# Cerebral/Cortical Visual Impairment (CVI): A Multidisciplinary Approach

**Speakers**

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**Moderator**: Todd Murdock

# Cerebral/cortical visual impairment (CVI): A multidisciplinary approach

## 51st Annual Meeting of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS)

## Definition and Diagnosis

**March 20, 2026**

**Sharon S. Lehman, MD**

**Clinical Professor of Ophthalmology and Pediatrics**

**Sidney Kimmel Medical College of Thomas Jefferson University**

# Disclosures

- I have no financial interests or relationships to disclosure.

# Objectives

- Describe the  working definition of cerebral/cortical visual impairment (CVI)
- List the components used to make the diagnosis of CVI
- Convey why making the diagnosis of CVI is important

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# Special Commentary: Cerebral/Cortical Visual Impairment Working Definition

## *A Report from the National Institutes of Health CVI Workshop*

Chang, M. Y., Merabet, L. B., & CVI Working Group (2024). Special Commentary: Cerebral/Cortical Visual Impairment Working Definition: A Report from the National Institutes of Health CVI Workshop. *Ophthalmology*, *131*(12), 1359–1365. https://doi.org/10.1016/j.ophtha.2024.09.017

# CVI Working Definition

1. Spectrum of visual impairments secondary to brain abnormality affecting visual pathways characterized by deficits in visual function and functional vision.
2. Visual dysfunction in CVI is not fully explained by ocular disease.
3. Characteristic behaviors
4. CVI may be coexistent with other neurodevelopmental disorders.
5. Original neurologic insult may go unrecognized until later in life.

Chang, M. Y., Merabet, L. B., & CVI Working Group (2024). Special Commentary: Cerebral/Cortical Visual Impairment Working Definition: A Report from the National Institutes of Health CVI Workshop. *Ophthalmology*, *131*(12), 1359–1365. https://doi.org/10.1016/j.ophtha.2024.09.017

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# Case Study #1

- History: 2 yo former 25 week preemie with quadriplegic CP, seizures and abnormal MRI

- Questionnaire
  - Color preference/attraction Y
  - Attraction to movement Y
  - Latency Y
  - Visual field preference Y
  - Visual complexity Y
  - Need for light Y
  - Atypical visual responses Y
  - Difficulty with novelty not sure
  - Absence of visually guided reach Y

# Case Study #1

Physical exam

- Poor visual attention
- Latency
- Eccentric viewing
- Inferior visual field defect
- Optic atrophy OU

# Case Study #2

## History

- 7 yo child with generalized mild delay with difficulty progressing at school especially literacy
- Had years of vision training and reading glasses
- Recently had MRI brain and was found to have evidence of significant perinatal stroke

## Questionnaire

1. Difficulty with stairs? Yes
2. Difficulty finding specific toy in toy box or specific piece of clothing in pile of clothes? Yes
3. Difficulty locating fast moving objects? Yes
4. Difficulty copying work or pictures? Yes
5. Difficulty seeing objects at a distance? Not sure

## Exam

- Visual acuity 20/20
- Displayed latency
- Poor contrast sensitivity
- Optic atrophy OU (seen on OCT)

# CVI Working Definition

Spectrum of visual impairments secondary to brain abnormality affecting visual pathways characterized by deficits in visual function and functional vision.

Neurologic associations:

- Structural: brain malformations, tumors
- Vascular: periventricular leukomalacia (PVL) secondary to prematurity, hypoxic/ischemic event, perinatal stroke
- Infectious: meningitis, encephalitis
- Inflammatory: vasculitis (inflammation of blood vessels)
- Trauma: TBI, nonaccidental trauma
- Metabolic: neonatal hypoglycemia, mitochondrial disease, lysosomal disorders
- Neurologic disease: seizure, hydrocephalus
- Genetic: GRIN2B, SATB2, Angelman Syndrome, CDKL5, etc.

# CVI Working Definition

- Spectrum of visual impairments secondary to brain abnormality affecting visual pathways characterized by deficits in visual function and functional vision.
  - Visual function
    - Something ophthalmologists measure
    - eg: visual acuity, ERG, VEP
  - Functional vision
    - Something teachers of visually impaired, OT's, etc. measure
    - Eg: visual search, latency, complexity

# CVI Working Definition

- Visual dysfunction in CVI is not fully explained by ocular disease.
- Comorbidities:
  - Optic nerve abnormalities: atrophy, hypoplasia, cupping
  - ROP
  - Strabismus

# CVI Working Definition

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# Characteristic Behaviors of CVI

| |
|---|
| • Challenge or apparent disinterest in locating and sustaining visual focus on objects |
| • Need for extra time to respond to visual stimulus (latency) |
| • Affinity for light in some children while others display light sensitivity |
| • Movement of a visual object (extra sensory cue) may enhance detection of the object by the child although gross motion perception may be reduced |
| • Unusual visual behaviors (eg, not looking at object when reaching for the object) (eccentric viewing) |
| • Challenges with interpreting complex visual objects, arrays, or surroundings |
| • Challenge with recognition of objects or faces |
| • Preference for bright colors |
| • Variable visual response based on environment, fatigue, distraction, etc |

Sharon S. Lehman, Larry Yin, Melinda Y. Chang, SECTION ON OPHTHALMOLOGY, COUNCIL ON CHILDREN WITH DISABILITIES; AMERICAN ASSOCIATION FOR PEDIATRIC OPHTHALMOLOGY AND STRABISMUS, AMERICAN ACADEMY OF OPHTHALMOLOGY; AMERICAN ASSOCIATION OF CERTIFIED ORTHOPTISTS; Diagnosis and Care of Children With Cerebral/Cortical Visual Impairment: Clinical Report. *Pediatrics* December 2024; 154 (6): e2024068465. 10.1542/peds.2024-068465

# CVI Working Definition

CVI may be coexistent with other neurodevelopmental disorders

- Cerebral palsy
- Autism
- Down Syndrome
- ADHD

# CVI Working Definition

Original neurologic insult may go unrecognized until later in life

- Medically complex status masks or makes visual impairment lower priority
- Delayed diagnosis
- Higher function makes deficit more difficult to detect

# How do you make a diagnosis of CVI?

History

+

Questionnaire

+

Physical Exam

# History

- Discover risk factors/associations
- Listen to family description of visual function and concerns
  - Please tell me about your child’s vision.
- Review medical history
- Review medical testing already performed

# Questionnaire

- Use CVI characteristics
  - Jan
  - Roman
  - Perkins
- Use functional review (Visual Skills Inventory)
  - Short
    - Dutton
  - More extensive, need support staff
    - NAVEG
    - CVIT3-6

# CVI Characteristics Questionnaire lower function

- Color preference/attraction
- Attraction to movement
- Latency
- Visual field preference
- Visual complexity
- Need for light
- Difficulty with distance
- Atypical visual responses
- Difficulty with novelty
- Absence of visually guided reach

Roman-Lantzy, C. (2018). *Cortical Visual Impairment: An Approach to Assessment and Intervention*. 2nd ed., New York, NY: AFB Press.

