

Art Optical Consultation team members earn advanced certification

By Mindy Spicer, Director of Marketing



Nicole Edwards, NCLC-AC



Bethany Peebles
ABOC, NCLC-AC

Art Optical Contact Lens, Inc. is pleased to announce the attainment of Advanced Certification for two members of its Consultation team. Nicole Edwards, NCLC, and Bethany Peebles, NCLC, recently received recognition for successfully passing the Advanced Certification examination of the National Contact Lens Examiners Association.

Edwards, who is the Consultation department supervisor, has been with Art Optical since 1991, and Peebles recently celebrated her seventh anniversary with the company.

"Advanced Certification was a logical step for Nicole and Bethany," said Mike Johnson, FCLSA, and Director of Consultation Services. "It validates the knowledge they've gained through their extensive interactions with GP practitioners," he continued.

Art Optical's Consultation department has gained national recognition as a primary source for GP fitting and problem solving information. By providing fitting and design assistance on over 1.5 million lenses, they have established fitting philosophies that result in a high percentage of first fit success. The staff also includes an Optometrist, two FCLSA accredited lens fitters, and two NCLE certified consultants who are available to provide immediate fitting assistance to practitioners until 6:00 pm EST on weekdays.

"At Art Optical, eye care practitioners can be confident that they are receiving sound fitting advice that is based on extensive experience and training," noted Johnson. Plus, a toll-free direct consultation line makes it convenient for practitioners to reach a consultant.

To evaluate a GP lens fit, remember three essential fundamentals

By Kelly Indovina, OD, Director of Professional Affairs

When fitting gas permeable contact lenses and checking them at the dispensing visit, there are three things to look for:

1. **centration**
2. **fluorescein pattern**
3. **power**

It doesn't matter whether the cornea is regular or irregular, we always look at these same three fundamentals and always in this same order.

1. Evaluate the centration of the lens.

If the lens is not centered, all other elements of the fit are difficult to assess and become secondary. If the lens is riding low, we need to know how the lens moves on the blink. If the lens is picked up and drops quickly on the blink, the lens fit is likely too flat and should be steepened. If the lens rides low and does not move well with the blink, the fit is considered too steep and should be flattened. If the lens rides high, increasing the size of the lens is usually required.

2. Evaluate the fluorescein pattern.

The type of cornea we are fitting will determine what may be an acceptable fluorescein pattern (i.e. a Keratoconus fit vs. a regular fit). We have a saying in the Consultation department - "bubbles are always bad." It is not acceptable to leave trapped bubbles under the lens. A spherical or toric GP lens on a normal cornea should produce an alignment pattern.

3. Over-refract to determine power.

If the visual acuity is not what is expected through the lens and a spherical over-refraction does not improve the acuity, check for residual cylinder. The two most common reasons for a decrease in expected acuity is residual cylinder or an ill fitting lens (usually a steep fit).

Remembering these three fundamentals, in this order, will properly prepare you to evaluate standard or specialty GP lens fits.

Don't change that add power too quickly! Initial multifocal lens assessments

By Jennifer Kirby, ABOC, NCLC

When fitting first time patients, those who have been out of GP lenses for an extended period of time, and current single vision lens wearers into multifocal designs, remember to allow for a period of adaptation before making add power changes.

It is extremely difficult to determine performance and fit in the first 20 minutes of lens wear, and initial complaints of glare, excessive tearing and increased lens awareness are quite common. Practitioners should allow the lenses to settle and wait for tearing to subside before evaluating the physical fit characteristics.

On the first dispensing, you should only be concerned that the movement and fluorescein pattern are acceptable and that there is no gross discrepancy in distance acuity. This is no time to be adjusting the near power of the lens. Head position and movement of the eyes are essential to succeeding with multifocal contact lenses, so give new multifocal patients time to learn how to access the near area of the lens. The proper head position is similar to progressive eye glasses; the patient must keep their head straight and drop their gaze to reach the add power. Allow the patient to wear the lenses for a week or longer before attempting to make adjustments to near acuity. Then, assess their near vision using hand held lenses binocularly in +0.25 increments. You only want to increase the add power by the minimum amount required to provide an adequate range.

Following these simple tips will help your patient adapt properly to the lens design. And remember, don't be too quick to make changes on multifocal GP lens fits, especially for near vision.

