

A J & V J HANKS

Support Documents



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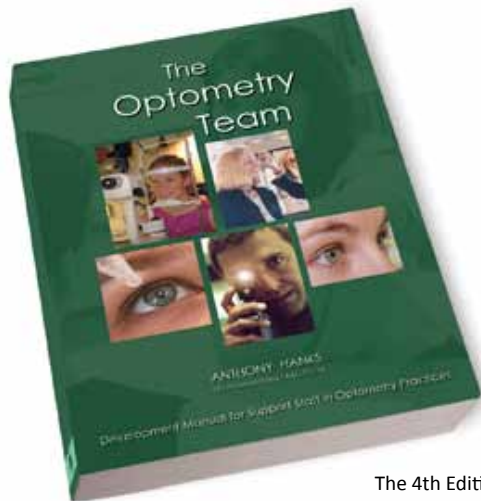
What's in "The Optometry Team"?

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The Optometry Team has been written to assist optometrists in training their support staff. Now in its' Fourth Edition, the book is 382 colour pages written by an optometrist in an easy-to-understand style that summarises the important information.

In addition there are hundreds of photos and illustrations to make learning easier. Once completed, a framed certificate and an enamel badge are available for employee recognition.

As shown in the following "Contents" listing from the book, staff will learn about eyecare, lenses, frames, contact lenses, ophthalmics, office procedures, etc.



The 4th Edition

Some Sample Pages . . .

Vision Problems & Refractive Errors

The Normal Eye

- Light enters the eye through the cornea and is focused on the retina by the lens.
- From the retina the image is then carried to the brain via the optic nerves.

Hyperopia (long-sightedness)

- When viewed in the distance the image is too long, so the image is formed in front of the retina.
- This usually causes the person to see distant objects clearly.

Myopia (short-sightedness)

- When viewed in the distance the image is too short, so it comes to focus in front of the retina.
- This causes the person to see distant objects more clearly than objects that are close.

Popular Optometry Equipment

Phoropter (refractor head)

- This instrument is used to present various combinations of different possible combinations of lenses.
- The phoropter is used to measure the refractive error of the eye.
- It is most commonly used 'subjectively' - when the patient is asked to read the chart.
- The phoropter results are used to determine the refractive error of the eye.

Keratometer

- This instrument is used to measure the curvature of the cornea.
- The results are called 'K readings'.
- It is used in the measurement of contact lenses.
- Measuring the shape of the eye with a keratometer is essential to contact lens fitting.

Autorefractor

- Autorefractors are auto-keratometers in combination with an auto-refractor (the auto-refractor is shown below).

Understanding Visual Acuity

What is Visual Acuity?

- A measurement of how well the patient is able to see details when specified size letters.
- It is how well the patient sees at a certain distance, compared to how well a normal eye sees at the same distance.
- It is used to measure a 20-foot vision (20/20), but can also be expressed as 6 meters or 60.
- The abbreviation is "VA".

Why is Visual Acuity important?

- We need to know VA so that we know whether the best possible vision has changed since the most recent VA reading (during the previous visit).
- You need to understand VA when you are discussing spectacles so that you know what vision the patient should expect.

How do we measure Visual Acuity?

- VA is usually measured with a Snellen Chart of standard letters. The optometrist asks the patient to read the smallest they can.
- The visual acuity is usually measured at a distance of 20 feet (or 6 meters) from the chart.

How do we record Visual Acuity?

- Visual acuity is recorded on the VA as follows: 20/40.
- The first number is the distance at which the test was done (6 meters) and the second number is the size of the letter that the patient could read when normal eyes would have seen it.

Measuring Tilt & Wrap

Pantoscopic Tilt

- The pantoscopic tilt is the angle of the front of the frame when viewed from the side.
- The bottom of the frame should angle upwards towards the cheek - approximately 10° to 12°.
- This is especially important for progressive and multifocal lenses.
- Pantoscopic tilt is adjusted by changing the angle of the side arm ("Frame Alignment").
- Also called the "Pantoscopic Angle" or "Pant".
- This is measured by viewing the frame from the side and measuring the angle of panting it to a horizontal line.

