

---

# Contents

## SPECIAL ISSUE ON AGE-RELATED MACULAR DEGENERATION

---

### Sociocultural Perspective

- The Difference That Age Makes: Cultural Factors That Shape  
Older Adults' Responses to Age-Related Macular Degeneration  
—Marja Mogk 581
- 

### Psychosocial Perspective

- Depression in Age-Related Macular Degeneration—Robin Casten  
and Barry Rovner 591
- 

### Medical Perspective

- Foveal-Sparing Scotomas in Advanced Dry Age-Related Macular  
Degeneration—Janet S. Sunness, Gary S. Rubin, Abraham Zuckerbrod,  
and Carol A. Applegate 600
- 

### Research Report

- Memory Loss, Dementia, and Stroke: Implications for Rehabilitation  
of Older Adults with Age-Related Macular Degeneration  
—Mary Warren 611
- 

### Practice Report

- Keeping Older Adults with Vision Loss Safe: Chronic Conditions  
and Comorbidities That Influence Functional Mobility  
—Anne T. Riddering 616
- 

### Driving

- Driving and Age-Related Macular Degeneration—Cynthia Owsley  
and Gerald McGwin, Jr. 621
- 

### Outcomes

- Successful Outcomes from a Structured Curriculum Used in the Veterans  
Affairs Low Vision Intervention Trial—Joan A. Stelmack, Stephen Rinne,  
Rickilyn M. Mancil, Deborah Dean, D'Anna Moran, X. Charlene Tang,  
Roger Cummings, and Robert W. Massof 636
- 

### Practice Reports

- Topographic Mapping of Residual Vision by Computer  
—Manfred MacKeben 649
- Patient with Macular Disease, Good Visual Acuity, and Central Visual  
Field Disruption and Significant Difficulties with Activities of Daily Living  
—Donald C. Fletcher, Ronald A. Schuchard, Joseph P. Walker,  
and Paul A. Raskauskas 656
- 

### Comment

- Modifications to the Fletcher Central Field Test for Patients with Low Vision  
—Ronald J. Cole 659
-

---

## NEWS AND FEATURES

---

Guest Editor's Page	578
From the Field	661
News	666
Calendar	668

---

*JVIB* thanks **Lylas Mogk, M.D.**, medical director, Visual Rehabilitation and Research Center, Henry Ford Health System, and **Gale Watson, M.Ed.**, national director, Blind Rehabilitation Service, Department of Veterans Affairs Central Office, Washington, DC, for their scholarship and commitment as guest editors of this special issue on age-related macular degeneration.

**AFB  
PRESS**

POSTMASTER: Send address changes and subscription orders to AFB Press Customer Service, P.O. Box 1020, Sewickley, PA 15143-1020.

All rights reserved. No part of this work may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, or by any information storage or retrieval system, except as may be expressly permitted by the 1976 Copyright Act or in writing from the publisher. Requests for permission should be addressed to the Copyright Clearance Center, Customer Service, 222 Rosewood Drive, Danvers, MA 01923; phone: 978-750-8400. Printed by The Sheridan Press, Hanover, PA. **Copyright © 2008 American Foundation for the Blind. Owned by the American Foundation for the Blind.**

### Guest Editor's Page

It ain't what we don't know that gets us into trouble. It's what we know for sure that just ain't so.

—Mark Twain

The year 2008 represents a new world for visual impairment in the United States and Canada. The demographics of vision loss have changed radically in the last several decades. Today, the greatest number of people with visual impairments are not children or young adults; rather they are seniors with age-related macular degeneration (AMD), who outnumber younger visually impaired adults and children by wide margins. According to the National Eye Institute, people 80 years of age and older currently make up 8 percent of the population, but

---

The opinions expressed in this editorial are those of the authors and do not reflect the policies or opinions of the Department of Veterans Affairs.

account for 69 percent of those with visual impairment and blindness, largely from AMD. Indeed, macular degeneration is the cause of the majority of all visual impairment and blindness in Americans.

This matters because much of what we know for sure about visual impairment and vision rehabilitation “just ain't so” with macular degeneration. Why? Two key reasons.

#### DIFFERENT LIFE EXPERIENCE

Seniors are a population distinct from all others, including younger and middle-aged adults. Just as children have their own medical specialty—pediatrics—so seniors have theirs—geriatrics. Just as kids are not little adults, seniors are not wrinkled adults. They are unique physiologically, medically, and psychosocially. They require different rehabilitation strategies and approaches, different visual and functional devices, and different teaching approaches and methods for effective rehabilitation.

Age-related physiological changes in hearing, balance, agility, recovery time,