

# Macular



Chats

Adapting to Life with Low Vision

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Transcript of Teleconference with Dr. Allysin Bridges-German, Clinical Assistant Professor, Towson University

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Please note: This Chat has been edited for clarity and brevity.

**DR. DIANE BOVENKAMP:** Hello, and welcome. My name is Dr. Diane Bovenkamp, Vice President of Scientific Affairs at BrightFocus Foundation. I'm so pleased to be your host for today's Macular Chat, titled, "Adapting to Life with Low Vision." Macular Chats are a monthly program designed to provide people living with macular degeneration and the family and friends who support them with information straight from the experts. BrightFocus Foundation's Macular Degeneration Research program has supported nearly \$53 million in scientific grants exploring the root causes and potential prevention, treatment, and—ultimately—cure for macular degeneration and is currently investing in 49 active projects across the globe. I'm so pleased to introduce today's guest speaker, Dr. Allysin Bridges-German, who is an occupational therapist, a certified aging and sight specialist, and is board certified in gerontology. She has over 22 years of experience treating adults and even older adults with an array of diagnoses in various settings. At Towson University in Maryland,

Allysin is the Doctoral Capstone Coordinator, as well as a Clinical Assistant Professor, where she continues her research and exploration of age-friendly communities and fall prevention. Allysin is a wife and mother of two sons and a dog, who all keep her very busy. So, Dr. Bridges-German, thank you so much for joining me today.

**DR. ALLYSIN BRIDGES-GERMAN:** Thank you so much for having me join you today.

**DR. DIANE BOVENKAMP:** Yeah. And I think that we're all going to be talking about something that, I think, can really help change a lot of people's lives, but not a lot of people know about it. So, I'm really interested to get to know what information you can provide for our audience today, so thank you.

**DR. ALLYSIN BRIDGES-GERMAN:** You bet. I'm excited to tell you about it.

**DR. DIANE BOVENKAMP:** Good. Okay, without further ado, let's get into it. So that you know, the title, today's topic is all about how to adapt to life with vision loss. And that can look different for each person. Of course, you can have various degrees of vision loss. And it can change over time as our vision changes, so there's no one solution for everyone. But I'm really hoping that our listeners today can personalize everything and take away at least one thing that can really help to change their lives today. But let's first start by learning more about what you do as an occupational therapist. Can you tell us: What is an occupational therapist? And then can you give us a brief overview of what in particular you do?

**DR. ALLYSIN BRIDGES-GERMAN:** Absolutely. So, occupational therapists, or OTs, are terrific problem solvers. We consider the person or even a group of people or a population holistically. And we take that into consideration into the entire aspect—the physical, the emotional, the cultural, the spiritual—and we help them get to a functional level in their daily performance to do occupations, which are everyday tasks—not the ones that you just have to do, but the ones that you also want to do. So, for me, I wear two hats. I am a researcher, and I'm a clinician. I became more of like the teaching researcher a few years ago when I came here to Towson University, but I've been in the clinical setting for, like you said,

over 22 years. And right now, I'm researching pickleball and Parkinson's to see if that is a meaningful intervention to reduce fall risks for people with Parkinson's. I have students right now who are with adaptive sports where they are implementing lacrosse for kids who are blind and using balls with sound. So, there are so many really neat things that occupational therapists can do, whether it's in the clinic or behind the screens in research.

**DR. DIANE BOVENKAMP:** Oh my gosh, pickleball and sports, whether it's with a ball that emits a sound or whatever adaptive techniques, that sounds like it's a whole other moderated call, so maybe we can revisit that later.

**DR. ALLYSIN BRIDGES-GERMAN:** Another talk for another time!

**DR. DIANE BOVENKAMP:** Yeah, yeah, that's great. But also people might have heard of something that's called a low vision therapist (LVT) or a low vision specialist. So, what's the difference between an occupational therapist and a low vision therapist?

**DR. ALLYSIN BRIDGES-GERMAN:** Great question. So, not all OTs have a low vision certification or specialize in low vision. It does take extra education, requires a certification. A low vision therapist can be an OT, but it can also be an optometrist or an ophthalmologist. An OT-LVT is someone who has gone through that other education and that specialization to focus on low vision and help people do those same things that I was talking about, still get back to that functioning in their everyday life, because we know that low vision is affecting your everyday life and probably somewhat of your mental health, as well. Maybe you're getting frustrated, maybe it's bringing you into a depression, maybe you're angry because you can't do the things that you were doing before, and we can help you get back to that while we are rehabbing your vision.

