A Student's Opinion – Perhaps the Right Ideas for Those in Practice 20 Years

The scope of responsibility of an ophthalmic dispensary is to provide its patients with optimal vision through appropriate lens selection, safety, and comfort (Dispensing Opticians, 2010). This can be difficult to comprehend because the majority of dispensaries do not convey this concept. An optical shop will promote frame selection or offer a discount on multiple pairs of glasses to increase business. It is not an everyday occurrence to see a sign stating custom fittings done on the premises (Back to Basics Opticianry, 2010).

An optician is a professional thoroughly trained in eyewear, who interprets prescriptions from licensed ophthalmologists, physicians, and optometrists (Thomas, 2010). An optician will attend to a wide range of patients during the course of a day. A patient may also need a repair, an adjustment on an existing pair of glasses, or advice on their vision. An optician must partner with all eye care professionals to exceed the needs of the patient. This paper presents an overview of the functions of an optician during final dispensing. An emphasis will be placed on patient education.

During Dispensing

When a patient sits down to pick up their new eyeglasses, the dispensing optician should follow a preliminary checklist prior to fitting them. The patient should be welcomed into a professional environment by an optician with an approachable demeanor and an eagerness to serve. A top priority in customer service is a clean and pleasant environment (Thomas, 2010). The patient's name should be verified against the order since there may be numerous pairs ready to be dispensed. The optician should have final inspected the job personally or verified the job was final inspected by another licensed optician. The glasses should be in standard alignment prior to being fitted on the patient's face (Borish, 2007). Finally, if the patient is wearing contact lenses, a case and solution should be provided for removal.

The success of dispensing is measured by how well the eyewear makes contact with the patient (Back to Basics Opticianry, 2010). The triangle of force is the foundation for fitting spectacles (Stimson, 1979). This geometric concept insures the vertical plane of the spectacles is supported by a horizontal triangle (Stimson, 1979). The apex of the triangle is representative of the bridge of the nose. The triangle's two points on either side of the base point directly above the ear root. Outside of this statement, it is the duty of the fitter to adjust the spectacles to the anatomical features of every patient walking up to the dispensing counter (Milder, 2004). In Kintner's study (http://theopticalvisionsite.com/) of how physical features affect the wearing comfort of glasses, it was proven that the majority of complaints were related to frame fit. Most of the subjects could tolerate a less than perfect prescription if their glasses were fitted properly (Borish, 2007).

The optician should always facilitate the flow of business between himself and the patient sitting across the dispensing table. This statement is so important because the majority of patients are more than ready to try on their new glasses. They also have the right to handle them since they just paid for them. With that said, the optician should always be tactful with this because the fitting begins with the optician placing the glasses on the patient's face (Stimson, 1979).

The correct open temple spread of a pair of glasses should be 94 or 95 degrees. However, the optician may choose a smaller angle during the fitting. A balance must be reached between being too loose and exerting too much force on the sides of the head. The patient should not be asked if the glasses are comfortable (Thomas, 2010). A good optician would make adjustments without input from the patient. If the glasses were put in standard alignment prior to dispensing, only minor adjustments would need to be made (Borish, 2007). This is not a case of a customer walking in with a mangled pair of glasses due to a mishap. If, by chance, the glasses look ill fitted when put on the patient's face they should be removed immediately. The optician should fix the imperfection so the patient does not think something is grossly wrong with the glasses (Borish, 2007). An experienced optician will be able to complete the final fitting with just a few adjustments.

The next step is to ensure the frame is in horizontal and vertical alignment. A rotated lens and a skewed bridge are the two areas falling under the heading of horizontal alignment (Borish, 2007). The fitter must first verify that the pantoscopic tilt is eight to twelve degrees and the frame is straight prior to attending to a skewed bridge. The reason for this is the bridge would not sit properly and would have to be readjusted again.

A frame in vertical alignment would most likely include a few of degrees of face form. Vertex distance is also a component of vertical alignment. This can be verified by asking the patient to drop their head to insure both eye wires are placed at an equal distance from their respective eyes. A twisted frame is a vertical misalignment that the fitter would pick up on in an instant. If viewed from the side, the eye wires would form the letter X (Borish, 2007).

The nose pads of a metal frame should sit flush on the patient's nose (Borish, 2007). The pair should be even with the correct amount of vertical, horizontal, and splay angles. The pads should sit low enough so the glasses are not above the eyebrows (Borish, 2007). The bridge of a plastic frame can be adjusted with heat and pressure. It saves a lot of time and trouble when a plastic bridge sits flush on the nose when the glasses are dispensed to the patient (Borish, 2007).

The temples should bend one millimeter past the top of the ear root. This is the exact point of where contact should occur. A small amount of pressure is acceptable, but there should be no discomfort associated with it (Borish, 2007). The temple tips should angle downward and parallel the slope of the back of the root of the ear. There should be full and complete contact along the mastoid bone (Borish, 2007).

