Participation in the CNVR program involves a 1-2 week comprehensive evaluation to determine individual patient therapy needs and goals. The total Length of stay for CNVR evaluation and training is usually 4-8 weeks. Several months after discharge patients may be encouraged to return to the program for further evaluation and training.

Clinical evaluation and treatment are planned with consideration to the individual patient’s mental and physical endurance, capabilities, and interests. Emphasis is placed on realistic, success oriented therapy goals.

The CNVR team provides one-on-one therapy as indicated. This may include: Neuro-optometry evaluation and treatment, neuropsychological testing and therapy, speech and language therapy, neurological vision rehabilitation, recreation therapy, treatment in the areas of activities of daily living, orientation and mobility, manual skills, computer access training, and use of other electronic aids, and a family training program.

An important CNVR program focus is patient and family education about functional capabilities and management of visual impairment, as well as any associated cognitive deficits. The family training program invites a family member, or other person, to stay at the WBRC to familiarize them with important information including indicated assistive skills toward the patient’s transition from the CNVR program to home life.

Active duty military and veterans discharged from recent conflicts who experience vision impairment as a result of brain injury have priority for CNVR program admission. All other veterans with visual impairment caused by brain injury are served per the customary WBRC application process.

Patients interested in the CNVR program should contact their local VIST (Visual Impairment Service Team Coordinator) or contact the WBRC directly at (650) 493-5000 extension 64358.

VA Palo Alto Health Care System
WBRC
3801 Miranda Ave
Palo Alto, CA 94304-1290
Vision symptoms that are typical of neurological vision loss include:

- Inability to see one side of surroundings.
- Bumping into people or objects on one side.
- Difficulty locating objects that seem obvious to others.
- Ignoring food on one side of the plate.
- Seeing double or seeing objects that appear to be hazy or blurred.
- Changes in ability to read or in the appearance of print.
- Getting lost in familiar environments.
- Difficulty moving through crowded areas.
- Experiencing increased glare sensitivity or difficulty making out detail in dimly lit situations.
- Difficulty recognizing faces or objects.
- Difficulty viewing or seeing television.
- Problems with depth perception.

Examples of Neurological Vision Impairment

What It’s Like

This is how a street scene looks with normal vision.

Example of a Hemianopia*

*Hemianopia is a condition resulting from damage to one side of the optic tract. Images from only one half of each eye reach the brain; thus, there is only reception of half-fields for each eye.

Diplopia (double vision)

Comprehensive Neurological Vision Rehabilitation

The CNVR program was formally established in 2007 within the Western Blind Rehabilitation Center (WBRC) at the Palo Alto Veterans’ hospital to specifically address neurological visual impairment as a result of brain injury. Causes of neurological visual impairment includes stroke, motor vehicle accidents, gunshot wounds, blast related trauma, falls, brain tumors, and toxic exposure.

CNVR is the first inpatient program within the VA to address visual impairment and associated cognitive disorders caused by brain injury.