

On behalf of Vision Expo, we sincerely thank you for being with us this year.

Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to us as our Conference Advisory Board considers content and speakers for future meetings to provide you with the best education possible.



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Lessons Learned from Favorite Contact Lens Cases

Milton Hom, OD, FAAO
Shalu Pal, OD, FAAO
David Kading, OD, FAAO
Thomas Quinn, OD, MS, FAAO

2

Lessons learned

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Azusa, CA

3

disclosures

last 12 months	last 12 months	last 12 months
allergan/abbvie	silk-tech	surface pharma
bausch health	sydnexis	nevakar, inc.
novartis	topcon	visus therapeutics
sun pharma	eyenovia bio	aperta biosciences
kala pharma	laboratoires Thea	astareal, inc.
tarsus pharma	aurinia pharma	azura ophthalmics
hiovione scientia	eyevance pharma	aldehyra therapeutics
		allysta

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PRESBYOPIA*

INEVITABLE AND AFFECTING MORE PEOPLE THAN EVER



How many people are affected globally?

~1.8 billion¹



How many Americans are presbyopes?

128 million^{2,4,*}



How many people buy their readers at the drugstore?

30.9 million⁵

*Determined based on U.S. Census data.

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QUALITY OF VISION, QUALITY OF LIFE



ORIGINAL ARTICLE
Presbyopic correction use and its impact on quality of vision symptoms

Ahmed Swarden^{1,2,*}, Colin McAlinden^{1,2,3,4}, James S. Wolffsohn^{5,6}

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Review Article

Review of the impact of presbyopia on quality of life in the developing and developed world

Ahmed D. Swarden^{1,2,*}, William C. Stewart³, William R. Burns⁴, Jennifer A. Stewart⁵ and Lindsay A. Nisbet⁶

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²Department of Optometry, Aston University, Birmingham, UK
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ABSTRACT. Purpose: To explore the public health impact of presbyopia regarding its effect on quality of life (QoL) and society in both the developed and developing worlds. Methods: A literature review was conducted from studies published in English, the authors identified and reviewed those studies that explored the impact of presbyopia on QoL. Results and Conclusions: Presbyopia is the leading cause of vision impairment, affecting approximately 1.8 billion people globally. Presbyopia is a significant public health problem, affecting the quality of life of many people. Presbyopia is a significant public health problem, affecting the quality of life of many people. Presbyopia is a significant public health problem, affecting the quality of life of many people.

Swarden A, McAlinden C, Wolffsohn JS. Presbyopic correction use and its impact on quality of vision symptoms. J Optom. 2020;13(1):29-34.

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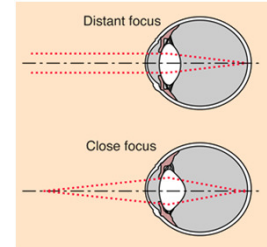
- **Spectacles¹**
 - Single vision
 - Bifocal/Trifocal
 - Progressive
- **Contact Lenses²**
 - Soft Multifocal
 - Monovision
 - GP's
 - Scleral

- **Surgical Treatments**
 - Excimer laser³
 - Monovision
 - Modified Monovision
 - Multifocal ablation
 - Femtosecond laser inlays⁴
 - IOLs
 - Diffractive Technology-bifocals, trifocals, EDOF⁵ Nondiffractive Technology EDOF
 - Accommodating
 - Light Adjustable
 - Femtosecond laser-induced shape change
 - Femtosecond laser⁶
 - Softening of the crystalline lens

1. American Optometric Association website, Accessed 2020. 2. American Academy of Optometry website, Accessed 2020. 3. American Academy of Ophthalmology website, Accessed 2020. 4. Liu et al. *Int J Ophthalmol* 2015; 5. Moarefi et al. *Ophthalmol Ther*. 2017 4. Sieburth and Chen. *Taiwan J Ophthalmol*. 2019.

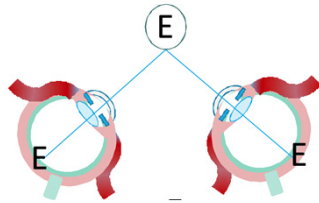
Q: We live in a 3D world. We only have a 2D retina. How can we perceive different distances?

A: Accommodation



THE NEAR TRIAD

1. Accommodation
2. Convergence
3. Miosis



BIHOLA, RAHUL (23 JANUARY 2006). "EYEROUNDS.ORG: TUTORIAL: BINOCULAR VISION". WEBEYE.OPHTH.IOWA.EDU: UNIVERSITY OF IOWA. RETRIEVED 11 SEPTEMBER 2020.
[HTTPS://WWW.BOULDERTV.COM/WP-CONTENT/UPLOADS/SITES/478/2017/03/THE-NEAR-TRIAD.PDF](https://www.bouldervt.com/wp-content/uploads/sites/478/2017/03/the-near-triad.pdf)

LENS

"Younger than age 30, the nucleus was found to be softer than the cortex."