# Dutton 5 Question Questionnaire higher function

1. Difficulty with stairs?
2. Difficulty finding specific toy in toy box or specific piece of clothing in pile of clothes?
3. Difficulty locating fast moving objects?
4. Difficulty copying work or pictures?
5. Difficulty seeing objects at a distance?

# Physical Exam

- Complete eye exam including alignment and cycloplegic refraction
- Special things to look out for:
  - Hypoaccommodation
  - Deficient saccades and pursuit
  - Poor visual search/inefficient use of vision
  - Deficient contrast sensitivity
  - Visual field deficient
  - Optic atrophy
- Pearl: Give extra time to account for latency.

# Importance of Early Diagnosis of CVI

- Interference in learning process during formative years
- Neurodevelopmental consequences
- Complicated by co-current conditions
- Allows for early intervention which may contribute to learning success

# CVI suspect

- Other examples: Amblyopia suspect, glaucoma suspect
- Give this diagnosis when uncertain
- May become more evident as requirements increase
- Dx: at risk for neurologic disorder; developmental delay

# Role of Pediatric Ophthalmologist

- Prompt diagnosis.
- Treatment of underlying medical conditions.
- Treat ophthalmic problems.
- Document medical necessity for vision services
- Prompt referral for services for vision.
- Make specific recommendations.
- Provide education and opportunity for family questions.
- Communicate with team.

Language to use for documentation:

- List **cerebral/cortical visual impairment (CVI)** as diagnosis
- Cerebral/cortical visual impairment interferes with child's ability to access educational materials.
- Evaluation for vision services is medically necessary.
- (Patient's first name) requires direct ongoing evaluation and follow up of a teacher of the visually impaired experienced with cortical visual impairment.

# CVI Questionnaires, Functional Vision Assessments, and Neuropsychological Testing

## AAPOS Workshop – CVI: a Multidisciplinary Approach

Melinda Chang, MD
Pediatric Neuro-Ophthalmology
Associate Professor of Ophthalmology, Clinical Scholar

March 20, 2026

# Financial Disclosures: grant support

- NIH NEI K23EY033790
- The Saban Research Institute
- North American Neuro-Ophthalmology Society
- Blind Children's Center
- Children's Eye Foundation of AAPOS
- Knights Templar Eye Foundation
- Ingerman/Waltzer Foundation
- Research to Prevent Blindness

No Financial Conflicts of Interest

# CVI Questionnaires

| Questionnaire | Target Patient Characteristics |
|---|---|
| CVI Visual Skills Inventory | All |
| Five Questions Screener (subset of CVI Inventory) | All |
| Hellgren CVI Questionnaire | History of prematurity <27 weeks |
| Flemish CVI Questionnaire | All |
| Higher Visual Function Question Inventory (HVFQI) | Validated in individuals with good visual acuity |
| Top 11 Screener (subset of HVFQI) | Validated in individuals with good visual acuity |
| Preverbal Visual Assessment questionnaire (PreViAs) | Age 0-2 years |
| Preschool CVI Screening List | Age 2-5 years |
| Teach CVI screening lists | Different versions based on age (2-6 years, 7-12 years) and motor disability |

# HVFQI

- Higher Visual Function Question Inventory
- Web-based questionnaire developed by Arvind Chandna, based on Dutton's CVI Inventory
- Currently available for research groups, in process of becoming clinically available in UK
- Two versions, 0-3 and 4-18 years (also adult)

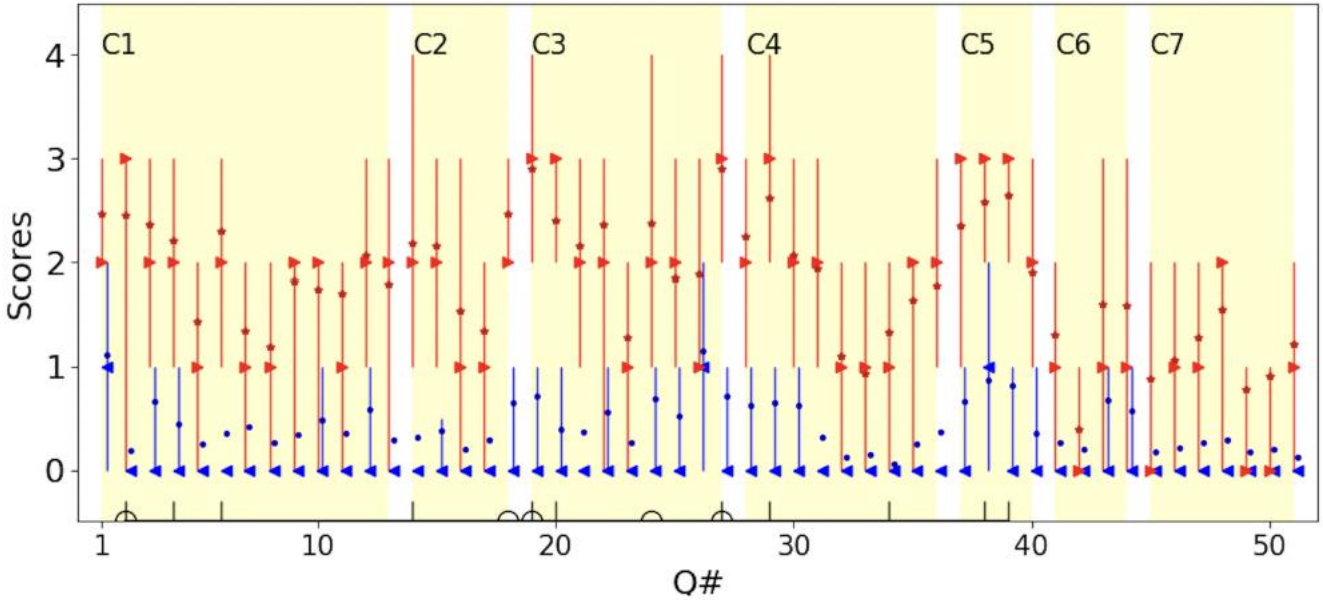
Does your child have difficulty locating an item of clothing in a pile of clothes?

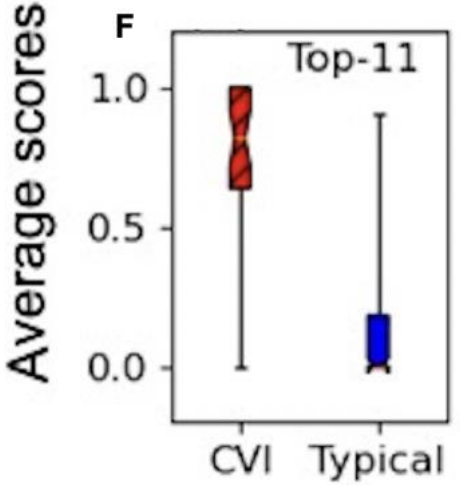
| Never | Rarely | Sometimes | Often | Always | Not Applicable | Not Assessed |
|---|---|---|---|---|---|---|

59 questions, Likert scale 1-5

- Some questions not specific to CVI
  - Does your child have difficulty walking down stairs?
  - Does your child walk out in front of traffic?
  - Does your child find it difficult to keep to task for more than 5 minutes?

