THE POWER OF SUGGESTION
By Timothy Coronis

The impressions we make --both verbal and non-verbal-- have a large impact on the patients with whom we interact.

The Role of the paraoptometric in the Selection Process

Prescriptions, visual complaints and viewing habits provide paraoptometrics an opportunity to identify the spectacle lenses and ophthalmic frames to recommend – as well as those to be avoided. The language we use and the suggestions we make have an enormous influence on the outcome of this selection process.

Because patients often have no idea of the many things that may be done to improve spectacles, they don’t realize how much you may help them. It’s up to you, the paraoptometric, to lead the lens and frame selection process.

Don’t underestimate the power of suggestion. As you evaluate the patient’s prescription and viewing needs, introduce lenses and frame options to address those needs. Be sure to reassure the patient and simplify the process for them.

Providing More Than Expected

Presbyopes often make appointments due to the change in their near vision, resulting in a complete exam, refraction and evaluation of their ocular health. The patient receives a standard of health care they likely didn’t imagine. From their initial chief complaint, their care encompasses a full examination.

Presbyopia is the reason for the patient’s request for help with their near vision needs. For improvement at all distances, a multifocal may be needed. Furnishing only reading glasses would leave your patient underserved.

Continue the practice of service that exceeds expectations. As you recommend lens and frame options based on patient needs, keep in mind these needs may be something of which the patient is unaware. Offer options for progressives and near and/or intermediate correction, including prescription sunglasses and solutions for sport-specific vision.
Ascertain Needs

Prescriptions are derived through a process including refraction, patient tolerance of the correction, patient history, anatomy, lifestyle and preference. Proper spectacle and frame selection require an evaluation process of their own.

Factors crucial to the success of the selection process are the patient’s prescription, viewing habits, types of head movements, working distances, and the environment in which the spectacles will be worn. Evaluate lenses and frame options to provide the best possible vision based on these factors.

Recommend the best options first, paying close attention to the reactions your recommendations elicit. Visual needs are unique, but the patient usually has given no thought to them. They only know they want to improve their vision.

In dealing with patients who have already decided on a frame before lenses, let them know you will review any frames with them and will point out which ones will work best for their particular prescription.

Patients may show ambivalence toward the claim that one type of lens is better than another, but patients will be interested in hearing the ways in which a particular lens will improve their vision.

Recommending is not unlike fielding a question over the telephone: you have to make your case clearly, be careful not to stifle questions, and with some patients, you may only get one chance. If you do not communicate your recommendations properly, the patient may become closed to any of your suggestions.

Suggesting Specialized Lenses

The responsibility of the paraoptometric is to translate patient needs into solutions. This is not necessarily a cold, abstract endeavor; in fact, it requires creativity. Patient habits will serve as the catalyst for recommendations.

Don’t shy away from making a specialized recommendation if that is what is needed. You may dread presenting items of extra cost to the patient, but the truth of the matter is that patients will value lenses that correct vision for a specific task. It is ironic when an optician feels awkward suggesting polarized driving sunglasses to a patient who happily spends tens of thousands of dollars on an automobile.

There are many other examples of specialized spectacles. Let’s elaborate on one. An office progressive, for near and intermediate vision, is a good example of a specialized lens. Office progressives alleviate neck and eyestrain caused by patients holding their heads at an uncomfortable angle to look through the intermediate zone of a general purpose progressive lens for an extended period of time. Paraoptometrics are frequently unaware how many hours a patient may use a computer screen on a daily basis. It is important to find out.

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There are many other instances in which a specialized pair of spectacles would be in order. Musicians who read sheet music and woodworkers using a bench at arm’s length, tennis players, motorcycle enthusiasts, anglers, skiers, horseback riders, and many others come to mind. Each should be offered lens and frame materials and styles to suit their needs.

**Match the Lenses with Correct Frames**

*A brief review of factors affecting the fit of lenses in the frame.*

**Plus power strategies**

Plus power lenses may be incompatible with rimless or semi-rimless frame choices because a minimum edge thickness is required for grooving or drilling. It could even mean that plus powers have to be made *thicker* in order to get this edge thickness. Thicker lenses rarely make anyone happy.

Good decisions can make the difference between success and failure of some frame options for high plus. It is perfectly acceptable to tell the patient when a particular lens and frame combination *can only be done in a premium material.* For example, a small rectangle shape in plus power with a grooved edge.

Informed lens and frame choices can avoid the thick, plus power lens, which could even fall out of the frame. It is nearly impossible to recoup patient confidence after this occurs. Instead, combine lens and frame options wisely. Doing so will avoid potential problems.

Aspheric features flatten lenses, greatly improving plus powers. The best strategies are multi-pronged, with a few options working together to improve the outcome of the lenses in the frame. For example, with a high plus prescription, an aspheric, high index lens paired with a frame having minimal decentration and rounded corners would be ideal.

**Decentration**

Because the interpupillary distance (PD) of the patient is usually smaller than the PD of the frame, lenses usually have to be decentered so that their optical centers correspond with the patient’s pupils. Understanding lens decentration is fundamental in making good lens and frame recommendations.