**DR. DIANE BOVENKAMP:** That sounds like that's really great, and you were talking about qualifications, and I didn't mention it to everybody online, but Dr. Bridges-German has qualifications after her name. It says, "OTD, MA, OTR/L, BCG, and CAPS." So, we can go and Google that later,

what each of them mean, but you sound well qualified, so I'm glad that we got you on the call.

**DR. ALLYSIN BRIDGES-GERMAN:** Well, thank you.

**DR. DIANE BOVENKAMP:** So, now that we know what these occupations are, what is the best way to find an occupational or low vision therapist? And do individuals need a referral to make an appointment?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, so finding one is good old Google, right? If you are in a place where you have a large hospital that does research, like in Maryland here, Johns Hopkins has the Wilmer Eye Institute. And an offshoot from the Wilmer Eye Institute is the Lions Vision Research and Rehabilitation Center. So, if you're Googling places with low vision rehab, that's where you want to be looking. But you also do want to be looking that they do have OTs on their staff because we are looking at particular things that not just a low vision therapist is looking at. We are looking at those functions in your daily living, and we're looking at you, like I said, holistically so that we can capture your whole well-being. You do need a referral from your primary care provider to see a low vision OT.

**DR. DIANE BOVENKAMP:** I guess it would depend on the type of insurance that someone has, right?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah. So, Medicare B will cover that. Independent individual private insurances vary, so you definitely have to check into that. Usually, the HSAs and FSAs, like the flexible spending accounts that you get to set aside that are pre-taxed, those will usually cover that expense, as well. So, if you have that setup from a benefit, like if you're working and you have that set up, it's a wonderful way to pay for that.

**DR. DIANE BOVENKAMP:** Well, that's good. And then also—and I know this is just a thought that I had—but I know there's other resources, too. Would there be OTs at something like, I know in Baltimore, there's the National Federation of the Blind that will teach people how to go around the kitchen or how to navigate the streets. Is that someone who's similarly qualified, or is that something completely different?

**DR. ALLYSIN BRIDGES-GERMAN:** No, you bet. That is a great resource. We're lucky to have that.

**DR. DIANE BOVENKAMP:** Okay, great, so that's another place, so we can always put the web link to that in the Chat afterward, too.

**DR. ALLYSIN BRIDGES-GERMAN:** Wonderful. Yeah, excellent.

**DR. DIANE BOVENKAMP:** Great. And I know this is kind of trope, but what is your typical day like? I know nobody has a typical day, but how many appointments do you have with each person, and are they at an office or an individual's home, just maybe to set the scene of what people could be expecting when you go to see someone who's an OT or low vision therapist?

**DR. ALLYSIN BRIDGES-GERMAN:** Sure. Well, if I put my clinical hat on, once you find your facility and once you make your appointment, the OT will get your medical records, review everything, including your optometric exams because many times this will happen in an outpatient clinical setting. They'll see what the optometrist is already recommending as far as low vision devices go. And then the OT will perform an evaluation to get information of how you're currently functioning, any devices that you're currently using. They'll perform the actual eye evaluation, and then make recommendations on any new, adaptive equipment that you could use, like high-powered glasses, or start introducing you to low vision techniques, like eccentric viewing training to improve all of your occupational performance, how you're doing things. Sessions after the evaluation might include more training, maybe tasks or environmental modifications or adaptations, possibly referrals for community or even federal resources tailored to that specific individual. But we all know that barriers don't happen in a vacuum, and they don't happen in a bubble, so the OT would simultaneously be considering any other issues that you might be having to maximize those best outcomes. So, if you have arthritis also, what else might be another good option for you if a hand magnifier is not working? So, the number of visits depends on the person and the needs, so it really varies. We love to see people in their homes because it's their natural environment. It's where we like to spend a lot of our time. And it's difficult to simulate in an office, but most of these sessions, like I

said, do take place in an office.

**DR. DIANE BOVENKAMP:** And it sounds kind of wild, but the just to pull out one thing to explain, what is eccentric vision training? Because with macular degeneration, you have maybe like one part of your retina that's not working, is that where you could actually try and teach people how to see with another part of your retina?

**DR. ALLYSIN BRIDGES-GERMAN:** Yes, yes. So, the eccentric viewing training is we try to find out where the strongest point in your eye is. So, if you think of a clock—12, 3, 6, and 9—where those are located, we figure out where your best sight is, where are you seeing the best? And then we start strengthening that area and looking at that area so that you are visualizing and seeing things more at that 6:00 point so that you're bringing things into that viewing area. And that will improve, probably, your quality of life, because now you're bringing things into focus that you can see and because now you know where you're seeing things better.

