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compensate for tunnel vision

by moving his or her head and

body around to view peripheral

visual areas. -Pathways in the

home should be cleared of

clutter. -Electronic magnif-

lighting patterns to reduce

vision is often severely

condition is important.

Fovea training. Other

glare may be helpful. -Night

impaired. Patient education to

compensate for central vision loss by turning the head and

body to use peripheral vision

using another, unaffected point

on the retina. Called Eccentric

Viewing Techniques or Pseudo

treatments include Amsler Grid

compensate for visual acuity,

environmental modifications,

groups help with adjustment.

and patient education. Support

training, device training to

help with adjustment to the

ication devices and adjusted

ons (cont)

terms for dx		interventio
hyperopia	farsightedness	glaucoma
myopia	nearsightedness	
cataracts	clouding of the lens - often due to age	
glaucoma	peripheral vision is gone - only central vision	
macular degeneratio	central vision is gone n	
diabetic retinopathy	cow print - occurs secondary to diabetes	
homonymou hemianopsi		macular degene- ration
diplopia	double vision	
contrast sensitivity - decreased	decrease in contrast sensit- ivity function can lead to a loss of spatial awareness and mobility and increase the risk of injuries.	
intervention	s	
hyperopia	correctable with glasses/lenses	
myopia	Correctable with glasses, contact lenses or various forms of Lasik surgery.	
cataracts	managed with adaptations including glasses, magnifiers, and bright lighting. Advancing cataracts that limit functional vision must be removed surgic- ally.	

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interventions (cont)

Careful management of

ssion. Advanced stage

leads to permanent

include Amsler Grid

diabetes can slow progre-

blindness. Treatments can

training, Eccentric Viewing,

special tinted glasses to

acuity, environmental

magnification devices,

community resource

dependent on the

may be used if the

underlying cause of the

underlying cause of the

double vision is another

medical condition. If eye

muscles are weak or

misaligned, corrective

surgery may be used. If surgery will not correct double vision, other methods such as eye patching or using prism glasses may help to correct or reduce the problem.

double vision. Medications

training.

modifications, electronic

compensation techniques.

reduce glare and sharpen

diabetic

retinopathy

homonymous

hemianopsia

diplopia

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interventions (cont)		interver	ntions (cont)
contrast	Reduced contrast sensitivity	low	-Increase the level of light
sensitivity	may affect the ability to walk	vision	areas where activities will
-	down steps, recognize faces,		Use adjustable window tre
decreased	drive at night or in the rain,		(curtains, blinds, shades,
	find a telephone number in a		to allow for the adjustmen
	directory, read instructions on		natural lightPlace chairs
	a medicine container or		windows to allow for readi
	navigate safely through		craft work using natural lig
	unfamiliar environments.		Reduce glare, including a
	Reading is also compromised,		the location of mirrors. Us
	for example letters may be		skid, non-glare cleaning p
	almost invisible if the print is		on floorsIncrease contra
	too light. Environmental modifi-		as placing a dark bath ma
	cations, such as high contrast		white bathroom floor or br
	colors or strips on the first and		orange tape on the edge
	last steps of staircases,		step. Use light colored do
	contrasting colors on door		handles on dark colored d
	frames and the use of contrast		vice versaClear walkwa
	on electrical outlets, can all		reduce clutter in common
	improve patient safety.		Tape down or remove rug
	Decreased contrast sensitivity		electrical cordsIncrease
	function is associated with		during reading, including u
	ocular pathological conditions		large print books and adju
	such as a cataract, age-re-		computer monitor settings
	lated macular degeneration,		Recommend textured uph
	diabetic retinopathy, glaucoma		on furniture to provide tac
	and optic nerve degenerat-		for seat locationIf makin
	ions.		recommendations for a pu
low vision	providing adaptations to		hallway, recommend that
	compensate for vision loss.		fountains, fire extinguishe

interventions (cont)