A plus lens decentered inward will become thicker at the nasal edge. Conversely, minus powers decentered inward will become thicker toward the temple. Do not allow heavy lens decentration to undo your efforts toward cosmetically and optically sound recommendations. Use this knowledge to make good decisions.

A well-developed relationship between dispensers and optical lab staff can reduce remakes and encourage good results. Build that relationship daily.
Minus Power Strategies

Plus and minus powers require different strategies. Minus prescription patients may anticipate thick edges and may even request thin lens options.

Minus lenses are flat, and asphericity and high index only makes them flatter. Keep in mind the general base curve of prescriptions with which you are working. Discuss this with your lab personnel if you have any questions. The idea is to have a general idea of how the lenses will look in the frame.

Even aspheric high-index minus powers may have thick edges, especially if greatly decentered. In zyl frames, the back of the lens may push against the zyl lens mounting, resulting in splayed temples. Find out if the edger can accommodate the work. If unsure, contact your lab. They may be able to help you by edging the job on an edger that makes a specialized bevel.

Habits to Avoid

In the case of specialized work, tell the patient if a job has a long turnaround time. Spare the details they would find ambiguous in order to foster a relationship in which the patient understands every word you say to them.

Never show a patient an uncut lens. The good intention of showing thinner materials has backfired countless times. The patient has no knowledge of factors affecting thickness, such as decentration and frame shape.

Avoid any diagram of unusable areas of a progressive lens because this makes the whole conversation about limitations. Accentuate the benefits of progressives, and explain there will be some limits.

Conclusion

The most technologically sophisticated options must be well-suited or else their benefits will be lessened or even negated. A 1.74 index lens can be thick if factors work against it.

Good lens and frame selection is important. Combining good lens and frame selections with aspheric, high-index, antireflective lenses will result in excellent results, happy patients, and better vision.

The art of communication is the most important tool and one that must be kept sharp. Good conversation skills require both speaking and listening.

Remember your goal and stick to it. Recommend the best options for the best vision based on the patient’s prescription, physiology, and viewing needs.
It's up to you to ensure that good choices are made. While this may seem a tall order, take reassurance in the fact that in a very technological world, we remain in the people industry as eye care professionals. As much as they need lenses and frames, patients need the help of the eye care professional.

By proceeding with care, and showing sensitivity and intelligence, we can win the confidence of our patients as we improve their vision and ultimately their lives.
The Power of Suggestion

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Select the option that best answers the question.

1. The best lens options should be presented ________.
   A. after you have presented regular options
   B. before you have presented other options
   C. instead of regular options
   D. depending on different factors

2. The patient who has already chosen frames should be told________.
   A. to start over, choosing based on their prescription
   B. to start over, choosing based in their lens thickness
   C. you are happy to review frames with them and point out which will work best
   D. about lens decentration

3. As a plus power lens is decentered toward the nasal, its edge becomes thicker:
   A. at the temple
   B. at the nasal
   C. It remains unchanged.
   D. It depends on other factors.

4. As a minus power lens is decentered toward the nasal, its edge becomes thicker:
   A. at the temple
   B. at the nasal
   C. It remains unchanged.
   D. It depends on other factors.
5. Visual complaints and viewing habits are ________.
A. unique to each patient
B. unique to each patient and can help the eye care professional determine needs
C. unique to the patient, who has given them much thought.
D. the same for similar types of patients

6. Good conversation skills require ________.
A. speaking and informing
B. speaking and selling
C. speaking and suggesting
D. speaking and listening

7. Thick plus power lenses may be improved by ________.
A. recommending a higher index
B. recommending an aspheric design
C. both A and B
D. recommending a small rectangular frame

8. Providing service that exceeds expectations means ________.
A. presenting every available option
B. addressing needs the patient has verbalized
C. addressing needs the patient may not have verbalized
D. verbalizing the differences between many lenses

9. Specialized recommendations ________.
A. should be presented after general recommendations
B. may be what is needed, based on viewing habits
C. may require specialized edgers
D. should be presented before general recommendations

10. A plus lens in a grooved rimless frame ________.
A. is usually thick enough
B. is usually too thin
C. may have to be made thicker to get the required edge thickness
D. works best in a rectangular frame

11. Effective strategies for thin, well-fitting lenses are:
A. Increased decentration, high index, and aspheric materials
B. Reduced decentration, high index, and aspheric materials
C. Increased decentration, high index, or aspheric materials
D. Reduced decentration, high index, or aspheric materials

12. The interpupillary distance, or PD, is usually ________ the frame PD.
A. less than
B. the same as
C. more than
D. 10% more than
13. **Lens decentration is** ________.
   A. variable
   B. negotiable
   C. caused by PD
   D. fundamental to making good lens/frame recommendations

14. **Minus power lenses** ________.
   A. are always thick
   B. are sometimes thick
   C. may result in thick edges
   D. may be decentered

15. **Ensuring good choices are made** ________.
   A. is the responsibility of the prescriber
   B. is the responsibility of the eye care professional
   C. is the responsibility of the patient
   D. involves presentation of every option

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