# HVFQI




Chandna A, et al. Front Hum Neurosci. 2021 Nov 16;15:711873.

# PreViAs

- Preverbal visual assessment (validated in age 0-2 years)
- 30 yes/no questions
- 4 domains
  - Visual attention
  - Visual communication
  - Visuo-motor coordination
  - Visual processing

# PreViAs

- Designed to screen for abnormal visual maturation
  - Is your child interested in lights and fixes the eyes on them?
  - Does your child observe his/her own hands?
  - Does he/she ty to reach for toys or objects with his/her hands?
  - Does he/she turn to a sound source placed behind him/her?

García-Ormaechea I, et al. Early Hum Dev. 2014 Oct;90(10):635-8.

# PreViAs

| Domain | Sensitivity (95% CI) | Specificity (95% CI) | AUC (95% CI) | OR (95% CI) | $p$[a] |
|---|---|---|---|---|---|
| Visual communication | 84.0% (74.5, 90.3) | 41.2% (21.6, 64.0) | 0.63 (0.51, 0.75) | 3.66 (1.18, 11.38) | 0.041[b] |
| Visual motor coordination | 88.9% (80.2, 94.1) | 35.3% (17.3, 58.7) | 0.62 (0.50, 0.74) | 4.36 (1.30, 14.67) | 0.022[b] |
| Visual processing | 93.8% (86.2, 97.4) | 23.5% (9.6, 47.3) | 0.59 (0.47, 0.71) | 4.68 (1.11, 19.75) | 0.046[b] |
| Visual attention | 71.6% (61.0, 80.3) | 58.8% (36.0, 78.4) | 0.65 (0.53, 0.77) | 3.60 (1.22, 10.61) | 0.023[b] |

Harpster KL, et al. Dev Med Child Neurol. 2025 Oct 6. doi: 10.1111/dmcn.70005.

# Summary of CVI questionnaires

- Important to elicit concerns with functional vision
- May be used for screening but not diagnosis (when considered in isolation)
  - Subjective
  - Some questions are non-specific

# Functional Vision Assessments

- CVI Range (and CVI Range-CR)
- Perkins CVI Protocol

# Functional Vision Assessments

- Not generally performed in pediatric ophthalmology clinics
- May be performed by TSVI, low vision OT and OD
- Time to administer full assessment ~1 hour

# CVI Range

- Activities-based assessment based on 10 CVI characteristics
- 3 parts
  - Interview
  - Observation
  - Direct Assessment
- CVI Range-CR: standardized version for clinical research

# CVI Range-CR

**Box 2 Materials used for direct assessment in the CVI Range–Clinical Research**

- ⇒ Flashlight with red light.
- ⇒ Brightly coloured strings of beads of various colours ('Mardi gras' beads).
- ⇒ Translucent neon Slinky toys.
- ⇒ Clear plastic coloured blocks.
- ⇒ A dozen plastic animals (approximately 1-inch height).
- ⇒ Two stuffed animals (10-inch height): red Elmo and yellow Big Bird.
- ⇒ Musical toy (eg, Fisher-Price BeatBo).
- ⇒ Black tray.
- ⇒ Colourful patterned fabric.
- ⇒ Picture book (see description in text).
- ⇒ Light box.
- ⇒ CVI Complexity Sequence Cards (American Printing House, Louisville, Kentucky, USA).
- ⇒ iPad with apps (Tap-N-See Now, CVIHumanFace).
- ⇒ Handheld mirror (8.5×11.0 inches).
- ⇒ Dimmable floor lamp.

# List of activities

- Reflexes
- Visual field preference
- Response to overhead light
- Response to moving and stationary objects
- Response to objects in light and dark
- Response to electronic images
- Response to mirror
- Visually guided reach
- Distance of object fixated
- Auditory distraction
- Complexity
  - Array
  - Book
  - Complexity cards
  - Scavenger hunt

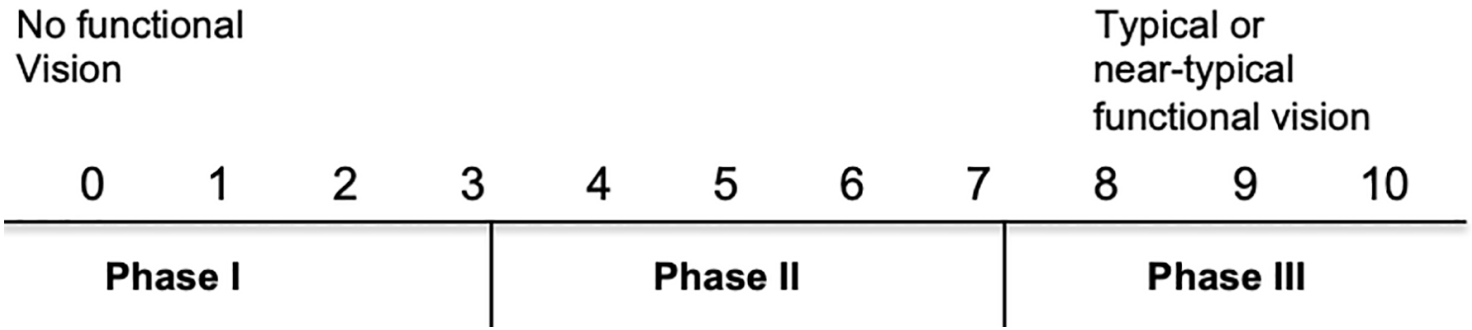
# CVI Range-CR scoring

- 10 characteristics

| Lower-order visual function | Higher-order visual processing | Motor responses |
|---|---|---|
| Color preference | Difficulties with Visual Complexity | Visual latency |
| Visual field preference | Difficulty with visual novelty | Visually guided reach |
| Difficulty with distance viewing | Need for movement | Atypical visual reflexes |
| Need for light | | |

- 2 methods of scoring (automated on REDCap)
  - Across-CVI Characteristics (score 1)
  - Within-CVI Characteristics (score 2) – subscale scores

# CVI Range-CR scoring



# CVI Range-CR validation study

- High internal consistency (Cronbach's $\alpha$=0.96)
- Excellent intra-rater reliability (ICC = 0.88-0.98)
- Good inter-rater reliability (ICC = 0.74-0.88)
- Strong correlation to clinical assessment of visual behavior (Spearman's $\rho$=0.76-0.86, p<0.0001)

