LIRN Evidence-based Practice Assignment

**Reflection of Experience**

Homonymous hemianopia is a disability in which there is a loss of vision in half of the visual field of one or both eyes. The main causes of this disabilty are trauma, stroke, and brain tumor. My experience as a patient with homonymous hemianopia was terrible. A year back, I realized that there is a curtain present in front of my right eye. Secondly, I see stars usually in both my eyes. My parents took me to the doctor, and after several medical examinations, I came to know that I am suffering from right hemianopia. Before that, I was not aware of my hemianopia. After being diagnosed with hemianopia, sometimes I start writing on the wrong line, and this was always irritating for me.

At that time, many opinion and assumptions from different people were surrounding me, and sometimes it becomes very difficult for me to live with all this. I never feel comfortable in crowded places. I started apologizes more and also loses my confidence. As compare to my fellows, it always took a long time to read one page of the book chapter. I was not able to tell whenever someone asks me whether the picture is straight or not. Once I was trying to read a magazine and I notice that half of the text disappears, as if the text didn't exist, then I had to turn my head to look for another angle.

I always wished that people could see just for one day through my eyes, to understand what it is like to live with hemianopia. I never like sympathies and always consider that there is nothing wrong with me but all the challenges which I went through are ones which no one can understand. I always make my self realized that I have to enjoy life even with this disability.

Most of the time, I suffered from headache while focusing on some article as in this case, I had to turn my head to the left side. I had difficulty in performing ADL, dressing, reading, and basic activities such as crossing the street and walking. In my experience with homonymous hemianopia, I always feel that patients with this disease often have problems with a certain degree of insecurity and fear of falling.

**Clinical Application**

The treatment which is suggested in the article include some strategies such as creating awareness regarding the active visual scanning movement. In this patient is guided about exercises which involves turning the head and axial trunk to the more affected side. This improves the symptoms associated with the disease. Cues (e.g., visual, verbal, or motor) are used to direct the patient's attention, for example, a red anchor line is drawn on the floor, and the patient asks to follow the line from one side to the other visually. Secondly, a red ribbon is also attached to the hemiparetic wrist of the patient, which directed him to keep this ribbon insight. Scanning movements by using a computer are also helpful in visual tracking tasks. The patient is encouraged to use active voluntary movements of the neglected area while looking at his or her limbs while moving. Exercises that involve crossing the midline toward the hemiparetic side and functional activities are also valuable. In this patients are encouraged to do bilateral interaction such as drinking from a cup, pouring a drink, picking up an object and then placing it in at other place, and dusting a tabletop with a cloth that is held by both hands. This helps to maximize the attention of patient’s by optimizing proprioceptive, tactile and visual stimuli on the more affected side (Bailey, Riddoch, & Crome, 2002).

In this study, two different approaches, such as cueing and left-limb activation strategy, have been used. Both these strategies increase the right hemisphere activity and which leads to the improvement in visual neglect. After diagnosing the patient in a clinical setting, I will implement both of the above treatment strategies for visual training. Secondly, in a clinical setting, awareness to cope up with this disease will be provided to the patient. The patient will be guided about the different exercises that can help him to cope up with the disease.

The strategies that are used in this study did not require any expensive and complex equipment. Both these strategies are easy to carry out by a clinical therapist. The time that is needed for this therapy is also flexible. All these strategies that are present in this article are clinically relevant. One of the weaknesses of this study is that there is minimal evidence regarding the generalization of visual neglect reduction in untrained person.

EndNotes

Bailey, M. J., Riddoch, M. J., & Crome, P. (2002). Treatment of Visual Neglect in Elderly Patients With Stroke: A Single-Subject Series Using Either a Scanning and Cueing Strategy or a Left-Limb Activation Strategy. *Physical Therapy*, *82*(8), 782–797. https://doi.org/10.1093/ptj/82.8.782