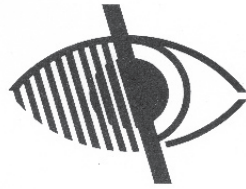


The Partially Sighted Society



Information Sheet

Eccentric Viewing Technique (or Preferred Retinal Location)

As you are aware, there is an enormous number of visually impaired people. Some are registered Blind, some registered Partially Sighted, and some not registered at all, however even 85% of registered Blind people have some degree of useful sight and can benefit from low vision training.

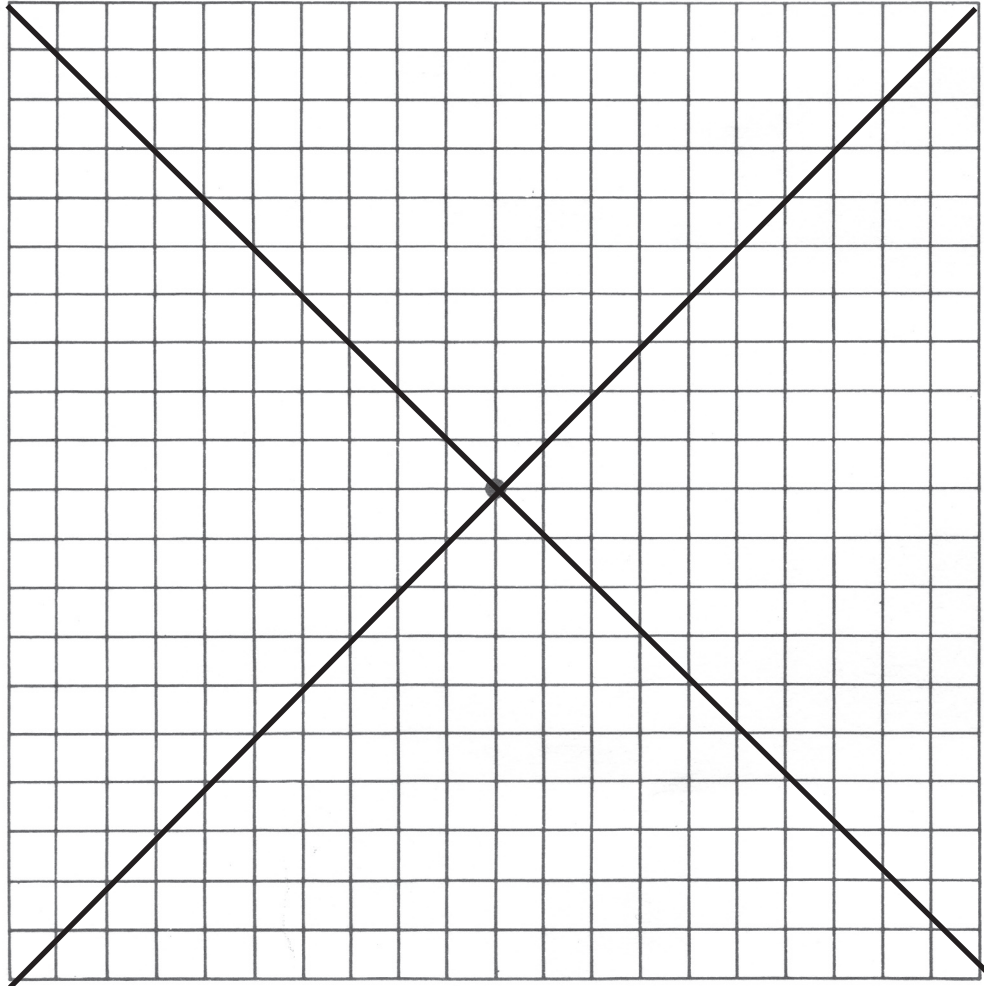
Most of these people will be experiencing the symptoms of Macular Degeneration which causes a loss of central vision i.e. difficulty in performing near tasks such as reading, sewing, watching TV and recognising faces etc. Their peripheral vision, however, remains fairly good and enables them to see generally all around. It is these such clients with a central vision loss who can benefit from Eccentric Viewing Technique (EVT) and Steady Eye Strategy (SES).

Many of the clients we see have already adopted eccentric viewing for distance viewing but rarely use it for near work. EVT is when a person no longer looks directly at the object they want to see. If they do look directly at the object it may appear misty/blurred, or distorted or else may totally disappear. However, if they look above or below or to one side of the object it is seen with greater clarity with their peripheral vision. Using EVT will not give the client a perfectly clear view of the object, but they will see it better than if they look straight at it.

We use an Amsler grid to identify the best eccentric viewing position. The Amsler is a grid of squares with a diagonal cross and a dot in the centre.

It may be either white lines on a black background or vice versa.

Someone with central vision loss looks directly at the central dot it may disappear, go faint, blur or distort, but when looking above, or below, or to one side, the dot is seen more clearly.



Most clients have one position where they can look to see more clearly. Once this position is identified it should be practised and used when watching TV, recognising faces, reading, writing and when trying to see anything more clearly. Once EVT has been established for reading single words (i.e. looking above the word to read it) the next reading technique, SES, can be introduced. This is essential for fluent reading and is done as follows: the client uses his EVT to see the first word in the line clearly - then the client keeps his eyes and any magnifier that he may be using completely still, maintaining the EV position, then the print is slowly moved to the left so that each word in turn is moved into the best area of the vision.

It is still necessary to use EVT when using a magnifier, otherwise if not, the magnifier will simply magnify the blurry or distorted or disappeared area.

When doing any reading the client is advised to sit back comfortably in his usual chair to bring the print that he wishes to read up towards his eyes, as close as necessary, keeping back and neck straight. Clients are discouraged from placing print on the table and bending over close to it, because this is very tiring and may lead to long term back and neck problems. Also SES is difficult in this position. The client is also advised to use a clipboard to support the correspondence or newspaper/magazine etc that he is reading. The clipboard allows the reading material to remain firm when holding it with one hand and provides a good base for those magnifiers which must be held flat on the page.

EVT and SES can take a great deal of practice and encouragement to become established effectively - but they are essential to increase the fluency of reading. Fluent reading is important otherwise the client may lose the context of the print and therefore loses patience, gets frustrated and becomes discouraged from reading. Clients are advised to practise these techniques "little and often". When learning to read using EVT and SES the individual is having to concentrate very hard, this is tiring and then the client complains of headaches, eyes aching and blurred vision after trying to read. Clients are reassured to learn that they cannot damage the vision or the eyes by using them. The symptoms occur because the brain has become tired after concentrating so hard, and therefore needs a rest. Therefore, by practising reading "little and often", clients can gradually increase the length of time for which they are able to read, before they are aware of the symptoms.

The next stage of SES reading is to be able locate the start of each new line of print each time. This is done as follows:

Once the client has read the last word in the line (by using EVT and SES and any magnifier) the client then slides the print back to the right, so that he quickly scans back along the line of print that has just been read, until he comes back to the start of that line and then he moves down to the next line and repeats EVT and SES again.

Those people who experience the greatest difficulty in adapting to EVT and SES are those individuals who were formerly very fast readers. They try to continue to scan read with their magnifier and this is impossible.

It has been found that the level of magnification needed by the individual may actually be reduced after these techniques have been established. The reduction in magnification has the obvious advantage of increasing the field of view and the working distance of the magnifier. Practising these techniques and using a magnifier is like learning to read as a child again. It will take patience and practise and you may need assistance from your local low vision clinic or the Partially Sighted Society to provide guidance.

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