

# Chapter 8

## Visual Impairment

This chapter contains two parts:

- Part 8.1 — Impairment of Visual Function
- Part 8.2 — Other Ocular Impairment

### INTRODUCTION

Part 8.1 is to be applied to assess:

- ◆ any condition, such as refractive error, that is actually affecting visual function; and
- ◆ any condition, such as glaucoma or cataracts, that in the normal course of its progression would be likely to affect visual function.

Part 8.2 is to be applied to assess such conditions of the eye and the surrounding structures as may lead to discomfort or inconvenience, such as conjunctivitis and conditions of the eyelid, without actually or usually affecting visual function.

Reference to blindness in one or both eyes can also be found in Chapter 24; and in subsection 24(3) and section 27 of the Act.

### PART 8.1: IMPAIRMENT OF VISUAL FUNCTION

#### Loss of function

Visual function is to be measured by reference to:

- ◆ corrected visual acuity (Table 8.1.1 or Table 8.1.3); and
- ◆ visual field defects (Figures 8a and 8b); and
- ◆ miscellaneous function (Table 8.1.2).

The following steps take into account the fact that normal vision is a binocular function.

## Calculation of the impairment rating for loss of visual function

Follow the steps below to calculate the impairment rating due to accepted loss of visual function.

(Each step is elaborated in the following pages.)

<b>STEP 1</b>	If there is any accepted refractive error, determine the monocular assessment for each eye based on corrected visual acuity.	Page 160
<b>STEP 2</b>	If there is any accepted condition causing a visual field defect, determine the monocular assessment for each eye affected by the accepted condition.	Page 161
<b>STEP 3</b>	Determine the monocular assessment for each eye from the Miscellaneous Visual Function Table (Table 8.1.2) as the result of any accepted condition.	Page 162
<b>STEP 4</b>	For each eye separately, combine the ratings obtained in Steps 1, 2, and 3 by applying Chapter 18 (Combined Values Chart).	Page 162
<b>STEP 5</b>	Combine the two combined monocular impairment ratings obtained in Step 4 by applying Table 8.1.3.	Page 162

### **Step 1: If there is any accepted refractive error, determine the monocular assessment for each eye based on corrected visual acuity.**

All assessments of visual acuity are to be based on corrected visual acuity, that is, the visual acuity as measured when the veteran is wearing glasses or contact lenses correctly prescribed. No additional impairment rating is to be given for the need to wear corrective lenses.

A separate monocular assessment is to be determined for each eye.

If only one eye has a refractive error, or if only one eye is to be assessed, the monocular assessment of the eye is to be determined by applying Table 8.1.1 and the assessment for visual acuity for the other eye is to be taken as nil. (These assessments will ultimately be combined by applying Table 8.1.3.)

**Functional Loss**  
**Table 8.1.1**



**MONOCULAR ASSESSMENTS FOR  
CORRECTED VISUAL ACUITY**

Visual acuity	6/6	6/9	6/12	6/18	6/24	6/30	6/36	6/48	6/60	3/60	Blind*
Monocular Assessment	0	10	20	30	40	50	60	70	80	90	100

*\* In applying the above table, if the veteran's visual acuity in either eye is such that he or she is only capable of counting fingers or of perceiving the difference between light and darkness with that eye, then he or she is to be taken as "blind" in the eye so affected.*

**No age adjustment  
permitted for  
this table**

**Step 2: If there is any accepted condition causing a visual field defect, determine the monocular assessment for each eye affected by the accepted condition.**

Any condition (such as glaucoma) which could cause loss of visual field is to be assessed by measuring that loss. For glaucoma without field loss refer to Table 8.1.2.

Loss of visual field is to be measured either by a manual or a computerised method, using the Esterman grid (Figures 8A and 8B).

**Methods of measuring visual field loss**

If the field has been defined by a manual method such as a Bjerrum screen with a 5/1000 white target or a Humphrey bowl at 10dB or less, a transparency of the Esterman grid is placed over the map of the visual field. Those dots that fall wholly or partially within the area of field loss are counted, and the number of dots so counted is to be taken as the monocular assessment for the field loss of that eye.

If the field has been defined by the Humphrey computerised method, a transparency of the appropriate Esterman grid is placed over the graytone field map of the eye being assessed. The graytones represent varying degrees of diminished response to visual stimuli. Count those dots that fall wholly or partially within the area of the graytone field map corresponding to the three darkest intensities of the set of ten graytones in the key accompanying the field map. The number of dots so counted is to be taken as the monocular assessment of the field loss of that eye.

