

American Optometric Association Older Adult Vision Screening Guidelines



American Optometric Association

**243 North Lindbergh Blvd.
St. Louis, MO 63141**

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FOREWORD

Older adults are making up a larger and larger share of America's total population. Today, one out of every seven people in this country is over the age of fifty-five. People are living longer and enjoying more productive lives than ever before. However, a major concern of the fifty-five and older population is maintaining good health.

Among the chronic diseases which restrict the ability of older Americans to lead productive lives, visual impairment ranks third after heart disease and arthritis. Worry about deteriorating vision and blindness are consistently found to be among the greatest health concerns of older adults.

The incidence of vision problems and the development of eye disease increase significantly with age. The major causes of blindness in older adults are macular degeneration, glaucoma, diabetic retinopathy and cataracts. Over 90% of persons age 55 and older wear or need corrective lenses. However, a survey by the National Center for Health Statistics found that over 25% of older Americans who wear glasses need new corrective lenses because their old ones do not adequately improve their vision, or actually impair it.

Many older adults may be unaware of changes that have occurred in their vision or do not recognize the early symptoms of developing eye disease. Therefore, a significant need exists to provide a valuable public service to millions of older Americans through the organization and development of older adult vision screening programs.

These Older Adult Vision Screening Guidelines were developed to assist in the establishment of eye health education and vision screening programs in communities nationwide. Utilizing the combined resources of state and local aging-related private and public organizations and agencies and state and local optometric societies, an effective program addressing the eye care needs of older adults can be developed.

This Screening Guide is intended as a basic model to assist in the planning and implementation of an "Older Adults Eye Health Education and Screening Program". It contains suggested general guidelines, screening procedures and sample forms.

The procedures recommended for use in an older adult vision screening program have been selected with special consideration given to eliciting the greatest possible information about those conditions of greatest prevalence in this age group. Significant emphasis is placed on the personal data and eye care history aspects of the screening. The high incidence of eye health problems among older adults also necessitates expanded evaluation of the internal and external eye health status.

Although experience has shown this model to be an effective program, local conditions or needs may necessitate some modification. The actual scope and conduct of the program is the responsibility of state and local optometric societies in conjunction with state and local aging-related organizations and agencies.

SCREENING PROCEDURES

The following screening procedures are recommended for use in screening individuals age fifty-five and over.

Personal Data/Eye Care History

A self-completed questionnaire (see sample on page 8) can provide significant information about past and current general health and eye care history of the individual. This information, when reviewed along with the results of the various screening tests, can assist in making a decision on the individual's need for referral.

Visual Acuity

Measurement of visual acuity, both distance and near, should be evaluated through the individual's present vision correction, if worn. For those individuals who fail to show adequate acuity levels, a pinhole acuity test should be conducted.

Eye Health Evaluation

Evaluation of the external eye with penlight and magnification and internal eye evaluation with ophthalmoscopy should be conducted and results recorded in as much detail as possible.

Intraocular Pressure

Measurement of intraocular pressure should be made and recorded.

Consultation

This final station in the screening will provide for review of all the individual screening results and history so that a decision can be made regarding the need for referral. Another important aspect of this station is to provide general eye health information to the individual as well as specific information about their eye/vision status.

This should be the only point in the screening where specific findings are discussed with the individual. Care should be taken to avoid discussion of individual findings at previous screening stations. Not only will this slow down the flow of individuals, but confusing or conflicting information may be given in light of individual test results rather than a broad overview of all the information gathered.

Supplemental Tests

As local needs or conditions allow, additional screening procedures may be added. Two possible additional procedures would be retinoscopy and blood pressure screening.

It must be remembered that older individuals may react more slowly in some instances to specific screening procedures. Care should be taken that screening procedures are explained clearly and simply at each station. This program is not only one of screening, but also of education and consultation.

PHYSICAL LAYOUT OF SCREENING AREA

If a large number of individuals are expected to participate in the screening, careful planning of the physical layout of the screening area can greatly facilitate screening flow. As previously outlined, there are five basic stages or stations recommended in the screening program. Either one large room or individual rooms may be used for the screening stations depending on facilities available.

Some provisions should be made for waiting areas between stations. A number of sturdy straight back chairs near each station will give individuals a chance to sit down while waiting for the next screening procedure.

A general entrance or reception area should be set up with sufficient seating capacity to serve as a staging area to assure a smooth and consistent flow of individuals through the screening process.

Some thought should also be given to the need for controlling noise levels and to allow for confidentiality when needed, particularly in the consultation area. In a large space, separating the screening stations by some distance or using movable partitions may be satisfactory. However, setting up a separate room to handle consultation may be helpful.

