IT IS A GREAT FIT

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Our responsibility is offering a frame that provides comfort and functionality. A patient’s preferred style is always but not always the only consideration. If our patients view a unique frame style in the media, on a friend or celebrity, doesn’t necessarily mean that frame will be conducive to comfort, or the best choice for our patient. There are many factors that will dictate the ophthalmic frames we choose. Every patient has a unique facial structure. Patients deserve the best comfort and wear-ability we are capable of providing for them. But finding the perfect frame can be a challenge. Some frames must be physically altered to provide a great fit. Creativity and sometimes our imagination are increased as we may find it necessary to make very unique physical changes to the frame. It *is* possible to customize almost any ophthalmic frame. We have an exceptional opportunity of enhancing our patient’s physical appearance, while we also improve their vision.

Fitting pediatric patients has many challenges. Infants and children have a very flat nose/bridge structure. Many frame companies have responded to the need for frames that are designed for pediatric bridges. When a metal frame is chosen for a young patient, it is considered best that silicone nose pads are used and they are moved in to place to avoid frame movement, and slipping down our patient’s nose. Some manufacturers of children’s frames have responded with flexible straps that can be or are attached to the frames. When straps are available or added it provides the parents the confidence the child will not remove the eyewear. It is important to advise that the straps are adjustable, to accommodate the child’s growth. Cable temples are a helpful feature on pediatric frames. Cable temple adapters are available for most plastic and metal frames.

The recommendation for infants and children is Polycarbonate or Trivex. Both lenses are impact resistant, and provide UV protection. Hi Index lenses may be beneficial if the young patient has a refractive error of six diopters or higher.

Advocating an anti-reflective lens will encourage the child’s best vision available. Most parents are not aware that the anti glare lens will also decrease scratching.

When dispensing for the more unique facial abnormalities can also be a challenge. Missing extremities, like ears or a nose will require some likely modifications to ophthalmic frames.

The “perfect face” does not exist. Patients have multi dimensional faces, which as opticians have to utilize craftsmanship, and skill to manipulate most frames to provide comfort and wear ability.

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