Low vision is a major disability and has obvious implications on patients’ occupational and social lives. Patients with low vision have a lower quality of life. In the absence of any medical measures to improve vision, aids for low vision and occupational therapy interventions can improve patients’ quality of life.

One portable artificial vision device (OrCam) is an optical character recognition device, capable of recognizing text, monetary denominations, and faces, and can be programmed to recognize other objects. It is activated by the user either pointing, pressing a trigger button, or tapping on the device. The OrCam was recently made commercially available in the United States and is a potentially useful, intuitive, and interactive tool for patients with low vision (current price, $2500-$3500).

Interest is increasing among patients and physicians in portable electronic low-vision aids, and these devices warrant further evaluation. The purpose of this study was to perform a preliminary evaluation of this portable artificial vision device’s potential use in patients with low vision.

Methods

Patient Selection
This was a short-term prospective study that included patients with low vision seen in the Department of Ophthalmology and Vision Science, University of California Davis, Sacramento. The study protocol was approved by the University of California Davis institutional review board (protocol no. 15–1365). The study sample included 12 patients who were selected for the study based on the following inclusion criteria: age ≥18 years, diagnosis of low vision (defined as visual acuity of 20/200 or worse in the better eye with best-corrected vision), and availability of a portable artificial vision device. The study protocol was approved by the University of California Davis institutional review board.

RESULTS
Among the 12 patients, scores on the 10-item test improved from a mean (SD) of 2.5 (1.6) using best-corrected visual acuity to 9.5 (0.5) using the portable artificial vision device at the first visit (mean difference, 7.0; 95% CI, 6.0–8.0; P < .001) and 9.8 (0.4) after 1 week (mean difference from the first visit, 7.3; 95% CI, 6.3–8.3; P < .001). Mean (SD) scores with the portable artificial vision device were also better in the 7 patients who used other low-vision aids (9.7 [0.5] vs 6.0 [2.6], respectively; mean difference, 3.7; 95% CI, 1.5–5.9; P = .01).

CONCLUSIONS AND RELEVANCE
When patients used a portable artificial vision device, an increase in scores on a nonvalidated 10-item test of activities of daily living was seen. Further evaluations are warranted to determine the usefulness of this device among individuals with low vision.
of California Davis Office of Human Research, and all participants signed an informed consent before inclusion. All patients were older than 18 years and were legally blind, with best-corrected visual acuity (BCVA) of 20/200 or worse in their better eye. Patients with low vision owing to any cause were included. Exclusion criteria included documented cognitive impairment and hearing loss since these conditions would prevent patients from using the OrCam. The study group consisted of 12 consecutive patients who met all inclusion criteria and consented to participate. Patients were recruited between July 1 and September 30, 2015.

Portable Artificial Vision Device
The OrCam unit includes a miniature camera and a bone conduction earpiece, which can be mounted to the right side of any spectacle frame (Figure, A). A cord connects the unit to a pack that houses the device’s battery and computer. This pack can be held in the user’s hand, clipped on a belt, or put in a pocket. It has 3 buttons that are recognized by touch (a button to turn the device on and off, a volume control button, and a trigger button) (Figure, B). The OrCam is portable and can be used anywhere. It can be activated by pressing the trigger button, by pointing at a target item, or by tapping the device. When activated, the OrCam takes a picture of whatever it is pointed at, which corresponds to where the user is facing. Using optical character recognition technology, the device then reads aloud any text found in the picture that was taken, which is heard only by the user via the earpiece and not by others nearby. The OrCam can also recognize monetary bill denominations and can be programmed to recognize faces and products. The device has some technical limitations: it cannot recognize special fonts and may be unable to recognize text if the contrast with its background is poor or under insufficient lighting conditions.

The units used in this study were supplied as a loan from the OrCam Company and were returned at its conclusion. The company was not otherwise involved in this study.

Study Design
At the time of enrollment, patients underwent a 90- to 120-minute training session on the use of the OrCam by an experienced instructor (E.M.). After explanation of the device and its use, patients completed a 10-item test simulating daily functions. They were asked to complete these items 3 times: without using any low-vision aids, using their own low-vision aids if they had any, and using the OrCam. The patients were then given the portable artificial vision device to use in their regular settings for a week, along with the user manual and a telephone contact in case of any technical or operational difficulties. Patients were also called during the test week to make sure they were using the OrCam for at least 1 hour per day and to ask if they were experiencing any technical difficulties. After 1 week, patients returned to the clinic and completed the 10-item test again with the OrCam. After completion of the 10-item test, they also completed a questionnaire and provided feedback on the portable artificial vision device.

