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 Education Planning Committee considers content and speakers for future meetings to provide you with the best education possible.

vision expo

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DISCLOSURES

- Melody Tavakoli has received honorarium from Johnson & Johnson, Topcon, Visionix and Essilor.
- She is an ongoing Professional Affairs Consultant for JnJ.
- She has done some consulting for Topcon, Essilor and Visionix through SightLine Ophthalmic Consulting.
- All relevant relationships have been mitigated.

2

THE MULTIFOCAL LENS MASTERCLASS

FROM BASICS TO FITTING BRILLIANCE

MELODY TAVAKOLI OD
COO, Sightline Ophthalmic Consulting

3

- Private Practice in San Diego, CA
  - Experience in Multiple Practice Modalities
- Sightline Ophthalmic Consulting COO
- Professional Affairs Consultant for Johnson & Johnson Vision

DRTAVCONSULTING@GMAIL.COM
WWW.SEEMEOPTOMETRY.COM
@SEEMEOPTO

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LEARNING OBJECTIVES

- Recognize types of multifocal lenses and their uses.
- Identify major brands and suitable patient scenarios.
- Apply fitting strategies for optimal visual outcomes.
- Assess patient suitability based on health and lifestyle.
- Communicate effectively with patients about options.
- Compare lens materials and their advantages.

5

PRESBYOPIA

- **Presbyopia** is a gradual, age-related loss of the eye's ability to focus on near objects, caused by decreased elasticity of the crystalline lens and reduced accommodative function of the ciliary muscles.
- **Presbyopia Affects ~1.8 Billion People Globally** (Fricke et al., 2018; *Ophthalmic Epidemiology*)
- **Multifocal Contact Lens Market Growth:** Expected CAGR of 7.3% from 2023–2030 (*Grand View Research*)
- **Increasing Demand:** Driven by aging population, active lifestyles, and cosmetic preferences.
- **Opportunity:** MFs remain under prescribed; only ~15% of presbyopes wear them.
- Between 2003 and 2019, the percentage of all CL fittings that was for presbyopes rose from 20% to 35%, and between 2005 and 2020, the percentage of presbyopes that were fit into multifocal lenses compared to single-vision lenses doubled from 25% to 50%.[2]

6

MONOVISION VS. MULTIFOCALS

- A 2003 investigation refit existing monovision wearers into a multifocal and showed high-contrast visual acuity was the same at all distances, but stereoacuity was better with the multifocal.[12] Subjective ratings for various distances and tasks were better for the multifocal.[12] One study found that high-contrast visual acuity was no different for either correction and stereoacuity was improved with multifocals.[14] An impressive 76% of wearers preferred the multifocal to monovision in this trial.[6] Other trials have similarly reported better stereopsis with multifocals compared to monovision.[5,7,18,19] In the studies mentioned above, 51% to 76% of patients preferred multifocals to monovision.[14] Subjective ratings of a multifocal were higher for most tasks and especially for changing focus.[5,7,15,17]

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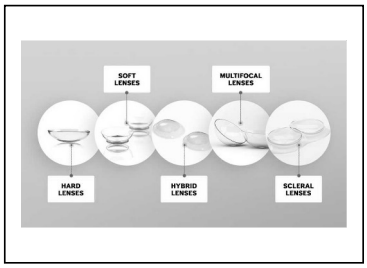


SOFT VS. RGP COMPARISON

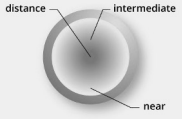
- Visual performance differences between soft and RGP lenses.
- Comfort levels associated with each lens type.
- Adaptation challenges for patients switching types.
- These lenses are also more common than rigid designs; last year in the US, soft multifocal lenses made up more multifocal lens fittings (12%) than rigid lens designs, which made up only 1%.[1]

8

TYPES OF MULTIFOCAL LENSES

CONCENTRIC

Distance power typically is in the center of the lens, surrounded by concentric rings of near and distance powers.



ASPHERIC

Distance (or near) power is in the center, with a gradual transition to other powers as you move away from the center.