If the field has been defined by a computerised method other than the Humphrey method, a transparency of the appropriate Esterman grid is placed over the graytone field map of the eye being assessed. The graytones represent varying degrees of

diminished response to visual stimuli. Count those dots that fall wholly or partly within the area of the graytone field map corresponding to the equivalent of 10dB or less of the intensities of the set of ten graytones in the key accompanying the field map. The number of dots so counted is to be taken as the monocular assessment of the field loss of that eye.

**Step 3: Determine the monocular assessment for each eye from Table 8.1.2 as the result of any accepted condition.**

Only one criterion is to be selected from Table 8.1.2. If more than one criterion could be selected, the criterion resulting in the higher or highest monocular assessment is to be chosen. The single assessment is then included in *both* monocular assessments. (See below.)

As the criteria in Table 8.1.2 refer to binocular functions, the assessment is included in both monocular assessments. For example, the assessment for unilateral aphakia is to be included in both monocular assessments.

**Step 4: For each eye separately, combine the ratings obtained in Steps 1, 2, and 3 by applying Chapter 18 (Combined Values Chart).**

Having followed Steps 1, 2 and 3, up to three monocular assessments will have been obtained for each eye depending on the particular accepted visual conditions affecting the veteran.

For example, there may be for the right eye:

- ◆ an assessment for corrected visual acuity;
- ◆ an assessment for a visual field defect; and
- ◆ an assessment for a miscellaneous visual defect.

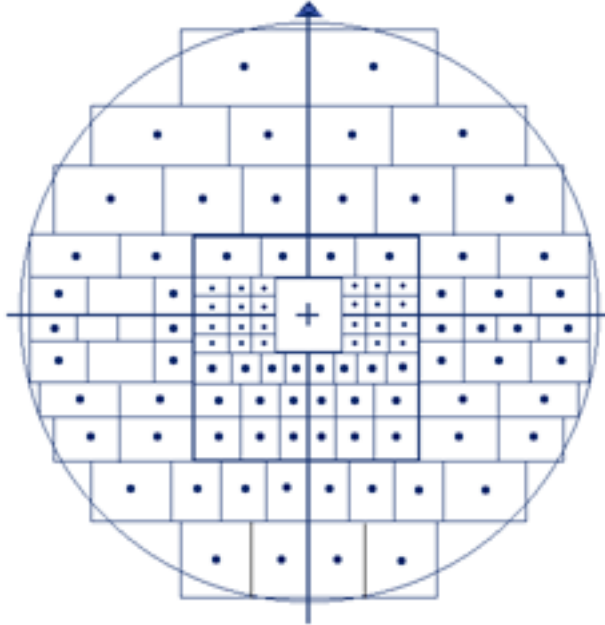
For each eye separately, these three assessments are to be combined as if they were impairment ratings, by applying Chapter 18 (Combined Values Chart) in accordance with the steps in that chapter. The resulting value is to be rounded to the nearest multiple of 5. This is known as the combined monocular impairment rating for that eye.

**Step 5: Combine the two combined monocular impairment ratings obtained in Step 4 by applying Table 8.1.3.**

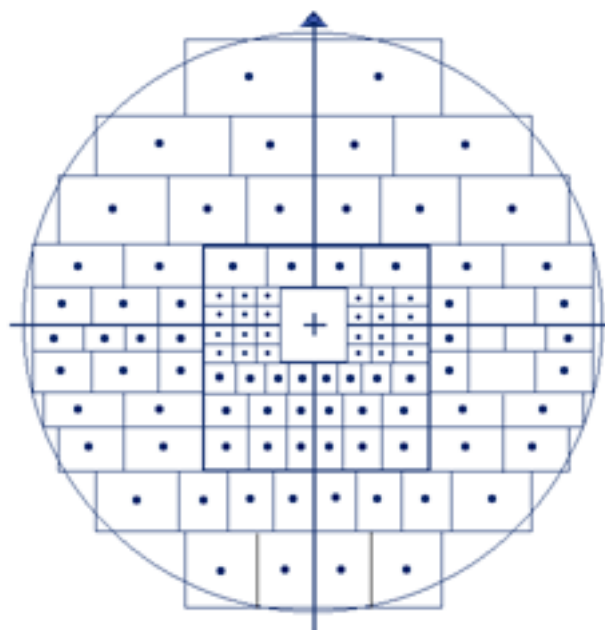
### **Binocular impairment rating**

After a combined monocular impairment rating has been made for each eye, the two ratings are to be combined by applying Table 8.1.3. The value obtained is known as the binocular impairment rating.