**DR. DIANE BOVENKAMP:** That's wild. It's kind of like physical therapy for your retina or something.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, for your eyeballs.

**DR. DIANE BOVENKAMP:** That's kind of cool. And then the other thing you didn't mention, but I know a lot of people do have, as you get older, you have hearing issues, and so there might be tools for like, "Hey, how can you hear the doorbell." Or whatever, so if you have vision and hearing issues, are there devices to help with that?

**DR. ALLYSIN BRIDGES-GERMAN:** Absolutely. So, the fun thing about OTs is we have so many fun devices and tools that we can use. Like I said, nothing happens in a bubble. We don't have one specific thing, and we get to treat that. So, if you're having vision and hearing difficulties, there's things with high contrast or large numbering. There are the magnifiers, there's screen reading and dictation software. There's closed circuit TV so that it magnifies things for you, clocks and phones that talk or have large numbering so that you can use that visual. Once you have your eccentric training a little bit, you can use those things. Texture is used a lot. We use

a lot of texture on surfaces so that you start using different senses.

**DR. DIANE BOVENKAMP:** Yeah, that's really great. So, what are some of these other broad categories of devices and aids that are available? Because I know that one listener had asked in preparation for this: What tools are out there to help with vision difficulties? I know you just did a quick list, but could you give some more detail? Maybe when you go down the smorgasbord, someone who's listening might say, "Oh my gosh, I need to get that. That's what I need."

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, so there's different phone apps, too, which are really cool. There's one called LookTel, which recognizes currency, which I think is really neat. Even everyday technology, like an iPad can be used as a camera to identify your medicine or enlarge recipes, even your mail. There are talking pill dispensers that will identify your pills and spit it out when it's time for you to take your pills. So, it can be set up even if it's multiple times a day and multiple pills. So, medications can be very tricky, especially if you're taking multiple medications different times of day, so that can be really, really important.

**DR. DIANE BOVENKAMP:** And I read a few years ago—I don't know if this is still available—if you're out shopping, a lot of times it can be difficult to know what color the clothes are. Is there something for your phone that you could scan clothes tags and it will tell you what the color of it is?

**DR. ALLYSIN BRIDGES-GERMAN:** Yes, that's right. There are so many different phone apps out there, and I wish I knew more of them, but there are so many different kinds of scanners that will tell you colors, it will read to you. There are so many. It's amazing. And there's even more than what there were, like, a month ago.

**DR. DIANE BOVENKAMP:** So, this seems like people could do their research on their own, but I think going to an occupational therapist if they're ... I mean, I guess it's great that we're in this era where a lot of people have a smartphone. And if you don't have a smartphone, this might be a good argument to try and get a smartphone because there are apps that could make your life so much easier. Like, you might be able to go be totally independent and go shopping and just use this scan.

**DR. ALLYSIN BRIDGES-GERMAN:** Absolutely.

**DR. DIANE BOVENKAMP:** Is this navy, is this black, is the size, extra-large, you know? So, it's all about empowerment, right?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, and my husband is terribly colorblind, so he wouldn't be able to tell the difference either.

**DR. DIANE BOVENKAMP:** Yeah, what is it, 9 percent of males in society have a red/green color blindness, right? So, that's also something that people who don't have macular degeneration could benefit from some of these tools, as well.

**DR. ALLYSIN BRIDGES-GERMAN:** Absolutely. And the holidays are coming up, and you can ask for that smartphone.

**DR. DIANE BOVENKAMP:** Okay. All right, we're going to get to some holiday checks later, so that's on the list. We have a few listener questions specifically about products to assist with reading. You went over some of them. In particular, two questions that came in: What is a good-quality page magnifier or magnifying lamp to aid in reading? And the other one is: What are the best products to help with reading in general? I guess no matter what, whether you have a phone or computer or whatever.

**DR. ALLYSIN BRIDGES-GERMAN:** Sure, sure. So, I have found that Optelec has probably one of the best and most widely used handheld magnifiers. It has a light, it's used for reading, it is not the most comfortable, but it's probably one of the best qualities and pretty universal. I've had several patients tell me that they don't like the magnifiers with the stand, the ones that that you can put right over your book on a desk, because it's clunky, it gets in the way, it's not very functional for what they need. So, because a lot of people tend to sit in one place in their homes where they like to read, so they use that floor lamp or a clamp-on version with a goose neck. There's one particular one that that is a 3-in-1 floor magnifier that I used from Amazon with an adjustable brightness, and it's just a 3-in-1 floor magnifier with adjustable brightness. And I love that one, and patients seem to love that one. It's a good height, it works well, and the magnifying is really good.



