Occupational Therapy Interventions for People With Low Vision

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The special section in this issue advances research for occupational therapy interventions for people with low vision. Three systematic reviews provide evidence for occupational therapy interventions in the areas of activities of daily living, instrumental activities of daily living, leisure and social participation, and reading. In addition, the special section addresses oculomotor treatment in traumatic brain injury, normative data for the Dynavision, and properties of a ScanCourse.

Vision plays an important role in completing everyday activities and occupations. Without vision or a screen-reading device, you would not be reading this editorial. One cannot overestimate the role vision plays in completing activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, education, leisure, social participation, rest and sleep, and play. For people born with vision, the gradual or sudden loss of vision can be devastating. Clients may walk into a room filled with people and no longer be able to find the person they are looking for. Challenges are present when clients try to identify medication bottles and are not able to read the name of the medication and the dose. Occupational

therapy practitioners provide evidence-based interventions that allow clients with low vision to remain independent in occupations.

Contents of the Special Section

This issue's special section is focused on occupational therapy for people with low vision. Three systematic reviews examine the effectiveness of interventions within the scope of occupational therapy practice to maintain, restore, and improve performance and quality of life in ADLs and IADLs, leisure and social participation, and reading for older adults with low vision (Liu & Chang, 2020; Nastasi, 2020; Smallfield & Kaldenberg, 2020). These reviews resulted from the American Occupational Therapy Association's Evidence-Based Practice Project and followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (Moher et al., 2015); they cover pertinent literature published from 2010 to 2017 and pick up where previous systematic reviews for interventions for older adults with low vision concluded (Arbesman et al., 2013; Berger et al., 2013; Justiss, 2013; Liu et al., 2013; Smallfield et al., 2013).

There continues to be a need for research on the effectiveness of interventions within the scope of occupational therapy practice for older adults with low vision. A total of 33 studies are included in the three systematic reviews in this issue, with some overlap in the studies. Sixteen studies met the inclusion criteria for interventions for reading, 14 studies for daily living activities, and 3 for leisure and social participation. The focused question for leisure and social participation initially included work, education, and rest and sleep, but no studies that met the inclusion criteria were found for those three areas of occupation.

In addition to the three systematic reviews, the special section includes studies on two approaches to oculomotor treatment in traumatic brain injury rehabilitation (Berryman et al., 2020), normative data for the Dynavision for healthy adults (Blackwell et al., 2020), and measurement properties of the ScanCourse, an assessment of visual scanning (Lund et al., 2020). These studies add evidence for oculomotor treatment, norms for the Dynavision for healthy adults, and measurement properties of a ScanCourse.

Directions for Future Research

Occupational therapy researchers and practitioners need to form partnerships to study the effectiveness of occupational therapy interventions used in everyday practice to improve ADLs, IADLs, work, education, leisure, social participation, rest and sleep, play, and reading for people with low vision. From my own clinical practice, I know my clients are gaining independence in reading and writing with proper lighting, training in prescribed magnification, and use of adaptive equipment and techniques. As a profession, we need to validate the interventions we are using and provide evidence to guide practitioners in selecting appropriate interventions. We also need to develop tools that measure occupational performance by people with low vision. I hope this issue will inspire researchers and practitioners to collaborate in advancing research on occupational therapy interventions for people low vision. ■

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