SCREENING PERSONNEL

To conduct a screening as effectively and efficiently as possible, a proper ratio of persons to be screened and those providing the screening needs to be determined.

At least two of the screening stations will require an optometrist's participation: 1) Eye Health Evaluation; and 2) Consultation. Trained lay volunteers or technicians can provide screening procedures for visual acuity and tonometry (NCT). However, if sufficient optometric manpower is available, it is definitely worthwhile to have each station manned or supervised by a doctor of optometry.

It is estimated that it will take approximately fifteen minutes for a person to complete the entire screening procedure. If a large number of persons are participating in the screening, more than one of each screening station may be needed.

In a six hour screening day, approximately eighty to one hundred individuals can be handled by a single station per procedure screening program. Optometrists and other volunteers should probably work in shifts, either being replaced about every two or three hours, or moving to a different station or activity.

As a result, at a basic minimum, at least three and preferably four or more optometrists may be needed to

conduct an effective all-day screening program. However, not all the optometrists would necessarily spend the entire day at the screening.

In addition to the optometrists, other support personnel and volunteers will be needed to assure an efficient screening.

Good sources for volunteers may include optometric office staff, members of the Auxiliary to the American Optometric Association, members or staff of local senior centers and groups, civic and 4-H clubs, and other related organizations.

A receptionist/host will be needed to greet individuals as they arrive for the screening. The receptionist can provide basic information about the screening program; have the individual sign in; assign a number if there is a backlog of individuals; and assist the individual in completing the personal data and history questionnaire. The receptionist will be the individual's first contact with the screening, so the receptionist should be chosen carefully.

A facilitator may also be available to assure smooth patient flow from one station to the next, or to answer questions, give directions or just fill in where needed. Refreshments can be served either at the beginning or the end of the screening.

SCREENING APPOINTMENTS

Where possible, some thought may be given to scheduling screening appointments to prevent long waiting lines and also to assure a continual flow of persons.

If the program is to be provided at a local senior center, a sign-up procedure at the center can be offered a week or two prior to the screening, or individuals may be asked to call a central number manned by a volunteer to schedule a screening appointment. Walk-ins can still be accepted on a limited basis.

The number of individuals scheduled each hour can be slightly overbooked to allow for no-shows and late arrivals. With a pretty good knowledge in advance of the number of individuals participating in the screening, personnel can also be more efficiently planned for.

SCREENING EQUIPMENT

The local optometric sponsoring organization will need to provide certain screening equipment. Arrangements may be made with local ophthalmic suppliers to obtain some equipment on loan (e.g. tonometers). If assistance is provided by an ophthalmic supplier, credit shown should be given them in program publicity.

The following is a minimum listing of equipment that will be needed for the screening:

- Distance acuity charts or projectors
- Near acuity cards
- Occluders
- Multiple pinhole disks
- Ophthalmoscopes (monocular or binocular indirect recommended)
- Additional batteries/bulbs for ophthalmoscope
- Tonometers (non-contact tonometers recommended)
- Penlights
- Binocular loupes

SCREENING SUPPLIES

In addition to professional equipment, the following additional supplies will be helpful:

- Adequate number of Patient History/Data and Patient Referral forms
- Eye care educational literature and pamphlets
- Pens/pencils
- Clipboards
- Extension cords

REFERRAL CRITERIA

No specific level of pass/fail criteria has been recommended in these guidelines. The decision as to what level referral should be made rests with the local optometric advisory committee for the program.

At the final consultation station, the screening results should be summarized and each individual should receive a printed summary sheet (see sample page 9) along with any additional printed pamphlets or information that may be appropriate.

At this point, those individuals who need additional evaluation or care should be advised to make an appointment with the appropriate health care practitioner.

Those individuals indicating they do not currently have a doctor or who wish to make a change can be provided with a listing of doctors in the area from which to make a selection.

To facilitate referral, duplicate copies of a form identifying the participant and his or her need for referral can be utilized (See sample on page 9). The participant is instructed to present his copy of the form to the health care practitioner who is asked to note his or her findings and services on the form and return it to the screening project. In this manner, a follow-up success

rate and statistics regarding the effectiveness of the project can be determined.

Some provisions should also be made for handling any emergency situations that may arise. Some prearranged plan for handling immediate referrals (e.g. extremely high intraocular pressure) should be made.

PAYING FOR CARE

Among individuals screened may be those who are unable to pay for needed professional services or do not have insurance which provides coverage. Consideration should be given to making arrangements for providing care for those who can't afford it or providing referrals to local social service agencies for assistance.

FOLLOW-UP REPORTING

In addition to the basic public service value of a vision screening program, the gathering of statistics on the overall program scope and effectiveness is needed.

