

## REVIEW OF THE MD evREADER BY ROBERT PRIKULIS

My office is filled with books, documents and files, which I now cannot read. The maculars of both my eyes are dead. My mantra is to maximise what's left of my precious peripheral vision. I often wonder if I will ever read again. I know my future hope lies in the direction of regenerative medicine. In the interim, I have instructed my son - a father can do this - to scour the net for any techniques for a person with my condition, to read. He came up with the MD evReader, which I was initially sceptical of, but gradually saw the light. For the first time in 17 months, I was able to read more than a very enlarged word. Here is my review of Professor Robin Walker's visionary creation.

My simplest explanation of this reader is - an iPad is utilised to view a continuous moving horizontal line of text across the screen and most importantly, viewed by one's eyes eccentrically. The text is able to be resized and it's movement accelerated or decreased. The text is generated and originates from a selected eBook. I am able to sustain reading, with concentrated application, for more than 30 minutes at a time. How is this achieved by myself.....

When one reads, the natural instinct is to draw one's eyes to the actual words, which for me, makes the words unintelligible. The technique with this reader is not to look directly at the words, but rather, at a remote point on the screen, which allows one to actually see the words with improved clarity. This is described as using eccentric vision to read. On the screen of the reader is located a remote moveable asterisk marker, which can be positioned by oneself to locate one's eyesight gaze for optimum eccentric reading.

I will use an analogy of aircraft flight - on takeoff, the plane rumbles along the airstrip with increasing speed - and suddenly, one experiences lift and knows that the plane is now in the air, and flying. Similarly, with the MD evReader, when all preliminary preparations have been completed and one is relaxed, the start button is activated, eye gaze positioned eccentrically on the screen, and suddenly the words appear with clearness and their meaning understood. This eccentric viewing technique improves with personal practise - and one must practise.

Concentration is required and the task becomes easier if the material being read is interesting and enjoyable - more about this later.

I view the iPad screen at close range with prescription eye glasses, which gives an improved focus of the screen. Optometrists I have consulted with don't seem to have much belief in the fact that peripheral vision can be enhanced, albeit minor, with corrective lenses. I practically forced my Optometrist to provide me with lenses to improve my use of looking at the iPad screen. So my message is with peripheral vision, don't discount

improvement through prescription glasses. The resulting sharpness, although minor, is worth the result, when one has little to work with.

Leaving the mechanical operation of the reader aside, I would like to offer my commentary in a gentle constructive way, to matters which in my view, could lead to enhancement of the reader. It is specifically understood that a person with MD would need assistance from a sighted person to load eBooks into the iPad and initially navigate the screen menus of the reader.

I believe the statement made concerning the impact of digital copyright encryption may be over-rated and over-stated - see Project Gutenberg. This may turn people off from attempting to use the reader. My experience is that a variety of accessible eBooks available online, run successfully on the iPad MD evReader with no problems. Alternatively, certain material may have to be re-coded for the app.

The app comes pre-packaged, with four eBooks, which in my opinion, do not represent light reading for the first time user. Perhaps some more humorous contemporary text should be used for that first introduction read. A recent newspaper editorial on the light side, rather than the novel, *Pride and Prejudice*, or alternatively, one selects their own eBook.

The onscreen navigation menus cannot be enlarged and a facility to resize the menu pages, if required, would be helpful to the user.

Other improvements which may assist the quality experience for the MD affected person - the ability to fast forward or fast rewind the scrolling text and an onscreen toggle that indicates the percentage of a chapter read, so that the user can establish when the end of the chapter may come up.

And finally, if possible, an important additional feature for the app would be a test procedure on the screen for one to confirm their personal optimum location to achieve their best eccentric viewing.

I commend the work of Professor Robin Walker with this important app and as far as I am aware, there is nothing else out there that allows people with my serious vision impairment, to actually read. Robin, for this I thank you.

Dictated by me, to my necessarily patient wife, Gillian.

Robert Prikulis  
Coorabell, NSW, 2479  
Australia.

23 February 2014.

<http://rjp.ievolve.com.au/blog/?p=4129>

## **ADDENDUM, 28 FEBRUARY 2014, BY ROBERT PRIKULIS**

Dictated to my patient wife, Gillian.

My additional comments are precipitated by further email correspondence with Professor Robin Walker.

The MD evReader app permits me to actually read with eccentric viewing, using my remaining peripheral vision. I am forced to use my eccentric vision as I cannot, at this time, achieve reading successfully any other way. With practise, one finds the optimum eye gaze location, to give the best result. This to me is the critical purpose of Robin Walker's reader. A person with some sight or with one functioning eye only, in my view, will necessarily read the text normally and simply use the MD evReader as a text magnifier, which I think is not its true intended function.

Persons with double whammy MD basically have to have the iPad set up, so that one can just press the start button and begin reading. A sighted person is required to do the setting up of the book insertion on the iPad and initially deal with the navigation menus, so in the beginning, a new user will require hands-on help to get going. However, as one becomes more familiar with the app, one can start to proceed alone. The essential thing that can happen, is that a person, who has been denied the opportunity of reading, can regain some of that experience.

My following comments refer to features, which may improve the quality experience and use of the MD evReader.

EBook availability may be enhanced by the use of pdf documentation, using pdf to epub conversion software, available online. I have successfully read my review, converted to epub, using the app - the only problem being, no title appears in the Booklist - only a blank line.

The bookmark feature seems to not operate properly, with bookmarks entered not logged on sequentially on the Bookmark menu page.

The navigation menu structure could be improved by the use of colours and/or symbols. The example of the main reading page could be followed.

The developers of the wonderful new applications in the Macular Degeneration environment, should be most mindful of the fact that the persons with MD themselves, cannot usually seek out information about what's out there to help them. They mainly have to rely upon sighted persons and professionals in the field, to assist them. Accordingly, it is difficult to directly promote to the target audience. This might explain the low response to the product online. Perhaps there should be promoted a dedicated, complete website, to the MD evReader only, easily captured by your favourite search engine.

Again, thank you Robin for your great app.

Robert Prikulis  
Coorabell, NSW, 2479  
Australia.

28 February 2014.

<http://rjp.ievolve.com.au/blog/?p=4129>