**Figure 8a — ESTERMAN GRID: LEFT EYE**



**Figure 8b — ESTERMAN GRID: RIGHT EYE**



**Functional Loss**  
**Table 8.1.2**

**MISCELLANEOUS VISUAL FUNCTION**

<b>Visual Disturbance</b>	<b>Monocular Assessment</b>
Heterophoria	0
Nystagmus without diplopia	0
Cataract with no loss of visual acuity	2
Glaucoma without loss of visual fields	2
Bilateral intraocular lens	5
Unilateral intraocular lens	5
Bilateral aphakia	5
Unilateral aphakia	10
Loss of stereopsis in absence of heterotropia	5
Heterotropia with diplopia one quadrant of upward gaze	5
Heterotropia without diplopia near vision only	5
Heterotropia with diplopia one quadrant of downward gaze	10
Heterotropia without diplopia all directions of gaze	10
Heterotropia with diplopia one direction of sideways gaze	10
Heterotropia with diplopia all directions of upward gaze	10
Heterotropia with diplopia all directions of downward gaze	15
Heterotropia with diplopia both directions of sideways gaze	15
Heterotropia with diplopia all range of near vision	15
Heterotropia with diplopia all directions of gaze	25
Gaze defects vertical	10
Gaze defects horizontal	10
Gaze defects vertical and horizontal	25

*Only one criterion may be selected from this table. If the accepted condition satisfies more than one criterion, the criterion resulting in the higher rating is to be chosen. The single rating is then included in both monocular assessments.*

**No age adjustment permitted for this table**

The combined monocular impairment ratings obtained in Step 4 are those values found in the shaded area of Table 8.1.3. The values for the better and worse eye are to be taken from the values in the shaded regions along the horizontal and vertical axes respectively.

For convenience, Table 8.1.3 incorporates Table 8.1.1 along both its axes. The figures in italics give the possible losses of visual acuity. The values in the shaded area immediately beside or above the figures in italics give the corresponding monocular assessment.

If the only condition affecting visual function is decreased visual acuity, the visual acuities for the better and the worse eye respectively can be read from the values in italics along the horizontal and vertical axes respectively.

### **Paired organs policy**

If an accepted condition affects one eye only, the paired organs policy may apply (see Chapter 21).

#### **Visual Impairment Worksheet**

To ensure a consistent and clear record of the use of the tables, the Visual Impairment Worksheet (at page 168) should be used when assessing visual impairment.

A Visual Impairment Worksheet is used when assessing impairment involving visual field or miscellaneous visual conditions.



## PART 8.2: OTHER OCULAR IMPAIRMENT

### Other Impairment

Table 8.2.1 lists impairment ratings for a variety of ocular conditions. The ratings are based on the presence of symptoms and of inconvenience. Ratings from Table 8.2.1 are not to be combined with ratings from Table 8.1.3 for the same condition. If the same condition can be rated from both tables, the higher rating is to be chosen.

#### Other Impairment Table 8.2.1



### OCULAR IMPAIRMENT

#### Impairment Ratings

#### Criteria

NIL

Occasional conjunctivitis.

TWO

Intermittent conjunctivitis — at least 6 separate episodes per year.

FIVE

- Constant but mild irritation of eyes resulting in symptoms and signs, eg, chronic conjunctivitis or blepharoconjunctivitis, persistent photo-phobia, epiphora.
- Disorders resulting in dry eyes necessitating regular, daily use of eye drops.
- Uncorrected ectropion or entropion.
- Ptosis or tarsorrhaphy resulting in continuous but partial closure of the eye.

TEN

Symptoms and signs of severe eye irritation, present all of the time.

*Ratings from this table are not to be combined with ratings from Table 8.1.3 for the same condition. When the same condition can be rated from both tables, the higher rating is to be chosen.*

No age adjustment  
permitted for  
this table



## Visual Impairment Worksheet

File No:

Veteran's given names:

Veteran's surname:

Visual conditions for assessment:

Date of report(s) on which the assessment below is based:

Right eye  
Corrected visual acuity

Left eye  
Corrected visual acuity

Miscellaneous visual function

Right eye monocular impairment		Left eye monocular impairment
Corrected visual acuity <input type="text"/> R1		Corrected visual acuity <input type="text"/> L1
Visual field - Esterman Grid <input type="text"/> R2		Visual field - Esterman Grid <input type="text"/> L2
Miscellaneous visual function <input type="text"/> R3		Miscellaneous visual function <input type="text"/> L3
Combined monocular impairment <input type="text"/> RC		Combined monocular impairment <input type="text"/> LC
Combined monocular impairment - rounded <input type="text"/> RC		Combined monocular impairment - rounded <input type="text"/> LC

Final binocular impairment rating:

Comments:

Signature	Name ( <i>please print</i> )	Date ...../...../.....
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