So, that's as far as quality goes, but as far as reading, which is a leisure activity that I didn't start loving until I was older, and now I use Audible, which I think is great for listening to podcasts and books. It does have a free version, which I just found out, and I've been paying all this time. LibriVox is a nonprofit platform that offers public domain books for free, works with libraries and schools to provide free audiobooks as well. Obviously, there are the large-print books. They're offered in your local library, and they can be ordered on Amazon or Barnes & Noble, also. But there's a few offshoot specialty websites, as well, in this genre. One is DoubledayLargePrint.com, and another is BookDepot.ca, and both of these focus all on large-print books.

**DR. DIANE BOVENKAMP:** Well, that's great. I don't know if you mentioned it, but there's also, in addition to the audio access to books, is if, say you're a student or you want to have a particular book done, there's places like Learning Ally, used to be called Recording for the Dyslexic, and I used to be a volunteer, and I was the genetics textbook and biology specialist.

**DR. ALLYSIN BRIDGES-GERMAN:** That's so cool.

**DR. DIANE BOVENKAMP:** So, yeah, if you're a student, you can actually ... if you get ahead of time, if you want to send your textbook in to them, I know there's a Learning Ally. I've volunteered in Boston and Washington, D.C. You can actually request that they have, you know, before school starts, and then people just kind of describe this. Anyways, so those are ... but there's so many things. But yeah, you can't use it if you don't know that it's there.

One of the things I wanted to remind people, don't panic if you weren't able to write all this down, because we were talking really fast because we're really excited about it. We will list all of these products and links and companies on the transcript later. And actually, it goes to say that, I know some people are hesitant to use Amazon or ordering online, but as you said, it is a way, even if you don't want to use Amazon itself, like a lot of brick-and-mortar stores, as well, you can order online to get them and/or you can call and get a personal shopper or someone to help you out. So, I think that there's so many tools that can help out. Well, actually, yeah, for groceries, like in almost every grocery store now, you can have a personal

shopper or go and get it for you, and you can even have it delivered to your home, so that's really helpful.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, we've definitely gotten to that age where we can have just about anything delivered and anything ordered for us and brought straight to our door.

**DR. DIANE BOVENKAMP:** Yeah, and then we all get out of shape because we're not leaving the house. But anyways—Okay, so this is a good lead into: If we're staying in our homes a lot more, what are some ways listeners can make their homes safer? And also limit the chance of falling, especially if you're living with someone else, I guess, and people might rearrange things and not know it, and you don't know about it, but any advice?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, that's one big thing is ask people not to rearrange things or move things without letting you know. For sure, because you're used to the setup. There is a particular setup, and when you have low vision, it's detrimental when something is moved. So, when you are living with other people, it has to be known that you can't move something without your knowledge. If it's moved, great. Just tell me about it. One of the greatest things that that I do personally are home evaluations, and it's specifically for safety to decrease hazards and to reduce the risk of falling.

And then we provide recommendations that are customized to you and you alone. So, you can absolutely get an OT to do a home safety evaluation, but if that is not on your agenda, you can always optimize your lighting. Lighting is huge. Task lighting—so, things like if you are doing reading or sewing or something like that—should always be below eye level. That's to reduce glare. There are so many different shades and colors and strengths of bulbs that it can really be hard to know what is best for you, so asking a low vision OT is a really good start. The contrast coloring can be very helpful to distinguish changes in surfaces, as well as to locate items, like marking the edge of your steps or using a light cutting board for darker meats, like red meat, or black measuring cups for flour and sugar. I like using bump dots on appliances like stovetop dials or microwave buttons for the ones that you use the most. Puff paints are

another really great low-cost solution because they come in so many bright colors, and it adds texture for settings. Organization will always be your friend, to reduce any kind of clutter in walkways, particularly if you have kiddos or pets. Obviously, you can't tell what pets are going to do. Pets particularly love to come up and love on you, so just be careful of your kitties coming up to weave in and out of your legs. Color coding your closet can be a really neat trick using that scanner like you were just talking about, Diane. Yeah. So, those are just a couple of small little tricks. Railings are huge in and out of the home to hang on to. I love them. Grab bars are always my go-to in bathrooms, non-skid surfaces for inside the tub or shower, anything to reduce slipping.