Upon completing all the adjustments, the fitter should inquire as to the quality of the vision and the comfort of the glasses. A minimal amount of fine-tuning may still need to be done. This is the time to answer all questions and clarify any misconceptions.

Patient Reactions

There will always be the patient who insists their new glasses do not fit properly. A typical comment would be how one side sits higher than the other side. The optician should explain how it might appear that way because one eyebrow is higher than the other one. It should be further explained that they are straight if the bottoms of the eye wires are parallel (Borish, 2007). An optician has to decide if it is better to convince the patient they are fitted properly or tweak them a bit in hopes of satisfying the patient.

There are several types of patients who will wear multi focal lenses. The one requiring the most time at the dispensing table would be the first time patient. The second type of patient is the one who has tried them in the past, gave up, and is ready to give them another attempt. This patient most likely will be more reluctant, and will need some reeducating. Another type would be the patient switching from bifocals to progressives. Finally, there is the experienced progressive wearer. This patient can be the easiest with which to work.

When a patient is fitted for their first pair of multi focal glasses, they should already have an idea of what to expect. During the sale, the optician should have discussed the lenses in some detail. Whatever that extent, the fitting optician should now reeducate the patient on multi focal lenses and how they work. The patient should be informed of how their vision is going to change. It cannot be stressed enough that wearing multifocal lenses are a full time commitment. The transition from single vision to multifocal lenses can take up to a few weeks. Wearing the glasses an hour here or there is only going to cause frustration.

Multifocals

Today, a patient transitioning from single vision to multi focal vision will most likely choose a progressive lens. In the past, bifocal lenses were the only option. Bifocal lenses will become a thing of the past as future generations switch to progressive lenses.

Fitting a patient for bifocal lenses is a simple matter of insuring the segment is at the proper height. Traditionally, it should be even with the lower lash line (Borish, 2007). The segment can be lowered or raised if the patient has difficulty reading. This can be done through nose pad adjustments. If the segments are set at different heights it must be brought to the attention of the patient. If the patient understands the discrepancy is to offset the height difference of their eyes they will not think an error was caused after leaving the dispensary.

The fitting optician should describe how each focal length works. It should be explained to the patient that the top third of the lens is the distance portion, and the lightest power of the lens. Layman's terms are an effective means for getting a point across to a patient. In this case, the patient should be told when they look twenty feet and beyond the top third of the lens will be used. This can be demonstrated by instructing the patient to hold a reading card with large print in front of them.

The intermediate area should be explained as the middle third, with a stronger power. It should be pointed out that this portion is used for computer use. It can also be demonstrated by holding the reading card at arm's length from the patient.

Finally, the patient should know the reading area is the strongest part of the lens. It should be used when reading something up close. The reading card should be given to the patient to read. The fitter should proceed to take the card and move it side to side while instructing the patient not to move their head (Thomas, 2010).

The patient needs to be educated on how objects will be closer and larger through the reading area (Milder, 2007). Secondly, the patient should be made aware to be careful with anything that requires them to look down. A good example would be walking down the stairs. While walking, the patient should be taught to keep their head straight and look further out to the floor. This will eliminate a lot of distortion associated with progressives. When reading, the patient should be taught to keep their head up and to drop their eyes. It should be explained to them that if they drop their head they could be reading through the intermediate area (Milder, 2007). This could result in blurred vision.

Peripheral distortion is a factor requiring a thorough explanation. The patient needs to understand they cannot shift their eyes from side to side to view objects. The habit of moving their head entirely to the left or right must be developed. The reading card can be used to demonstrate when something is in their peripheral vision. The patient's eyes is can be done by passing it across the patient's eyes while the eyes remain in primary gaze.

The fitter should leave the progressive markings on the lens while dispensing. The patient will be left with an impression that the lenses are highly technical and made personally for them (Thomas, 2010). The markings will also serve as a tool for verifying the measurements. After the adjustments are made the markings should be removed.

The more information the optician knows about the patient the more assistance he can provide to ease the adaptation period. A few minutes of discussing occupation and hobbies will prove to very valuable in the long run. The fitter should make the patient comfortable enough to ask as many questions as needed regarding their new glasses.

If a patient claims they cannot read through the segment an adjustment may need to be done. The segment can either be raised or lower by a millimeter or two through nose pad adjustment. If this is not possible, the fitter may need to consider the placement of the segment height. If the patient does not have enough reading area, the glasses may need to be remade with a raised segment height. If there is too much, the segment should be lowered. Insufficient pantoscopic tilt could be the reason for an incorrect height (Milder, 2007). This is a good example of why the optician should be aware of the patient's interests.

An optician must develop a sense of when a patient is totally comfortable with their new progressives. A price cannot be put on the importance of spending as much time as needed with the patient. If a patient comes back

upset because they have struggled for a week with their new progressives they either want to return them or have the lenses remade. The patient's mind is made up and it is too late for clarification (Back to Basics Opticianry, 2010).

