

What if They're Not Crazy? (Learn to Love the Engineer)

Charlie Saccarelli, ABOM

Speaker Financial Disclosure Statement

Charlie Saccarelli is an Owner and the President of Chadwick Optical.
He potentially makes money when you buy stuff from Chadwick Optical.

"He" is me.



This is Charlie's Car.
2009 Nissan Versa

DISCLAIMER

- I am an optician presenting information for opticians to help opticians do what opticians do.
- What I am presenting is plenty accurate enough for that specific purpose.
- To many of the things I say, a vision scientist or physics professor might interrupt and say "well technically that's not entirely correct because blahhhhhhhhhhh"
- ...that's why they're not invited.

ONE MORE THING

- You can take pictures of the slides if you want, but I'd rather you just pretend to pay attention to what I'm saying. It makes me feel so good.
- Email me at chs@chadwickoptical.com, and I'm happy to share the entire presentation with you. Or text/What's App/whatever me at 267-374-5601

What we'll be discussing

- What is reality?
- Why we shouldn't gaslight patients
- Human perception and the iris-hole
- Three things to be aware of in your journey that will never show up on a refraction.
- Why engineers might seem annoying, but why we should thank them anyways.
- Why YOU should exceed the standard of care.

CHARLIE'S SOAPBOX MOMENT

©
"As to methods, there may be a million and then some, but principles are few. The man who grasps principles can successfully select his own methods. The man who tries methods, ignoring principles, is sure to have trouble."



Methods



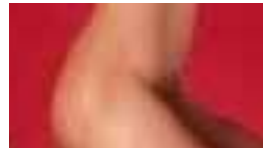
Principles

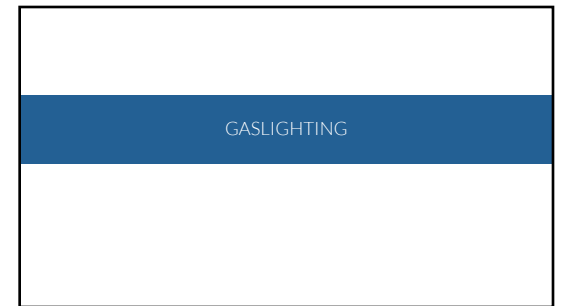
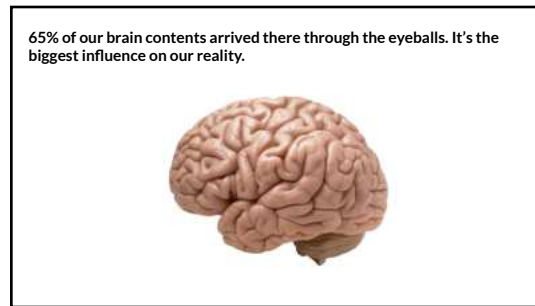
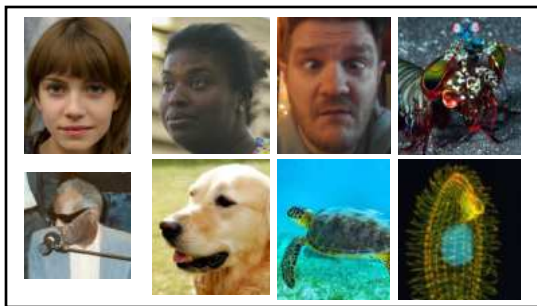
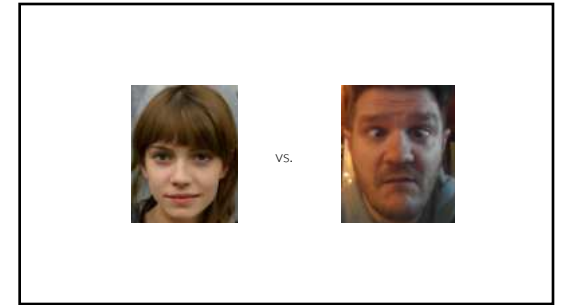
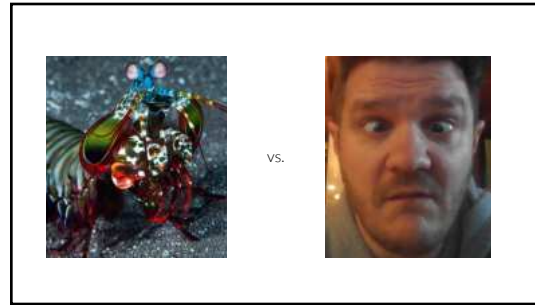
©
Method vs. Principle-Based Approach to Aniseikonia

RX #1:
OD: +5.00
OS: +2.00

RX #2:
OD: -5.00
OS: -2.00

REALITY





CAMPAIGN AGAINST GASLIGHTING

Patient:
Something is wrong.

