Common Questions You May Be Asked By The Public

Because you are working in an optometry practice, people will often expect you to know the answer to their question about eyes or eyecare.

Some of the most common topics are summarised here to assist you in being better prepared for these inevitable situations.



What Fees Do You Charge?

- This practice charges only the scheduled fees for all consultations, and recommended retail (or less) for all spectacles and contact lenses.
- Spectacles or contact lenses may be partially or fully covered by other entitlements. These include private health insurance, as well as programs for Pensioners, Veterans and School Children.

How Often Should We Have Our Eyes Examined?

- People need to have their eyes examined at <u>different frequencies</u> <u>depending on their age and their</u> <u>visual situation</u>.
- The most common <u>average period</u> is every 2 years.
 - This will usually be more frequent for children with vision problems and for the elderly with some progressive condit-ions (every 6 to 12 months).

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- This period <u>may be longer</u> (up to 3 or 4 years) <u>for people between</u> <u>20 and 40</u> who do not wear a vision correction and have no eye or vision symptoms.
- <u>Children</u> should be checked routinely:
 - · As babies.
 - Before they start school (3 or 4 years).
 - Every 2 years during the school years.
 - More frequently if advised for particular problems.
- <u>Over 40</u> years of age, the need for a <u>routine glaucoma test</u> means an eye examination <u>every 2 years</u>.
- Regardless of any other advice, <u>patients should always return</u> <u>immediately if they notice a</u> <u>problem</u>. They do not need to wait until they are "due to come back"!

What Happens When I Have My Eyes Examined?

 A routine vision examination requires a total of <u>approximately</u> <u>35 minutes</u>. This period of time is needed to perform all the tests necessary to thoroughly assess the eyes and visual efficiency.



 During an examination a <u>health</u> <u>history</u> will be taken. It is important for the patient to provide all information, regardless of how insignificant they might think it is.

- During <u>a complete examination</u> all the following areas are covered:
 - Those related to eye health and general physical health
 - · Clearness of vision
 - Focusing ability
 - Amblyopia (lazy eye)
 - · Cataract assessment
 - Colour vision
 - · Eye muscle control
 - Glaucoma testing
 - Macular degeneration
 - and other appropriate areas for the individual patient
- Following the examination, we carefully explain the results of testing and discuss our recommendations regarding any needed preventive or remedial care.

Summary:

ADVICE TO PATIENTS DURING EYE EXAMINATION

- Don't worry about making a mistake or giving the wrong answer
- Don't worry about your answers contradicting one another
- Don't hesitate to say so if you are unable to answer some of the questions
- Don't be alarmed if, for a few minutes during the examination, you find your vision getting worse instead of better

What is Visual Therapy?

- A series of programmed <u>exercises</u> or activities undertaken either:
 - To improve poorly developed visual, visual motor or visual perceptual skills
 - To further enhance the present visual skills to a higher level of efficiency and / or stamina.

- Visual therapy may be used in the treatment of such conditions as :
 - Eye turn (strabismus).
 - Lazy eye (amblyopia).
 - Poor eye movement or eye focussing skills (fine visual motor therapy).
 - In traumatic brain injury (accident and stroke).
 - Enhance specific visual abilities. (eg: required in a sport).
 - Developmental and visual perceptual deficits.
- ♦ Also called "Vision training".

What's Wrong With Ready-Made Spectacles?

- They <u>discourage regular eye</u> <u>examinations</u>, which include the checks of eye health and the important 2 yearly glaucoma tests.
- <u>"One size fits all"</u> means they are often uncomfortable on the bridge or ears.
- They <u>never include astigmatism</u> corrections and 80% of people have astigmatism.
- Are made to one distance between the lenses (a PD of 65), often resulting in prismatic effects and subsequent eyestrain when they are used.
- Always have the <u>same power</u> in both eyes, while over 80% of people have different prescriptions in the 2 eyes.
- Ready-mades are <u>useful only for</u> <u>temporary and emergency use</u>.

Why are "Own Frames" a Problem?

Patients are experiencing problems when an old frame has been used too many times:

- Old <u>plastic frames</u> become <u>brittle</u> with aging of the material.
- Old <u>plastic frames</u> become <u>distorted</u> from repeated stretching to fit multiple pairs of lenses.
- Old <u>metal frames</u> suffer <u>metal</u> <u>fatigue</u> from repeated adjustments to return them to correct alignment.



- It is <u>false economy</u> to use a frame which is unlikely to last the life of the lenses.
- This is especially true for progressives where accurate lens placement becomes very difficult if the lenses have to be refitted into a different frame later.
- Patients should also consider the issue of <u>spare parts</u> for discontinued frames and the value of having a <u>back-up pair</u>.
- In view of the unknown material weaknesses, using an old frame must always be at the <u>patient's own</u> <u>risk</u>.

Guidelines for Use of "Own Frames"

The following information can be used as a guideline in advising patients:

GUIDELINES FOR RE-USE OF OLD FRAMES

<u>Unless it is still a current model, the</u> <u>spectacle frame...</u>

- ✓ Must be serviceable for the expected life of the lenses
- ✓ Should only be used for up to 3 pairs of lenses
- ✓ Should be less than 4 years old for general lenses
- Should be less than 3 years old for progressives



This is an exerpt from *The Optometry Team*, written by optometrist Dr Tony Hanks - now in its' 4th edition.

The book is available on-line from www.hanksresources.com