



FACT SHEET

STROKE

Blind patches :

mobility and safety

Low vision may not necessarily show as reduced ability to read the letters on a sight chart. Many conditions cause blind patches in the general field of vision. Depending on how the field loss presents dictates the sort of disability the patient might experience and also fundamentally dictates the sort of rehabilitation required.



Simply checking vision on a high contrast vision chart tells us very little about how the patient will perform and maintain confidence and independence.

Figure 3.5 (b)

Stroke :

loss of half the field.

Stroke can cause loss of half of your field of vision, right or left. People sometimes think they have lost right or left eye vision. In reality you lose half right eye field of vision and half the left eye field.

This makes seeing approaching dangers difficult.



Imagine trying to get around a supermarket with people dashing from left or right across aisles when you can't see them coming. In these situations it can be handy to

walk with a friend on your non-seeing side. You can see dangers on your good side and your friend protects you on your non-seeing side.

When talking to someone with this sort of field loss it is best to stand on their seeing side so they can see as well as hear you. Remember, a lot of communication is visual, don't be an unseen voice.

Low vision, partial sight, visual impairment, and even subnormal vision (a term whose use is now deprecated) are synonyms for the same state: reduced visual acuity, which even with the best optical correction provided by regular lenses still results in a visual performance on a standardized clinical test (such as a Snellen letter chart) which is less than that expected for a patient of that age. The definition does not include those who are monocular: these patients have different problems and are rarely considered in this category. The term also implies that some form of vision (that is, the ability to recognize shapes, no matter how close they must be placed) remains, and that vision is not simply confined to light perception. 'Regular lenses' in this context include required distance refractive corrections and reading additions up to +4.00DS. The latter forms a somewhat arbitrary dividing line, whose origin is historical: it has been assumed that the closest distance at which a patient would normally read is 25 cm, for which the normally sighted presbyope would require a +4.00DS addition.

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Reading fluency would be poor as you lose the end or beginning of any line, even though individual words can be seen.