"Cortical and nuclear stiffness values were similar...in the 30s."

"Over the age of 50, the lens nucleus was typically an order of magnitude more rigid."

HEYS KR, CRAM SL, TRIJSCOTT RJ. MASSIVE INCREASE IN THE STIFFNESS OF THE HUMAN LENS NUCLEUS WITH AGE: THE BASIS FOR PRESBYOPIA? *MOL VIS*. 2004 16;10:956-63.

LENS



Protein homeostasis: live long, won't prosper

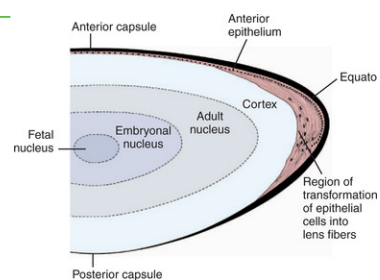
Brandon H. Toyama and Martin W. Hetzer*

Abstract

Protein turnover is an effective way of maintaining a functional proteome, as old and potentially damaged polypeptides are destroyed and replaced by newly synthesized copies. An increasing number of intracellular proteins, however, have been identified that evade this turnover process and instead are maintained over a cell's lifetime. This diverse group of long-lived proteins might be particularly prone to accumulation of damage and thus play a critical role in the functional deterioration of key regulatory processes during ageing.

Toyama BH, Hetzer MW. "Protein Homeostasis: Live Long, Won't Prosper." *Nature Reviews Molecular Cell Biology* 14.1 (2013): 55-61.

LENS



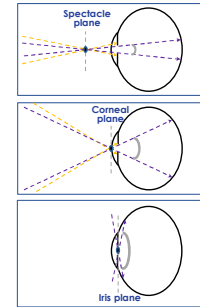
MAKING THE MOST OF MOA

Miotic is a viable option to treat presbyopia

- Increase of depth field/depth of focus
- Sensitive to affect pupil size/near vision but not affecting IOP
 - Pupil not fixed – pupil returns to natural size
 - At the IRIS plane vs a handheld pinhole/corneal inlay

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PINHOLE PLACEMENT AND PERIPHERAL VISION



- A pinhole can restrict peripheral vision.
- Placing the pinhole at the iris plane extends depth of focus without restricting peripheral vision.¹

1. Charman. Ophthalmic Physiol Opt. 2019.

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Case

54 year old female presbyope
 OD +1.00 DS 20/20
 OS PL 20/20
 +2.50 Add
 Does not want glasses
 Attempted multifocal CL and does not want to try again

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Case

Treatment options

Distance CL with reading glasses
 CL Multifocals
 Monovision
 Modified monovision
 Pharmaceutical with CL

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Case

Pharmaceutical with CL

 OD +1.00 single vision CL Avaira Vitality
 Pilocarpine prior to application of CL, both eyes

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Case

Pharmaceutical with CL

Distance Photopic
 OD 20/20
 OS 20/20

Distance Mesopic
 OD 20/20
 OS 20/20

Near Photopic
 OD 20/20
 OS 20/20

Near Mesopic
 OD 20/25
 OS 20/25

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Case

Pharmaceutical with CL

AEs
Headache
Burning and stinging
Duration of action

25

Case

Allergan/AbbVie
Visus Therapeutics
OSRX Pharmaceuticals
Presbyopia Therapies
Eyenovia
Novartis UNR844
Orasis Pharmaceuticals

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Global Contact Lens Forum Part II – Lessons Learned from our Favourite CL Cases

Dr. Shalu Pal, OD, FAAO, FSLs, FBCLA

Toronto – Private Practice
Global Myopia Symposium – Planning Committee
Founder Canadian Contact Lens Academy
Past Chair AOA - Contact Lens and Cornea



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Financial Disclosures – Dr. Shalu Pal

I have received honorarium from the following companies for my role as a lecturer, consultant, writer or ad board member in the last year.

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> Alcon Allergan Bausch & Lomb Bayer Blanchard Boston Sight CandorVision CooperVision Eyeris | <ul style="list-style-type: none"> FYI Doctors GPLI J&J Vision Labtician Novartis Paragon Santen SLES Shire | <ul style="list-style-type: none"> SightGlass Sjogren's Society Foundation STAPLE Program Sun Pharma Tarsus |
|--|--|--|



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Case 1 – Gas Permeable Lens Patient

Background:

JM is A keratoconic patient suffering with poor vision, discomfort from previous fits, skepticism and is concerned about the cost.