The American Optometric Association requests that state and local optometric societies who provide older adult screening programs report on their results. A special form included on page 10 of these guidelines has been provided for this purpose.

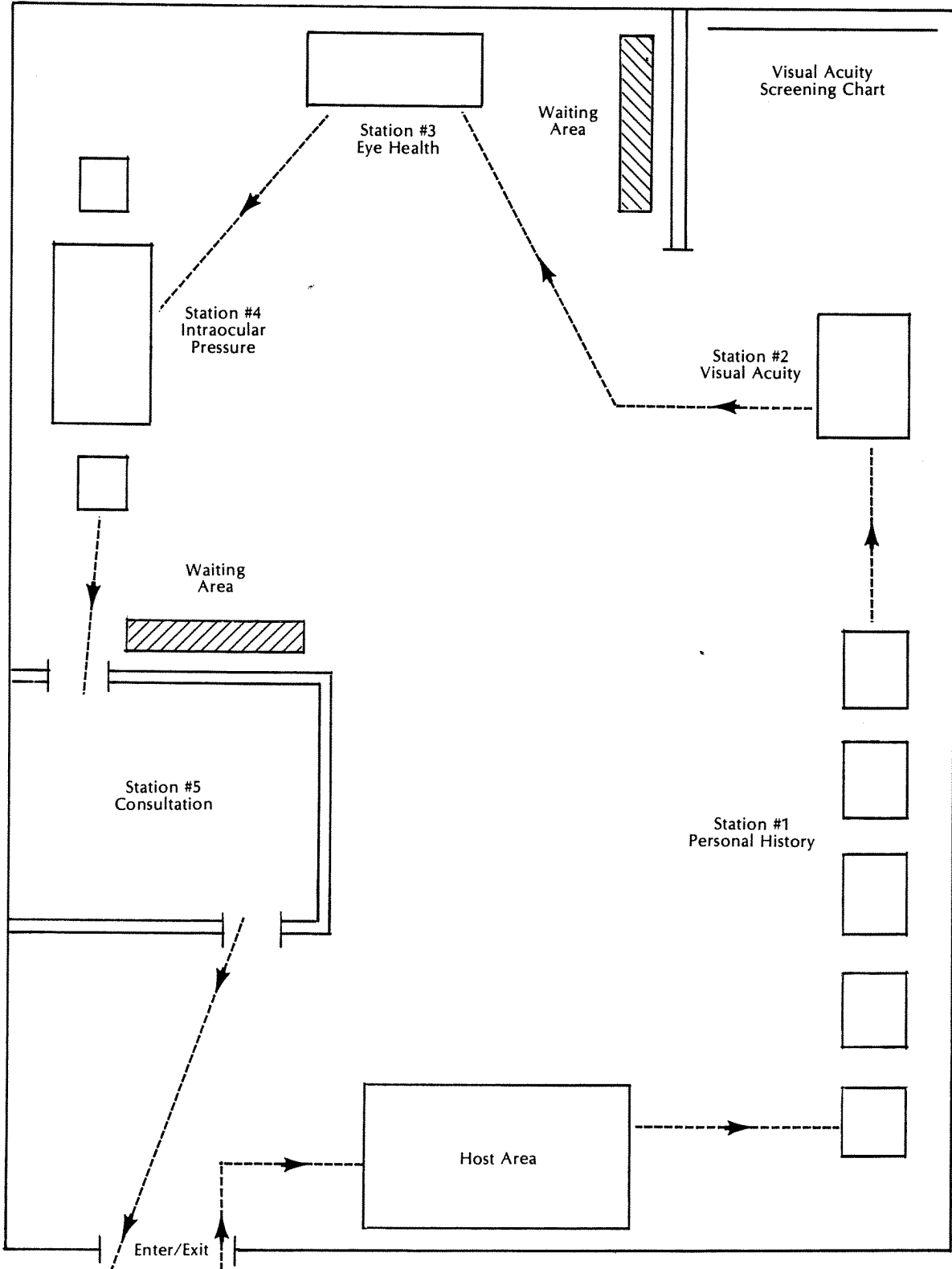
Information gained nationwide will serve as a valuable resource in helping to plan for and meet the future vision care needs of older Americans. At the local level, feedback from screening programs and educational efforts can be used to help tailor local programs and ongoing services for older adults.

IMPORTANT FACTORS IN ASSURING SUCCESSFUL OLDER ADULT VISION SCREENINGS

- _____ **Cosponsorship of a local older adult group**
- _____ **Location/accessibility**
- _____ **Advance publicity**
- _____ **Transportation assistance**
- _____ **Use of health education materials**

For more information on these elements in organizing an older adult vision screening, optometric groups can request a free copy of the AOA Older Adult Vision Education and Screening Planning Guide from the AOA Communications Division, 243 North Lindbergh, St. Louis, MO 63141, telephone 314-991-4100.

