



New York State Society of Opticians, Inc.

1450 Western Avenue, Suite 101, Albany, NY 12203

518/426-0599 • Fax: 518/463-8656

E-Mail: nysso@caphill.com • Web Site: www.nysso.org

New York State Continuing Education Mail-In Course

Child's Play: Fitting the Pediatric Patient

By Christopher Miller, ABOM, NCLE

Big surprises come in little packages. This is nowhere more true than when you have included children into a contact lens practice. They can delight, frustrate, and offer rewards like none others!

Some of the reasons that children want contact lenses are for sports, dance, and other types of stage performances such as music or drama, as well as for better cosmetic appearance. Often they have a parent or older sibling who also wears lenses and those fittings are more successful than ever before.

You should have office hours when students can come WITHOUT having to take time off from school. You might consider staying open later one or several evenings or on Saturday mornings and schedule only children for these appointments.

SUCCESS TIPS

Task #1: Inspire Confidence

Each of us has a different communication style. Some of us when training people tend to get more serious than we usually are. Some of us are more authoritarian and a few fitters may even “talk down” to people or the opposite, explain every little detail. The author thinks of himself as a “coach” when working with children. The goal is to inspire confidence in them to attain something that usually is a bit harder than it looks at first glance. Get kids to focus on learning the skills necessary without giving them all the details unless they ask specific questions. In this way, they will remember easily the most important items that they will need to know to safely wear their new lenses such as: washing their hands before handling their lenses, safe insertion and removal of their lenses, cleaning/disinfecting instructions, an initial wearing schedule, the need for back-up glasses, normal and abnormal symptoms, and a few of the “*must never do*” instructions such as never wetting lenses in their mouth or never letting friends wear them.

*This course is worth one (1)
New York State Contact Lens Credit --
Basic Level*

Task #2: Take a good history when deciding lens choice

Good questions are essential when taking the patient's history. Consider including the following:

- Does anyone else in the family wear contact lenses?
- Why do you want contacts (motivation)?
- Do any of your friends wear contact lenses?
- When do you plan to wear your contact lenses and how often?
- How good are you at personal hygiene tasks such as brushing your teeth or washing your hair without being told? Asking the parent or other guardian present might also assist you in deciding which lens is a good option.
- For all part-time wearers (2-3 times per week or less) daily disposables are usually the best choice.
- Cost is an important factor for many parents and so be prepared with a great go-to lens which has a lower price that works well for most new fits.
- Consider a few lenses, which come in a smaller diameter such as 13.6 or 13.8. Sometimes these smaller sizes are the only way to get a young patient with narrow lid fissures to be able to insert a lens also being easier to handle.

Task #3: Avoid challenges and frustration

Videos work great for training purposes. Besides, video is part of a kid's everyday world when sourcing information. There are several available and for the 6 minutes while they are viewing it, save some time by charting and/or preparing the order on the computer. It ensures that all patients are given the same instructions and that nothing is overlooked because of time constraints.

It is important to avoid all frustration for both you and the patient. Let the parent know when booking the appointment that it would be best if only one parent be present with no other children. Sometimes with a single parent with several children or even a grandparent who looks after the children after school this may not be possible so have coloring books or toys available for different ages to keep them busy. Also, keep the distractions limited.

Another difficulty is the anxious parent that interferes while their child is inserting lenses - it's happened to you - the parent actually holds the child's eyelid or stands nearby with a tissue to dry every tear. Nothing shatters a child's confidence quicker than when a parent is either too anxious or worse when they are laughing at them. Let Mom know it's OK if they take longer to learn this new skill as it is not as easy as it looks. Remember to ALWAYS have an adult present when fitting a child or adolescent but it's OK to ask the parent to sit outside the door (leave it open of course) so that the young patient can concentrate on the training without any interruptions.