PURVEYORS OF THE STANDARD OF CARE

- The tests we can look fine, so YOU must be fine.
- Great news! Your problem has a name! I did my job!
- Your refraction is correct, so everything MUST be fine. You can see 20/20. What more do you want?
- Your glasses meet ANSI standards, so everything MUST be fine.

This will probably be you someday.

Let's Exceed the Standard of Care

- Vision goes far beyond the refraction/diagnosis
- "Understanding is love's other name" - Thich Nhat Hanh
- Just keep trying to understand.
 - What is it like to have this condition?
 - What is it like to see through their eyes?
- Know the people in your area who specialize in that stuff so if you can't help them, you can introduce them to someone who can.

NO.	SPECIAL	CYCLINDER	AXIS	PRISM	BASE
OD	+3.25	-2.5	180		
OS	+2.00	-1.00	180		
OU	+2.00				

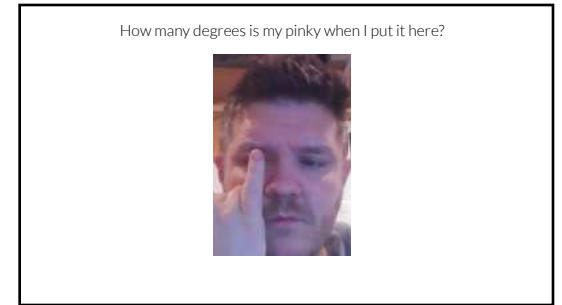
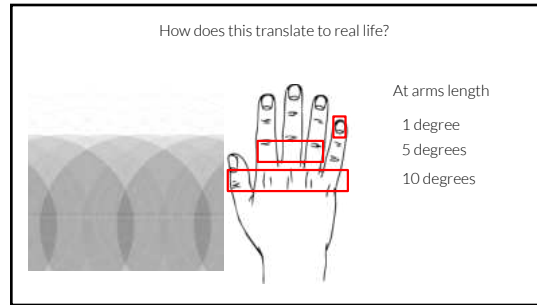
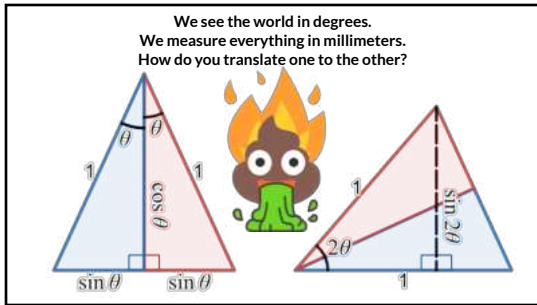
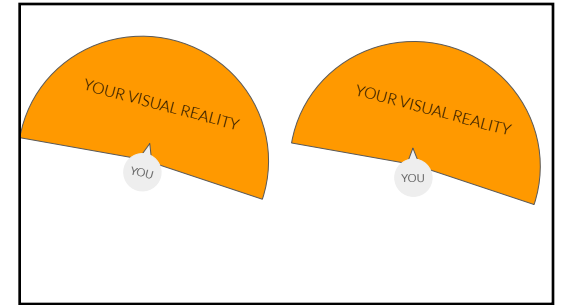
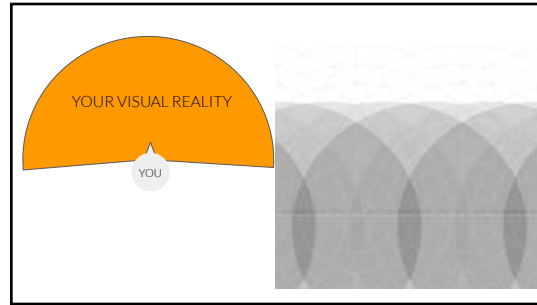
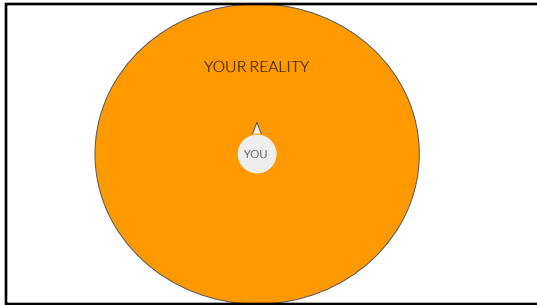
REMARKS: # 32-60
DATE OF EXAM: 3 OCT 14, REFRACTION DATE: 3 OCT 14
DR: [Signature]