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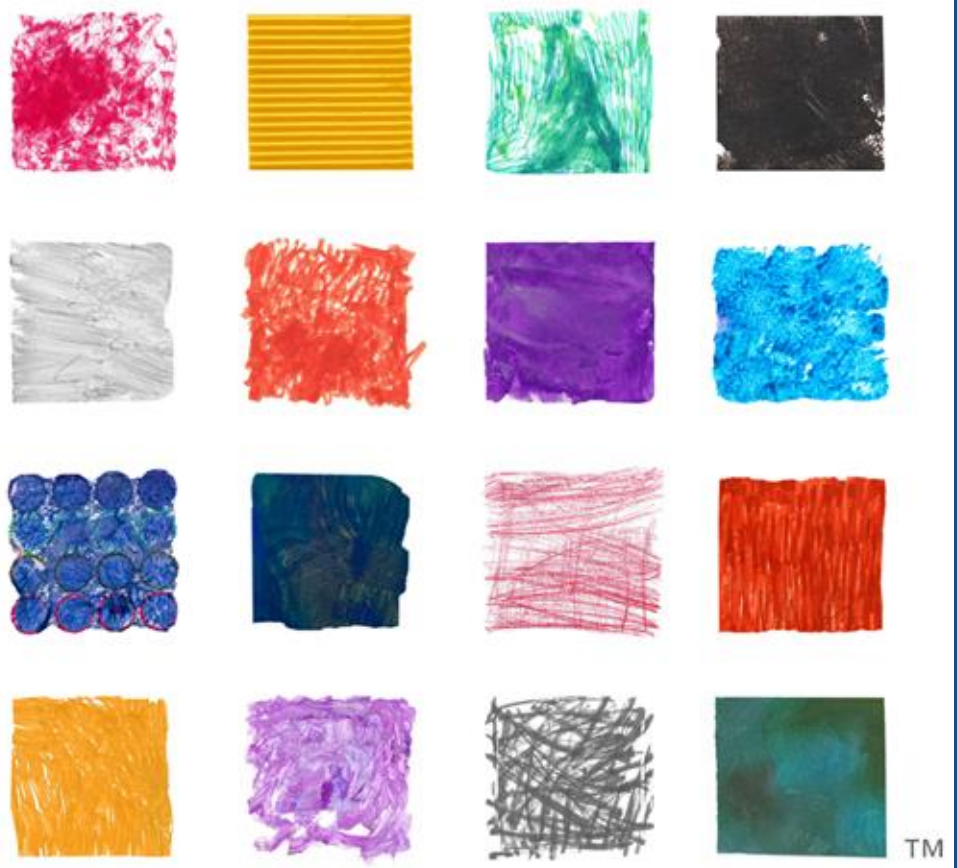
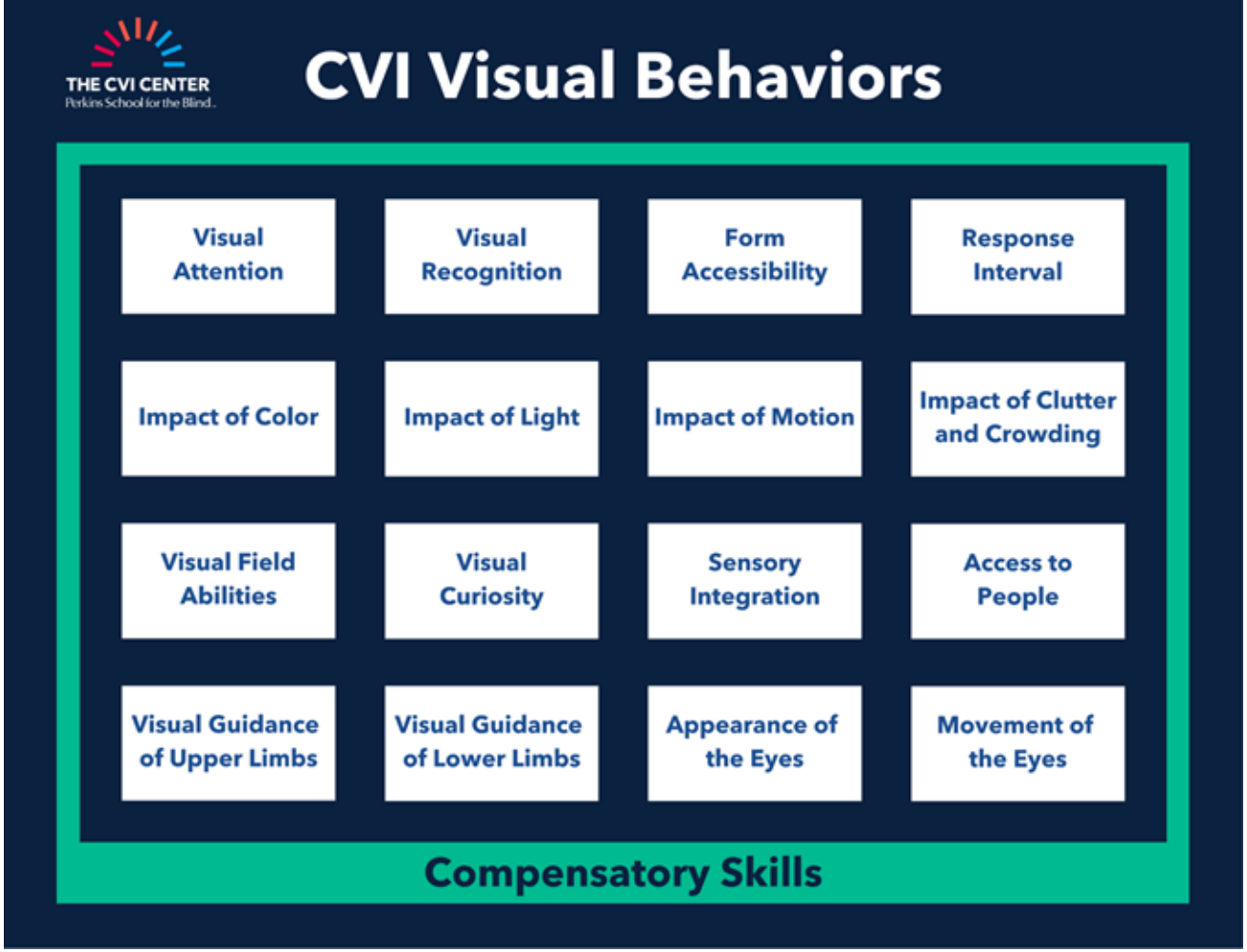
# The Perkins CVI Protocol