Daily Function Test and Questionnaire
The daily function test was developed for this study and was designed to include daily activities that are difficult for a patient with low vision and may be improved by the portable artificial vision device. These activities included reading from an electronic device, recognizing monetary bills, reading a newspaper article, finding a specific headline in a newspaper, reading a menu, recognizing a product, reading a letter, reading a page from a book, reading wall-mounted signs, and reading a distant sign. A detailed description of the test items is provided in Table 1. The patients’ performance was monitored by an observer, and for each item, a score of 1 was given if the patient could complete the task and 0 if not, yielding a total score of 0 to 10 for each test. Patients took the test at the first visit without using any low-vision aids to establish their

Key Points

Question Does a portable artificial vision device aid patients with low vision?

Findings In a prospective pilot study of 12 patients with visual impairment, results of a 10-item daily function test indicated an improvement in activities of daily living using a portable artificial vision device vs other available low-vision aids.

Meaning These results suggest that this portable artificial vision device may be an effective aid for patients with low vision.
Results

Twelve patients were included in this pilot study: 6 men and 6 women, with a mean (SD) age of 62.0 (18.6) years (range, 27-93 years). Causes of low vision were diverse and included a variety of corneal, retinal, and optic nerve diseases. A summary of the patients’ ocular pathologic conditions and BCVA is provided in Table 3.

Test Results at First Visit

At the first visit, all participants completed the 10-item test without use of any low-vision aids, using only their eyeglasses to establish their baseline BCVA. The mean (SD) test score was 2.5 (1.6) (range, 0-5). None of the patients could perform 5 of the tasks, which included reading a message on an electronic device, reading a newspaper article, reading a menu, reading a letter, and reading a page from a book. In contrast, 11 patients (92%) could recognize bill denominations, 8 (67%) were able to locate a specific room in a hallway by using wall-mounted signs, and 7 (58%) were able to recognize products and tell the difference between similarly shaped and sized cereal boxes. Higher test scores were correlated with BCVA of the better-seeing eye ($R = 0.77$).

After initial instruction on using the OrCam, all participants completed the 10-item test using the device. The mean (SD) test score significantly improved to 9.5 (0.5) (range, 9-10), for a mean difference of 7.0 (95% CI, 6.0-8.0; $P < .001$).

Seven participants (58%) also completed the 10-item test using available low-vision aids that they use in daily life, including magnifying lenses, electronic magnifiers, and smartphone applications for reading text. For these 7 patients, the mean (SD) test score using low-vision aids was 6.0 (2.6) (range, 2-9), which was significantly improved vs their scores without using these aids (mean [SD], 3.0 [1.6]), for a mean difference of 3.0 (95% CI, 0.5-5.5; $P = .02$). Using the portable artificial vision device, these 7 patients’ mean (SD) test scores improved to 9.7 (0.5), which was significantly better than both the baseline score (mean improvement, 6.7; 95% CI, 5.3-8.1; $P < .001$) and the score achieved with the use of low-vision aids (mean improvement, 3.7; 95% CI, 1.5-5.9; $P = .01$).

Discussion

Patients with low vision are often dependent on aids to maximize their ability to orient themselves and perform activities of daily living. Technological advances have led to the development of many types of low-vision aids that do not rely on...
Evaluation of a Portable Artificial Vision Device

Table 3. Patient Characteristics

<table>
<thead>
<tr>
<th>Patient No./Sex/Age, y</th>
<th>Cause of Low Vision</th>
<th>BCVA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1/F/73</td>
<td>Keratoconus; had undergone multiple penetrating keratoplasties and keratoprosthesis in both eyes</td>
<td>20/400</td>
<td>CF</td>
</tr>
<tr>
<td>2/F/56</td>
<td>Retinitis pigmentosa</td>
<td>LP</td>
<td>LP</td>
</tr>
<tr>
<td>3/F/37</td>
<td>Stargardt disease</td>
<td>20/400</td>
<td>20/200</td>
</tr>
<tr>
<td>4/F/70</td>
<td>Congenital aniridia keratopathy; had undergone multiple penetrating keratoplasties and keratoprosthesis in both eyes</td>
<td>CF</td>
<td>20/200</td>
</tr>
<tr>
<td>5/M/62</td>
<td>Stargardt disease</td>
<td>20/400</td>
<td>20/400</td>
</tr>
<tr>
<td>6/F/93</td>
<td>Age-related macular degeneration</td>
<td>CF</td>
<td>HM</td>
</tr>
<tr>
<td>7/M/27</td>
<td>Retinitis pigmentosa</td>
<td>HM</td>
<td>CF</td>
</tr>
<tr>
<td>8/F/63</td>
<td>Severe myopic degeneration</td>
<td>20/400</td>
<td>CF</td>
</tr>
<tr>
<td>9/M/86</td>
<td>Age-related macular degeneration</td>
<td>CF</td>
<td>20/200</td>
</tr>
<tr>
<td>10/M/60</td>
<td>Recurrent multiple retinal detachments in both eyes</td>
<td>20/200</td>
<td>20/400</td>
</tr>
<tr>
<td>11/M/49</td>
<td>Best disease</td>
<td>CF</td>
<td>20/400</td>
</tr>
<tr>
<td>12/M/68</td>
<td>End-stage glaucoma</td>
<td>20/400</td>
<td>20/400</td>
</tr>
</tbody>
</table>

