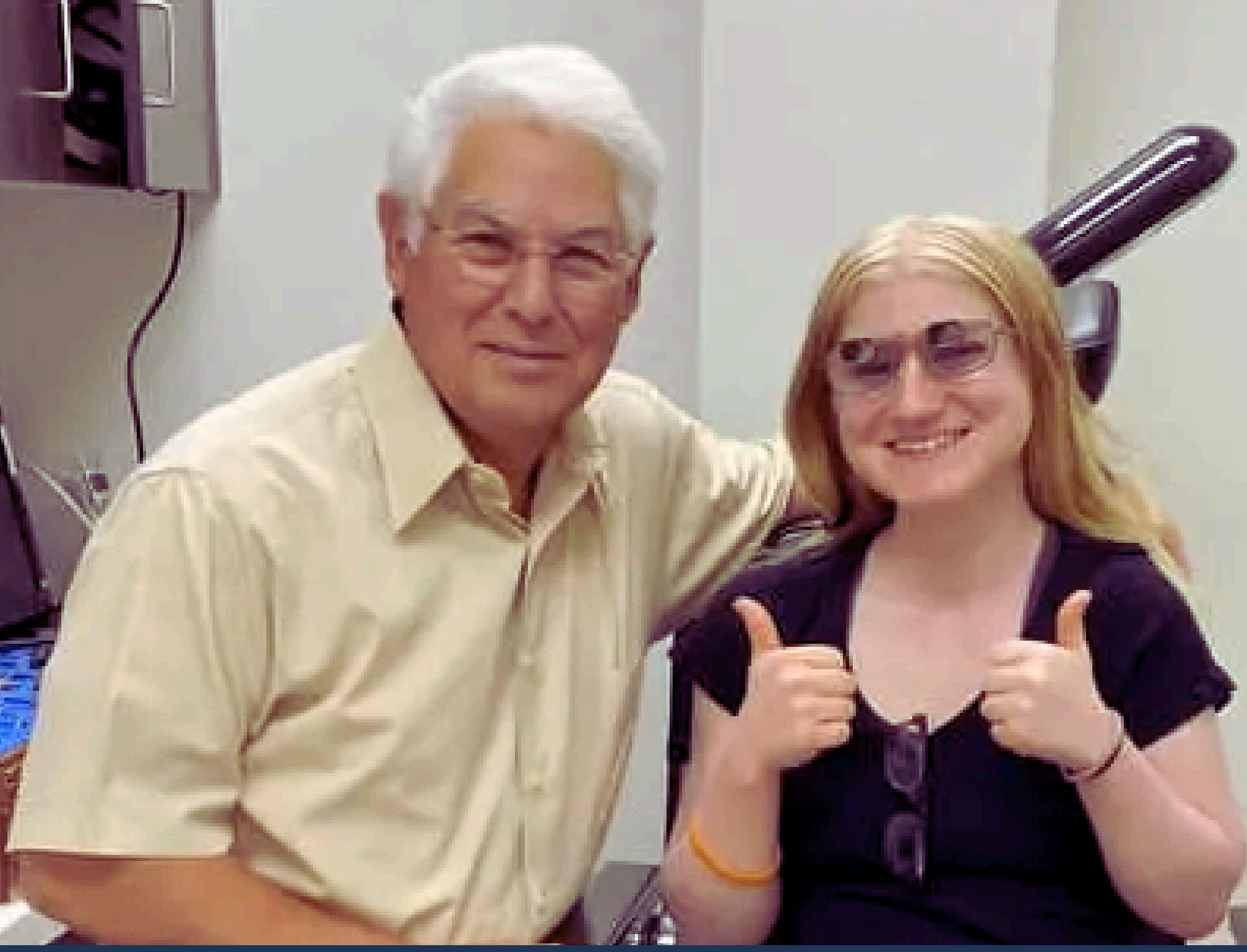

FOR OPTOMETRISTS CONSIDERING LOW VISION CARE

The Low Vision Practice Playbook

A practical look at the opportunity, model and economics of low vision care.

SLVTI
Shuldiner Low Vision Training Institute

A Different Opportunity in Low Vision Care

THE NEED

Millions of people live with vision loss that conventional treatment cannot fully address—creating an unmet need for specialized care.

THE OPPORTUNITY

For optometrists, low vision offers a way to make a meaningful clinical difference while building a specialized, sustainable area of practice.

THE MODEL

SLVTI combines clinical training with the practical systems needed to build the practice—from patient care and prescribing to referral development and growth.

INSIDE THIS PLAYBOOK

The Need. The Model. The Economics. The Path Forward.

THE OPPORTUNITY

A Growing Need.
Too Few Patients Reaching Care.

Millions of Americans live with vision loss that cannot be corrected with glasses or contacts alone. Yet many never reach a doctor trained to help them make better use of the vision they have.

7M+

Americans live with vision loss that cannot be corrected with glasses or contacts.

<10%

of people who need low vision rehabilitation receive it.

For doctors trained to provide this care, the opportunity is both clinical and practical.

Help patients who have been told little more can be done while building a specialized area of practice.

Sources: CDC Vision and Eye Health Surveillance System; Guo X, et al. JAMA Network Open. 2023;6(2):e2254006.

Low Volume. High Value.

Build Around Time, Expertise and Individualized Care.

Low vision care is not built on high patient volume. Longer visits, individualized recommendations and meaningful case value allow doctors to provide highly personalized care while building a sustainable specialty.

Example Revenue Model:

$2,500	**$25,000**	**$300,000**
Case value	Monthly revenue *at 10 patients/month*	Annualized revenue

Illustrative example. Case value, patient volume and revenue vary by practice.

> *"In the first 9 months, I generated $180K from low vision—and I was only seeing patients one half-day a week."*
> **– Dr. John Jacobi, Michigan**

A Hybrid Practice in Action

Dr. Jarrod Long built low vision alongside his primary-care practice—creating a model that combined meaningful patient care with significant practice growth.

BEFORE

High-volume primary-care optometry

THE SHIFT

3 days/week primary care
1 day/week low vision care

THE RESULT

$600K

in low vision revenue in 2024

15–20 low vision patients/month

“This method allows doctors to love what they do, be clinically effective, and make a great living — all at once.”

– Dr. W. Jarrod Long, Indiana

THE PRACTICE IN ACTION

From Referral to Result.

Low vision care follows a different path from a traditional eye exam—centered on functional goals, individualized solutions and follow-through.

Referral	Evaluate	Prescribe	Fit + Follow-up	Better Function
Medical + community sources	60–90 minutes Goals drive the visit	Individualized devices + strategies	Fit. Train. Refine.	Functional gains + referral trust

The result: meaningful patient outcomes and referral relationships that help grow the practice.

A Simple Revenue Scenario

New Patients/ Month	Monthly Revenue	Annualized Revenue
5	$12,500	$150,000
10	$25,000	$300,000
15	$37,500	$450,000

Illustrative model based on a $2,500 case value. Case value, patient volume, expenses and revenue vary by practice.

"I can make as much money in 2 good days of low vision as I can in 21 days of primary care."
– Dr. Rod Fields, Mississippi

There's More Than One Way to Build a Low Vision Practice.

Some doctors integrate low vision into an existing practice. Others build something entirely new. Ownership, structure and pace can all look different.

The right path depends on your goals, your community and how you want to practice.

Start a Conversation

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