Patient Goals:

He wants a solution and a guarantee before he pays again for new lenses

Approach:

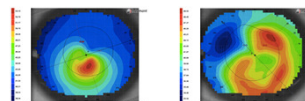
- (1) Listen to the patient – and let him explain all he went through
- (2) Go over the topographies and explain the maps
- (3) Explain what I am going to do different than his current uncomfortable fit
- (4) Explain the options, materials, fitting process, time, goals and options if goals are not achieved
- (5) Explain costs, exit points and put control in the patients hands
- (6) Also explain new options – scleral lenses, hybrids and EyePrint



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Case 1 – Gas Permeable Lens Patient

Current Topographies:

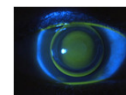


Discussion:

- GPs – how they will help, what is different from his current fit, what I can do differently
- Time line of the fit, costs and
- No pressure at all

Outcomes:

- Staff helped to reassure him and answered all of his questions
- Started the fit after he processed all information.
- Discussed each step one at a time



Lessons Learned:

Charging for our consultation time and staff time
Patience and kindness to calm our patient's fear & involving them in the fitting process
The importance of our staff



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Case 2 – Multifocal Soft Contact Lens Patient

Background:
JB is an early presbyopic contact lens wearer that refused to believe he needed multifocal. He insisted on wearing single vision lenses only. He's frustrated and angry with me. -8.50 Sphere ou, +1.50 Add

Patient Goals:
Achieve all ranges of vision with the use of single vision lenses only.

Approach:
(1) Try to achieve patient goals without compromising vision or providing monovision
(2) Try to explain the benefits of multifocal lenses and push him to wear them

Outcomes:
I had to trick the patient into multifocal lenses but finally got him to see well



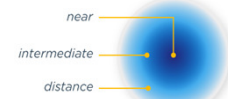
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Case 2 – Multifocal Soft Contact Lens Patient

Lessons Learned:
Age is a sensitive topic
Developed a system to explain presbyopia to never have to face these struggles
Start talking about presbyopia and accommodative changes at a early age

THE SYSTEM OF 10
❖ 2.50 D of change over the course of 30 years
❖ 0.25 steps = 10 steps of change
❖ A reservoir of energy that we lose over time

THE BENEFITS
❖ Patients can track and follow their own process
❖ Better understanding
❖ Better compliance
❖ Early start and entry into MFs and Progressives

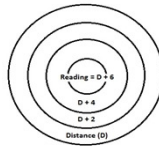
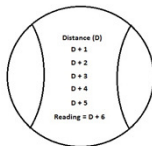
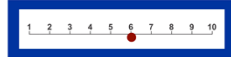


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Case 2 – Multifocal Soft Contact Lens Patient

Presbyopic Patient - +1.50 Add

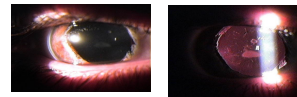
- 6 units of energy Lost – 4 natural units remaining
- Running on 40% only
- I need to give them 6 units of magnification
- Better to be at 100% than only running on 60%



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Case 3 – Prosthetic Patient

Background:
RK, 35 YOM, complaining about glare, halos and poor vision in the right eye. He was diagnosed with cataracts and referred to me to see if we could improve vision prior to referring for surgery. Current VA's uncorrected 20/100. He was hit in the eye with a shingle at age 8.



Patient Goals:
Wants to reduce his glare. Is willing to have surgery. He was never offered prosthetics

Approach:
(1) Listen to the patient – and let him explain all he went through
(2) Explain the options, materials, fitting process, time, goals and options if goals not achieved.
(3) Explain costs, exit points and put control in the patients hands

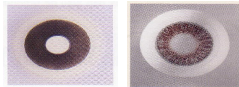


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Case 3 – Prosthetic Patient

Fitting Process Highlights:

- Wife involved to color match his other eye
- Fit with a custom prosthetic



- Wearing the lens startled him
- VA improved to 20/20 after a few weeks of adjusting an an OR

Lessons Learned:

- We had to include the wife for the color matching
- Patience and kindness to calm our patient's fear
- Trust your gut
- Think outside the box
- The importance of pin-holing

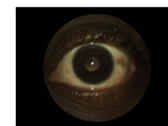
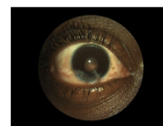


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Case 4 – Scleral Lens Patient

Background:

A 30-year-old male, KM, was referred to the office for a scleral lens assessment. He presented with uncorrected vision of 20/200 in the right eye and 20/20 in the left. KM sustained a penetrating corneal knife wound of the right eye while away on holidays. KM sustained a 12mm corneo-scleral laceration of the central cornea, inferior temporal cornea and inferior temporal sclera. The attending physician documented vitreous body loss and prolapse through the laceration, hernia of the choroids and a right traumatic cataract. Emergency surgery to repair the cornea, close the laceration, clean the vitreous body, replace the choroids and repair the retina was performed. The traumatic cataract was not touched during this surgery. Post surgery complications included glaucoma, sympathetic ophthalmia, retinal detachments, pain and temporary blindness.



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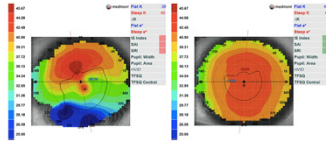
Case 4 – Scleral Lens Patient

Patient Goals:
No Expectations just hopes

The Plan:
Attempt a fit with scleral lenses!

