

4-15-2021

## Interdisciplinary Practice for Occupational Therapy and Low Vision Rehabilitation

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### Recommended Citation

Gim, P., Park, K., Cohill, B., & MacDermott, S. (2021, April 15). Interdisciplinary Practice for Occupational Therapy and Low Vision Rehabilitation. Poster presented at the Virtual OTD Capstone Symposium, University of St Augustine for Health Sciences. Retrieved from <https://soar.usa.edu/otdcapstonesspring2021/10>

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# Interdisciplinary Practice for Occupational Therapy and Low Vision Rehabilitation

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## BACKGROUND

Low vision is a visual impairment that is not correctable by eyeglasses, contact lenses, medication, or surgery. Low vision impacts an individual's ability to perform everyday activities including basic self-cares, reading, shopping, cooking, watching, and writing (National Eye Institute, n.d.).

The World Health Organization (WHO) reported 1.3 billion people worldwide acquired vision impairment, and most of the population were over the age of 50 (WHO, 2018). Only 20%-30% received adequate services among the population who need the LVR services in the westernized countries (Markowitz, 2016).

Low vision rehabilitation is a multidisciplinary care provided by ophthalmology, optometry, occupational therapy, and other vision rehabilitation specialists to help clients maximize their remaining vision to improve quality of life (Schmiedecke-Barbieri, & Valdes, 2020). Occupational therapy (OT) has been a part of low vision rehabilitation (LVR) team since 1953 (Markowitz, 2016). OT has been involved in helping people with visual impairment since 1917. Marry Warren, an occupational therapist, introduced OT's first entry into LVR in 1995 (Warren, 1995).

## PROBLEM

The care coordination between OT, optometry, and ophthalmology within a multidisciplinary model has been identified as the primary barrier in the current LVR service delivery model with difficulties in establishing collaboration (Kaldenberg, 2018; Molitor & Mayou, 2018).

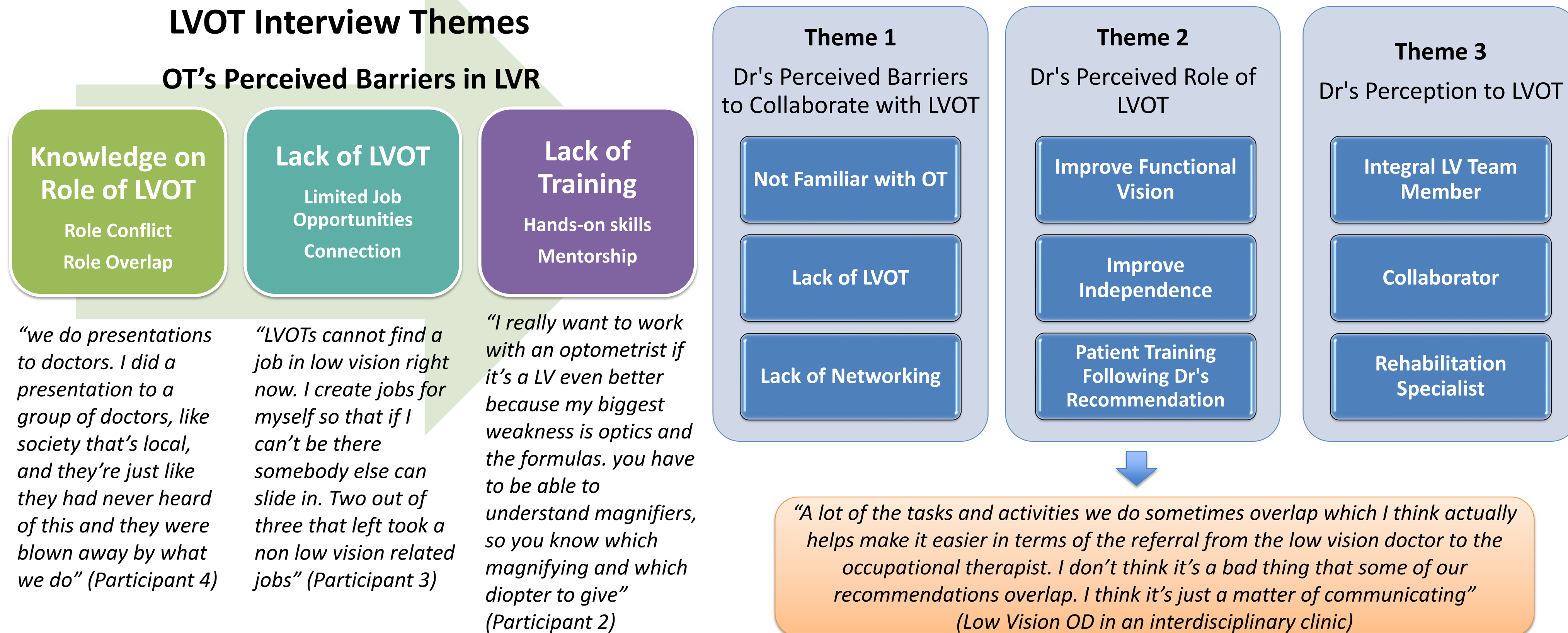
## PURPOSE

Examine the perception of OT within LVR team members and assess the barriers and the needs in providing low vision OT (LVOT) services in order to develop a detailed proposal for improved interdisciplinary collaboration between OT services and optometry and/or ophthalmology services to meet the needs of the underserved population living with LV.

## RESULTS

**Research question:** What are the barriers that limit occupational therapy collaboration with low vision services?

### Eye Physician (MD/OD) Survey Themes



## METHODS

**Design:** Mixed-methods (Likert scale, closed and open-ended questions) & Qualitative study (Semi-structured Interview)

**Recruitment:** Posting on social media groups providing LVR services, emailing vision professional organizations, using personal contacts, google search local OD/MD clinics.

**Survey:** Demographics, relationship with OT, LVR referrals, Dr's perception of benefit/role of LVOT

**Interview:** Barriers, needs, suggestions for improved interdisciplinary team approach

**Sample:** (N=54) U.S. board certified MD and OD participated in an online survey, (N=4) U.S. board certified OT practitioners in low vision participated in a semi-structured interview.

## DISCUSSION

The survey results showed 28 Drs (48%) send referrals to OT, 16 Drs (28%) did in the past, and 14 Drs (24%) never referred to OT. Of total participants who answered the reason for not referring to OT, 14 Drs (30%) reported "not familiar with OT", 12 Drs (26%) reported "no OT in the area". Overall, Drs had basic understanding on the role of low vision OT. Needs assessment revealed there is role overlap between Drs and OT, however it can facilitate collaboration between the two disciplines. The care coordination within multidisciplinary LVR was complex and multifactorial, which may benefit from further studies on interprofessional collaboration including other vision staff.

## ENVISIONED NEXT STEPS

The study results will be published as an online article for vision related websites and AOTA OT Practice for dissemination.

### Advocacy

There is a significant role for occupational therapy in low vision. Advocacy on the role of low vision occupational therapy may enhance team approaches in LVR practice.

### Develop Interdisciplinary Practice Model for Low vision OT for various settings