**DR. DIANE BOVENKAMP:** And what about stairs? Do you recommend any type of tape or whatever to denote the edge?

**DR. ALLYSIN BRIDGES-GERMAN:** So, if color contrast is good for you, use that. If texture is good, there's tape where the surface is kind of gritty, you could use that. You can use reflective tape if that's something that works for you. It might be trial and error to see what works best, but tape is not that expensive where you couldn't do a little bit of trial and error on that. But taping those edges is a really great way to differentiate between each step so that they're not this one big blob. I actually just recommended something here at my work. We have a brand new building, and our steps are all gray, and I got a little woozy at one point looking down because it was all gray. And I don't know if it's because I was dehydrated or something, but the all-gray just got sort of washed together, and I was like, "We need strips. We need something at the edge of these steps," because anybody, low vision or not, could easily trip over these and misstep.

**DR. DIANE BOVENKAMP:** Absolutely. You're giving me lots of ideas I need to do my house, too. One other thing, you were talking about various types of light bulbs, and I just know from my own experience, there's so many. It's not just the incandescent light bulb anymore, you know?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah.

**DR. DIANE BOVENKAMP:** There's all of these different types of LED and

whatever, and there's different types of Kelvins and I know for me for some reason anything above 3,000 Kelvin kind of gives me a migraine headache. You know what I mean?

**DR. ALLYSIN BRIDGES-GERMAN:** Yep.

**DR. DIANE BOVENKAMP:** Is that something you advise people? And I don't like the daylight. The daylight really harsh glare is crazy. It hurts my eye. So, I like the warmer version. But anyways, what kind of advice do you give people on the type of light bulbs?

**DR. ALLYSIN BRIDGES-GERMAN:** And, again, I think it's very specific to the person. I am a warmer person, too, because I'm photosensitive. So, those really dark lights, the bright ones, fluorescents are horrible for me. Talk about a migraine. I am sure to get a migraine with a very white, bright light. If you give me a soft light, I'm much better with that. Some people do not do well with a lower Kelvin soft light; it's not enough. So, it really does again, it takes a little trial and error, but that's where that low vision OT will come in really handy to help you figure that out because they have those tools to help you figure that out in their possession.

**DR. DIANE BOVENKAMP:** Perfect. All right. So, two places in the house that we spend a lot of time in are the kitchen and bathroom. And I know that you gave us some really great advice there in your big long smorgasbord list. Are there things you want to highlight? I mean, I've gone to a number of fairs and seen some really cool devices. One of the things I thought was really cool was: How do you know when you're pouring your coffee or your drink that you're pouring it and you're not going to overflow in the glass? And there's this little clip, and you can clip on, and it gives you a beep when the water or whatever you're pouring gets near the top.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah.

**DR. DIANE BOVENKAMP:** I mean, I guess you could rub your finger in it, but if you're pouring a drink for someone else, that might not be hygienic.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, they might not like that. And if it's

piping hot, you know, your finger might not like it either. But yeah, there is a little device that clips onto the side of your mug, glass, stein, whatever you happen to be drinking, and it is incredibly sensitive, so as soon as liquid touches it, it gives you a little beep. And it's one of those very low-cost, low-tech adaptive pieces that can be bought through your OT or you can get it ordered through your local pharmacy. Obviously, Amazon always has pretty much everything, but talking to your OT about any kind of adaptive equipment pieces for low vision, they are your go-to people because they will have adaptive equipment for feeding yourself, for eating, for cooking so that you don't cut yourself when you're meal prepping, for doing things on the stove, making sure that you are not slipping with boiling hot water in your hand—all these things that other people tend to take for granted that become very hazardous very quickly.

**DR. DIANE BOVENKAMP:** Do you give training, as well? Like, say someone decides they want to have XYZ device and you guys decide it might be great for the kitchen, but say maybe someone doesn't know quite how to use them or they're a little nervous, then do you provide training? Is that part of your service?

**DR. ALLYSIN BRIDGES-GERMAN:** Absolutely. We would not be doing our due diligence, for sure, if we just gave somebody some equipment and said, "Have a great time. Bye. Have fun with this." Yes, that is all part of what we do. Any time that we introduce a new piece of equipment, training comes with that. So, until you're comfortable, we will keep training you, even if you have to come back and say, "I'm sorry, I still don't get this," we will keep training you. And a lot of times, that's when we come to the house, too, because if we're doing some sort of piece of equipment that has to be installed or a larger device, something like that, then we do come to the house. And we might not install it, but we will help you figure out how to use it properly, and we can also tell you if it's not properly installed.