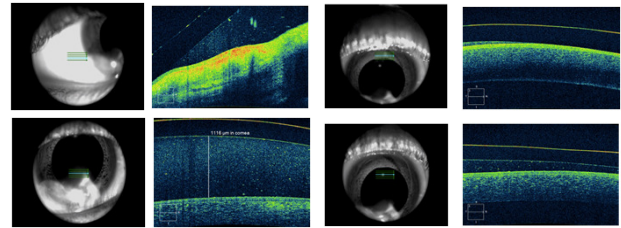
The Process

- Held a lens in place
- Designed a lens empirically with the lab
- Many Redo to achieve stability and comfort and a lens to hold in place
- Vision refinement was last



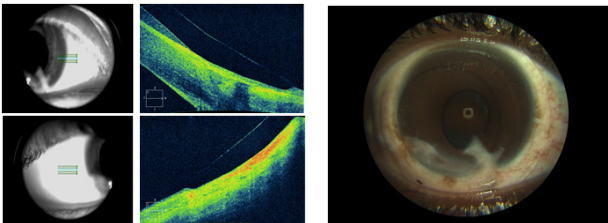
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Case 4 – Scleral Lens Patient



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Case 4 – Scleral Lens Patient



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Case 4 – Scleral Lens Patient

Outcomes:

- 20/25 vision OD and no correction OS
- He's extremely happy
- Fit him 3 years late with EyePrint Prosthetics – even greater comfort

Lessons Learned:

- You just have to try
- Involve your lab
- Scleral or EyePrint is not a fast process
- Technology keeps improving
- We can change lives



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THANK YOU!

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Little Myope

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David Kading, OD, FAAO, FCLSA
has no financial or proprietary interest in any of the products that are mentioned

Co-Owner **Optometric Insights** with Dr. Mile Brujic

Crash Test Dummy, Consulting, Research, Speaking:
Alcon, Allergan, Bausch + Lomb, BioTissue, CooperVision, Oculus, Euclid, EyeVance, EyeEco, Facebook, Johnson and Johnson, Oculaphire, Olympic Ophthalmics, OptoVue, Novartis, RPS, Shire, Sight Sciences, Sun Pharma, Takeda, TearScience, Valeant Pharmaceuticals, Valley Contax, VSP, Weave, Zeiss, and ZeaVision.

OPTOMETRIC INSIGHTS
Kading Consulting
SPECIALTY EYE
SPECIALTY DRY EYE AND CONTACT LENS CENTER

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6YOM

- RX:
• -0.25-0.25x178
• - 0.25-0.50x003
- Myopic Parents
- Brother 8 years old (-2.00)
- Axial Length 23.8 OD, 23.9 OS

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Our greatest challenge around Myopia is not our treatments, but the refusal to call it a disease

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Myopia EPIDEMIC

“The prevalence of myopia in Americans has soared by 66% since the early 1970s”


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Quarantine Myopia

Prevalence of Myopia prior to verses 2020 in 6 year-olds
5.7% v. 21.5%

Increase of 15.8%

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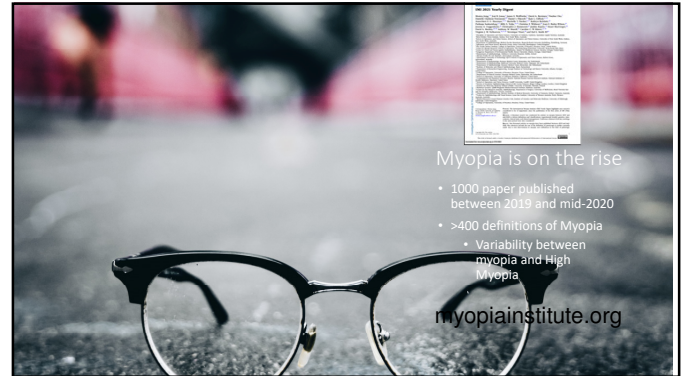


% of Population with Myopia

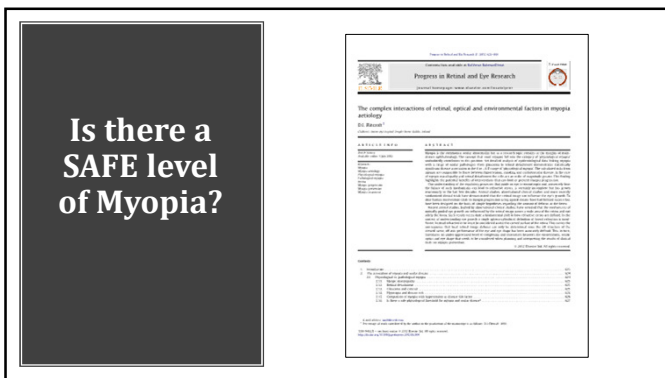
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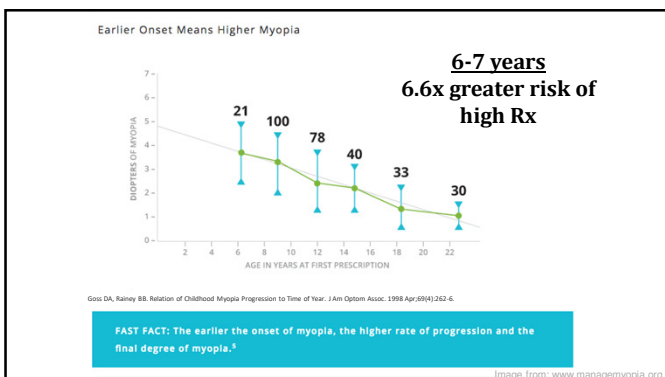
Increased risk

