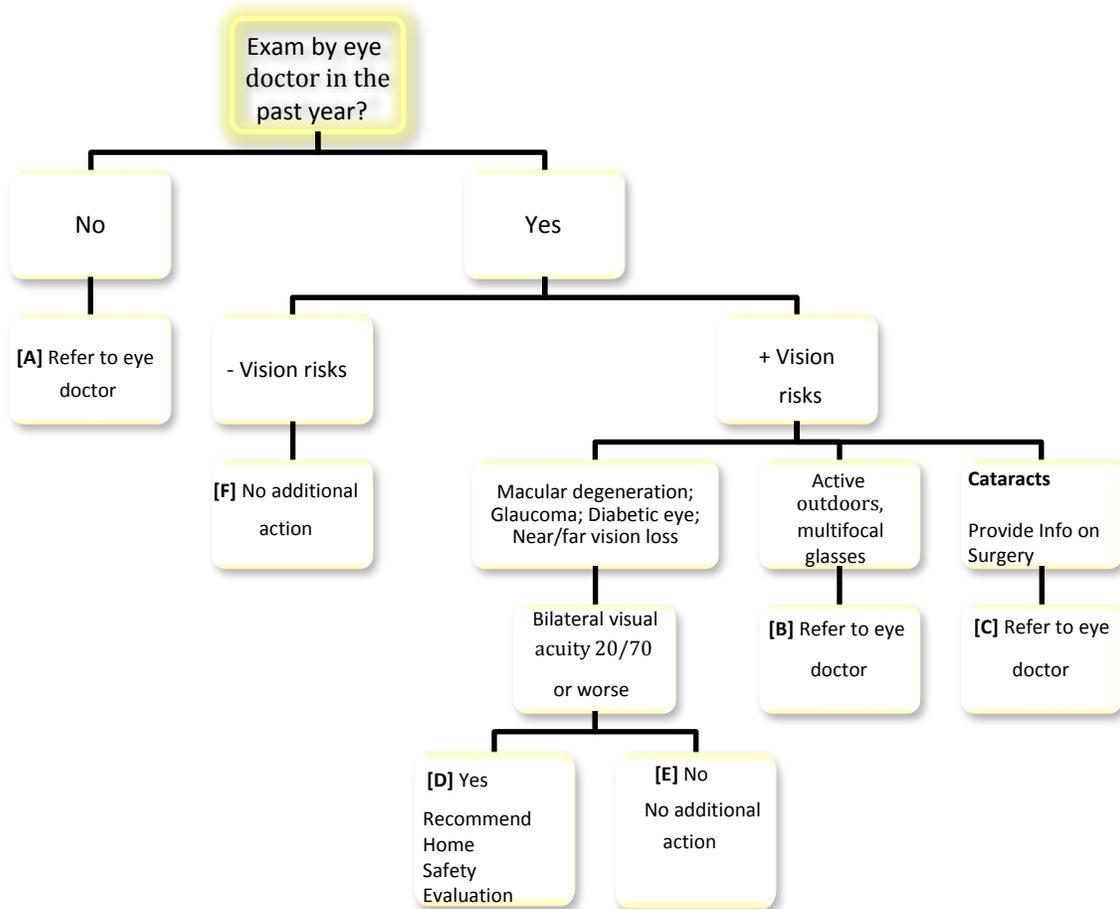


Visual Impairment Protocol



*If available, use visual acuity results recorded within the past year (rather than doing a Snellen) to determine need for a safety evaluation by HHC.

**Acuity thresholds must be met in both eyes for Medicare to cover evaluation by HHC.

Visual Impairment
Communication of Initial Recommendations to the
Patient's PCP

Recommendations:

A. Please consider referral to annual eye doctor for evaluation.

Background: The patient has fallen or is at risk of falling and has not seen an eye doctor in at least one year.

B. Please consider referral to an eye doctor for evaluation.

***Refer to an eye doctor for further evaluation for the need for an additional pair of single-lens distance glasses for use outdoors.**

Background: The patient has fallen or is at risk of falling and is active outdoors and has multifocal lenses, which increase the risk of falling when used outdoors. The patient does not have single-lens distance glasses, which are preferred for use outdoors.

Assessments: Uncorrected visual impairment places patients at increased risk of falling.

C. Please consider referral to ophthalmology for consideration of cataract surgery. We provided information about cataract surgery.

Background: The patient has cataracts which increase the risk of falling.

Assessment: The patient is at increased risk of falling because of prior falls, fear of falling, difficulty maintaining balance when bathing, dressing or getting in and out of a chair, or using a cane, walker or other device when walking inside or outside the home.

D. Please consider referral to a home care agency for home safety evaluation and recommendations.

Background: The patient has visual acuity in both eyes of $\leq 20/70$, and a home evaluation by an occupational therapist has been demonstrated to be beneficial.

Assessment: The patient has age-related macular degeneration, diabetic retinopathy, glaucoma, cataracts, or near/far vision loss, which increase the risk of falling.

E. [No recommendations]

Background: The patient has vision 20/60 or better.

Assessment: The patient has age-related macular degeneration, diabetic retinopathy, glaucoma, cataracts, or near/far vision loss which increase the risk of falling but no additional treatments are recommended at this point..

F. [No recommendations]

Background: Patient has seen an eye doctor within a year and has no other risk factors.

Assessment: Patients who have had recent vision examinations and no risk vision factors do not need additional vision assessments or treatments.