing many things you did before.

Know that, like Mary, Jim, Crystal, and Mike, you can make the difference in living with low vision.

Where can I get more information?

For more information about low vision, contact:

Your state or local rehabilitation agency for the blind and visually impaired.

American Academy of Ophthalmology

P.O. Box 7424
San Francisco, CA 94120-7424
(415) 561-8500
<http://www.aao.org>

American Foundation for the Blind

11 Penn Plaza, Suite 300
New York, NY 10001
1-800-232-5463
(212) 502-7600
<http://www.afb.org>

American Optometric Association

243 N. Lindbergh Boulevard
St. Louis, MO 63141

(314) 991-4100
<http://www.aoanet.org>

Council of Citizens with Low Vision International
 1-800-733-2258

Lighthouse International
 111 E. 59th Street
 New York, NY 10022
 1-800-334-5497
 1-800-829-0500
 (212) 821-9200
 (212) 821-9713 (TDD)
<http://www.lighthouse.org>

National Association for Visually Handicapped
 22 West 21st Street, 6th Floor
 New York, NY 10010
 (212) 889-3141
<http://www.navh.org>

National Eye Institute, NIH
 2020 Vision Place
 Bethesda, MD 20892-3655
 (301) 496-5248
<http://www.nei.nih.gov>

What can I do about my low vision?

Although many people maintain good vision throughout their lifetimes, people over age 65 are at increased risk of developing vision loss. You and your eye care professional or specialist in low vision need to work in partnership to achieve what is best for you. Of this relationship is good communication.

Here are some questions to ask your eye care professional or specialist in low vision to get the discussion started:

Questions to ask your eye care professional

- What changes can I expect in my vision?
- Will my vision loss get worse? How much of my vision will I lose?
- Will regular eyeglasses improve my vision?
- What medical/surgical treatments are available for my condition?
- What can I do to protect or prolong my vision?
- Will diet, exercise, or other lifestyle changes help?
- If my vision can't be corrected, can you refer me to a specialist in low vision?
- Where can I get a low vision examination and evaluation? Where can I get vision rehabilitation?

Questions to ask your specialist in low vision

- How can I continue my normal, routine activities?
- Are there resources to help me in my job?
- Will any special devices help me with daily activities like reading, sewing, cooking, or fixing things around the house?
- What training and services are available to help me live better and more safely with low vision?
- Where can I find individual or group support to cope with my vision loss?

Glossary

Age-Related Macular Degeneration (AMD)-- An eye disease that results in a loss of central, "straight-ahead" vision. A major cause of vision loss in older Americans.

Cataract--A clouding of the lens. People with cataracts see through a haze. In a usually safe and successful surgery, the lens is replaced with a plastic lens.

Diabetes--A chronic disease related to high blood sugar that may lead to vision loss.

Eye Care Professional--An optometrist or ophthalmologist.

Glaucoma--An eye disease, related to high pressure inside the eye, that damages the optic nerve and leads to vision loss. It affects peripheral, or side, vision.

Low Vision--A visual impairment, not corrected by standard eyeglasses, contact lenses, medication, or surgery, that interferes with the ability to perform everyday activities.

Ophthalmologist--A medical doctor who diagnoses and treats all diseases and disorders of the eye, and can prescribe contact lenses.

Optician--A trained professional who grinds, fits, and dispenses glasses by prescription from an optometrist or ophthalmologist.

Optometrist--A primary eye care provider who prescribes glasses and contact lenses, and diagnoses and treats certain diseases of the eye.

Orientation and Mobility Specialist--A person who trains people with low vision to move about safely in the home and in the community.

Specialist in Low Vision--An ophthalmologist or optometrist who specializes in the evaluation of low vision. This person evaluates and prescribes visual devices and teach people how to use them.

Vision Rehabilitation Teacher--A person who trains people with low vision to use optical and nonoptical devices, adaptive techniques, and community resources.

Visual and Adaptive Devices--Prescription and nonprescription devices that help people with low vision enhance their reading and writing. Some examples include magnifiers, large print books, check-writing guides, white canes, and telescopic lenses.

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For more information about the NEI, contact:

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