	Glaucoma	Cataract (PSCC)	Retinal detachment	Myopic Maculopathy
-1.00 to -3.00	2.3	2.1	3.1	2.2
-3.00 to -5.00	3.3	3.1	9.0	9.7
-5.00 to -7.00	3.3	5.5	21.5	40.6
>-7.00			44.2	126.8

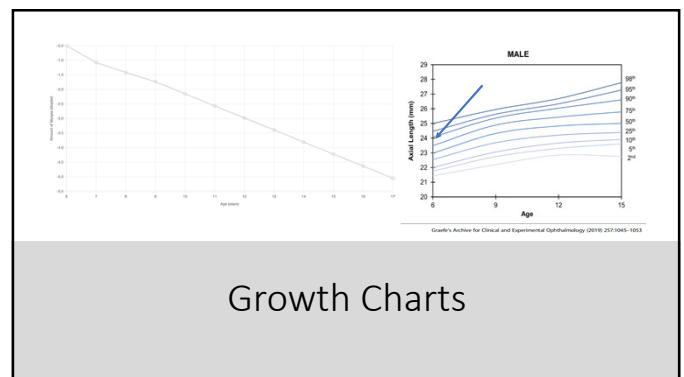
Odds ratios describe how strongly one condition is associated with another.

Youman et al 2002, Ogawa & Tanaka 1988, Vongphient et al 2002 in Pflaugh 2012

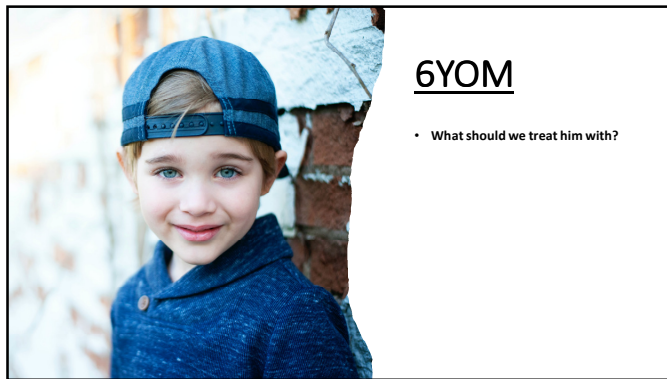
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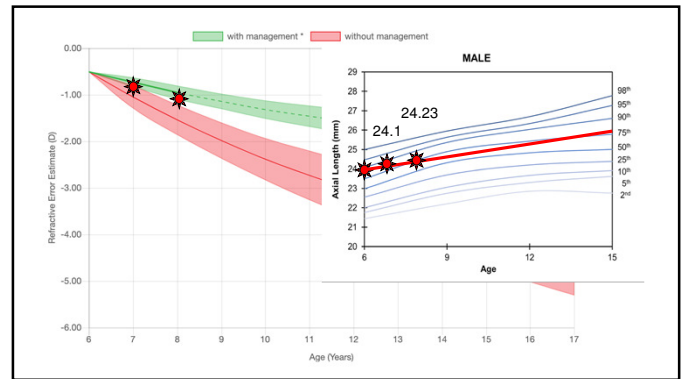
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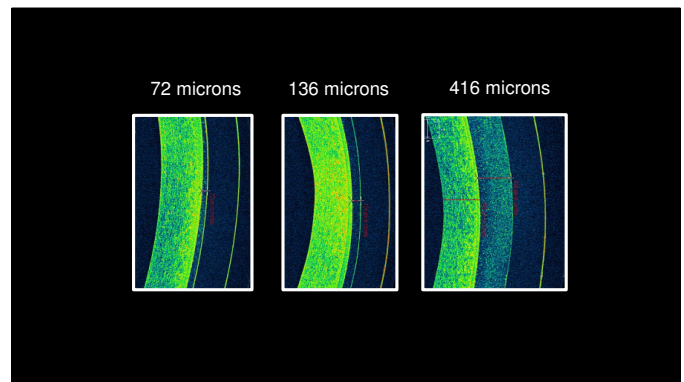
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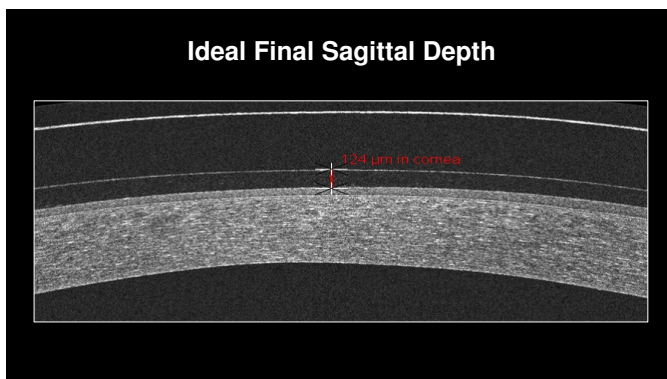
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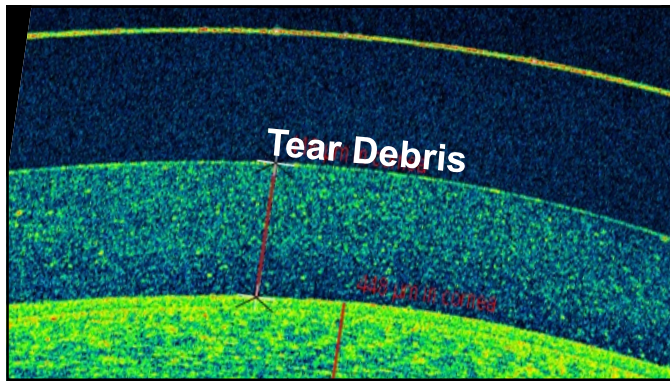
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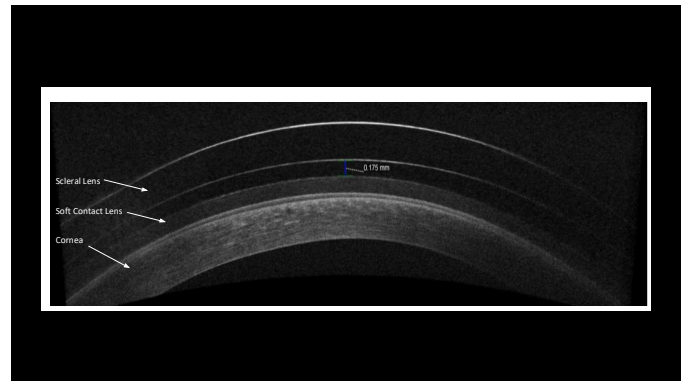
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Piggybacking Prosthetic Iris Lenses and Sclerals: Cosmetic and Visual Correction
 Andrew Fischer, OD, Sarah Henderson, OD, David Kading, OD, FAOD, FCLSA
 Specialty Dry Eye and Contact Lens Research Center, Seattle, WA

Introduction
 A congenital iris coloboma is a rare condition which can cause significant visual aberrations. The case outlines managing visual aberrations and cosmesis in a patient with bilateral iris coloboma.

Case Presentation
 A 24-year-old Indian female presented for a second opinion, having been told she may have keratoconus. She complained of distorted lights, glare, and ghosting, especially at night.