CONSIDERING YOUR PERCEPTION

OPINION - HUMAN ANATOMY AND BIOLOGY IS GROSS

LET'S PRETEND WE'RE PERFECT AND FLAWLESS ROBOTS





Decreasing the Distance from the Eye **Increases** the Degrees It Represents



Closer to eye = more degrees



Further from eye = less degrees

Think of POW measurements as an assessment of how the patient will perceive the world through the glasses

Back Vertex	Perceptual Width of 10 mm	How much wider is it perceived?
13 BVD	26°	0%
11 BVD	29°	12%
8 BVD	34°	31%

Gaze angle to a lined segment

Flat Top Bifocal fit 5mm below pupil	Gaze Angle to line	Fitting Height to Achieve 21° Gaze Angle
13 BVD	21°	5mm below
11 BVD	24°	4.2mm below
8 BVD	32°	3.07mm below

Where the glasses ARE has a big impact on how they are perceived.

LIMITATIONS OF A REFRACTION

The Refraction

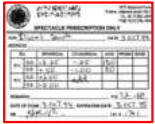
- Step 1: Sit Down
- Step 2: Look at static black letters on a white background 20 feet away
- Step 3: Answer 1 or 2 until the refractorist arrives at this:



What Typically Doesn't Get Answered at the Refraction

- How do your eyes work together when you look 10 degrees to the left?
- How about the right?
- Up?
- Down?
- What are the vergence ranges of your binocularity? How close can you bring your finger to your face before your vision goes double?
 - Does that change substantially when you're tired?
 - How tired are you right now?
- How should we combine all this data with your lifestyle to help select the best performing lenses for you?

GOOD NEWS!

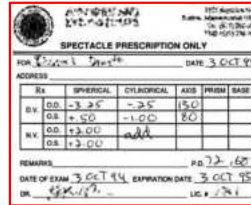


+ The natural resilience and adaptability of humans =

Normally, we don't have a problem.

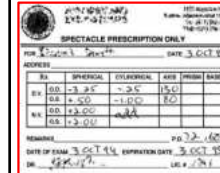


But when there IS a problem...



This is one of our only tools.

Let's look at bit closer at this RX...any red flags?



Who decides on a slab? The doctor? The optician?

One image might look bigger than the other. Who is normally responsible for managing that?

Most doctors I talk to don't think this is their job...do you think it's yours?

Also...it's like super expired.

Also...Aniseikonia...but NOT in the RX

Is the measurement of image size part of any standard eye exam?

Patients often have non-refractive aniseikonia after retinal surgeries. Does anyone measure for that? Is it the doctor's job? Is it your job?

Most doctors I talk to don't think to tell these things to the optician.

Would you know what to do with it if a doctor did say they needed additional magnification in one eye to offset a size imbalance?

A FEW THINGS...

Three Things That Might Make a Patient Seem Crazy

1. Negligent Creation of Unwanted Prism
2. Patient tolerance <> ANSI tolerance
3. Yoked Prism



The Alcoholic, the Psoriasis, and the Ginger Ale

Given these facts, what would your hypothesis be?

- Patient has severe psoriasis
- Patient consumes 1/2 of a 5th of whiskey nightly
- Alcohol consumption is strongly correlated to psoriasis

What might she try to reduce her psoriasis?

Q: What might she try to reduce her psoriasis?

A: Quit drinking

B: Consider that ginger ale may have high-fructose corn syrup in it, and even though there's not much of a correlation between corn syrup and psoriasis, switch to a mixer that's free of high-fructose corn syrup

Occam's Razor

The simplest explanation is usually the best one. Don't whip these thoughts out FIRST. Whip them out when you're at your wits end.

...and maybe quit drinking so much whiskey.

Ophthalmic Training Levels

Ophthalmologist - years of anatomy and physiology, one course on refraction

Optometrist - years on refraction, one course on ophthalmic optics

Opticians - ...?

Negligent Creation of Unwanted Prism

- Eyes misaligned vertically, one higher than the other, imbalance not built into glasses
- Measuring PRP incorrectly
 - Freeform - measure like a PAL
 - Standard lenses - drop 1 mm for every 2 degrees of panto
- Considering patient's previous pair and potential adaptation to flaws

How were ANSI standards created?



- A. Based on what could reasonably be manufactured repeatedly and reliably and influenced by the biggest companies trying to minimize their manufacturing failures
- B. A diverse study of thousands of humans, assessing their tolerance and reaction to ophthalmic stimuli, carefully considering how humans are best served by ophthalmic lenses

Patient Tolerance <> ANSI tolerance

- ANSI gives 2 mm horizontal tolerance and 1 mm vertical tolerance.
- ANSI gives 2/3D horizontal tolerance, and 1/3D vertical tolerance.
- Post-concussion patients are often sensitive to as little as ¼ diopter of vertical prism
- Doctors often prescribe prism that is completely negated by a gaze shift of a few degrees.
- Don't assume optometrists know better. They know their stuff. You know your stuff.