**DR. DIANE BOVENKAMP:** That's important. Perfect. Great.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, absolutely. I've seen plenty of things not properly installed.

**DR. DIANE BOVENKAMP:** Indeed. Another listener wrote in: My mother loves to read, study languages, watch TV, and entertain, but it's really all being taken away by the loss of vision with AMD, so what alternatives are there for her? Is there a way to discuss ways in which activities we always did before macular degeneration can be adapted and still enjoyed?

**DR. ALLYSIN BRIDGES-GERMAN:** Sure. Back to what we were talking about before about the listening. There are lots of podcasts that do new languages and teach you languages, so on Audible, that is offered also. Those other sites provide that listening piece so that you don't necessarily have to use the vision to read; you're listening instead. But even if that's no longer something that your that your mom is able to do, let's say that reading is taken off the table, exploration of new leisure activities can be something that is done with the OT, also. So, maybe there's something that hasn't been tapped yet. Maybe there are some new activities that she doesn't even know about, and we can explore those options and find something else to take that place that she really, really enjoys. But if you don't know it, you don't know it, right? So, maybe we can introduce something that is completely new and really enjoyable for her. So, that that's just a different avenue, it's a different option, but we can always go with listening tools, as well.

**DR. DIANE BOVENKAMP:** Yeah. So, if she wants likes to study languages and watch Telemundo or something, then you can maybe give her a Spanish podcast or just something that's different.

**DR. ALLYSIN BRIDGES-GERMAN:** Exactly.

**DR. DIANE BOVENKAMP:** Okay, so here's another one, and this is always a difficult topic: Do you—in your role—do you ever advise about driving? And one listener says, "I can't drive after dark now because of AMD. It's discouraging because it severely limits my ability to go to classes or meet ups where I can make friends." So, I guess, are there any tools or advice for people who are still continuing to drive? But then, also, are there any special transportation resources for people with AMD?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, this is always a difficult one to broach. I have a lot of people after stroke asked me this. OTs are involved

in something called driver rehabilitation. However, it is not up to us to make a recommendation whether or not you can drive. That is completely up to your doctor. What I do think ... and there is nothing that we want more than social participation. You know, isolation is a killer. So, what we do suggest is maybe a ride share or an Uber, Lyft, something like that. You can try support groups in your area to link with people near you to help you directly—others who have those same issues together providing other care for each other so that you can find other things that you can do together and find those support systems and resources that you can utilize in the same area. I always think that those are good, too, to be able to have that access for the same people in the same area.

**DR. DIANE BOVENKAMP:** Yeah. And I think actually some, I don't know if it's at the state level or the county level, but there are some free, like if there's financial issues, there's some free services for transportation for people who have vision challenges, as well.

**DR. ALLYSIN BRIDGES-GERMAN:** There absolutely are, like in Baltimore City, there's something called Mobility or MTA Taxi Access. In the county, there is something called CountyRide. So, there's all these different services that are either low cost or completely free.

**DR. DIANE BOVENKAMP:** That's perfect. And then the thing about driving after dark, I mean I think that people can try and just adjust your schedule so you do everything in the day.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, absolutely. Yeah, plenty of things can be done during the day, for sure. I mean, obviously, you can't go out to dinner, but if the dark thing is the issue—and of course, now we're getting dark earlier—but you can have dinner earlier. But you can always try restaurants—if that's your thing, like, you know, food is your thing—you can always try restaurants during the day, like you said.

**DR. DIANE BOVENKAMP:** Yeah. And then at lunch, if you're a foodie, the lunch is normally cheaper than dinner anyway, so you save money.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, for sure for sure. Absolutely.

**DR. DIANE BOVENKAMP:** All right. Yeah, so it sounds like the OT and low vision therapist is really your guide here to try and just help you think of things to try and adapt your life so that, you said it actually, like limiting your social network, I mean, that's listed on one of the Lancet commission's high risk for dementia as well. I mean, you don't want to be increasing your health risk for other things, so there's so many tools out there to do it.