Her ocular history was positive for iris and retinal coloboma OUL, CL surgery OD, congenital cataract OD, and LASIK surgery OS. The congenital cataract and retinal coloboma OD were so extensive that visual improvement potential was minimal.

Entering VAs were 20/400 OD and 20/30 OS. Corneal topography was performed to address possible keratoconus; the patient did not present with keratoconus, but preoperative astigmatism (P) and toricity (A) were noted.

Methods & Materials
 The patient was fit into a Valley Custom Statix Elite CLS improving vision to 20/25; the patient reported blur was improved with the scleral lenses, but still bothersome at times. The lens was fit with a central clearance of 170 microns and the optic zone was enlarged to add in aspheric and reduce distortion.

She also questioned what could be done to improve the appearance of the eye. The patient was fit into Alcon SP 43 soft CL. The CL lens was to be worn beneath the scleral. She noted decreased distortion with the piggyback system. VAs were 20/400 OD, 20/20-2 OS, and the patient was happy with the cosmetic improvement.

Discussion
 In this case, both a scleral lens and a prosthetic iris lens were fit in a piggyback system in order to minimize glare and distortion, while also addressing the patient's concerns about the cosmetic appearance of her eyes.

Adverse Events
 This study was supported by The Specialty Dry Eye and Contact Lens Research Center.

