



Care Coordination between Optometry (OD), Occupational Therapy (OT), Physical Therapy (PT) and Other Rehabilitation Team Members for Patient-Centric Care

This document was developed by the AOA Vision Rehabilitation Committee.

Abstract

Health professionals including doctors of optometry (OD), occupational therapists and physical therapists have developed advanced training in their respective disciplines devoted to helping patients function in activities of daily living and return to an independent lifestyle despite vision loss, injury, trauma, disease and/or visual deficits from neurological disease or injury.

When the patient is co-managed by the doctor of optometry and any other rehabilitation team members, ongoing communications between all parties are vital for the success of the patient. Therapy can be changed, modified and updated during co-management based on the needs and therapy progression. The relationship between optometry and occupational or physical therapy can be synergistic and instrumental in optimizing an individual's rehabilitation program.

Background

Vision rehabilitation is a patient-centric process of care for individuals with vision impairment(s) managed by doctors of optometry (or ophthalmologists) as part of the eye and vision care continuum. This clinical process often begins with an in person comprehensive eye examination which includes an evaluation to specifically assess visual impairment, which may include visual and non-visual pathways and its impact on function and quality of life. The comprehensive eye examination also includes the development of an individualized treatment plan, shared clinical decision making and management of the patient's vision impairment(s). The model of care for patients with vision impairment parallels the physical medicine and rehabilitation care model for individuals of all ages with visual impairment(s). In this model of care, the doctor of optometry identifies and leads an appropriate patient-centered care team. Ongoing re-evaluation of the patient to address changing vision and/or patient needs and priorities leads to subsequent changes in treatment strategies to meet desired health outcomes.¹

Essential Duties

Many patients have benefited from the interprofessional collaborative practice (IPCP) models and the working relationship between optometry and occupational therapy can serve as an example. Doctors of optometrists diagnose vision disorders, develop specific treatment plans and supervise the timing and implementation of the “Vision Rehabilitation Plan” among a team of skilled interprofessional health care providers. Occupational and physical therapists assist in the care and treatment of these patients under the guidance of a doctor of optometry. Their observational skills they provide the patient may offer clues and suggestions that cause the Vision Rehabilitation Plan to be altered by the optometrist. The working relationship between the doctor of optometry, occupational therapist, physical therapist and the patient should be synergistic. In order to establish a well-orchestrated therapeutic relationship and treatment plan, the health care practitioners must have a clear understanding of what treatment approaches fall within their scope of practice and how they can best collaborate for the benefit of patients.

Team Care Delivery

Doctors of optometry practice independently and are recognized as physicians under Medicare. To best serve patients, doctors of optometry will co-manage or refer patients to other health care professionals. Rehabilitation often requires the collaboration of a large field of interprofessional team members. Research has documented that patients with traumatic brain injuries (TBIs) receiving interprofessional rehabilitation demonstrate significant gains and maintain the treatment effect after rehabilitation ends.² The goals of rehabilitation are to improve cognitive and physical function and to modify behavior in an effort to reintegrate the individual into productive family and community life. Successful rehabilitation often engages many disciplines including, but not limited to: physiatry, physical therapy, occupational therapy, audiology, neuropsychology, psychology and optometry.³ All work together, with active patient engagement, to improve the rehabilitation outcomes. In complex traumatic brain injury, interprofessional teams can use time more efficiently, coordinate services, integrate health care for a variety of needs and empower patients as active partners in care.⁴ Further, an interprofessional team is able to integrate and synthesize knowledge and contributions of each discipline, resulting in comprehensive understanding and approaches that are more than the sum of the individual parts.⁵

Team Members: Descriptions

Doctor of optometry/optometrist (OD)

According to the American Optometric Association, doctors of optometry (ODs/optometrists) examine, diagnose, treat and manage diseases and disorders of the eye. In addition to providing eye and vision care, they serve in a major role, and many times the primary role, in an individual’s overall health and well-being by detecting systemic diseases, such as diabetes and hypertension. Additionally, doctors of optometry:

- Prescribe medications, vision rehabilitation, vision therapy, spectacle lenses, contact lenses and perform certain surgical procedures.

- Counsel patients regarding surgical and non-surgical options that meet their visual needs related to their occupations, avocations and lifestyle.⁶

Occupational therapist (OT)

Per the American Occupational Therapy Association, occupational therapists provide habilitative and rehabilitative care by treating injured, ill or disabled patients through the therapeutic use of everyday activities. They help patients develop, recover, improve, as well as maintain the skills needed for daily living and working.

Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being and quality of life.⁷

Physical therapist (PT)

Per the American Physical Therapy Association, physical therapists examine, evaluate, diagnose and offer prognosis and interventions. Physical therapy includes diagnosis and management of movement dysfunction and enhancement of physical and functional abilities; restoration, maintenance and promotion of optimal physical function, optimal fitness and wellness, and optimal quality of life as it relates to movement and health; and prevention of the onset, symptoms and progression of impairments of body structures and functions, activity limitations, and participation restrictions that may result from diseases, disorders, conditions or injuries. The terms “physical therapy” and “physiotherapy” are synonymous.⁸

Collaborative Evaluation

One similarity that exists between the professions of optometry (OD), occupational therapy (OT), physical therapy (PT) and other rehabilitation team members includes the theoretical underpinnings that guide each profession and their goal of improving their patients’ quality of life. While therapists strive to enable and enhance participation in meaningful daily life activities, ODs aim to identify and treat vision deficits that impede a person’s performance in everyday tasks. Vision deficits can interfere with a patient’s engagement in activities of daily living such as reading, writing, play, social interactions and safe navigation of environments. These professions have a key role in the management of these concerns.

