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**HUMAN GUIDE: Purpose:** For two people to travel as efficiently and using as little space as possible, while one is being guided.

**GRIP:** The follower grips your arm just above the elbow. The grip must be firm enough to maintain it while walking, but not so tight as to cause you discomfort.

**STANCE:** The follower stands next to the guide and one-half step behind. His arm is bent at the elbow and held close to his side. The guide's arm is relaxed and down by his side.

**NARROW PASSAGE TECHNIQUE:** When coming to a narrow passage, tell the follower and move your guiding arm to the center of your back. The follower will respond by moving behind you. Walk slower in this position. Once you have moved through the narrow area, return to the normal stance.

**ALTERNATE GRIP: STANCE and NARROW PASSAGE FOR ADDED SUPPORT**

If the person being guided needs physical support, he or she should drape their forearm over the guides' forearm which is bent at 90 degrees. For narrow passages, the guide informs the individual of the need to move behind the guide. The guide keeps arm bent at 90 degrees and person being guided can hold guide's forearm with both hands as if pushing a shopping cart.

**DOORS:** When approaching a closed door, give the follower information regarding its position when opened (i.e. "The door opens away and to the right or towards us and to the left."), or simply say, "The door opens towards (or away) and take the door with your right hand." If, in this case, his right hand weren't free because he was holding his guide's arm, he would need to move behind the guide or switch sides.

**STAIRS:** When approaching stairs, tell the follower and let him know whether they are going up or down. Make sure you approach the stairs directly (not at an angle). Have the follower stand on the handrail side of the stairs if a handrail is available. Stop at the top or the bottom of the stairs. The follower should locate the handrail and reach his foot forward to locate the riser or edge of the first step. Start down (or up) the stairs, always keeping yourself one step ahead of him. (Determine if the individual walks with reciprocal or alternate steps, one foot per stair, or if he or she puts both feet on each stair before moving to the next.) Maintain a continuous pace. Do **not** count steps or state how many steps.

**SEATING:** When guiding someone to a chair, walk up to it and place your hand on the back of the chair and let the follower trail your arm down to the back. Tell him in which direction the chair is facing, and he can then seat himself. If the chair is located at a table, the guide should describe the relationships of the chair, the table, and the follower. One hand of the follower should be placed on the chair and the other hand on the table. Describe a moving or unfamiliar chair.(i.e. presence or lack of arms, and movability – swivel, rock, recline or on wheels)

**ENTERING OR EXITING A VEHICLE** Inform the follower of the type of vehicle, (truck, car, SUV). If parked by the curb, tell them if the vehicle is close enough to the curb to step directly into the vehicle, or if the follower should step down onto the road. Open the door and place one of the followers free hands on the top of the door and the other on the roof of the car to show how much space there is to maneuver into the vehicle. Once seated, ask if they want you to close the door. If yes, inform them to put their hands in lap so that they are not in the way of the closing car door. If individual wants to close door, "feed" door to him or her slowly so that individual does not lean out of car and lose balance.

## Common Diagnoses and Eye Conditions

**Legal Blindness:** A level of visual impairment that has been defined by law to determine eligibility for benefits. It refers to central visual acuity of 20/200 or less in the better eye with the best possible correction, or a visual field of 20 degrees or less.

**Low Vision:** Vision loss that may be severe enough to impede a person's ability to carry on everyday activities, but still allows some functionally useful sight. Low vision may be caused by macular degeneration, cataracts, glaucoma, or other eye conditions or diseases.

**Cataracts:** A cloudy or opaque area in the normally clear lens of the eye located behind the iris.

**Glaucoma:** A group of disorders leading to progressive damage to the optic nerve. It is characterized by loss of nerve tissue that results in vision loss. Affects peripheral vision, leading to “tunnel vision”

**Macular Degeneration:** An eye disease affecting the macula (the center of the light-sensitive retina at the back of the eye), causing loss of central vision.

**Retinitis Pigmentosa:** A group of inherited disorders of the retina (the light-sensitive lining at the back of the eye), which cause poor night vision and a progressive loss of side vision.

**Diabetic Retinopathy: A condition occurring in people with diabetes. It causes progressive damage to the retina, the light-sensitive lining at the back of the eye. Causes obstructions or spots in field of view.**

**Heminopsia: Blindness affecting half of the field of vision. Hemianopia, also known as hemianopsia, may be caused by various medical conditions, but usually results from a stroke or brain injury.**