

The Program

Note: The following **boldface text** is excerpted with permission from the VA Palo Alto Health Care System booklet, *Western Blind Rehabilitation Center*, and describes the various components of the treatment program. The author's personal account of his day-to-day experiences follows in two-column format.

Overview

While gaining information and skills needed to manage the effects of sight loss, veterans usually are able to form positive plans for the lives they will lead after they complete the program. Whenever possible, this planning involves family members. The focus of treatment is to enable veterans to understand and cope with sight loss and to provide rehabilitation to help them achieve the highest level of independence possible.

Each patient receives an individualized treatment program. The length of the average treatment program is six weeks. A full daily schedule of vision loss rehabilitation therapy is available Monday through Friday. Treatment areas include Visual Skills, Orientation and Mobility, Living Skills, Manual Skills, and Computer Access. Other services include psychological counseling, veterans' benefits counseling, social work services, recreation therapy, and interdisciplinary clinical consultations.

Visual Skills

Approximately 85% of the blind population has some useable vision. In Visual Skills, an optometrist and other staff evaluate useable vision. The optometrist examines the veteran and prescribes appropriate training and optical aids based on the veteran's goals. The veteran's identified needs may include: use of a handheld magnifier for reading labels and price tags; a closed circuit TV for prolonged reading; use of a monocular telescope for distance tasks such as reading street and store signs; and use of a spectacle mounted telescope for watching TV. The visual skills staff trains the veteran in the proper use of these special optical aids to make optimum use of any remaining vision.

The majority of my first day at the WBRC was spent in the Visual Skills and Optometry departments. From 8:15 a.m. to lunchtime, Dr. Ellen Chang, O.D., evaluated my vision loss in each eye. She used a variety of charts and graphs of all shapes and sizes, and with varying degrees of clarity—by far the most exhaustive eye examination I have experienced. Because I lost vision in my right eye in 1997 and then my left eye in 2003, she checked each eye separately. After Dr. Chang determined my useable vision in each eye, we tried a variety of optical aids ranging from handheld magnifiers to desktop CCTVs. I was very impressed with the entire Visual Skills Department staff, especially their patience and problem-solving approach.

At 3:15 p.m., Andrew Dadd knocked on my door for a get-acquainted meeting. Andrew would be my WBRC Coordinator and Visual Skills instructor for the next six weeks. He was one of the more senior instructors and recently transferred from Manual Skills where he had served for more than a decade.

It should be noted that the WBRC offers one-on-one training and most instructors have a Master's or Doctor's degree, many of them graduating from the same school, such as Michigan State, Cal State Los Angeles and Cal State San Francisco.

After spending some time getting acquainted, Andrew asked me to summarize my objectives for attending the WBRC. My answer: To learn everything I can in all areas of instruction with an emphasis on the Computer Access Program that I will use in my writing and publishing business. I explained to Andrew that I acquired my first

computer in 1987 for my consulting company and understood the fundamentals, but wanted to be brought up to date on the latest software and technology, especially what was available for legally blind people.

Andrew gave me a large print ring binder filled with important information such as staff names, room numbers, phone extensions, and the main hospital number. He also gave me an audiocassette version.

My 40-minute Visual Skills sessions with Andrew took place Monday through Friday. After six weeks, I had received a total of 20 hours of individual Visual Skills training. Between my time in the Optometry Department with Dr. Chang and my Visual Skills sessions with Andrew, my goals as well as my limitations became crystal clear.

A partial list of optical aids considered for my low vision included several handheld magnifiers for reading labels and the contents of packaged goods, and three models of CCTV magnifiers. We settled on a pocket-size, electronic video magnifier and a Merlin CCTV with a 22" digital LCD Monitor. Another optical aid was a monocular telescope, a small handheld device which helped in reading street and store signs. (More on this in *Orientation and Mobility*.) To my surprise, two weeks after my examination by Dr. Chang, I received a pair of reading glasses from her. After studying my low vision test results, she created a prescription just for me. While they don't help me read regular-size print, they do give me a very slight improvement in my reading ability with my CCTV—a genuine value considering I spend

several hours a day reading archival material and/or copyediting manuscripts.

At the two-week mark, Andrew led a one-hour meeting with all of my instructors and Nancy Beach to discuss my progress. (My dining room tablemates jokingly referred to these meetings as “parole hearings.”) I had expressed from the beginning that my focus in coming to the WBRC was for the Computer Training Program. This program was usually separate from the regular rehabilitation program and

required different admission and application criteria. However, I was asked to attend all of the programs for the first two weeks and then an evaluation would be made as to my schedule for the remaining four weeks. Everyone at Andrew’s meeting seemed satisfied with my progress and agreed that I was ready for a “dual-track” program, meaning that instruction time for Manual and Living Skills would be reduced in order to include the Computer Training Program.



Dr. Ellen Chang, O.D., evaluates the author’s vision loss.



Shirlee Abrams, a former WWII Coast Guard SPAR, is evaluated by Dr. Chang.



Andrew Dadd, the author’s Visual Skills instructor and WBRC Coordinator for six weeks.

“I live alone. I didn’t know about the magnification devices before I came here, so you can imagine what a big difference the closed circuit TV for paying bills and writing notes will make in my life...also a device like the handheld magnifier for reading labels in the grocery store.”

—**Joseph LoBue**, Seal Beach, Calif., U.S. 20th Air Force, 1943–1945.
Vision problem: *Macular Degeneration*.