Hadley

Specialists for Low Vision

Presented by Ricky Enger

**Ricky Enger:** Did you know there are doctors who can help you find practical ways to get the most out of your remaining vision? In this episode, we hear from low vision optometrist, Dr. Laura Miller. I am Ricky Enger, and this is Hadley Presents.

If this podcast helps you adjust to vision loss, please consider helping someone else do the same. Visit HadleyHelps.org/donate or call 800-323-4238.

Welcome to the show.

**Dr. Laura Miller:** I'm glad to be here today.

**Ricky Enger:** Well, I am certainly delighted to have you, and I know we're going to cover a lot of great info, and I'm always curious when I welcome someone to the show. It's fascinating to me how people get into the careers that they choose. So, if you wouldn't mind, just tell us a bit about yourself, what you do, and how you ended up here.

**Dr. Laura Miller:** Absolutely. So, I have a little bit of a funny story as to how I became an optometrist. I have always loved medicine and have always hated needles. I remember going to my guidance counselor and asking what kind of medicine can I do without needles? And she started going through her things and said, well, there's optometry. There's physical therapy, occupational therapy, and these kinds of things. And I was like, oh, optometry, that sounds cool. I think I will go that route because I would really like to get some free green colored contacts and my mom would not buy them because they were too expensive back in the day. So that is actually the direction what took me in the optometry direction, which was kind of crazy as a little high school kid. But I really love the profession, getting into optometry school and going through that really, I have enjoyed it thoroughly.

And what got me going in a low vision direction with optometry school was I have a grandmother with macular degeneration, and we saw her go from being very a very independent woman, to becoming more dependent when she started having more trouble with her eyesight and her vision. She was able to find a low vision specialist in Kansas and was able to then get devices and just seeing this independence come back to cooking back to reading back to doing things that she enjoyed. And so, I really thought that's the direction I want to go to be able to help people kind of get back those things that they may feel like they have lost.

**Ricky Enger:** Absolutely. And that is such a beautiful thing when it happens, someone goes from just feeling utterly lost to then being able to get back to the things that they love doing. What's interesting is that we get a lot of calls at Hadley and people talk about, well, my eye doctor this and my eye doctor that, and they have a single eye doctor and maybe have this belief that all eye doctors do the same thing, or all vision professionals do the same thing, and turns out that's not true. So, can you tell us a little bit about what you do as an optometrist and low vision specialist and how that's different than some other vision professionals, maybe like an ophthalmologist or what have you?

**Dr. Laura Miller:** Absolutely, yes. So as an optometrist, we spend our entire schooling on basically medical eye diseases, managing common eye conditions like dry eyes and glaucoma and macular degeneration. We focus a lot on prescribing glasses and contact lenses and specialties like low vision care, but that's primarily what we're learning and working on. Definitely a lot of optics. Ophthalmology is a little different. They go to actual medical school. We go to optometry school. So, one of the biggest differences between optometry and ophthalmology is that we as optometrists cannot perform eye surgeries on the eyes when it comes down to why you might need multiple doctors. If you have an eye condition like macular generation, you have your retina specialist or your ophthalmologist that is working on getting you the best vision with whether it's shots or surgeries or things like that.

But when we get to a point where surgeries and injections and different things cannot improve your vision any better, that's where really specifically a low vision optometrist comes into play. We really assist more with that functional vision. I always talk about you have kind of fraction vision and you have function vision and fraction vision is what you can read on an eye chart and your ophthalmologist is trying to keep that number very optimal in trying to do the things to keep you reading on the eye chart well. But day to day, there are things that you may not be functioning doing well, and that's where the low vision specialty comes in. We take what vision is left over and remaining from your surgeries or your diseases or things like that. And we use that leftover vision to its highest function. We help with using different types of things rather than just standard eyeglasses or standard contact lenses to get you functioning better day-to-day.

**Ricky Enger:** Right. That makes a lot of sense. And you actually talk about when someone comes in to see you, it's not a short appointment and sometimes with other eye doctors you may be there for 10 or 15 minutes and just getting some things done or getting that checkup with you. When someone first comes to see you, you're looking at an hour appointment, which sounds really comprehensive. So, can you talk about what that initial appointment entails? What can someone expect when they first come in?