What works best? - Place lenses on the patient immediately following the video. If the child has a high eyelid sensitivity reflex, have them look downward rather than straight ahead to insert the lens. Sometimes this works, sometimes not. A smaller diameter may be just what is needed. **Best practice** may be going straight to letting them insert the lens themselves because ultimately, they must be able to do it on their own anyhow. Many children and young adults will surprise you how easy they can do it on their own after you have tried and failed to insert the lens. After all, who wants someone sticking their finger near your eye!

After 5 minutes of a child trying to insert a lens on their own without being successful, try changing the angle of the mirror, laying it flat on the counter or even raising it to eye level to see if this helps. If this doesn't work then put the lens back in the container and have them practice holding their eyelid and looking straight into the mirror with their finger directly over the iris. Just like how diffi-

cult it is for some to wink one eye, others may have difficulty keeping both eyes open when touching their eyelashes or lids. The important thing is to take your time and to try to relieve some of their frustration when they don't get it immediately. Keep encouraging them and say something like, "You're really close now." This is when you get to put on your coach's hat and let them know how much you believe that they can do this if they are persistent and persevere. Don't put the lens back on their finger to try inserting it until they can demonstrate that they can look forward with their finger over the iris while holding the eyelid with the eyelashes.

If they aren't able to do this on the first visit, schedule another visit in a few days and have them practice at home. It creates too much frustration if they don't have these skills first as they are concentrating too hard on the lens. Reinforce the need to practice several times per day and how great it will be when they can do it at the next visit.

Task #4: Final and written instructions, wearing schedule, pamphlets and warnings

After the child inserts their lenses go over cleaning instructions and wearing schedule with them. Start with 6 hours for soft and 4 hours for rigid lenses, increase 2 hours per day until they are wearing them for 12 hours per day and have them hold at that until you see them back in a week. Instruct them not to sleep or bathe in the lenses, making sure to wear them daily (even if they plan to be a part-time wearer) until their follow-up appointment so that they adapt to inserting, removing, and wearing them.

Check movement, centration, and ensure that there is no *lag* following the blink under a slit lamp. Check visual acuities and compare them with the best-corrected acuities recorded in the Dr's chart or written on the Rx. Make any minor adjustments to the Rx with a hand-held loupe for 0.25 or 0.50 D power changes while they look at the acuity chart and note it in the chart for the Doctor. Then highlight the final lens parameters in the chart in **BOLD** so that it can be quickly seen during any follow-up visits.

Case History: Learn from my mistakes

A few years ago I used to train up to 6 youth at a time on a late evening appointment set up for first time adolescent fits, thinking it was being more efficient by seeing so many at one time.

I quit doing this when one evening when a training included a young man and two girls approximately 3-4 years younger than him. He was a real showoff until it came time to inserting the lenses. Of course, both girls got their lenses on within 5 minutes and try as he may, he just couldn't do it. They started laughing at him and to make matters worse he got so embarrassed, he shed a few tears which made them laugh all the harder. I had

to book another individual appointment with him and of course he was then able to do it but I just felt so bad for him knowing how hard it is at that age to get respect from the opposite gender.

Funny thing was, I saw him in the lobby about 6 years later. He was now in college and very much grown up. He stopped me when he saw me and asked if I remembered him. There was a quick change of mood in his eyes as he went from embarrassment to laughter. I said yes and asked him how he feels about putting on his lenses in front of girls now. He just laughed and said, "I survive!"

After checking the fit and visual acuities, have them remove one lens and **repeat back to you** the cleaning/disinfection instructions before reinserting it. Go over abnormal symptoms such as itching, burning or scratchy sensations while wearing the lenses and tell them to remove the lenses and return for a visit if these feelings continue. Also, tell them that their eyes may get slightly red when first inserting their lenses for a few days but shouldn't stay red during the whole time and if so then remove the lenses. They also must know that any time they have pain in their eyes remove the lenses and return immediately to see the Doctor.