**DR. ALLYSIN BRIDGES-GERMAN:** There are.

**DR. DIANE BOVENKAMP:** So, again, let's get back to that holiday statement we were talking about. So, we're in the U.S. here. We're heading into Thanksgiving and then Hanukkah and Christmas and all of these other, there's actually, I think, four or five whatever religious holidays that are approaching. Do you have any low vision tips for listeners who could use specifically relating to traveling, like either traveling to someone else, sometimes in unfamiliar places, and/or how do we cope with all these people that might be descending on your house?

**DR. ALLYSIN BRIDGES-GERMAN:** Gosh, yeah people. The biggest thing, and you hear it all the time: Know before you go. And that that absolutely applies here. Get as much information as possible regarding the place where you're traveling to, especially if it's unfamiliar to you. So, if you're leaving the area via air, call ahead, at least they like 48 hours ahead of time in advance. But there's something called a "meet and assist," where someone can meet you and assist you through the airport. Sometimes they'll want to put you in a wheelchair. If you don't want to be in a wheelchair, speak up. Don't let somebody put you in a wheelchair if you don't want to be in a wheelchair. Say, "Yeah. I can walk. I just need some assistance." There's nothing wrong with advocating for yourself. There's also something called AIRA, at most airports, and it's assistive technology that connects people with low vision to a trained agent, and they help you navigate the entire airport.

I would also recommend bringing any kind of documentation, like a letter from your ophthalmologist or something, that states that you have low vision, because it's not always recognizable to other people. And if you say, "Well, I have low vision, I need preferred seating," or something like



that, somebody takes a look at you and says, “No, you don’t,” well, “Here’s a letter saying that I do.” There are people who try to get preferred seating just because, and they have it, but they’re just trying to get preferred seating. So, you may look like one of those people, but if you have that documentation saying that you have low vision, suddenly you become the person who does deserve preferred seating.

Using any kind of bright-colored bag or a tag to help you see your bags a little bit better when you’re in baggage claim so it stands out a little bit more. That’s very useful. When you get to your destination, let’s say you’re going to a family member’s house, make sure they give you that tour so you get familiar with the setup. And know the go-tos. Know where the kitchen is, know where the bathroom is, know where your room is. Like you said, Diane, if people are descending upon your house, give them those little boundary rules still that apply to your own family. If you’re moving something, if you’re setting something down—because people have their luggage, right, and bringing, if it’s a present-giving holiday, if they’re bringing presents—so that you’re not tripping over other things too. So, I think the more information that’s given and received is better.

**DR. DIANE BOVENKAMP:** And then, when you’re eating at a table, I know, like, maybe if you’re sitting there, and maybe someone gives you glass of wine and you don’t know it, like you could like, swing your arm and knock it over, so maybe just like tell you about it. Is there anything when you’re sitting at the table that you could tell people—like, I know there’s the clock method; it’s like, “I’m putting down your glass at 1:00,” or is there something else?

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah. You can always talk to your host to let them know, and say, “Hey, can you set up my place or can you help me with my place?” Or if you have a significant other, have them help you set up that place. If you have been going to your OT, use your eccentric viewing training, and you’ll be able to do it. But use the techniques that you have learned, or there is nothing wrong with asking for help.

**DR. DIANE BOVENKAMP:** Yeah, absolutely. I think that we’ve been having so much time. I think we have maybe like 5 minutes left. I know there’s two other listener questions I wanted to ask you. Some you’ve

answered already, but here it says, “I have smart hearing aids. What do you recommend I do to be able to see and put them in my ears?”

**DR. ALLYSIN BRIDGES-GERMAN:** That’s a tough one because they kind of look like the ear pods, and kind of like what I like to do with the kitchen appliances, you could do with one ear pod to denote whether it was right or left, and that’s either to put nail polish to—like, a bright color, just to put on, just like a little dot so that you can either feel it or see it so that you know it’s either right or left. You just have to remember which one you did, whether you did the right or the left. And then you can use a wall magnifier as well to help you see to put them in. That would be my biggest option, would be to either use—like the puff paint—something to denote your right or your left, which is going in.

**DR. DIANE BOVENKAMP:** Yeah. And I guess that would go with shoes or whatever that have right or left. I think you already talked about pills, to have, like, a talking pill, the right ones at the right day and time.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah.