CVI Center, Perkins School for the Blind

CVIProtocol@Perkins.org

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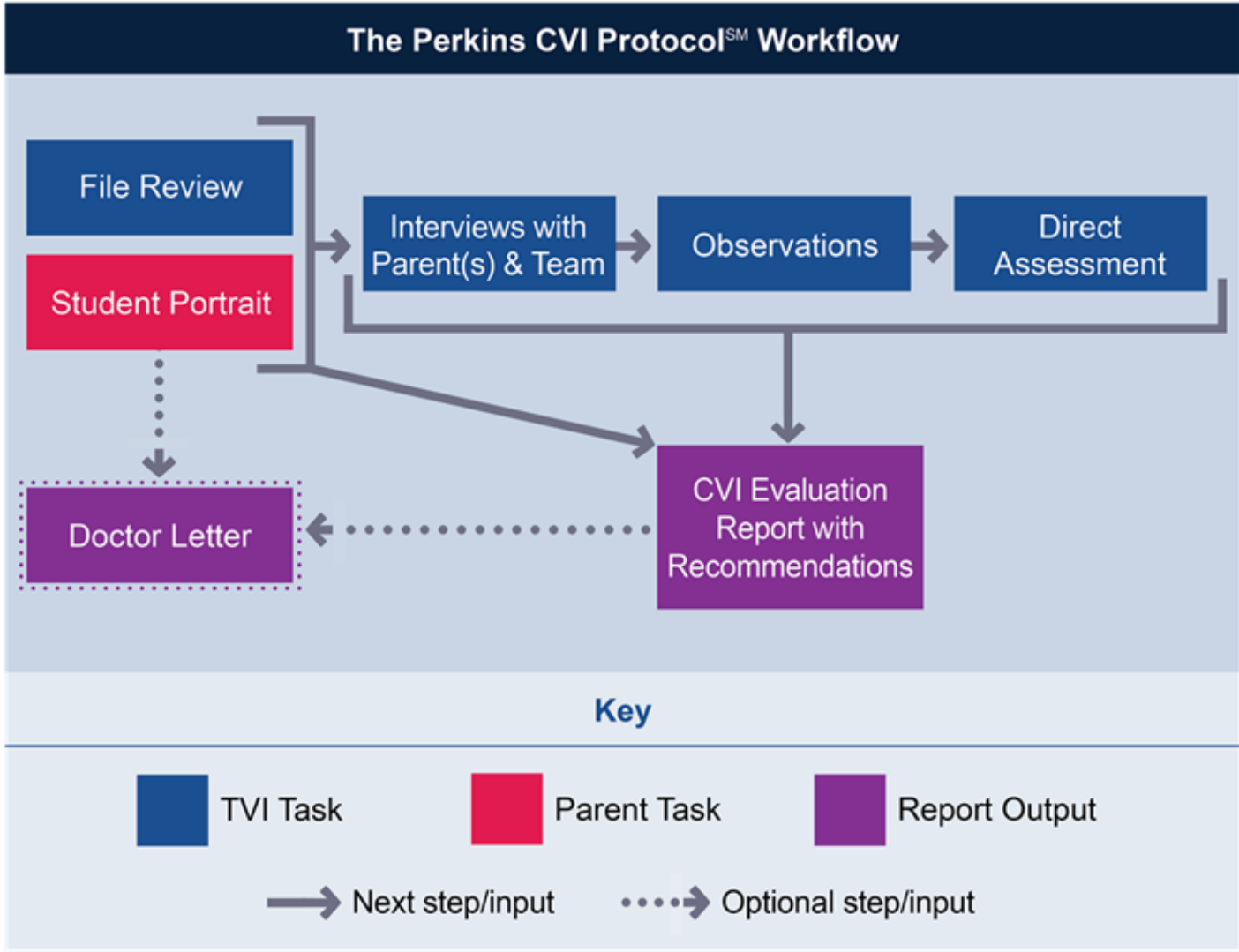
CVI Visual Behaviors
Visual Attention
Visual Recognition
Form Accessibility
Response Interval
Impact of Color
Impact of Light
Impact of Motion
Impact of Clutter and Crowding
Visual Field Abilities
Visual Curiosity
Sensory Integration
Access to People
Visual Guidance of Upper Limbs
Visual Guidance of Lower Limbs
Appearance of the Eyes
Movement of the Eyes
Compensatory Skills

# The Protocol: Workflow

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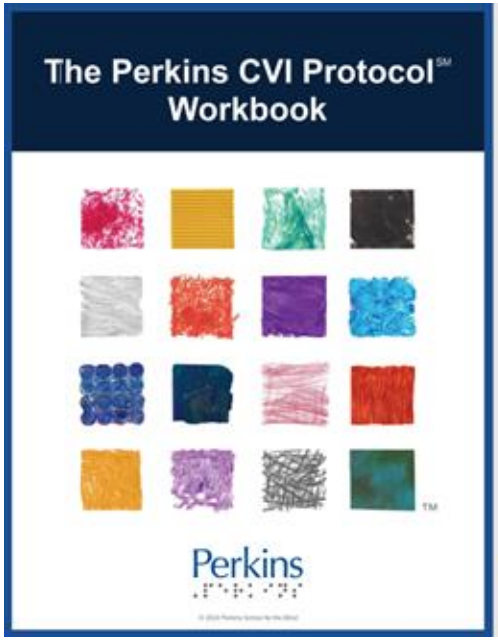
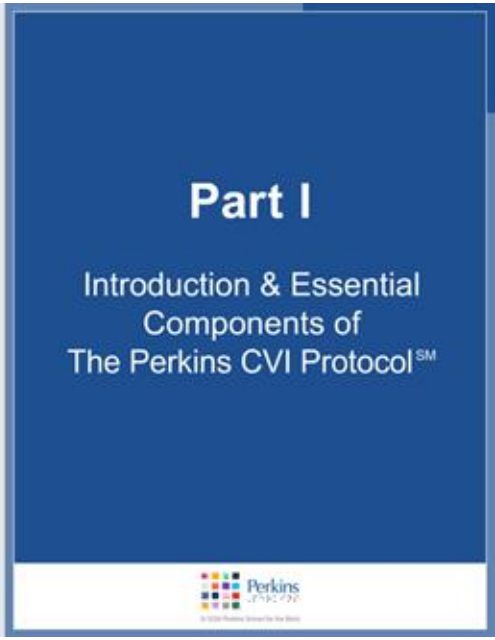
# Steps of The Perkins CVI Protocol

1. Preparation
2. File Review and Student Portrait
3. Parent/Guardian Interview
4. Team Interview
5. Observations
6. Plan the Direct Assessment
7. Conduct the Direct Assessment
8. Synthesize Findings: Report Writing
9. Choose Recommendations
10. Share Assessment Findings

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https://www.perkins.org/course/vision-in-context-exploring-the-powerful-role-of-compensatory-skills-for-learners-with-cvi/

# Summary:
# Assessment Dictates Recommendations

The Perkins CVI Protocol assesses each of the 16 visual behaviors and through the assessment process, the TVI can determine:

- How the student is impacted by that visual behavior
- The accommodations, supports, and strategies, that can benefit the student

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# Neuropsychological Assessments

- Standardized tests of visual perception
- Minimum developmental age 3-4 years
- Need trained examiner for administration and scoring
  - Psychometrist or psychologist
- Standard scores based on age and sex

# Neuropsychological Assessments

- Motor-Free Visual Perception Test (MVPT)
- Test of Visual Perceptual Skills (TVPS)
- Developmental Test of Visual Perception (DTVP)
- L94 visual perceptual battery
- Beery-Buktenica Test of Visual-Motor Integration (Beery VMI)
- Children's Visual Impairment Test for 3-6 year olds (CVIT 3-6) – freely available online

# Neuropsychological Assessments

Visual Matching (VISM)

Target drawing

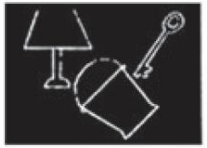
Matching alternatives

Overlapping Line Drawings (OVERL)

Complete overlap

Partial overlap

Touching



No overlap

De Vos Task (DE VOS)

Unconventional Object Views (VIEW)

Foreshortening of horizontal axis

Canonical viewpoint

Line Drawings Occluded by Noise (NOISE)