	-Increase the level of lighting in
n	areas where activities will occur
	Use adjustable window treatments
	(curtains, blinds, shades, drapes)
	to allow for the adjustment of
	natural lightPlace chairs near
	windows to allow for reading or
	craft work using natural light
	Reduce glare, including adjusting
	the location of mirrors. Use non-
	skid, non-glare cleaning products
	on floorsIncrease contrast, such
	as placing a dark bath mat on a
	white bathroom floor or bright
	orange tape on the edge of a dark
	step. Use light colored door
	handles on dark colored doors and
	vice versaClear walkways and
	reduce clutter in common areas
	Tape down or remove rugs and
	electrical cordsIncrease font size
	during reading, including use of
	large print books and adjusting
	computer monitor settings
	Recommend textured upholstery
	on furniture to provide tactile cues
	for seat locationIf making
	recommendations for a public
	hallway, recommend that drinking
	fountains, fire extinguishers, and
	other obstacles be located along
	the same wall, leaving the other
	wall clearLight stairwells clearly
	to reduce shadows and glare. Mark
	landings with a highly contrasting
	colorMark emergency exits
	clearly

unilateral	The lighthouse strategy	
neglect	combines three strategies	
	(anchor, guide, scan) to help	
	the person scan, plan, and	
	implement functional tasks.	
visual perceptual skills terms		

visual perce	
form constancy	The ability to recognize and label objects even when they are viewed from a different angle or in a different enviro- nment.
figure ground	The ability to focus on one specific piece of information in a busy background. To see an object in a busy background.
visual closure	The ability to correctly perceive an object or word, even when it is partly hidden. This ability helps you to quickly make sense of what you see, even if it is not all visible to you, which means you do not have to see every little detail in order to recognize something.
visual memory	The ability to store visual details in short-term memory and to recall the visual details of what you have seen.



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visual per	ceptual skills terms (cont)
spatial orient- ation	The ability to identify the position or direction of objects or points in space. Position in space (relates to understanding directional language concepts, such as in/out, up/down, in front of/beh- ind/between, left/right, when relating to objects or shapes such as letters).
visual discri- min- ation	This is the ability to see subtle differences between objects or pictures. This visual perceptual skill can be described as "paying attention to detail".
spatial relati- onships	This is the ability to visually perceive two or more objects in relation to each other and to yourself.
low vision	assessments

Used as a maintenance tool for amsler grid clients with age related macular degeneration to monitor vision changes.

low vision assessments ((cont)

visual acuity - snellen chart	20/20 vision is a term used to express normal visual acuity (the clarity or sharpness of vision) measured at a distance of 20 feet. If you have 20/20 vision, you can see clearly at 20 feet what should normally be seen at that distance. If you have 20/100 vision, it means that you must be as close as 20 feet to see what a person with normal vision can see at 100 feet.
confro- nta- tional testing for visual field cuts	visual fields of both eyes overlap; therefore each eye is tested independently. The patient should cover their right eye with their right hand (vice versa when testing the opposite eye). With the examiner seated directly across from the patient, the patient should direct their gaze to the corresponding eye of the examiner.
contrast sensit- ivity	Contrast sensitivity is an important factor influencing the quality of vision chart with decreased color of letters

clock	The Clock Drawing Test (CDT)
drawing	is a nonverbal screening tool in
test for	which the patient is asked to
visuos-	draw a clock. Although there
patial	are multiple versions of this
deficits	test, in general, they all ask the
and	patient to draw the face of a
cognition	clock and then to draw the
	hands to indicate a particular
	time. Placement of the numbers
	around the circle requires
	visual-spatial, numerical
	sequencing, and planning
	abilities.

screening to	ools for ocular	motor skills
pursuit tracking	The ability of the eyes to track moving objects within the visual field.	The therapist watches for coordination of eye movements and any deviation of gaze from the object.
conver- gence	alignment of the eyes during near distance tasks.	client reports or signals when they see two of the object (see double).
saccades	ability of the eyes to quickly jump from one area of focus to another.	The therapist watches for difficulty moving the eyes and deviation from the objects.



