This sporting life

The Majestic Hotel in Harrogate played host to an exciting array of lectures and workshops and here are a few we particularly benefited from. Geraint Griffiths (Sportsvision UK) stressed the importance of dispensing properly to the sporting world. Griffiths provided us with the statistics that 50 per cent of the population play sports and that 50 per cent of athletes have never had an eye examination. He stressed that it was urgent that we understand about athletic performance and the link to vision. With the Olympics ready to hit London in 2012.

Griffiths then got the delegates interacting by finding out which was our dominant eye, and hence finding out if we were R dominant, L dominant or cross dominant. Using the knowledge of the type of dominance athletes have, he has been able to research what happens to their performance when the dominant eye/ non-dominant eye has been blurred and with this knowledge has been able to find out the type of vision used for each type of sport, for instance, whether the athlete aims or uses stereopsis.

Questions of care
Nick Atkins (Proven Track Record, BCLA president) gave a talk designed for DOs to have a better understanding of contact lens solutions and highlight the importance of what is supplied in practice, its use and the problems that can occur if we don’t. To illustrate this message he showed us pictures of what can happen to patients’ eyes if we don’t. He covered the requirements of lens care and the big problem of non-compliance, providing the statistic that 90 per cent or more patients are non-compliant and hence why it is important to get them to inform their practitioner of their CL hygiene routine.

Andy Hepworth (Essilor) guided us through the life of a lens before it reaches the patient explaining about different lens materials and types of surfacing techniques. He also informed us of ways in which the process of making a lens is becoming more environmentally friendly (for example using cadmium-free blocking alloy).

Hepworth also gave us the exciting news that a 1.8 index plastic lens will be launched but as yet there is no time scale. The overall take-home message was that in lens production we are moving more towards polycarbonate and manufacturing was moving more towards digital.

Jennifer Brower (private practice) aimed to inspire DOs to get more involved in low vision work. She feels strongly that DOs are suited to this work and could easily start to incorporate it within their practice even with limited experience.

All children have special needs
An incredibly inspiring lecture was given by Helen Carroll (private practice) on the fitting of spectacles to children, reminding us all of our responsibility to the child and the parents to fit a pair of spectacles that are optically correct, functional and safe. She began by explaining how important it was to reiterate to the parents the reasons for the child needing to wear spectacles and how these can be classified as anatomical, neurological and congenital conditions.

The primary considerations in dispensing to children are fit, comfort and function. If we consider the dispense from the child’s perspective, they will be influenced by their parents or older siblings as they are not aware of their own appearance, so letting them choose from a huge frame rack would probably result in an unsuitable choice and a disappointed child.

Carroll suggests that the child has a few toys and books to distract them while you talk to the parents. Ensure the parents are aware of the need for a good fitting pair of spectacles, ie to allow the lenses to be positioned correctly, to not allow the child to look over/under the rims, to not damage any of the forming features or inhibit the natural development of the nasal structure.

The DO should select a small number of suitable frames and get themselves down to the child’s level to try them on. This must be a speedy process as the child will soon become bored and distracted. Carroll cleverly suggested to sway the child to the most suitable frame using the accessories available like ‘this frame comes with the most spectacular princess box’, for example.

As we are all aware, the majority of children’s frames available are scaled-down versions of adult frames. However there are many reasons why this is unacceptable. The crest height is lower at three to 4.5 years (0.8mm), compared to +0.5mm at 6.5 to 8.5 years. The frontal angle and splay angle are larger. The frontal width, angle of side and boxed lens sizes are smaller. The shape must be different to adult designs, the length to bend and length of drop need to be shorter and the vertex distance is often very short.

Carroll described the frame features and covered adjustable nose pad, strap, ribbon and saddle bridges with the relative merits of each. With sides, it should be common practice to shorten drop end sides, convert to curl sides, shorten curl sides and convert to loop end if necessary. As a fixed-style bridge, she recommends the Zeiss 5935 and 5545/5546 frames.

For a flexible, indestructible frame the Como or the Fisher Price are ideal for children who are prone to falling over, sleeping in their specs, or who have special needs.

In some cases of accommodative esotropia, bifocals may be prescribed for the child. The segment should be fitted so that it bisects the pupil and the distance centres should be positioned to correspond with monocular distance centres. Rodenstock’s Excelit AS is a curved-top 40 x 25mm segment which is outset by 4mm to discourage convergence for near. This lens is slightly more cosmetically appealing than the e-line bifocal.

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