Contact Information
 For more information, please contact Dr. Andrew Fischer at DrFischer@SpecialtyDryEye.com

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Disclosures

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Bausch & Lomb
CooperVision
GPLI (CLMA)
LENTECHS, LLC
STAPLES Program
JJ VC Vistakon



Roles:

- Clinical Investigator
- Advisory Board
- Speaker

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Professor B


- 64 yo university professor
- Referred by another OD
- Has seen many experts; none have solved his problem
- Complaint: Multiple images in each eye

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Professor B

- Where do we start?
- External Examination
 - Ptosis OU
 - Right Exotropia
- Slitlamp Examination
 - Cornea
 - Crystalline lens
 - Macula



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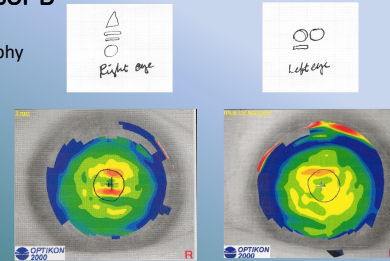
Professor B

- What's next?
- Refraction:
 - OD -2.75-0.50 x 155 +2.50 add 20/25
 - OS -0.75 -2.00 x 068 +2.50 add 20/20-3

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Professor B

- Topography



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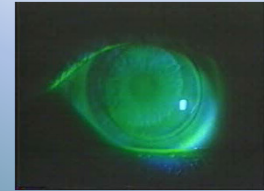
Professor B

- Now what?

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Professor B

- Now what?



Lesson Learned: Sometimes the best solution is a simple solution

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Professor B

- Your diagnosis?



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Impact of Eyelid on Corneal Shape

- angle of the eyelids is associated with the axis of corneal astigmatism



Read SA, Collins MJ, Carney LG, The Influence of Eyelid Morphology on Normal Corneal Shape. Inv Ophthalmol and Vis Sci, Jan 2007.

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Impact of Eyelid on Corneal Shape

• Reports of **Monocular Diplopia** from Eyelid

Mandell RB. Bilateral monocular diplopia following near work. Am J Optom Arch Am Acad Optom. 1966;43:500-504.

Knoll HA. Bilateral monocular diplopia after near work. Am J Optom Physiol Opt. 1975;52:139-140.

Bowman KJ, Smith G, Carney LG. Corneal topography and monocular diplopia following near work. Am J Optom Physiol Opt. 1978;58:818-823.

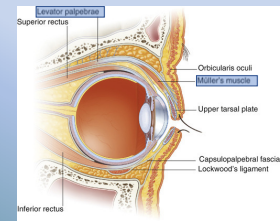
Ford JG, Davis RM, Reed JW, Weaver RG, Craven TE, Tyler ME. Bilateral monocular diplopia associated with lid position during near work. Cornea. 1997;16:525-530. [PubMed]

Goss DA, Criswell MH. Bilateral monocular polyopia following television viewing. Clin Eye Vision Care. 1992;4:28-32

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Eyelid Lifters

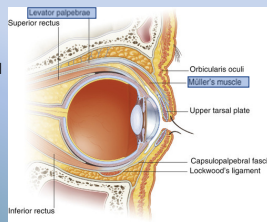
- Levator palpebrae superioris
 - The heavy lifter
 - 3rd nerve
- Mueller's muscle
 - Sympathetic nervous system
 - 1-2 mm of change
 - Droop with fatigue
 - Rise with excitement/fear



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Causes of Ptosis

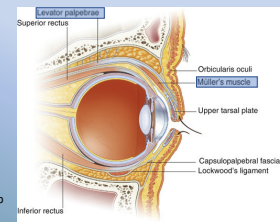
- Congenital
 - Levator muscle not properly developed
- Acquired
 - Aging
 - Nerve or muscular disorder
 - Trauma
 - Tumor
 - Myasthenia gravis
 - Bell's palsy



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Professor B

- Treatment Options
- What to do for Professor B?
 - Surgery
 - Crutch?
 - Contact Lens?
 - Eyedrop?
 - Oxymetazoline hydrochloride 0.1%
 - Direct acting alpha 2-adrenergic eyedrop
 - Stimulates alpha 2 receptors in Müller's muscle



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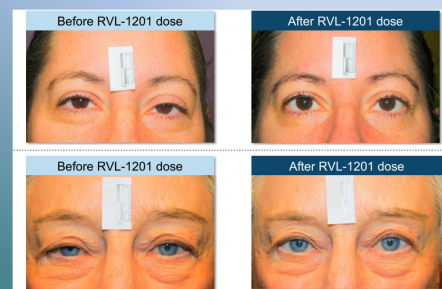
Oxymetazoline hydrochloride 0.1% (Upneeq)

- Randomized, Double-masked, Placebo-controlled study
- 109 subjects
- 1 drop in each eye daily in the morning
- Results:
 - Improvement in Visual Field
 - Raised lids; improved symmetry
- Adverse events
 - Conjunctival hyperemia (6 subjects: 5.5%)
 - Punctate keratitis (4 subjects: 3.7%)

Korenfeld M et al, AAO Poster #45, October 24 2019

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Oxymetazoline hydrochloride 0.1%



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Professor B

- The rest of the story...