If all went well, give the patient a written copy of their wearing schedule, a few pamphlets on taking care of their eyes with contact lenses, inserting/removing lenses, and the cleaning/disinfection instructions. Then schedule a follow-up appointment for 1 week away letting them know that they should come in before the appointment if they lose or damage a lens or if they are having any handling difficulties. Give the parents one of your cards and tell to feel free to call with any questions or concerns that may arise.

The Follow-up Appointment

At the follow-up appointment, first ask how they did with their lenses during the previous week and if they needed to use any comfort drops or if the lens felt dry during the last hour of wearing. Re-examine the fit under the slit lamp and re-check the visual acuities. If anything looks different than from the initial fitting, note it in the chart and refit into a different lens if necessary. Have them go over the cleaning/disinfecting steps with you again and increase

Case History: Eyeing the Gold

Let me close by telling you about one of my special little patients that we'll call Tracy. Tracy was about 6 years old and needed to be fit into RGP lenses because of her Rx and corneal measurements. I have a picture of her on my desk to remind me of that first day when she came running into the office ahead of her mother. To say that she was excited about not having to wear her high minus glasses to school which was starting in a few weeks would be an understatement!

You see, her experience in kindergarten was less than pleasant with many children teasing her about her thick lenses. Lucky for her, her dad also wore RGP lenses and so her mom agreed to them without any hesitation or problem. After taking keratometer readings, I got a pair of trial lenses from the cabinet and proceeded to put the first one on her. Because of the initial discomfort she started to cry a little and I quickly asked her if she wanted me to take it out. She bravely held up her head and said "No, I really want to wear them instead of my glasses."

Because of the courage, determination, and motivation she showed that day, I knew that she had something special to teach me as a fitter. Her appointments happened during the Olympics and at our last appointment about 3 weeks later the Dr and I presented her with a signed certificate by us for courage and a small medal to put around her neck I got at a local gift store. We took pictures of the three of us with her parents and her accomplishment and newfound esteem was evident to us all. I often look at that picture and remind myself how lucky I am to have had such an opportunity to help someone like her.

Overall, I am amazed at how resilient and adaptive my young patients are and find these fittings easier than I first believed. They have given me more confidence in my own abilities to expand my skill-set and when you expand your practice to include fitting the very young you will find this to be true for yourself as well!

their wearing time to **WHAT FEELS COMFORTABLE** stressing the importance of not over-wearing their lenses. Remind them of the importance of regular eye visits, go over the abnormal symptoms with them again, and finish the visit with answering any of their questions or concerns. Schedule a final/follow-up appointment with the Doctor to signoff on their prescription and give them a copy and deliver the lenses ordered previously after the Dr's final approval.

Specialty Fittings

There is another class of fittings for infants and young patients for congenital aphakia and other childhood conditions but that includes more than I can write about at this point and needs another article to address the many considerations that must be taken into account. I will only say at this time that a special price and fitting time structure similar to adult specialty fits must be decided by the fitter and the Doctors involved. These fittings need the involvement of both parents if possible. Take classes on this important service that you could be offering your patients and slowly expand the scope of your practice.

*This course
courtesy of
our
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Child's Play: Fitting the Pediatric Patient

Circle the best answer for each question (or write in the correct answer) and return to: NYSSO, 1450 Western Avenue, Suite 101, Albany 12203 • fax (518) 463-8656