SEGMENTED

Distance power is in the center and upper zones; near power is below. Bottom edge is flattened to keep the lens from rotating.

https://www.allaboutvision.com/eyewear/contact-lenses/conditions/multifocal-contacts/

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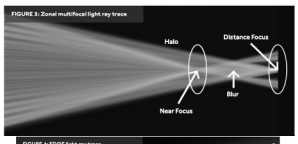
EXTENDED DEPTH OF FOCUS


FIGURE 1: Short depth of focus photograph


FIGURE 2: Extended depth of field photograph



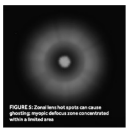


FIGURE 5: Zonal lens hot spots can cause ghosting. Hyperic defocus zone concentrated within a limited area

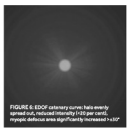
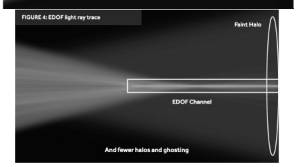


FIGURE 6: EDOF catenary curve; halo evenly spread out, reduced intensity (~1/3 per carol). Hyperic defocus area significantly increased >x10^



Understanding extended depth of focus (EDOF) contact lenses
By Philip Thompson FBDO CL MBCLA DISPENSING OPTICS DECEMBER 2023

10

WE NEED TO TALK…

INTRODUCE all viable options (multifocals, monovision, readers)

ASK about daily visual tasks (reading, screens, driving).

DISCUSS lifestyle needs: work, hobbies, lighting conditions

CLARIFY visual priorities: near, intermediate, distance

SET realistic expectations for multifocal performance

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WHAT DO YOU SAY?

- Do you have any interest in contact lenses?
- Did you know they make CLs with reading in them now?
- What specifically do you need your eyes to do for you in contacts?
- If you had to pick a little more distance or a little more reading, which would you choose?
- What's the goal in wear time? All day, everyday or special occasions?
- Here are your options…

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MAJOR MANUFACTURERS & BRANDS

Alcon

Dailies Total1 MF
Total 30 MF (Monthly)
Dailies Aqua Comfort Plus MF
Air Optix plus HydraGlyde MF (Monthly)

CooperVision

MyDay MF
clariti MF 3 add
Biofinity MF (Monthly)
Biofinity MF toric (Monthly)
*MyDay/BiofinityEnergys**

BAUSCH+LOMB

INFUSE One-Day MF
Biotrue ONEday for Presbyopia
ULTRA for Presbyopia (Monthly)
ULTRA MF for Astigmatism (Monthly)

Johnson&Johnson

Acuvue Oasys MAX 1-Day MF
AV Oasys MAX 1-Day MF for Astigmatism
1-Day Acuvue Moist MF
Acuvue Oasys MF (2 week)

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Johnson&Johnson

Acuvue Oasys MAX 1-Day MF

- Daily / 8.4 / 14.3
- Senofilcon A = Dk 147
- Water Content: 38%
- -9.00D to +6.00D (0.25 steps)
  - ADDs: LOW, MID, HIGH
- 99.9% UVA and100% UVB
- OptiBlue™ Light Filter = 60%
- TearStable™ Technology
- PUPIL OPTIMIZED DESIGN
- Green/blue tint

1-Day Acuvue Moist MF

- Daily / 8.4 / 14.3
- Etafilcon A = Dk 25.5
- Water Content: 58%
- -9.00D to +6.00D (0.25 steps)
  - ADDs: LOW, MID, HIGH
- ~82% UVA and ~97% UVB
- Hybrid Back Curve Technology
- LACREON® Technology
- PUPIL OPTIMIZED DESIGN
- Blue handling tint

Acuvue Oasys MF

- 2 Weeks
- Senofilcon A = Dk 147
- Water Content: 38%
- -9.00D to +6.00D (0.25 steps)
  - ADDs: LOW, MID, HIGH
- >96% UVA and >99% UVB
- Hybrid Back Curve Technology
- HYDRACLEAR® PLUS
- PUPIL OPTIMIZED DESIGN
- Blue handling tint

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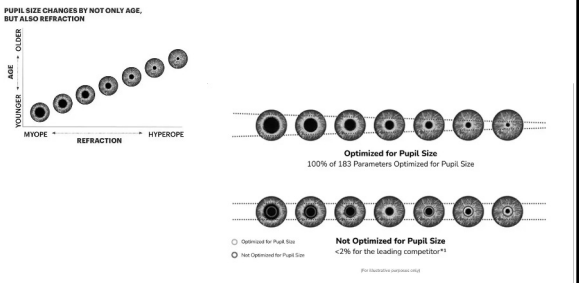
PUPIL OPTIMIZED DESIGN



