



Bringing Awareness of the Similarities and Differences between Occupational Therapy and Visual Rehabilitation Therapy

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Introduction

Occupational therapists (OTs) and vision rehabilitation therapists (VRTs) share a mission of empowering individuals to live meaningful, independent lives despite challenges like vision loss. However, a lack of clarity about their distinct roles often creates barriers to interdisciplinary collaboration and optimal care delivery.

OTs focus on holistic interventions, addressing physical, cognitive, sensory, and psychosocial factors that influence participation in daily activities. In contrast, **VRTs** specialize in vision-specific adaptive techniques, such as teaching Braille, magnifier use, and mobility strategies, to help individuals navigate life with visual impairments.

This project investigates the unique contributions of OTs and VRTs, highlighting their similarities and differences to:

- Clarify professional roles and reduce confusion.
- Encourage collaboration to enhance client outcomes.
- Promote advocacy for both disciplines to ensure clients access comprehensive care.

By addressing these gaps, this project contributes to better communication and advocacy for both fields.

Methods

This project employed a **qualitative** research approach to explore the similarities and differences between occupational therapists (OTs) and vision rehabilitation therapists (VRTs). The process included the following:

Research: Reviewed the roles, responsibilities, educational requirements, and certification processes for both OTs and VRTs. This included a comprehensive review of relevant literature and professional guidelines.

Observation: Shadowed a certified VRT, Jane Bush, at the Alabama Department of Rehabilitation Services. Observations focused on her approach to client care, including assessment, interventions, and use of adaptive strategies to support clients with vision loss.

Data Collection: Gathered information on VRT caseloads, common interventions (e.g., Braille, mobility training, assistive technology), and service delivery models. This included analyzing client demographics and treatment plans.

Analysis: Synthesized observational data to identify both overlapping and distinct practices between OTs and VRTs. Findings were interpreted to understand the implications for collaboration, client outcomes, and professional development.

Results

Similarities and Differences in Settings

VRT	OT
Consumer homes	Hospitals
Community	Educational settings
Assistive/ Senior living facilities	Rehabilitation centers
Governmental rehabilitation agencies	Outpatient clinics
Non-profit agencies	Private practices
Educational settings	Mental health facilities
Workplaces	Community health centers
Hospitals	Home health agencies
Rehabilitation centers	Corporate settings

Discussion

This project revealed substantial overlap between OT and VRT practices, particularly in assisting with daily living activities and adaptive strategies. However, each profession offers unique strengths:

- **OTs** address a broader scope, incorporating cognitive, sensory, and motor functions to promote holistic well-being. While OTs focus on vision, they also address cognitive and physical factors affecting clients' overall functioning. **OT generalists**, who may not have specialized training in low vision, typically provide basic interventions like visual function screenings, environmental modifications, and assistive technology training. In contrast, **OT low vision specialists**, with advanced training, offer specialized assessments and interventions, such as macular scotoma assessments and individualized low vision rehabilitation plans.
- **VRTs** specialize in vision-specific techniques like Braille, magnifier use, and residual vision training, helping clients maximize the use of their remaining vision.

Understanding these differences reduces confusion and enhances service delivery by enabling targeted interventions and referrals. Collaborative efforts between OTs and VRTs, combining the holistic approach of OTs and the vision-specific expertise of VRTs, can more effectively address clients' comprehensive needs.

Discussion continued

Key Takeaways:

•**Enhanced Care:** Clients benefit when practitioners understand the complementary roles of OTs (generalists and specialists) and VRTs, leading to more comprehensive care.

•**Professional Growth:** OTs with knowledge of VRT practices can expand their skill sets, while VRTs gain insight into the holistic, multidisciplinary approaches of OTs.

•**Advocacy:** Educating stakeholders about the distinct roles of OT generalists, OT low vision specialists, and VRTs ensures better-informed decisions regarding client care.

By promoting collaboration and mutual understanding, this project demonstrates that combining the strengths of OTs and VRTs can lead to innovative, client-centered solutions that address the full spectrum of clients' needs.

Conclusion

This project highlights the complementary roles of OTs VRTs in supporting individuals with vision impairments. While both professions assist with daily living activities and adaptive strategies, OTs take a holistic approach addressing cognitive, sensory, and motor functions, while VRTs specialize in vision-specific techniques to maximize remaining vision.

By recognizing these distinctions and fostering collaboration, OTs and VRTs can more effectively meet the complex needs of their clients. Promoting mutual understanding and cooperation between the two professions ensures that clients receive comprehensive, client-centered care, improving their independence and quality of life.

References



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