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peripheral	ability to	ar motor skills (cont)
	-	
vision	see	measure the angle
	motion	between 0 and 90
	from the	degrees at which
	sides of	the object is seen.
	the eyes.	
visual	Whether	The therapist asks
field loss	a visual	the client to report
- also	field cut	if the object is seen
called	exists	in different
confro-	and the	locations and
ntational	severity	watches for loss of
testing	of that	visual pursuit.
	field cut.	
adaptations	for visual ir	npairment
magnifiers	Used to e	nlarge print or

objects within magnified field. - hand held – magnifies a small,

defined area -sheet -

magnifies an entire page -

hands free - mounted on a

neck, or worn as glasses.

Used for small piece work,

Used to provide extra lighting for reading or small piece

Clocks that use audio output to announce the time and

vibration to provide alarms.

work. May be hand held, mounted, or incorporated into

needlework, etc

low vision

lighting

adaptive

clocks

table or desk, hung around the

adaptations for visual impairment (cont)

adaptation	
audio books	Books read aloud and recorded specifically for the visually impaired.
talking and low vision devices	Devices that provide audio output or large print on the controls. Calculators, television remote controls, personal organizers, telephones, timers, daily living devices, and other devices are available with these adaptations.
labelers	Braille, large print or audio tags to label clothing and other items.
assistive tech	These items include adaptations for low vision for computers, tablets, and smartphones.
visual perc	eption clinical observations
form	Difficulty recognizing shapes,

form Difficulty recognizing shapes, constancy numbers, and letters when they differ in either color, size, font, or when they are presented in a different context • Difficulty recognizing people wearing different clothing

visual perception clinical observations (cont)

figure ground	Difficulty locating clothing in drawers during ADLs • Missing road signs or vehicles when driving • Unable to locate toys in a toy box • Struggles to find information on a busy blackboard • Loses place when copying work from the board • Loses place on the page while reading • Struggles with navigating around a map
visual closure	Cannot identify traffic signs that are partially hidden behind a tree or other vehicle • Difficulty locating items in the refrigerator that are partially covered • Difficulty making sense of words on a smudged page • Difficulty recognizing an object even when you can only see part of it • Difficulty finding an item of clothing when it is partly hidden
visual memory	Difficulty remembering faces or new people • Reading compre- hension is affected when visual memory is deficient • Difficulty recalling a phone number that has just been read • Difficulty remembering sight words • Difficulty copying work from the board or a book
spatial orient- ation	letter and number reverals

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a magnifier.

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visual perception clinical observations (cont)

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visual discri- min- ation	Struggles to match clothing, socks, or cutlery, especially when the differences are subtle • Struggles to see the difference between similar objects (e.g., coins) • Struggles to see differ- ences between similar looking letters and words (eg b / d, b / p, 5 / s, won't / want, car /cat)	
spatial relati- onships	Difficulty understanding what it means to "stand first in a line", "sit in front of Amy" or "put the pencil on top of the paper". • Difficulty with spacing and organization of written school work • Difficulty with writing on the line/in relation to the lines • Standing in line without bumping into others	
standardized test of visual perception		
beery vmi	Integration of visual and motor abilities	
test of visual perceputa skills	Non-motor visual perceptual skills, including: -visual discri- mination -visual memory - visual-spatial relationships - form constancy -visual-sequ- ential memory -visual closure - figure-ground	

standardized test of visual perception (cont)

motor free	Non-motor visual perceptual
visual	skills, including: -visual discri-
perception	mination -spatial relationships
test	-visual memory -figure-ground
MVPT	-visual closure
develo-	Both motor and non-motor
pmental	perceptual skills, including: -
test of	eye-hand coordination -
visual	copying -figure-ground -visual
perception DTVP	closure -form constancy The adult version also includes: - visual-motor search -visual- motor speed

visual skills visual motor visual perception motor coordination sequential memory visual perception skills figure ground visual processing skills: form convergence, tracking, divergconstancy ence, visual effeciency, saccades, visual fixation visual

discrimination visual memory visual closure spatial relations

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