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FITTING PROCESS

- **Step 1**

- **Avoid over-minusing** by performing a red/green balance
- **Apply vertex correction and determine spherical equivalent** (or, use calculator)
- Ensure cylinder ≤ **0.75D**

- **Step 2**

- **Utilize Sensory Method** to determine ocular dominance (+1.50 blur tolerance test)
- Remember, sensory dominance and sighting dominance may **differ up to 40% of the time**.[3]

- **Step 3**

- **Prescribe minimum** plus for functional near vision
- **Avoid prescribing additional** plus in the add, as is occasionally done in progressive spectacle lenses

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FIT GUIDE

	ADD	EYE	LENS SELECTION
40s	+0.75D to +1.25D	Dominant Eye	LOW
		Non-dominant Eye	LOW
50's	+1.50D to +1.75D	Dominant Eye	MID
		Non-dominant Eye	MID
60's	+2.00D to +2.50D	Dominant Eye	MID
		Non-dominant Eye	HIGH

or visit **jnjvisionpro.com/calculators-tools** to **QUICKLY AND EASILY** find the right trial lens powers for presbyopic patients

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ADJUSTMENTS

	ADD	EYE	LENS SELECTION	ENHANCED DISTANCE VISION	ENHANCED NEAR VISION
40s	+0.75D to +1.25D	Dominant Eye	LOW	ACUVUE SPHERICAL CONTACT LENS	LOW
		Non-dominant Eye	LOW	LOW	LOW +
50's	+1.50D to +1.75D	Dominant Eye	MID	LOW	MID
		Non-dominant Eye	MID	MID	MID +
60's	+2.00D to +2.50D	Dominant Eye	MID	MID	MID
		Non-dominant Eye	HIGH	MID +	HIGH +

Allow for 10 minutes of real-world exposure (outside of the exam room) before assessing visual performance.

Binocular Over-Refraction to check distance power

To Improve Distance:
- For Low & Mid ADD, lower ADD in dominant eye
- For High ADD, lower ADD in non-dominant eye and add +0.25D

To Improve Near:
- ADD +0.25D to non-dominant eye

+ Add +0.25D to the distance power

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CooperVision®

MyDay MF	clariti 1day MF 3 add
▪ Daily / 8.4 / 14.2	▪ Daily / 8.6 / 14.1
▪ Stenfilcon A = Dk 100	▪ Somofilcon A = Dk 86
▪ Water Content: 54%	▪ Water Content: 56%
▪ +8.00D to -10.00D (0.25D steps) -10.50D to -12.00D (0.50D steps) ▪ ADDs: LOW, MID, HIGH	▪ +8.00D to -10.00D (0.25D steps) -10.50D to -12.00D (0.50D steps) ▪ ADDs: LOW, MID, HIGH
▪ 86% UVA and 97% UVB	▪ 50% UVA and 5% UVB
▪ Aquaform® Technology	▪ WetLoc® Technology
▪ Binocular Progressive System™	▪ Binocular Progressive System™
▪ Visibility tint	▪ NO Visibility tint

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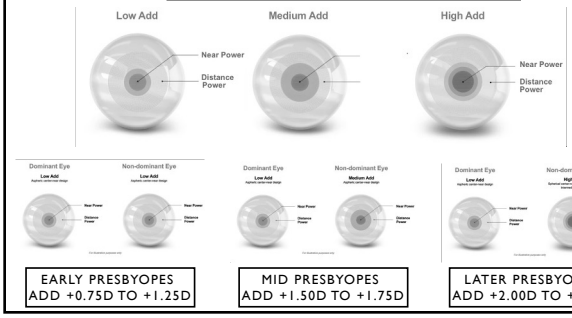
BINOCULAR PROGRESSIVE SYSTEM®



EARLY PRESBYOPES	MID PRESBYOPES	LATER PRESBYOPES
ADD +0.75D TO +1.25D	ADD +1.50D TO +1.75D	ADD +2.00D TO +2.50D

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FITTING PROCESS

3 Simple Fitting Steps

Step 1 Using up-to-date spectacle prescription, determine spherical equivalent distance power (corrected for vertex distance).

Step 2 Determine eye dominance with +1.00D blur method; if inconclusive, determine dominance with sighting method.

Step 3 Select distance sphere power for each eye with add powers as indicated below.