60% occluded

---

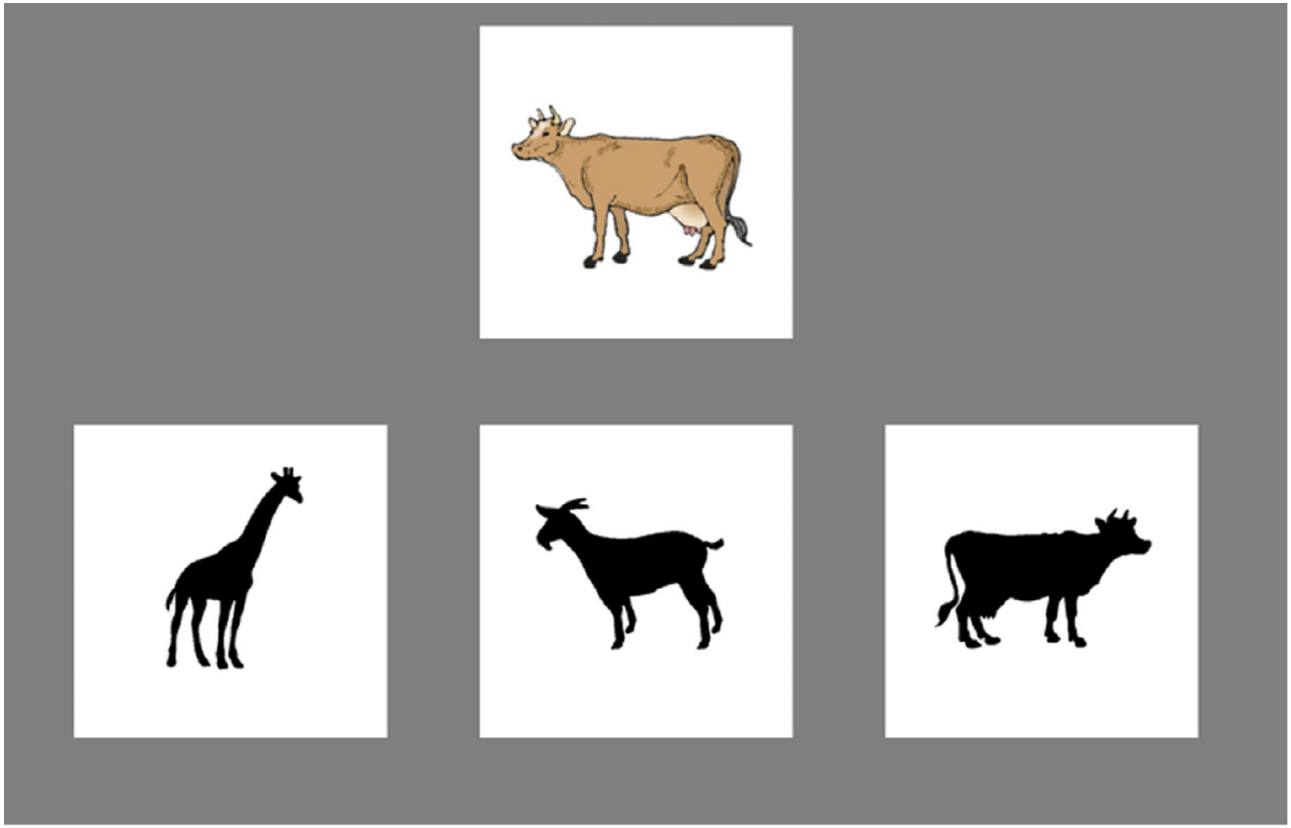
42% occluded

---

0% occluded

**L94 visual perceptual battery**

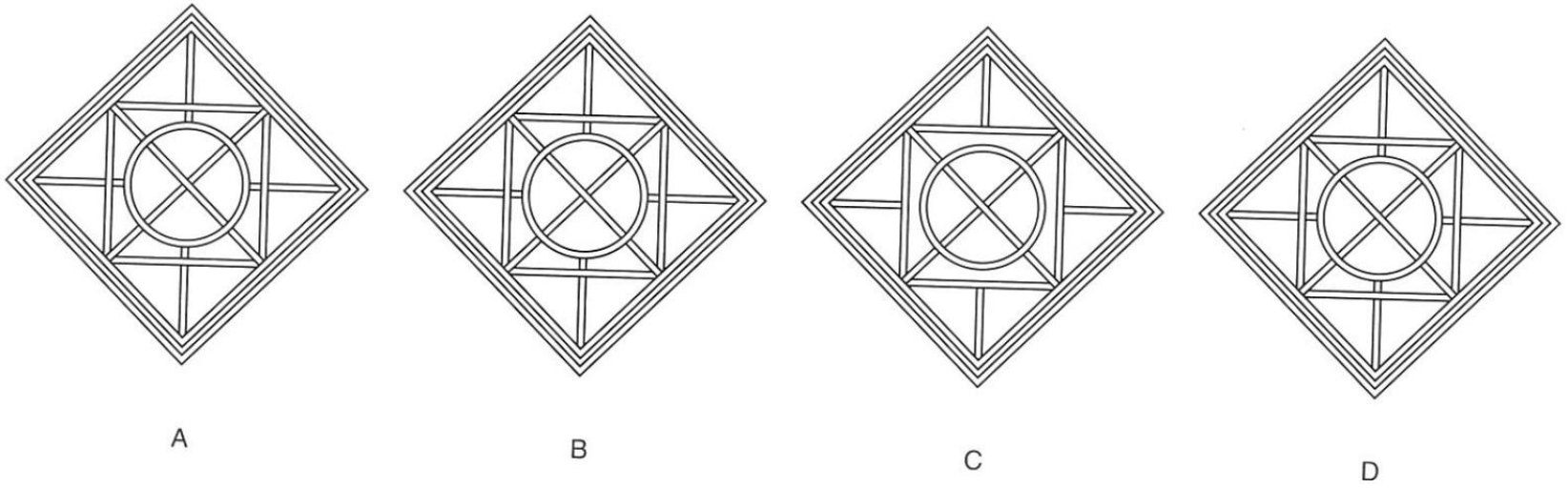
# Neuropsychological Assessments



**CVIT 3-6**

# Neuropsychological Assessments

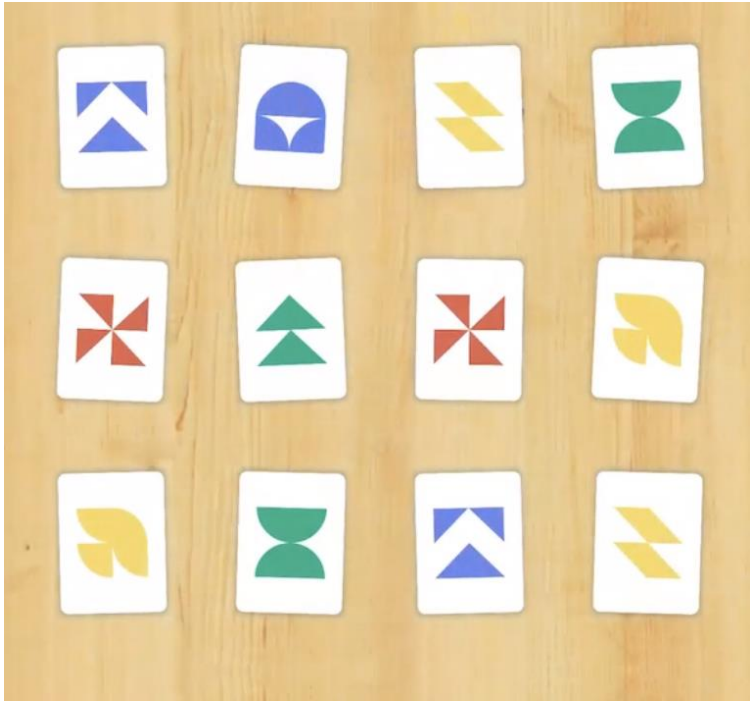
Which of these is different from the others?