Contact Lenses Are Often the Answer

- When you have issues where the eye and the lenses aren't getting along
- Eyes move, glasses stay still
 - Abberations and issues compound as you get further from the PRPs
- Eyes move, contacts move
 - That doesn't happen.

CHARLIE'S SOAPBOX MOMENT (THE SEQUEL)

Yoked Prism & The Opticianry Gospel



Prism in the same direction _____

- Cancels
- Compounds

What Does Cancels Mean?

- Neutralizes, Offsets, No Net Effect
- Additive, Cumulative, Net Effect

What Does **No Net Effect** Mean?

- It Doesn't Matter, Irrelevant
- It Matters and is Relevant

Therefore...Prism in the same direction:

→ Cancels

◆ No Net Effect

FAKE NEWS

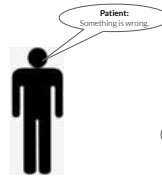
For visual acuity, yoked prism doesn't matter.



For balance and other aspects of perception, yoked prism **DOES** matter.

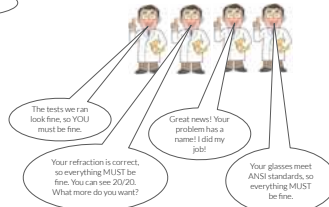
Pay attention to yoked prism. You just might be messing with your patient's well-being.

The Standard of Care...Kinda Sucks



Patient:
Something is wrong.

PURVEYORS OF THE STANDARD OF CARE



The tests we ran look fine, so YOU must be fine.

Great news! Your problem has a name! I did my job!

Your glasses meet ANSI standards, so everything **MUST** be fine.

Your refraction is correct, so everything **MUST** be fine. You can see 20/20. What more do you want?

This will probably be you someday.

What do most patients do when they're gaslit?

- They just give up.
- They stop coming to your practice since you can't help them
- They go somewhere else (maybe the internet)
- They condemn themselves to a life of suffering

Suffer in Silence? **Not the Engineer!**

IN DEFENSE OF ENGINEERS

The Reality of an Engineer



The stuff inside this pump needs to be manufactured within 0.127 mm (.005 in).

Some pumps have parts with a tolerance of .005 mm (.0002 in)

**Up to 760 times
the level of
precision**

The Reality of an Optician



Power of 4.00 vs 4.12 is acceptable

Radius of curvature 132.5 vs 128.64

Manufacturing tolerance is equivalent of 3.86mm (152")

A Bit More About Engineering

- Engineered and machined parts are normally processed in large batches (think eyewire screws).
 - They are uniform, and the specification never changes.
 - Maintaining tight tolerance on such a part is part of the process.
 - Tooling is designed and made to support the manufacture of that specific part
-
- Precision optics are used in things like telescopes and cameras, where hundreds and thousands of lenses are made to the same specifications.

Eyeglass vs. Precision Optics Manufacturing

- Process Designed for Variety vs. Consistency (Mass Production of Prototypes)
- The curing process for plastic lenses results in a shrinkage that mildly affects the curvature and the power of the final lens.
- The machining and engineering processes are used to make the molds that are used to cast the lenses. These molds cost several thousand dollars.
- Engineers live in a world of true precision and order. In their world, 0.01 diopter is a joke.

The Chaos of Compounding Tolerance

- While things may seem orderly, the universe is laced with chaos.
 - Where's the next branch going to grow on the tree?
 - Where's the next mole going to appear on your back? When?
- Human faces are a mess...from an engineering standpoint.
- Human eyes are a mess...from an engineering standpoint.
- A system is only as good as its worst part, and the worst part...is you.

The Stakes of an Engineer

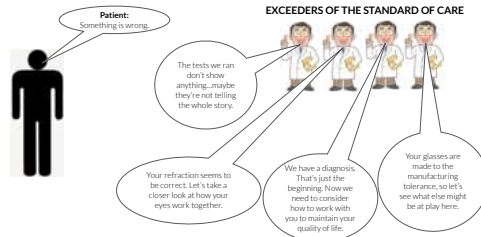


The Stakes of an Optician



CONCLUSION

Can You Exceed the Standard of Care?



Exceeding the Standard of Care is a War Against Inertia

- Meeting KPI's around breakages, remakes
- Paying rent
- Paying utilities
- Equipment investment
- Paying staff
- Decreasing Insurance Reimbursements
- Intense competition
- Price compression

Everyone has hero moments. Find yours.

**Questions?
Comments?
Uncontrollable Emotions?**