



# The interdisciplinary team's work model

Enhancing quality of life through tailored visual interventions

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# The interdisciplinary team



Country, city and profession

Ask the person to your left **where** he/she is **from** and their **profession**.



**Empowering individuals with visual impairments through comprehensive assessments**

*The circular work model is our strength*



# Challenges Faced

Low vision

Oculomotor Difficulties

CVI

Deafblindness



# Our guiding principle is function over diagnosis

**Goal:** Improve independence and quality of life in the educational context/setting, through actionable and tailored solutions for each individual.



# Understand visual function to enhance the daily lives

## Diagnostic test

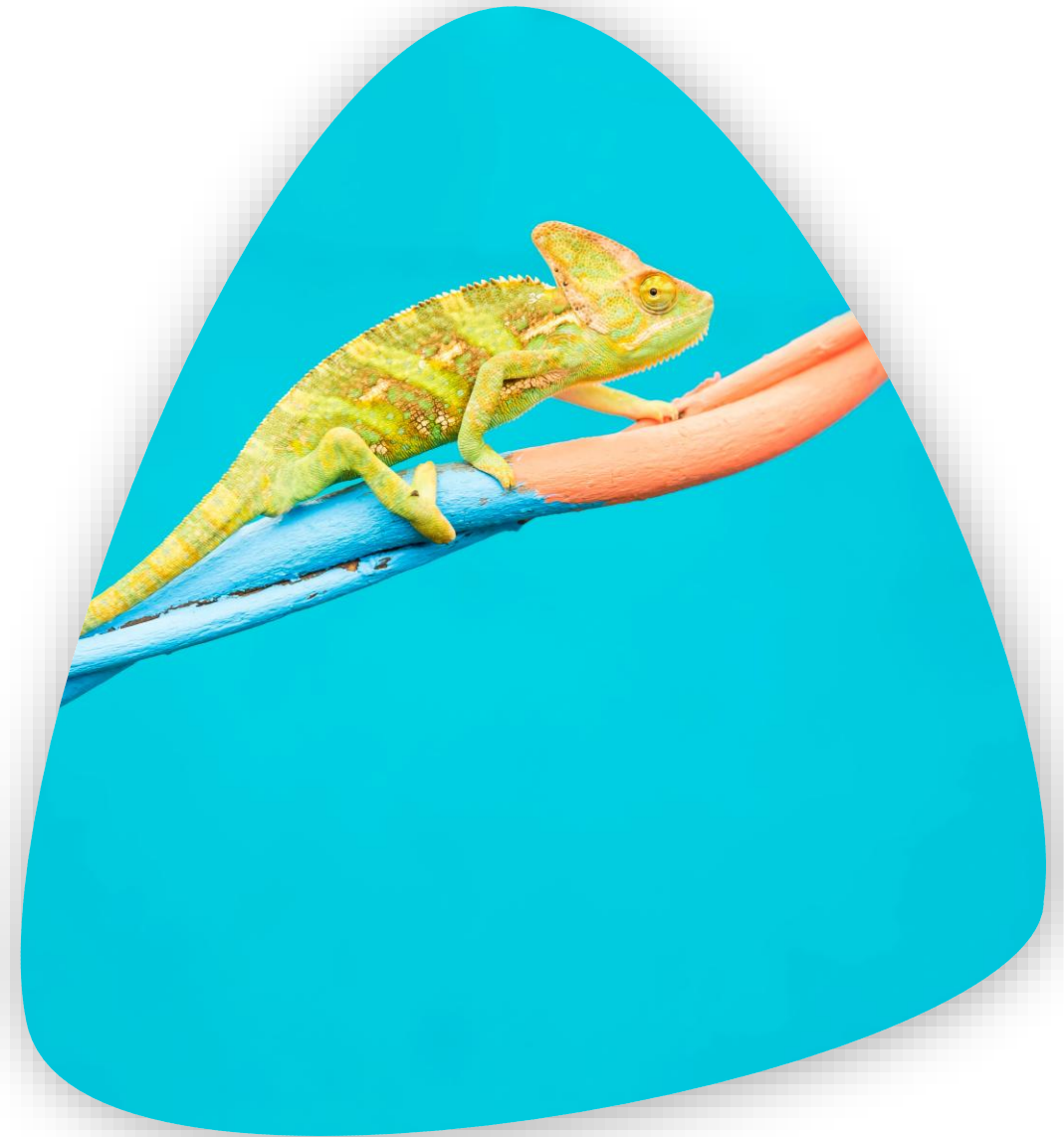


## Functional test



# Continuous Learning

By prioritizing professional development, you can enhance your skills and stay relevant in an ever-evolving landscape of visual function assessments



# Play time!

Plan your day in the multidisciplinary team



## **Jacob**

Jacob is 8 years old and has been referred for an interdisciplinary vision assessment because he struggles with reading, and the school needs more information about the visual difficulties he experiences. These are related to his oculomotor apraxia and visual perceptual difficulties, particularly with crowding issues.

### **Educational background information:**

He had a delayed school start and has just begun 2nd grade. He is in the process of cracking the reading code and knows all the letters. In mathematics, he finds it challenging to work in the workbook. However, he is quick to add and subtract two numbers in his head. He often becomes frustrated, angry, and acts out during recess and physical education. He receives comprehensive special education support. The Educational-Psychological Service (PPT) has provided guidance on social skills.

### **Medical background information (summarized by your colleague who is advising in the case):**

He was born at full term after a normal pregnancy. As an infant, he had poor eye contact, which is now good. He enjoys being with others.

His motor development was delayed, and he did not walk independently until the age of 2.

Jacob is followed up at several departments at the university hospital due to macrocephaly (large head), previously identified increased intracranial pressure, developmental delay, and oculomotor apraxia (difficulty with voluntary eye movements).

Four years ago, he experienced a sudden behavioral change with new-onset balance difficulties, aggressive behavior, unhappiness, reduced interest in activities, and challenges with social interaction. Increased intracranial pressure was detected and interpreted as being related to these behavioral changes.

He started on Diamox, which was effective but later discontinued. The most recent MRI and lumbar puncture have shown normal intracranial pressure.

Hearing has been assessed and found to be normal.

He is followed by the ophthalmology department due to his oculomotor apraxia and visual perceptual difficulties, specifically problems with finding details in complex images.

He has had three stays in the neurorehabilitation department with intensive training when he was 2 years old.

He was assessed with the WPPSI-IV by a neuropsychologist two years ago. The results placed him in the lower part of the average range for his age group.

He demonstrated regulation difficulties and a strong need for adult support during the assessment. He also showed challenges in social interaction.

# Considerations

- What should be the focus of the assessment?  
Is there one or several particular areas of the visual function to zoom in on?
  - Feel free to suggest tests or examinations.
- In what order would you carry out the assessment?
  - Who should start, and why?
- (Do you have any tentative ideas about what the difficulties might be?)