**DR. DIANE BOVENKAMP:** Okay, so here’s one: How to handle awkward moments when you can’t recognize faces or see things sometimes when it’s dark.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah. I mean, who doesn’t have their awkward moments, right? I mean, no matter what your ability. I mean, I forget names and faces all the time, so that’s sort of a universal, shared social awkwardness. But from the lived experiences that my patients have had, I’ve noticed that humor is one of the best ways to handle those awkward moments. I’ve noticed that full disclosure and education are alive and well. Just telling people, “Hey, you’re a big blob to me, and I can’t see your face because I have macular degeneration. Can you tell me your name again?” Yes, it can be awkward in that one little moment, and then it goes away. It’s awkward for a brief moment, and then that’s it.

**DR. DIANE BOVENKAMP:** Yeah, and you can be surprised how many people are so understanding.

**DR. ALLYSIN BRIDGES-GERMAN:** For sure, because it might be that they don't remember your name either. So, you might be doing them a favor.

**DR. DIANE BOVENKAMP:** Yeah, exactly. Yeah, turn that around. Well, I mean I could go on and on talking for hours and maybe we should go and have a coffee one day.

**DR. ALLYSIN BRIDGES-GERMAN:** Yeah, let's do that.

**DR. DIANE BOVENKAMP:** Do you have any final advice for our audience today, like something that you think are the most ... maybe the top three takeaways they should have or the top thing, and advice from your experience with lived in experience with your patients, or just anything you want to mention today?

**DR. ALLYSIN BRIDGES-GERMAN:** I would say that validate and acknowledge your frustration, any anxiety that's related to your vision loss so that you can build your confidence off of that and know where and when those feelings are occurring, but also hone in on the things that are really making you happy so that you can accentuate those things and do more of those things. Once you find some happiness in the things that you're doing, do them more, because like I said, the social participation in life is really, really important because people are really ... loneliness is becoming an epidemic, and I don't want to see people get to that spot, so continue doing the things that you love and that you want to do. And if you get stuck and you start hitting roadblocks, go find your nearest OT.

**DR. DIANE BOVENKAMP:** Yeah, that's great. I mean, for example, if you're an artist and you want to keep painting, there's definitely ways. There's always a way to try and find a way to continue to do it.

**DR. ALLYSIN BRIDGES-GERMAN:** There's always a way. Yeah.

**DR. DIANE BOVENKAMP:** I love that. So, an OT must be an eternal optimist, right?

**DR. ALLYSIN BRIDGES-GERMAN:** We are. We're problem solvers.

**DR. DIANE BOVENKAMP:** That's great. So, I hope more people will seek you out and realize that this is a great way to enhance life.

**DR. ALLYSIN BRIDGES-GERMAN:** I hope so, sure.

**DR. DIANE BOVENKAMP:** Great. So, Dr. Bridges-German, thank you so much for telling us about your work and for sharing so many tips with us today. So, thank you so much, Dr. Bridges-German, for joining us today.

**DR. ALLYSIN BRIDGES-GERMAN:** Thank you so much for having me.

**DR. DIANE BOVENKAMP:** That's excellent. So, this is actually our last Macular Chat for the year, and we look forward to 2025 when our next Macular Chat will be on Wednesday, January 29. Thanks again for all of you joining us, and this concludes today's Macular Chat.

## Useful Resources and Key Terms

To access the resources below, please contact BrightFocus Foundation: (800) 437-2423 or visit us at [www.BrightFocus.org](http://www.BrightFocus.org). Available resources include—

- [Macular Chats Archive](#)
- [Research funded by Macular Degeneration Research](#)
- [Macular Degeneration Overview](#)
- [Treatments for Macular Degeneration](#)
- [Macular Degeneration Resources](#)
- [Understanding Geographic Atrophy](#)
- [Expert Information for Macular Degeneration](#)
- [Macular Degeneration: Home & Personal Safety](#)
- [Top Holiday Travel Tips for People with Low Vision](#)

## Helpful low vision resources, tools, and organizations mentioned during the Chat include—

- Occupational therapist and low vision therapist, OT–LVT
- [Wilmer Eye Institute](#)
- [Lions Vision Research and Rehabilitation Center](#)

- [National Federation of the Blind](#)
- Eccentric viewing training
- [Optelec](#)
- [Audible](#)
- [LibriVox](#)
- [OverDrive](#)
- [DoubleDay Large Print](#)
- [Book Depot](#)
- [Learning Ally](#)
- Resources for people in Baltimore, Maryland:
- [Mobility](#)
- [MTA Taxi Access](#)
- [CountyRide](#)
- Several tools and features, including:
- High-powered glasses
- High-contrast print and large numbering
- Dictation and screen-reading software
- Texture
- iPad camera
- Talking pill dispensers
- Ride share services