While it is most important for all patients to have a comprehensive eye examination, some occupational therapists perform a basic vision screening for the purpose of determining if a patient needs to be evaluated for specific areas of deficiency. The potential problem with vision screening is that it lacks assessment of ocular pathology, refractive status or clinical diagnosis, and for this reason a comprehensive eye exam by an eye doctor must be part of outpatient rehabilitation assessment and direct management.

After a doctor of optometry performs a comprehensive eye examination and it is determined the

patient would benefit from therapy services, the optometrist should refer to and prescribe appropriate therapy for the patient. In that case, the optometrist is looking for a therapist to perform a functional evaluation and ongoing therapy as needed. Optometry recognizes and supports the value of such evaluations and therapies. Therapy that involves lenses or prisms or other vision related devices and therapies should be in conjunction with a doctor of optometry. Optometry recognizes and supports the value of such evaluations and therapies dictated by each profession's scope of practice.

In many settings such as rehabilitation hospitals, VA hospitals, military treatment facilities (MTFs), outpatient rehabilitation facilities, low vision centers, elementary schools, private optometric practices, academic medical centers, etc., are working with patients who have vision impairments including visual field loss, visual acuity loss, double vision, oculomotor deficits, coordination/balance problems, gait issues that have a vision basis and more. They can receive specialty training in the areas of neurorehabilitation, low vision therapy, accessing technology and driving rehabilitation.

Communications

When any health care professional, including an occupational therapist or physical therapist, refers to a doctor of optometry, there is a responsibility that the optometrist provides the referring therapist a summary or a report that outlines the findings. In this report the optometrist may order therapy for the OT or PT to administer and/or the OD may provide the vision rehabilitation at the optometrist's office. All of this is taken into consideration with the best interest of the patient.

The OD guides the therapeutic interventions and the other members of the rehabilitation team incorporates the recommendations into the patient's treatment program. All members will further advocate for a holistic approach by communicating the OD's recommendations to others on the rehabilitation therapy team, including, but not limited to, physical therapists and speech therapists, counselors, case managers, social workers, and, of course, the patient and their family members. This fulfills a patient-driven model.

Conclusion

Interprofessional collaborative practice (IPCP) is supported in the literature as best practice for providing high-quality, patient-centered care aimed at improving health-related outcomes, patient experiences, and decreased costs.^{9 10}

Optometry, occupational therapy and physical therapy have developed advanced training in their respective disciplines devoted to helping patient function in activities of daily living and return to an independent lifestyle despite vision loss, injury, trauma, disease and/or visual deficits from neurological disease or injury.

When the patient is co-managed by the OD and any other rehabilitation team member, ongoing communications between all parties are vital for the success of the patient. Therapy can be changed, modified and updated during co-management based on the needs and therapy progression. The model that has been described has worked well for optimum patient care. The relationship between

optometry, occupational therapy and physical therapy can be synergistic and instrumental in optimizing an individual's rehabilitation program. By defining the roles of each and working collaboratively, the professions can improve access to and quality of care that ultimately enhances patient outcomes.

¹<https://www.aoa.org/practice/specialties/vision-rehabilitation?sso=y&ct=011120a43185f419220eb8e41eb8188497733eea9113da4f948849c94e2970db8b8bec85b67ff2bff99fe9b66d9cf96f311cc6d84ff39efe1c2c18862d6e78f>

² Semlyen JK, Summers SJ, Barnes MP. Traumatic Brain Injury: efficacy of multidisciplinary rehabilitation. *Arch Phys Med Rehabil.* 1998 Jun;79(6):678-83

³ Ripley DL, Politzer T, Berryman A, Rasavage K, Weintraub A: The vision clinic: an interdisciplinary method for assessment and treatment of visual problems after traumatic brain injury. *NeuroRehabilitation.* 2010;27(3):231-235

⁴ U.S. Department of Health and Human Services. Rehabilitation of Persons With Traumatic Brain Injury: NIH Consensus Statement. In: U.S. Department of Health and Human Services, National Institutes of Health, eds. Vol 16. Bethesda, MD,1998:1-41.

⁵ Reeves S, Zwarenstein M, Goldman J, et al.: Interprofessional education: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews.* 2008(1).

⁶<https://www.aoa.org/healthy-eyes/whats-a-doctor-of-optometry?sso=y>

⁷<https://www.aota.org/~media/Corporate/Files/Advocacy/State/Resources/PracticeAct/Model%20Definition%20of%20OT%20Practice%20%20Adopted%2041411.pdf>

⁸<https://guide.apta.org/>

⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6594675/>

¹⁰ <http://pubs.covd.org/VDR/issue3-3/>