**MVPT-4**

# Austin Playing Card Assessment

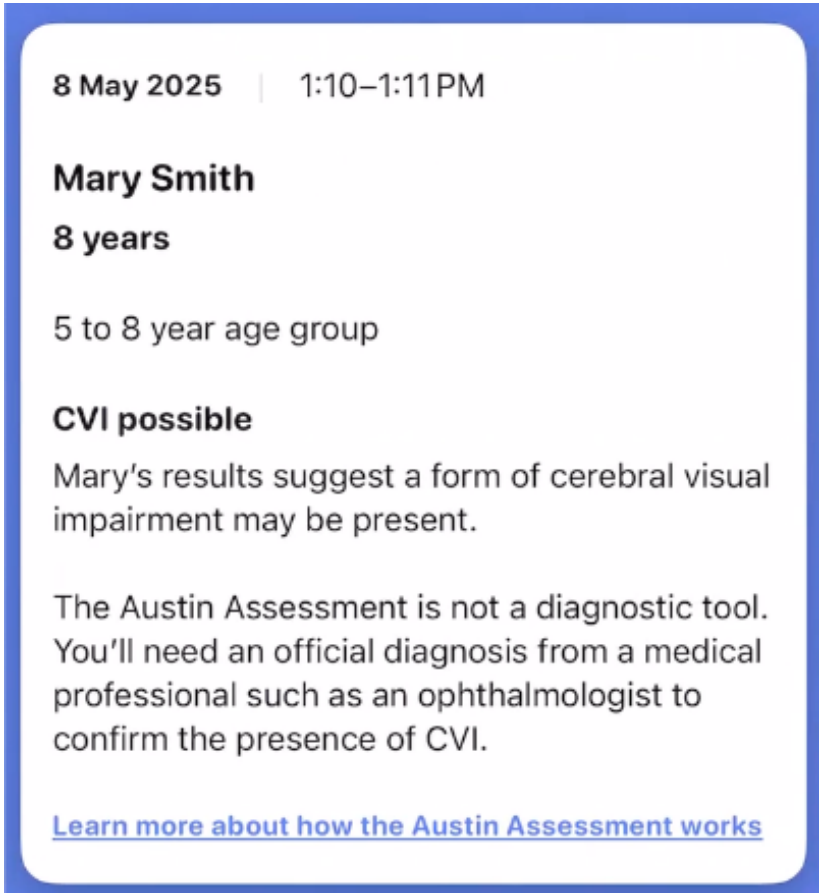
- App-based screening for CVI based on matching cards



# Austin Playing Card Assessment

- App-based screening for CVI based on matching cards
- Normative ranges available for ages 5-18 years
  - Based on time and accuracy
- Validation study
  - Age 5-8 yr: sensitivity 0.857, specificity 0.462
  - Age 9-12 yr: sensitivity 0.533, specificity 1.0
  - Age 13-18 yr: sensitivity 0.727, specificity 0.800

# Austin Playing Card Assessment



# Summary

- Functional vision evaluation is critical to determine a child with CVI's challenges and design appropriate accommodations.
- Questionnaires can elicit areas of difficulty with functional vision but should be used with caution for diagnosis.
- Functional vision assessments including the CVI Range, CVI Range-CR, and Perkins CVI Protocol are more objective and are often used to inform interventions in individualized educational plans (IEPs).
- Neuropsychological assessments and the Austin playing card assessment can identify visual challenges in older children with relatively good visual acuity and more advanced cognitive status.

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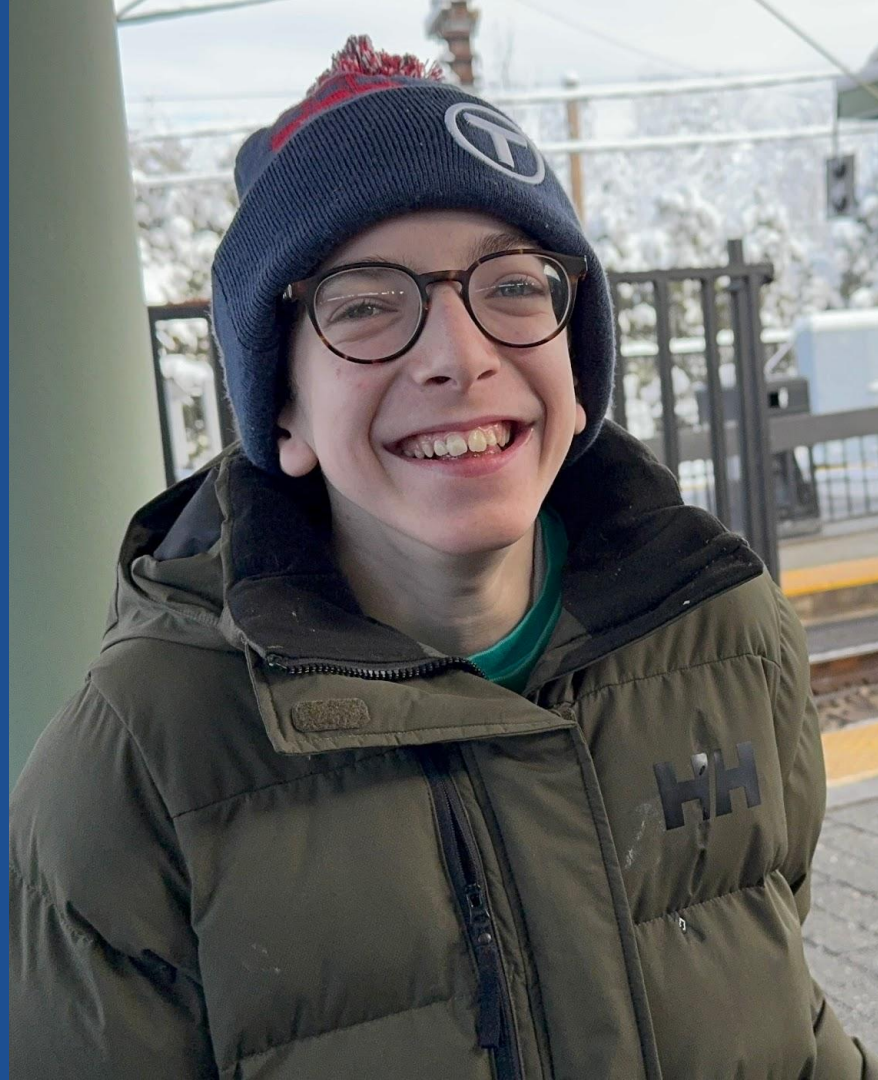
# AAPOS CVI Workshop: Caregiver Perspective

Rachel G. Bennett, M.Ed, CCVI

Director of CVINow.org, CVI Center at Perkins

CVI Parent

March 20, 2026



Henry with Dr. Jem Martin, NECO

# A CVI diagnosis is life-changing.

Medical providers can be that turning point, bringing clarity and direction to what comes next for a patient and their family.