SAMPLE SCREENING LAYOUT AND FLOW CHART



PATIENT SCREENING FORM

Welcome to this vision screening program. Today, we will be evaluating several aspects of your vision and eye health using the procedures listed below.

Please complete the reverse side of this form prior to beginning the screening. Take this form with you to each screening station.

At the end of the screening, the results of all the screening procedures will be explained to you.

Visual Acuity Test (Screening for clearness of vision)

	Right Eye	Left Eye	CIRCLE ONE
Far:	_____	_____	With Glasses
Near:	_____	_____	Without Glasses
Pinhole:	_____	_____	

External Eye Evaluation (Screening for external eye health conditions)

Right Eye	_____ WNL	_____ Other	_____
Left Eye	_____ WNL	_____ Other	_____

Ophthalmoscopy (Screening for internal eye health conditions)

Right Eye	_____ WNL	_____ Other	_____
Left Eye	_____ WNL	_____ Other	_____

Tonometry (Screening for Glaucoma)

Right Eye _____ Left Eye _____

Consultation

Advice to Patient: _____

Disposition

_____ Refer _____ Reason: _____
_____ No Referral Recommended
_____ Other _____

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PATIENT SCREENING FORM

Name: _____ Date of Birth: _____

Address: _____ Date of Screening: _____

Phone No.: _____

PLEASE ANSWER THESE QUESTIONS

PLEASE CIRCLE ONE

I. (a) Do you wear glasses at present: Yes No

(b) If yes, when? (circle one) (distance) (near) (all the time)

(c) How long have you had these glasses? _____

(d) When did you have your last examination? _____

II. Do you have a reason for believing you have an eye and/or vision problem? Yes No

(a) If yes, describe your problem

How long do you think you have had this problem?

Do you have or get headaches? Yes No

How often? _____

III. (a) Do you suffer from diabetes, glaucoma, or high blood pressure
(check applicable boxes)

How long? _____

(b) Does any other member of your family suffer from diabetes, glaucoma,
or high blood pressure? (check applicable boxes)

Which relative? _____

IV. (a) Are you under treatment for any eye condition at present? Yes No

What condition? _____

V. (a) Are you taking any medicine at present? Yes No

For what? _____

How long? _____

(b) Are you allergic to any drug? Yes No

What drug? _____

VI. Have you ever, for even a few moments, had a loss of vision? Yes No

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VISION SCREENING REPORT FORM

NAME: _____ DATE: _____

You have just been through a series of vision screening procedures to determine if there are any abnormalities with your eyes or visual system. This is **NOT** a complete professional examination and should not be taken as such.

_____ This indicates that there has been no apparent eye or vision problem revealed by this screening. It is advisable, however, that you have periodic complete eye examinations.

_____ This indicates that some areas of your vision or eye health are in need of further evaluation. It is advisable that you consult your eye doctor or your family physician for reason(s) indicated below:

REASON FOR REFERRAL:

COMMENTS

_____ History _____

_____ Visual Acuity _____

_____ External Eye Health _____

_____ Internal Eye Health _____

_____ Intraocular Pressure _____

_____ Others _____

Signature _____

THANK YOU FOR PARTICIPATING IN THIS PROGRAM

To the Examining Doctor:

We would appreciate your cooperation in filling out this portion for our information. This will help us continue to improve our screening and referral mechanism. Thank you.

Date of Examination: _____

Diagnosis: _____

Comments: _____

Signature _____

PLEASE RETURN THIS COMPLETED FORM TO:

THANK YOU

(NOTE: This form should be used with NCR or carbon paper for duplicate copies)

Developed by:



American Optometric Association

SUMMARY REPORT FORM FOR THE OLDER ADULT EYE HEALTH EDUCATION AND SCREENING PROGRAM

(NOTE: This form should be used with NCR
or carbon paper for duplicate copies)

Name of Optometric Society: _____

Name of Contact Person: _____

Address: _____

Date(s) Program Presented: _____

Location(s): _____

Total Number of Individuals Screened _____

Total Number Referred _____

Reason for Referral:

History _____

Visual Acuity _____

External Eye Health _____

Internal Eye Health _____

Intraocular Pressure _____

Other _____

Other educational/screening programs provided. Please describe:

Please provide your overall impressions on the value and success of this program.

THANK YOU. Please return this form to AMERICAN OPTOMETRIC ASSOCIATION
Vision of Aging Project Team
243 N. Lindbergh
St. Louis, MO 63141