The optician who made the sale should have reviewed all the lens options with the patient. Again, life style questions should have been discussed to determine the best lens choice. During final dispensing, the lens choice should be reviewed as needed. If a patient asked a question about how their new lenses will darken outside, the optician should review the features of the lens. If the patients were to comment on how thick or heavy the new glasses are, the optician should be straightforward with them regarding the choice they made. Even if the patient does not comment or ask questions, the fitter should summarize to some degree because this reinforces value with the patient (Gailmard, 2008).

Patient Reaction

There should be a list of steps taken when a patient says they cannot see comfortably with their new glasses. To eliminate any unnecessary effort, the first step should be to ask the patient to describe the difficulties they are experiencing. The patient may respond that everything is clear, but almost too strong. If this is the case then the patient should be informed the Rx has changed and there will be an adjustment period. If the issue were more complicated, the next step would be to verify that the prescription was entered correctly followed by verification in the lensometer. The current prescription should be compared to the new one. If this was a first time patient, the optician could neutralize the patient's current pair of glasses to verify any differences (Thomas, 2010). If the patient can see distance clearly, but is having trouble-seeing close up the segment height may be too low or too high. A basic adjustment could solve that issue. Base curve of the lens could be another factor contributing to visual difficulties. If the complaint is blurred vision, distortion, lack of depth perception, or anything else compromising their vision, something is not right with the glasses. There could be a number of things wrong with the glasses and they should be checked in the lensometer to verify the Rx. The pupillary distance should also be checked to insure prism was not created when the lenses were cut. If everything checks out okay, the patient should be advised to see their Dr. again to have a reexamination (Back to Basics Opticianry, 2010).

It is common for a patient to fill a prescription for one or two pairs of glasses. A typical purchase would include a clear multi focal pair and a pair of prescription sunglasses. Final dispensing is a great avenue for uncovering other eyewear needs. A patient may have an occupation requiring special lenses. A good example would be a mechanic who needs to see close up above eye level. In this situation, a double D bifocal could be the appropriate choice. The optician needs to astute to pick up cues from the patient. A patient may make a comment on how clear their vision is with their new glasses. If the optician inquired earlier about interests then this would be a lead in to discuss eyewear for other types of vision.

One of the last steps in dispensing is reviewing the care of the glasses. The patient should be made aware of a couple of preventative measures to keep their glasses in great condition. First, it should be explained how taking off the glasses with two hands is the best way to keep them in alignment (Thomas, 2010). Taking them off with one hand will weaken the hinge of the side being pulled. Glasses should never be put face down. Secondly, the patient should be told that keeping their glasses in the case when not being used preserves the condition of them. Mishaps are less likely to occur if the glasses are protected.

Cleaning the glasses is an area that cannot be stressed enough with a patient. If the optician does not make a great effort to reinforce cleaning procedures, a patient may pick up old habits such as cleaning with their shirt (Lens Care, 2010). If the glasses are not worn consistently, the glasses should be cleaned lightly with a dry 100% cloth to remove any dust (Caring For, 2010). The reason for this is dust can be imbedded in the lens. Once the dust is removed, a mild alcohol base lens cleaner or soap and water should be used with more pressure to clean dirt and smudges (Lens Care, 2010). Eyeglasses should never be cleaned dry because the lens could scratch over time. Additionally, household paper products such as napkins, tissues, and paper towels will

scratch the lens surface because they all contain wood chips (Caring For, 2010). A patient should be made aware that ammonia based cleaner such as Windex should never be used because it will destroy the lens surface (Caring For, 2010). It should be stressed that hair care products such as hair spray are difficult to remove from the lens so the glasses should not be worn while applying such products. A metal frame can be cleaned with a mild alcohol based cleaner or soap and water (Caring For, 2010). A Zylonite frame should not be cleaned with a mild alcohol based lens cleaner because it can cause the frame to turn white.

After final dispensing is completed, the fitter should sincerely compliment the patient on their eyewear. The patient should know they are welcome to return for adjustments and advice. The process should conclude by thanking the patient for their business and commenting that it was a pleasure to serve them.

The primary function of final dispensing is to provide its patients with the best vision possible. This is achieved through proper frame fit and patient education. A familiarity with the patient's lifestyle will only enhance this endeavor. The fitting optician has the opportunity to fulfill all of the patient's expectations. With that said, it is crucial for the optician to control the flow of business. An effective optician will insure a patient does not have any doubt of their experience at the dispensing table. Additionally, there should never be a question in a patient's mind concerning the value of their purchase. A patient will continue to patronage an optical retailer when there is a sense of competency and professionalism. The customer base of a dispensary will grow professionally when there is cohesion amongst the patient, optician, and the Dr.'s office. There is no reason it has to be final dispensing.

Comments or additions for Leslie Gauthier – email Mark Mattison-Shupnick at mmshupnick@jobson.com