

5: an examination of optical aids such as hand and stand magnifiers, distance aids and monoculars, electronic magnifiers and sun-control devices;

6: an examination of non-optical aids such as lamps and reading stands, large print, talking books on record and cassette, Braille low-vision and talking watches, writing and cheque guide devices, and recreational devices.

A thorough low-vision assessment generally requires 2 to 4 hours and involves 3 to 6 professionals. The assessment, however, is only the beginning. A successful low-vision service should also include the following elements:

1: a loan of aids service to allow the clients an opportunity to experiment with the devices under their

real, and often less-than-ideal conditions;

2: a stock of aids for immediate loan or purchase;

3: a period of training and experimentation with the low-vision therapist, both at the clinic, and when possible, in the home;

4: a source of quick and easy referral to other services as required, such as orientation & mobility specialists, rehabilitation teachers and occupational therapists for help in activities of daily living such as typing, writing, Braille and optacon; counselling, and recreational pursuits;

5: a system of regular follow-up.

It is probably clear, from the description of recommended components in a successful low-vision clinic, why the majority of com-

prehensive low-vision services are found in agencies for the visually handicapped, where most of these services already exist. The need in Canada, however, is too great for agencies alone to supply the majority of the low-vision services. The challenge of meeting the demand for improved low-vision care in this country should be recognized and faced by all professionals who work in the broad field of eye care. Individual practice could include more elements pertaining to low-vision. More frequent referrals to more comprehensive low-vision services could be made. Above all, an increased sensitivity and awareness of the problems of persons with low vision could go a long way to helping Canadians with poor vision get the proper assistance that is within our capability to provide.

## Montreal Association for the Blind Low Vision Clinic



Founded in 1908, the Montreal Association for the Blind has continually added to its client services. In 1979, the MAB established an extensive service to provide low vision aids.

What makes the MAB service particularly effective is the fact that it brings together a multi-disciplinary team of experts working cooperatively in one location.

Once the ophthalmological assessment is received, the patient is treated by professionals in the fields of Optometry, Occupational

Therapy, Mobility, Rehabilitation and Social Work. A great deal of assessment, counselling and training is given to the client through these allied services. The MAB carries a wide range of optical and non-optical aids which are made available to anyone handicapped by a lack of vision. Overall emphasis is on the team approach, to enable those who are visually impaired or blind to compensate for their visual deficits and to achieve their highest level of self-sufficiency.

"A singer cannot delight you with his singing unless he himself delights to sing."

Kahlil Gibran

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