Abbreviations: BCVA, best-corrected visual acuity; CF, counting fingers; HM, hand motion; LP, light perception.

lenses for magnification, such as electronic magnifiers, digital image processing tools, and optical character recognition.7

Over the past 3 decades, although the demographics of patients with low vision have remained constant, the number of spectacle-mounted optical devices has declined in correspondence with a rise in availability of newer technologies and electronic devices.8

Our results indicate that the OrCam is an effective low-vision aid that is simple to understand and easy to use. In this study of 12 patients with low vision using a nonvalidated 10-item test, we found that, after an initial training session, patients were able to perform tasks simulating those of daily living significantly better when using the portable artificial vision device. There was a difference in the patients’ ability to perform the test items when using the OrCam compared with using only their BCVA and no other aid. Unaided, no patient was able to read a message on an electronic device, a newspaper article, a menu, a letter, or a page from a book, which are all common activities impeded by low vision. The only item that most patients could perform by using only their BCVA without any other aid was recognizing monetary bill denominations since, at present, the monetary denomination is marked by a large, more easily recognized figure at 1 corner of the bill. Using the OrCam, all patients could perform at least 9 of the 10 items on the test, demonstrating the efficacy and usefulness of the device for them.

Limitations of this study include its sample size of 12 and the use of the 10-item test, which is not validated. However, we developed the test for this study and used it because we believe it allowed for a more robust evaluation of visual functions than a test that focuses on parameters, such as reading speed only. This assessment may be better to evaluate the broader functionality in activities of daily living when using the portable artificial vision device as an aid to patients with low vision. In addition, to prevent a learning effect that could bias the results in favor of the OrCam, test items were delivered in a random order, and the portable artificial vision device was not always the last to be tested. It is difficult to determine from this study if patients would be satisfied with this device. With only 12 individuals evaluated in this study, even if none of the participants were dissatisfied, one could be reasonably confident (95% of the time) that the true rate of dissatisfaction in the population is no more than 25%.

In a separate subanalysis of 7 patients who were using other low-vision aids, we found that their test scores were better when using the OrCam at the first visit than when using their previous low-vision aids. This finding suggests that the portable artificial vision device may have advantages over other low-vision aids.

Most studies on electronic low-vision aids have used reading speed as the primary outcome measure. In most of these studies, reading speed was faster using stationary devices than with head-mounted devices.9,10 The methods used in our study provide a broader assessment of the OrCam as a low-vision aid since it is not focused solely on reading but on a broader range of visual functions. Stationary magnifiers and reading aids are usually heavy and remain in the patients’ homes, while the OrCam is a highly portable device that individuals can take anywhere. In addition, reading speed is not an issue since optical character recognition technology recognizes text immediately, and the speed at which it is read aloud can be controlled and adjusted by the user.

This portable artificial vision device may have advantages in addition to text recognition and reading at normal speed. It may enable the user to recognize products, distant signs, and even faces. Using BCVA, only 7 patients (58%) could recognize a specific brand of cereal by its box compared with all 12 patients when using the OrCam. A sign held 8 feet away was only recognized by 1 patient (8%) without the portable artificial vision device compared with 11 patients (92%) when using the device. The fact that optical character recognition is immediate with the OrCam may also allow users to function at a “physiological” speed. For example, even when the patient with low vision can recognize monetary denominations using BCVA, he or she must turn the bill right side up and hold it very close to the eyes, while the OrCam user can recognize it faster, from a greater distance, and in any orientation (Video).
Conclusions

This pilot study demonstrates that the portable artificial vision device may be an effective low-vision aid. It is highly portable and intuitive to use and may be more effective than other low-vision aids available to these patients. We believe it may be a useful tool for patients with low vision that may allow them to enjoy improved functionality and independence.

REFERENCES