

DOCTOR, DOCTOR – WHAT LENS DO I USE?

ROBERT S. FOX, OD, FODRA, FCSO
WISCONSIN PARA-OPTOMETRIC ASSOCIATION
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DISCLOSURE

- I have no disclosures to make

COURSE OBJECTIVES

- To discuss the importance of lenses in the vision therapy process
- To discuss the different purposes of lenses
- Brief review of optics

OPTOMETRY'S UNIQUE USE OF LENSES

- The power of lenses
 - Clarity
 - Size
 - Distance
 - Figure-ground
- VT vs "VT Lite"
 - Many others trying to provide vision service

LENS USES AND PURPOSES

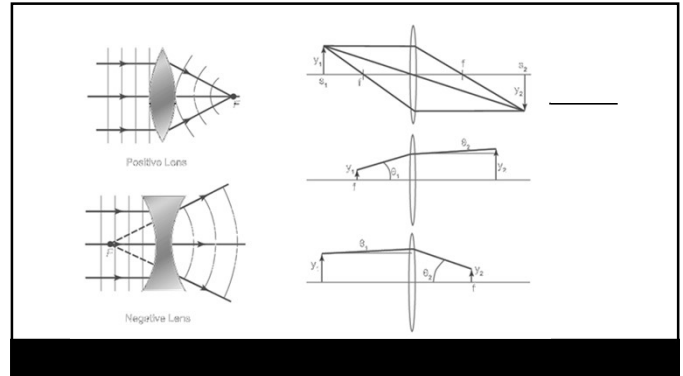
- Compensatory
- Stress reducing
- Performance
- Therapeutic

WHY IS THIS IMPORTANT TO THE VISION THERAPIST?

- Patient must be able to do the task asked of them
 - Example- the high minus patient
- Task can't be too easy
 - Example – wearing a +2.00 on a near accommodative task
- The task can't be too hard
 - Example – asking a patient with severe accom insuff to clear a -5.00 lens

BASIC, BASIC OPTICS LESSON

- Plus lenses
 - Low plus lenses
- Minus lenses
- Cylinder
- Prism lenses



REFRACTIVE CONDITIONS

- Hyperopia
- Myopia
- Astigmatism
- Presbyopia
- Anisometropia
- Post- IOL
 - Pseudophakia

SINGLEVISION VS MULTIFOCAL

- Single vision
 - Most simple, easiest
 - May require separate pair of lenses
- Multi-focal
 - Lined vs no-line

LINED STYLES

- Executive
- Flat top
- Round 22
- Untex

NO-LINE STYLES – NOT JUST FOR PRESBYOPES

- Progressives
- Blended
- Occupational progressive
 - Large intermediate zones
- Near point "boost" lenses for digital devices
 - Sync
 - Eyezen
 - The return of low plus lenses!!
 - Be aware of vectogram location

UNEQUAL POWERS

- Refractive amblyopia
 - Amblyopic eye may be intentionally undercorrected
 - Full plus may be best in therapy
- Contact lenses
 - Full Rx vs reduced Rx

PRE-MADE GLASSES TO KEEP HANDY

- +0.37
- +0.50
- +0.75
- +2.00

ACTIVITIES WHERE LOW PLUS IS ESSENTIAL

- Vectograms
- Aperture rule
- Random dot stereograms
- Jump ductions
- Prevents the use of accommodation to drive convergence
- Encourages awareness of periphery
- Keeps you from creating eso patients
- Keeps you from creating myopes

PATIENTS IN NEED OF PLUS

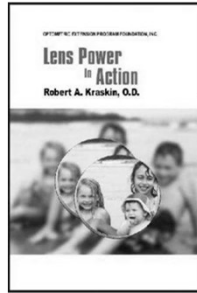
- Esotropes and esophores
- Convergence insufficiency
- Accommodative issues
- Oculomotor dysfunctions
- Amblyopes
- exotropes

WHAT ABOUT PATIENTS WITH LITTLE OR NO PLUS ACCEPTANCE?

- Options:
 - 2 pd Based Down OU
 - 0.50 to 1.00 pd Base In OU
 - Binasal occlusion
 - Try +0.37 and see how it goes – or even less!!
 - Depends on progress in VT
 - Building plus acceptance
 - Try some syntonics at start of VT session (delta-omega)

STICKING TO OWN LENSES

- Doctor who prescribed lots of low plus lenses
 - Near retinoscopy
- Astigmatism
- Moderate high + and – Rx's
- Anisometropia
- Others?



KRASKIN – TRAINING LENSES AS PART OF AVT PROGRAM

VECTOGRAMS

- Start with habitual near lenses
- Add some plus on top of that
- Try it with a patient struggling with the procedure
- See if plus helps out in the Base-in direction



BROCK STRING

- Lenses great for the eso patient
- Adds an emphasis to "ground" and periphery
- For athletes can improve accuracy in different directions of gaze
- Can smoothen out bug on a string

EYE MOVEMENT ACTIVITIES

- Habitual near lenses very useful
- Adds space between targets – less intimidating
- For a near/far activity need clarity at both distances

SUMMARY

- Lenses and prisms are unique to optometric vision therapy
 - Many non-ODs offering vision services. We have a uniquely optometric approach
- Most of the time you will start with the patient's habitual near lens. Ask for help if lens not prescribed, yet.
- Most convergence activities benefit from low plus.
- Seek help with amblyopes and anisometropia
- May help those tough eso patients use periphery more