# CVI impacts so many aspects of life and development

- **Daily living skills**
- **Socialization**
- **Communication**
- **Academic skills** literacy and math
- **Motor skills**
- **Health-related quality of life outcomes** (physical, emotional)

(Barclay, 2015; Chokron et al., 2010, 2021; Chokron & Dutton, 2023; Collart et al., 2024; Manley et al., 2023; Monteiro et al, 2025; Nguyen et al., 2025; Philip & Dutton, 2014; Williams et al., 2021)

# Henry's CVI diagnosis journey

**0-12 mos**

Failure to thrive + Dev. delay
Eyes shaking - 3 mos
Ophthalmologist / MRI
Dx: Bilateral vertical nystagmus, ONH, DVM

**1-2 yr**

Neuro, NEI, ophthalmology, endo, GI, genetics, feeding
FTT, dev delay
Hospitalization, critical condition
Dx: intermittent esotropia

**2-3 yr**

Rare variant ASTN-1 gene
Abnormal visual behaviors
First steps-safety concerns
Ophthalmology every 4-6 mos

**3-4 yr**

Ophthalmologist: "he has serious attention and behavior issues"
Dev. ped: severe ADHD, mood disorder, meds
Pre-k teacher - not using vision normally


**4-5 yr**

Vision pre-k class
Provider mentions CVI
Brief CVI assessment - MD Deafblind Project
Big outward behaviors

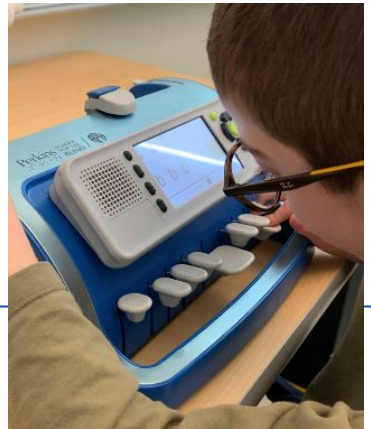
**5 yr to now**

CVI diagnosis at age 5 ½
On path to know and understand my son
Mama research: diagnosis, treatment, care, interventions, providers
Other Dx: CAPD, ID, ASD, ADHD, migraines, orthopedic and neuromuscular conditions

# A CVI diagnosis unlocks access

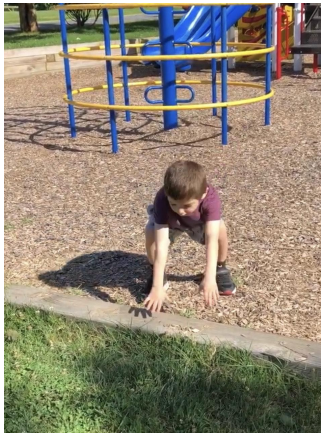
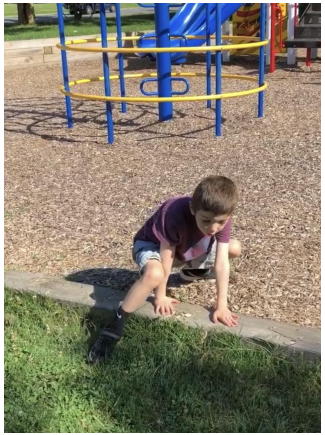
**Access to mealtime increased food intake**

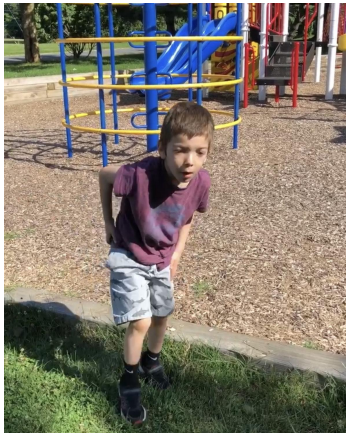
**Multisensory approach to learning improved literacy and math skills**




# A CVI diagnosis unlocks access

**From difficulty with navigating environments safely and effectively...**



# A CVI diagnosis unlocks access

… to confidence and independence doing what brings him joy and curiosity. Riding the T is when he is most at ease, comfortable, and shows his talents.


# CVI assessment is a critical component of access

A comprehensive CVI functional vision assessment must be inclusive across the diverse manifestations of CVI, focusing on how the CVI behaviors affect access—how the student uses vision and other senses to learn, move, and interact with the world.

**Henry in the direct assessment portion of the Perkins CVI Protocol.** Video courtesy of Sylvia Mangan, MS CCC-SLP, CCVI, who used this activity to evaluate impact of clutter, visual search patterns, color, fields, along with what disrupted his focus and attention.

# Henry: How I access my world

Excerpts from summary of Perkins CVI Protocol results

- **Touch** – My primary way of engaging with the world. I rely on it, especially when I'm tired. A tactile warm-up helps me use my vision.
- **Sound** – Helps me locate people and objects. Too much or loud noise is distracting and dysregulating.
- **Movement** – I love to move; it helps me reset and can increase visual awareness. Movement around me can also be distracting.
- **Prediction & Memory** – I depend on routines, my tactile schedule, and items staying in the same place. Memory supports my social interactions and learning.
- **Vision** – I use vision together with touch and sound. I cannot rely on vision alone for understanding.

# With diagnosis, provide recommendations to get your patients on a path to access

## Patient care is empowering families with resources and next steps.

- **Referral** to early intervention, state services, legal blindness determination (if applicable)
- Recommendation for a **functional vision evaluation**, CVI assessments, and learning media assessment by at certified TVI to determine accessible program planning and instruction, interventions, environmental adaptations and service delivery.
- Recommendation for an **Orientation and Mobility assessment** by a certified O&M specialist to determine supports needed to attain systematic orientation to and safe movement within their environments.
- Provide key **observations** from clinical exam, general CVI **supports**, and **resources** for families to learn more and get caregiver support.

# Inclusive and patient-centered

- Ensure inclusion of diverse CVI manifestations, experiences, and patient profiles—so all people with CVI are believed
- **A CVI diagnosis is a big deal** and can have a direct impact on the ability for the patient to access services, tools, adapted materials, and specialized interventions and instruction—all to improve quality of life

One CVI parent shared: “On that day I realized my child has a lifelong disability that will forever impact everything she does in her daily life - and it was going to be a **constant struggle and fight for her to access the world** around her. Until then, I had been prepared to deal with medical scares and motor delays...but the CVI diagnosis changed everything about her access to the world, education, and future employment.”

Perkins™ | THE CVI CENTER

**The CVI Center** is urgently confronting the world's leading cause of childhood blindness and low vision, CVI, through education, innovation and collaboration. Our approach is research-based and whole-child focused.

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