



# VISION REHABILITATION





# Stepping into Vision Rehabilitation

## What you see is not a function of your eyes, but the strength of your inner vision

It is the greatest tragedy that curative and clinical science equips us to deal with only a limited number of problems. For those, beyond the scope of our expertise, we are happy to declare, “Nothing can be done”. A classical example in this regard, would be how ophthalmologists in general deal with the so called “non treatable causes of blindness”. It is easy to turn the door on such a patient and push him into a lifetime of despair and misery.

Helen Keller said, “Never say, nothing can be done. There is always rehabilitation”. She would have known, she lived her life as an exemplary example.

Narayana Nethralaya is humbled with the initiation of a new department – 'Pediatric vision rehabilitation and low vision centre'. With the initial focus on the pre-verbal child, which began in 2008 it has now been strengthened to a full fledged department, which has resolved to provide comprehensive rehabilitation services to both children and adults.

The aim of the department is to maximize the potential of the visually challenged child with the science and art of early intervention, followed by vision rehabilitation. For adults, the activity building allows him/her to cope with life and its myriad opportunities with enhanced confidence making him/her independent to the best possible level. The qualitative development can be perceived even in a patient with multiple challenges.





## Following are the components of the Rehabilitation center

- ★ **Counselling:** Lending a professional hand in making each patient / parent understand the accurate prognosis of the ocular condition, discovering and addressing various implications associated with vision loss (social, psychological and functional) & encouraging special skills training.



- ★ **Early Intervention (0 – 5 years):** Careful assessment, appropriate therapy with appropriate referral to maximize normal developmental Milestones including utilization of Residual vision. This is done by Functional vision assessment Where careful observation of Visual skills with relation to the Motor, cognitive, perceptual and Spatial abilities are assessed and managed.



- ★ **Parental Training:** Training the parents and care takers in discovering and concentrating on the residual senses of the child to explore the world.





★ **Find the deaf-blind:** Early detection and intervention to identify children with deaf blindness, sponsored by sense international India, has been started since 2014. This project involves new born screening using oto acoustic emission (OAE) screener which is a very simple and short procedure. This along with newborn eye screening for ROP it helps to identify a deaf blind.

★ **Referral:** Appropriate timely referral to related services to prevent secondary complications and induce age appropriate development. Guidance to educate patients parents regarding the government schemes and concessions district wise contact details, like SSA, RMSA, DYPC, DDRO, DEIC, etc. Comprehensive Low Vision.

★ **Evaluation:** Thorough examination and prescription of appropriate low vision devices for those with residual vision & training them to use of these devices in simulated environment.



★ **Educational guidance:** Suggestion of appropriate learning modes (regular print, large print, Braille, audio books and special software) and models (regular, special, integrated and inclusive) of education based on the type and prognosis of the disorder.

★ **Environmental modification:** Suggesting simple adaptations in the environment for the maximum utilization of residual vision and other senses. This includes contrast, lighting and tactile clues etc.

★ **Vocational guidance:** Providing suggestions and support to discover the appropriate vocation, based on the ocular function and needs.

★ **Access to technology:** Intensive training in use of special software to help access various technology driven gadgets (mobile, computer etc.).

★ **Guidance to avail supportive benefits:** Appropriate guidance to all eligible persons to avail the different government benefits &

★ **Concessions:** Like disability certificate, travel allowances, monthly Pension, education benefits and job reservation for person with disability.



## Who will be benefitted?

People who have total blindness, low vision, deafblindness and multi disability (vision problem along with additional problems).

## What are the criteria for referral?

- ★ Best corrected visual acuity in better eye is worse than 6/12 to no perception of light.
- ★ Any age group starting from day one of life.
- ★ To promote and encourage acceptance to lead a life as normal as the sighted.
- ★ To guide the parents as early as possible for initiating immediate steps towards rehabilitation and early Intervention.
- ★ To educate about the existing technologies and help adapt to changes in lifestyle where further treatment is not possible.
- ★ For functional vision problems where in visual acuity is near normal but still has problem in performing daily activities (for e.g. peripheral field loss, impaired contrast etc).
- ★ In those with multiple disabilities, to guide the parents in moulding the children to lead an independent life.

## The Ultimate goal

**Maximize the use of residual vision & other senses**  
**Increase the level of personal independence**





For queries/referrals contact:  
Vision rehabilitation department,

Narayana Nethralaya 1,  
Contact: 080 - 66121484  
Office No: 8792479345

Narayana Nethralaya 2,  
Contact: 08066660718/0691  
Office No: 6366556332

E-mail: [rehab@narayananethralaya.com](mailto:rehab@narayananethralaya.com)

**NN - 1:** No. 121/C, Chord Road, Rajaji Nagar, 1st 'R' Block  
Bangalore - 560010, INDIA  
Tel: +91-80-66121300-1305, 1400-1404  
Email - [infonn1@narayananethralaya.com](mailto:infonn1@narayananethralaya.com)



**NN - 2:** Narayana Health City, No. 258/A, Bommasandra  
Hosur Road, Bangalore - 560099, INDIA  
Tel: +91-80-66660655-0658  
Email - [infonn2@narayananethralaya.com](mailto:infonn2@narayananethralaya.com)



**NN - 3:** No. 1/1, 1st Main Road, Defence colony, 100 Feet Road  
Indiranagar, Bangalore - 560038, INDIA  
Tel: +91-80-66974000/01/02  
Email - [infonn3@narayananethralaya.com](mailto:infonn3@narayananethralaya.com)



**NN - 4:** No. 63, Next to Royal Meenakshi Mall, Bannerghatta Road  
Hulimavu, Bangalore - 560076, INDIA  
Tel: 080-66121618-1619, +91 9513522400  
+91 9538822400  
Email - [infonn4@narayananethralaya.com](mailto:infonn4@narayananethralaya.com)



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