**Dr. Laura Miller:** Sure. Yeah. We are going to do more of a comprehensive low vision evaluation, and that's going to include looking at different types of tools, different low vision devices, maybe different magnifiers or different telescopic lenses to help with driving or seeing far away maybe sometimes electronic video magnifiers to help enhance the vision even more, maybe special filters or tints in the glasses to help with enhancing contrast and helping one to see better reducing glare. We are also going to run some different types of tests, testing contrast and colors and different things that may not be a part of just your standard routine exam. We are also going to look at task lighting, and we talk a lot about lighting in low vision because lighting is just as important as the glasses you might be prescribed.

I always say that they're best friends, they can't be separated. You have to have good lighting. With good glasses, we will do a very, very comprehensive look at glasses. Found many, many times over the years that the general ophthalmologist will say, oh, I've given you the strongest glasses we possibly can. And honestly, for a low vision specialist that is the lowest prescription I can prescribe. I can go much, much higher than that. It's just a difference in our training. And the ophthalmologists have had maybe a couple of weeks of optics and learning about how glasses work and those kinds of things in their training. They're much more specialized in the surgical end of things, whereas we are trained more in looking at the optics and so we can prescribe specialty things in the glasses such as higher bifocal strengths or maybe some prism in the glasses to move light in different directions to help enhance the vision.

So, we will look at those type of things also, and a lot of times I can create a much better prescription that can help enhance the eyesight just with some maybe stronger glasses or glasses that have different types of optical tricks I call them in them to help the eyes. We also will look at doing training for these tools. So generally, when I've finished and maybe looked at what we need to prescribe, I have different referral sources, occupational therapists or orientation and mobility specialists that help with getting around in your environment better using your tools and devices that we've prescribed. We need to be trained in those and how to use those in your day-to-day living. So, there's lots of different things that we do in addition to just the routine eye exam in order to help someone just really have a better awareness and understanding of how their vision is functioning and how we can help it to function better.

**Ricky Enger:** That's great. And I imagine that people will come in thinking that, okay, all you can do is glasses or contacts and they may not even be familiar with some of these other tools like a magnifier or as you say, task lighting and things like that. So, when you're talking to someone about those tools that are different than what we might think of traditionally, you get better glasses, you get contacts or whatever it is. What goes into those conversations? Do you talk about, say the tasks that someone is struggling with or do you try and recreate that environment so that you pick the right tool for the task? How does that kind of work?

**Dr. Laura Miller:** Yes. Really the most important question that I ask when someone comes in for a low vision evaluation is what are the things day to day that you're struggling to do with the vision that you currently have? And so, we really take the answer to that question, whether it is reading or cooking or watching TV or driving or whatever it may be. I use each individual person's answer as my jumping point as to which direction we're going to go with the examination. So, if someone wants to drive, we're going to look more at distance tools in order to help them to pursue that goal. If it is reading, we're going to concentrate maybe more on the magnifiers or the magnifying aids to assist with that. So, it's very individualized and very specialized depending on what each person is struggling with in their day-to-day living.

**Ricky Enger:** And we get the question all the time, well, what is the best magnifier or what is the best lamp that I can use? Or whatever. And it's like there's not one right answer. Right,

**Dr. Laura Miller:** Exactly. There is not one right answer. As part of my office, we do have a small store where people can walk in and purchase a magnifier or a lamp or things like that, and we'll have a granddaughter or a son or a daughter walk in and they will say, what's the best magnifier I can find my mother, my grandmother for Mother's Day or whatever. And it's like, well, we need their eyeballs here with them in order to figure that out. Yes, because everyone is different and magnifiers all have different queues to them. The larger they are, the weaker they are. So, everyone comes in and says, “I want the strongest magnifier you've got, but I want to read a whole column of newspaper with it,” and that just doesn't exist.

**Ricky Enger:** Nope.

**Dr. Laura Miller:** And so, we do need to have that evaluation to determine really the best tools that can be used and the correct strengths for someone to use. So sometimes stronger is not better for someone. We may want just a much better pair of glasses and then they may not need as strong of a magnifying glass, which can also be beneficial.

**Ricky Enger:** That makes a lot of sense. We know that some people are referred to the doctors that they need by other professionals, and then some people, for whatever reason, just end up falling through the cracks and they're not getting to the people that they actually need to see to help them. So I'm wondering if you have any thoughts for those people that are saying, I would love to go to a low vision optometrist now that I know what one is, but how do I go about finding one and how do I go about finding one that might have that low vision store right there in the clinic where I can look at all these devices and such?

