



## 8<sup>TH</sup> INTERNATIONAL CONGRESS OF BEHAVIOURAL OPTOMETRY

**Speaker:** Marsha Benshir  
**Credentials:** Fellow, NORA  
**Time/Date Scheduled:** 1600 – 1800 on Friday, 27<sup>th</sup> April  
**Location:** Plenary

**Biography:** Dr. Marsha Benshir's interest in vision and learning came from her experiences in special education. She is a neuro-optometrist in New Market, Maryland. She is on staff at Adventist Rehabilitation Hospital in Rockville, Maryland, MedSTAR National Rehabilitation Hospital in Washington, DC, and Western Maryland Hospital Center in Hagerstown. Dr. Benshir has consulted with the audiology department at Walter Reed Army Medical Center, the Institute for Disabilities Research and Training, Western Pennsylvania School for the Deaf, and Ivymount School. She is a Fellow of the Neuro-Optometric Rehabilitation Association. In addition to her office and hospital practices, she provides pro-bono services for wounded warriors at Ft. Belvoir, teaches doctors and therapists about vision rehabilitation, and is constantly developing new therapy procedures for hospital and home use.

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**Presentation Title:** **Out Of Office Vision Therapy**

**Abstract:** As demonstrable improvements in patient outcomes and scientific evidence of efficacy contribute to the acceptability of vision therapy and vision rehabilitation, the demand for care will exceed the ability of optometric practices worldwide to supply it. Vision rehabilitation is already in demand as an important part of recovery from stroke, brain injury and other severe neurological and medical conditions, improving patient participation in other rehabilitative therapies, reducing fall risks and stimulating patient attention and awareness. Programs can be developed to evaluate and treat vision disorders in any residential or in-patient setting including hospitals, assisted living facilities, nursing homes, rehabilitation centers or through home-based health care.

Out of office vision care must include a basic, standardized level of testing, therapeutic lenses and other vision therapies. Testing should include eye health screening and vision testing, and can be performed with portable equipment. OD's can perform a diagnostic evaluation even with a severely impaired patient and provide guidance for intervention. Basic lens therapy can be initiated using magnifiers, spherical minus lenses and Fresnel prisms with blur patch and other occlusion techniques. Vision rehabilitation can be

initiated by teaching specific techniques to family members, occupational therapists, skilled therapy assistants and other ancillary health care staff with minimal formal training and equipment.

A theoretical model of remote diagnostic testing will be suggested that will allow initiation of intervention for patients without access to direct professional optometric care. Computer based vision screenings may provide access to care for patients in remote locations.

Strategies and techniques for these interventions will be presented including considerations for training patients and therapy providers. This training should include written instructions, pre-recorded videos and can include live, online video conferencing.