GP lens tolerances & variables

By Nicole Edwards, NCLC-AC, Consultation Supervisor

All GP lens manufacturers are required to keep parameter tolerances in accordance with 2004 ANSI Z80.2 requirements. Spherical and single vision lenses have the following tolerances:

Base Curve	+/-0.05 mm
Power up to +/-10.00	+/-0.12D
Power above +/-10.00	+/-0.25D
Lens Size.....	+/-0.50 mm
Optical Zone No Blend/Light Blend.....	+/-0.10 mm
Optical Zone Medium/Heavy Blend.....	+/-0.20 mm
Center Thickness	+/-0.02 mm
Prism	+/-0.25D
Axis (cylinder or prism)	+/- .5 degrees

Toric GP lenses have different parameter tolerances based on the difference between the flat and steep base curve. Curve differences and corresponding tolerances:

0-.20 mm.....	+/- .05
.21-.40 mm	+/- .06
.41-.60 mm	+/- .07
Greater than .60 mm.....	+/- .09

Aspheric multifocal, as well as aspheric back surface single vision designs, are typically more difficult to



Art Optical is proud to recognize our Associates of the Month for the fourth quarter of 2005. Pictured L to R: Melanie Foster, Administrative Assistant; Karen Betz, Purchasing Coordinator; Nicole Edwards, Consultation Supervisor; Nikki Pirtle, Laboratory Technician.

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verify for base curve and power. This is due to the rate of flattening generated by the base curve eccentricity. Art Optical uses the same ANSI base curve and power tolerances for aspheric lenses as we do for spherical lenses. We also use advanced laser-guided radiuscopes to read base curves, as well as specially adapted lensometers to allow reading of the power at the exact center of each lens. Practitioners should be aware that standard radiuscopes and lensometers are excellent for spherical lens design verification, but are not totally accurate for aspheric designs. The rate of base curve flattening from center to periphery will cause some variation in the anticipated base curve and power readings.

If a lens is reading slightly off tolerance on your conventional radiuscope and lensometer, we suggest trying the lens on the patient before reordering. The in air readings of aspheric lens designs will not always match the calculated effect the lens will have on the eye.

The Consultation department is always available to help you determine how to proceed on any given order.

For optimum wetting, pre-soak GP's

By Janet Gilman, C.O.T., FCLSA, Consultation Manager

The Consultation department occasionally hears concerns about the wetting performance of GP lenses when they are initially dispensed to the patient. We are sometimes surprised to learn that the lenses were not pre-soaked prior to insertion.

We recommend soaking the lenses in conditioning solution for a minimum of four hours prior to initial handling by office staff. This will allow all surface areas to hydrate properly and help avoid any surface wetting interruption during the verification process. After this initial period of presoaking, the lenses may be cleaned, neutralized and made ready for dispensing to the patient.

Pre-soaking is especially imperative with the newer silicone/hydrogel GP lens materials. The surfaces must be hydrated to allow initial absorption to take place. During the hydration period, the solution will penetrate the top 1 to 2 microns of the lens surface and provide good initial wetting properties. If not pre-soaked, these materials will not provide good initial wettability. Hopefully, this simple reminder about the importance of pre-soaking GP's will help eliminate some initial wetting issues for your patients and office staff.

Preparing your presbyopic patients for multifocal contact lenses

By Bethany Peebles, ABOC, NCLE-AC

In the quest to accommodate higher adds, provide crisper near optics, and greater distance zone control, multifocal designs have continually advanced over the years. Despite the progress, we continue to experience patient drop out due to insufficient near acuity. Pre-qualifying potential lens wearers can help you understand the near vision expectation of these patients up-front and eliminate disappointment and possible drop out later.

The first step in preparing a patient for multifocal lens wear is to explain what they can expect in relation to their distance and near acuity. The majority of GP multifocal lens designs available today provide decent distance acuity. The patient can expect to see about the same as they do from their single vision lenses; however, their near acuity expectations may

be more demanding than what a multifocal lens design can provide. Patients often feel they should be able to see as though they were using readers or wearing bifocal/pal glasses. It should be explained to the patient that the GP multifocal lenses will allow them to do normal reading tasks but that there may be situations where they may need additional assistance from readers. Although 20/25 or even 20/20 can be achieved for many patients with GP multifocal lenses, some patients will only achieve 20/30, which is still very acceptable to many. This should be discussed with the patient before dispensing. The near acuity expectations for the patient and the practitioner should be understood and acceptable before proceeding with a GP multifocal lens design.

The next step in preparing the patient is to explain the mechanics

of how the near vision should be accessed. You should also explain that it can take several days to learn how to use and adapt to multifocal contact lenses. Many patients are used to dropping their chin when they read and may not know that to get the correct amount of translation for good near acuity, they may need to alter that habit. Patients should be instructed to keep their head straight while shifting their gaze down, similar to using progressive glasses.

There will always be patients who are unwilling to accept anything less than 20/20 distance and near acuity. With proper screening, you can identify these patients before attempting a multifocal fit. Likewise, if patients know what to expect and have realistic goals, they are more likely to be satisfied and excited about their new multifocal lenses.

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