**Dr. Laura Miller:** Yes. I think that is probably one of the most difficult parts of finding that is really locating the right person that you need. And unfortunately, low vision providers are a little fewer and far between. However, the best website that I found that gives great referral information is the Vision Council Foundation. You can go to their website, and they have a low vision finder. You can put in your zip code and drop down to a low vision specialist as your choice, and it can give you those that are closest and nearest to you. So that's a really good resource. You can also look at contacting your local retina specialist. Sometimes they just don't tell you. They know if someone, but they're just so busy in and out of the room that if you don't ask, they won't tell. And so just asking them or definitely Googling a low vision provider in your area. But the Vision Council Foundation has a really great listing of all the people in the USA, and you can find someone at least close to you that's probably one of the best resources nationwide in each state. There usually is a kind of division of blind services that has resources, and they usually will also have referral information for low vision providers in your area.

**Ricky Enger:** Yes, and we will have that link to the Vision Council Foundation in our show notes. And you bring up a couple of great points actually. One is that division of services for the Blind. I know a lot of people can be hesitant to call that because they're thinking, well, I'm not blind. I do still have some vision. But those agencies do serve people who are having vision issues. You don't have to be totally blind in order to ask about those services. You can also call us here at Hadley and we can help you find someone who is close to you as well. The other point you made was asking your retina specialist or whoever your other eye doctor is, because they may know. They're so busy going from here to there and got a lot going on that they may forget to tell you. So that actually leads me to this next question, which is, is there a way that people can come prepared? Are there questions that people maybe should come in to a low vision optometrist with? Because the more people are prepared, it's easy to forget things in the moment, but are there things that people should think about before they come to see you just to make sure that they're getting the most out of that visit with you?

**Dr. Laura Miller:** Absolutely. I think one of the biggest things is really ahead of time making a list of your challenges. Think about specific daily tasks that are hard, writing those things down or making a voice note in your phone or whatever it may be so that we can really have a direction to go with the evaluation. I would say too, bringing all types of glasses and any magnifiers that you currently might be using, even if they're not working well, this is going to be really helpful for me to see what you're using and what strengths you're using and if they're working or not working. I think also having a little bit of your health history, if you do know it, any medical conditions and treatments that you might be undergoing gives me some information as to is this something that is possibly still being treated and vision may still be fluctuating or have you been stable?

Those kind of things like that. And then coming up with a list of questions that you may want to ask. A lot of times I just get simple questions about just explain my eye condition to me. As you had said earlier, and as we have talked about, sometimes the ophthalmology clinics are just so busy, you get five minutes of the doctor's time and there really hasn't been a great explanation as about why I am getting these shots for my macular degeneration, or why do I have to keep getting these shots? So, bringing questions about what is the cause of my vision loss? How can I stabilize it, what can I do? Are there low vision devices that can help me? What kind of services or programs might I qualify for? So, these are all just good things, questions to ask and to think about and think about your home situations and possibly what we can discuss, what kind of changes maybe with lighting we need to make at home, what changes in contrast, what enhancing contrast looks like.

And so, these are all types of things to kind of consider ahead of time. I usually do also recommend as kind a bonus tip is to bring a family member or a friend. Just another set of ears can be really helpful to just remember information. It's a long appointment. We do go through a lot of different things. I do send people home with a lot of different handouts, but sometimes it's like, what was this handout about? So having that other set of ears and just another person there for support or to help you remember, oh yeah, I remember you were struggling with this the other day. And so, I think being proactive really helps tailor that visit more to your unique needs. And it makes sure that each person walks away with the strategies to help improve their daily life. So that's the whole goal.

**Ricky Enger:** Really good advice. Thank you so much. And yeah, we've definitely covered a lot. I knew we would. I so appreciate your stopping by and just sharing some of your expertise and giving people an idea of what they might expect at an appointment like this. Anything that we didn't cover as we wrap up?

**Dr. Laura Miller:** We really covered a lot of good information. I think just don't be afraid to ask questions and don't be afraid to keep searching to find the assistance and the help that you need so that you can do things in a much easier and better, maybe simpler way.

**Ricky Enger:** Wonderful. Thank you so much Dr. Miller for stopping by and we really appreciate your time.

**Dr. Laura Miller:** Thank you for having me.

**Ricky Enger:** If Hadley Presents helps you see what’s possible, help someone else do the same. If you or someone you know can make a gift to Hadley, visit HadleyHelps.org/donate or call 800-323-4238.

Got something to say, share your thoughts about this episode of Hadley Presents, or make suggestions for future episodes. We'd love to hear from you. Send us an email at podcast@hadleyhelps.org.

That's P-O-D-C-A-S-T@hadleyhelps.org or leave us a message at 847-784-2870. Thanks for listening.