Frame Wrap

- The frame wrap is the curvature of the frame around the ear.
- For example, wrap-around sunglasses usually have a much higher frame wrap than standard reading glasses.
- Frame Wrap is important because it can determine that a higher frame wrap is needed in the lenses. In a high powered lens, a higher frame wrap will cause much distortion in a high powered lens, so frames with a high Frame Wrap may be needed.

Contact Lens Types Available

Soft Contact Lenses?

- Soft lenses made of a range of hydrophilic plastic materials which absorb water (hydrophilic means "water loving").
- Soft lenses are flexible & comfortable due to their water content.
- Handled soft contact lenses are now being manufactured for better eye health.
- Hydrogel lenses offer much higher oxygen permeability (allows for better health).
- Handled soft lenses are 38% water content, on the solution that they're in.
- Some of the most advanced lens materials are up to 80% water.
- Soft lenses generally provide increasing oxygen permeability as the lens thickness in the water contact zone.

Hard Contact Lenses?

- Hard lenses are fitted on an eye which is generally larger than the patient's cornea.
- Hard lenses are flexible they can be fitted easily on the eye for the patient most of the time, but they are not as comfortable as soft lenses.
- Because they are thicker they can block the light of the eye, so they can cause some visual distortion.

Advantages of Soft Contact Lenses

- comfortable
- quick adaptation to wearing
- flexible wearing lenses
- simple and easy care & hygiene
- less likely to fall out during sport.

Cross-Section of the Human Eye

Function of the Human Eye

- The cornea is the outermost layer of the eye, and is covered by the tear film.
- This allows the varying of important internal parts of the eye to a normal size.
- May reveal signs of general health problems e.g. high blood pressure, diabetes, etc. as well as eye health problems.

Parts of the Eye:

- Cornea
- Iris
- Pupil
- Lens
- Vitreous body
- Retina
- Optic nerve
- External oblique muscle
- Internal oblique muscle

Common Diseases of the Eye

Glaucoma

- Glaucoma is a disease where the pressure within the eye is gradually increased. This can damage parts of the eye, and is a common cause of blindness.
- Progressive loss of the peripheral vision of glaucoma is irrefragably irreversible as the eye is already damaged.
- Diagnosis: This consists of having regular eye examinations to include a glaucoma (perimetry) test to check for a progressive loss of peripheral vision. Regular eye examinations are usually advised for patients over 40.
- Treatment: Drops are usually used to control the pressure by reducing either the amount of fluid produced or the amount of fluid absorbed, but surgery may be used if these fail.
- Import: If untreated, glaucoma can cause a permanent peripheral field loss called "tunnel vision". The loss of peripheral vision is usually irreversible and eventually results in blindness.

Cataract

- Cataract is an opacity of the lens of the eye that distorts or blurs vision.
- Progressive: This includes a gradual process of clouding of the lens, but sometimes cataracts can develop very rapidly.
- Diagnosis: These signs, together with examination of the eye, are usually sufficient to diagnose a cataract. The loss of peripheral vision is usually irreversible and eventually results in blindness.

Social Media & The Practice

With the growing popularity of social media like Facebook and Twitter, an opportunity exists to maintain contact with patients between their visits to the practice.

Sample Facebook Posts

Example of a sample post from the Facebook page for The Optometry Team:

Hi guys! I like this page so you will see the new posts as they are added. This can be used to help you see "How" these posts from the Facebook page of your practice. (You may need to add "I am a member" to see them.)

There are just examples - the most effective posts are the ones created by the individual practice. This is especially true if these contain photographs of people who work in the practice because these are far more likely to be "liked" when they are recognized.

Macular Degeneration Awareness Week

The Optometry Team

Development Manual for Support Staff in Optometry Practices

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