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- Which of the following are true:
 - Children as young as 9 or 10 can make good candidates for contact lenses.
 - Some children are easy to fit because they have an older sibling or parent who also wears lenses.
 - None of these are true.
 - Both a and b.
- One of the reasons children may want to wear contact lenses are:
 - Sports.
 - One eye is larger than the other one.
 - Mixed astigmatism.
 - Diopia.
- It's best to think of oneself as a _____ when fitting a pediatric patient. Choose One:
 - Teacher.
 - Parent figure.
 - Coach.
 - None of the above.
- Choose the best answer from the following:
 - Learning to insert contact lenses is usually harder than it first appears.
 - Learning to insert contact lenses is usually easier than it first appears.
 - It all depends upon how old the child is to how difficult it will be.
 - Younger children usually learn easier than older children.
- Which of the following statements are true:
 - Giving them all the details is a good way to train them.
 - Because it is a difficult skill to learn, children aren't usually good candidates for contact lenses.
 - All children should be fit with soft contact lenses.
 - None of the above.
- It is Ok for children to lick their lenses to wet them:
 - Only when there is no solution available.
 - Never.
 - After they have washed their hands.
 - When they are traveling overseas.
- Which of the following should be included in the list of instructions given at the time of fitting:
 - How to safely insert and remove their lenses.
 - Their initial wearing schedule.
 - The need for back-up glasses.
 - All of the above.
- Abnormal symptoms include which of the following:
 - Itching, scratching, and burning sensation.
 - Continuous red eyes.
 - Eye pain.
 - All of the above.
- For all part-time wearers which lens is a good first choice.
 - Rigid gas permeable lenses.
 - Daily disposables.
 - Monthly silicone hydrogel lenses.
 - 2 week lenses.
- Finding out why a young patient wants to wear contact lenses helps to determine what?
 - Their wearing schedule.
 - Their motivation.
 - Why they hate glasses so much.
 - Whether they will follow all of your instructions.
- Finding out how often and how long they plan to wear lenses helps you decide upon which of the following:
 - Which lens choice would be a good option.
 - Whether they have realistic expectations about contacts or not.
 - If they have enough self-discipline to take care of them.
 - None of the above.
- It is important to have a great cost effective go-to lens in your selection of lenses because:
 - Most kids have to pay for them out of their allowance.
 - Contact lenses aren't really necessary for most children.
 - Many parents are cost conscious.
 - So that they will order a year supply at the time of the fitting.
- You should have trial lenses as small as _____ in order to fit a child with narrow fissures.
 - 14.2 mm.
 - 9.2 mm.
 - 13.8 mm.
 - 14.5 mm.
- Using a video to train patients helps in which of the following ways.
 - Gives time to do charting while they are watching.
 - Ensures that nothing is left out.
 - Ensures that you are able to complete everything within your fitting time slot.
 - All of the above.
- The main thing to keep in mind during your first visit is to:
 - Keeping your schedule on track.
 - Avoid frustration for both you and the patient.
 - Not to say too much about the risks involved.
 - How motivated they first appear.
- At the time of scheduling the patient's appointment what should be told to the parents?
 - That it is necessary for one parent or guardian to be present at the fitting.
 - Just to drop the child off 15 minutes early.
 - That it is best not to have other children present if possible.
 - a and c.
- Which of the following could be distracting during the fitting:
 - An anxious parent.
 - Laughing.
 - Having a friend come with them for support.
 - a and b.
- What should you do if a young patient isn't able to insert the lenses during the first visit?
 - Refund their money.
 - Apply the fitting fee towards a pair of glasses.
 - Have them go home and practice in front of a mirror while holding their eyelids every day until the next visit.
 - Send them to a specialist.
- For the initial wearing schedule all patients including ones who plan to wear their lenses only 2-3 times per week should wear them every day until the next visit so that:
 - So they can adapt to wearing them.
 - They get confidence inserting and removing them.
 - a and b.
 - None of the above.
- If all goes well at the time of the fitting, what should be given to the patient to take home with them?
 - Pamphlets on how to take care of contact lenses.
 - A written copy of their wearing schedule.
 - One of your business cards.
 - All of the above.

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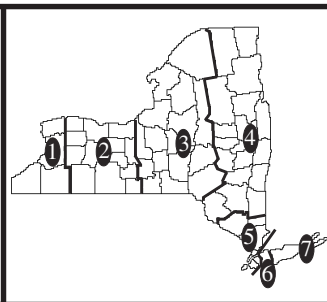
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Region (see map) _____ Date of Birth: ____/____/____
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