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Case 2

next

80

B.A.- Secretary

- 47 yo, w, f
- Newly fit by another provider with DD MF
 - Blur at distance and near, esp. distance
- Reports wore a monthly replacement MF successfully before developing GPC (fit by yet another provider)

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B.A.- Secretary

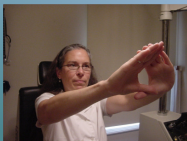
- Spectacle Rx
 - +4.00 DS +1.75 add
 - +3.50 DS +1.75 add
- CL Specs (DD MF center near asphere)
 - +4.50 Low
 - +4.50 High
- The Problem?
 - B.M. dominance testing
 - Sensory: OS
 - Sighting: OS



82

Lens Selection

- Determine eye dominance
 - Sighting dominance
 - Sensory dominance



83

Science says...

- Pointer J, J of Optom, (2012) 5, 52-55
 - Method:
 - 72 Emmetropes
 - Sighting method: hole in the card
 - Sensory method: +1.50 blur test
 - Results:
 - Right eye dominance
 - Sighting method: 71%
 - Sensory method: 54%
 - Laterality was in agreement only 50% of the time!

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Science says...

- Sighting Dominance
 - Little to no relationship with success with monovision ^{1,2}
- Sensory Dominance
 - Evidence suggests may be a better measure ^{3,4}

1. Shor C, Landsman L, Erickson P. Ocular dominance and the interocular suppression of blur in monovision, *Am J Optom Physiol Opt*. 1987 Oct; 64(10):723-30.
2. Erickson P, McGill EC. Role of visual acuity, stereoacuity, and ocular dominance in monovision patient success. *Optom Vis Sci*. 1992 Oct;69(10):761-4.
3. Robboy MW, Cox IG, Erickson P. Effects of sighting and sensory dominance on monovision high and low contrast visual acuity. *CLAO J*. 1990 Oct-Dec; 16(4):299-301
4. Collins MJ, Goode A. Interocular blur suppression and monovision, *Acta Ophthalmol (Copenh)* 1994; 72(3):376-80.

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M.M.- Physician

- 62 yo, w, m
- D/C GP MF due to dryness assoc. w/ RA
- Current Tx: Restasis, Omega 3, eyelid cleanser
- Interested in DD MF

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M.M.- Physician

- Keratometry: OD: 43.25/43.75 @ 098 OS: 44.00/43.50@121
- Spectacle Rx: OD: -3.75 -0.25 x 170 OS: -4.75 -0.75 x 100
+2.50 add +2.50 add
- OD dominant (sighting;sensory?)
- DD Options:
 - 1st attempt: MF OU → blur at near
 - Push plus non-dominant OS: blur persists
 - 2nd attempt: MF OD, SV toric OS set for near → blur at intermediate
 - 3rd attempt: MF OD, SV toric OS set for intermediate → blur at near
 - 4th attempt: MF OD biased near, SV toric OS for distance

• BINGO!

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Blur Tolerance Test

- Line up patient behind phoropter with best corrected Rx
- Both eyes open through the entire procedure
- Instruct patient to report when they first detect blur
- Introduce plus in +0.25 D steps until the patient reports blur
- Reset phoropter to best corrected Rx
- Repeat adding plus to the other eye until patient reports blur
- Calculate difference between findings for right and left eyes

Quinn TG, The Blur Tolerance Test, *Contact Lens Spectrum*, 34(3), March 2019

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M.M.- Physician

- Keratometry: OD: 43.25/43.75 @ 098 OS: 44.00/43.50@121
- Spectacle Rx: OD: -3.75 -0.25 x 170 OS: -4.75 -0.75 x 100
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 - 3rd attempt: MF OD, SV toric OS set for intermediate → blur at near
 - 4th attempt: MF OD biased near, SV toric OS for distance

• BINGO!

Plus to blur:
OD +0.75, OS +0.75

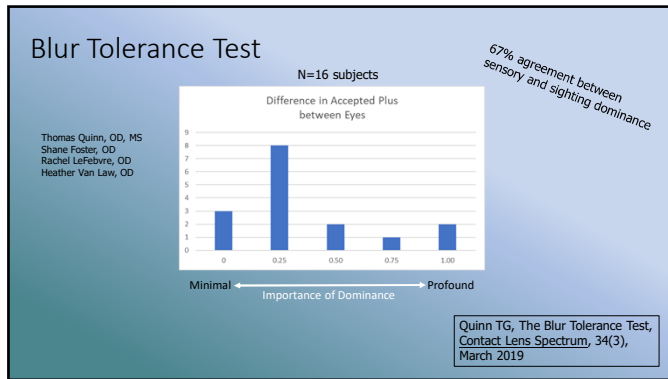
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B.A.- Secretary

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 - +4.00 DS +1.75 add
 - +3.50 DS +1.75 add
- CL Specs (DD MF center near asphere)
 - +4.50 Low
 - +4.50 High
- The Problem?
 - B.M. dominance testing
 - Sighting: OS
 - Sensory: OS

Plus to blur:
OD +1.50, OS +0.50

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Vision Expo Has Gone Green!

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