INITIAL CONTACT LENS SELECTION

Spectacle Rx Add	Dominant Eye	Non-Dominant Eye
+0.75D to +1.25D	LOW	LOW
+1.50D to +1.75D		MED
+2.00D to +2.50D		HIGH

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FIT GUIDE

Vision Assessment

- → Allow patient to experience lenses for 10 to 15 minutes in "real world" (outside exam room) before assessing vision.
- → Check patient's vision with both of their eyes open and ROOM LIGHTS ON.
- → Assess vision at different viewing distances.
  - For **distance vision**, assess in surrounding environment under normal lighting conditions.
  - For **near vision**, assess using handheld device or other reading material.
- → If acceptable, dispense trial lenses.
- → If not acceptable, follow the lens optimization steps described to the right.

Lens Optimization

Have patient keep both eyes open and use handheld lenses or a flipper; do not use a phoropter.

DISTANCE VISION ENHANCEMENT	
	For Dominant Eye
Adjustment Steps	±0.25D

NEAR VISION ENHANCEMENT	
	For Non-Dominant Eye
Adjustment Steps	±0.25D

DO NOT CHANGE ADD POWER.

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OVER-REFRACTION AND TROUBLESHOOTING

Use of the CooperVision OptiExpert™ App is recommended to help facilitate the fitting steps in this guide. Download OptiExpert™ from the App Store or Google Play, or access at **getoptiexpert.com**.

Clinical Tips

- → When determining spectacle Rx add, consider patient's main lifestyle vision needs (handheld device or other reading material, desktop computer, etc.).
- → Prescribe maximum plus power for binocular distance vision. **DO NOT OVER MINUS.**
- → Use loose handheld lenses or flipper for over-refractions. **DO NOT USE A PHOROPTER.**
  - If distance vision needs to be enhanced, offer ±0.25D to the dominant eye. If distance vision improves, check that near vision is maintained. Adjust the lens sphere power as applicable for the dominant eye. **DO NOT CHANGE ADD POWER.**
  - If near vision needs to be enhanced, offer ±0.25D to the non-dominant eye. If near vision improves, check that distance vision is maintained. Adjust the lens sphere power as applicable for the non-dominant eye. **DO NOT CHANGE ADD POWER.**

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CooperVision

Biofinity MF

- Monthly / 8.6 / 14.0
  - OR Extended wear 6nights/7days
- Comfilcon A = Dk 142 or 128
- Water Content: 48%
- +6.00D to -10.00D (0.50D steps after -6.00)
  - ADDs: +1.00, +1.50, +2.00, +2.50
  - **D**istance or **N**ear Center Lens
- NO UV Protection
- Aquaform® Technology
- Balance Progressive® Technology
- Visibility tint

Biofinity toric MF

- Monthly / 8.7 / 14.5
  - OR extended wear 6nights/7days
- Comfilcon A = Dk 116
- Water Content: 48%
- +10.00D to -10.00D (0.50D steps after +/-6.00)
  - **CYL**: -0.75 to -5.75; 0.50 steps
  - **AXIS**: 5° - 180°, 5° increments
  - **ADDs**: +1.00, +1.50, +2.00, +2.50
  - **D**istance or **N**ear Center Lens
- NO UV Protection
- Aquaform® Technology
- Balance Progressive® Technology
- Optimized Toric Lens Geometry™
- Visibility tint

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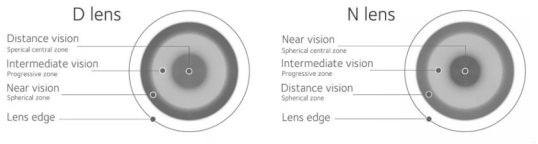
BALANCE PROGRESSIVE® TECH



BALANCE PROGRESSIVE® TECHNOLOGY PROVIDES TWO DIFFERENT OPTICAL DESIGNS (D AND N) THAT ENHANCE VISION BY USING THE NATURAL PROCESSING POWER OF THE VISUAL CORTEX.

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FIT GUIDE

Initial visit

Step 1 Start with a new refraction and verification of eye dominance (fogging technique).

Step 2 Select the distance prescription based on spherical equivalent corrected for the vertex distance. Choose D or N lens design based on needed ADD power:

ADD	Dominant eye	Non-Dominant eye
+1.00	D	D
+1.50	D	D
+2.00	D	N
+2.50	D	N

Visual acuity expectations when using D and N lens combination

Lens	Distance	Near
Binocularly	20/20	20/20
D Lens	20/20	20/40 or better
N Lens	20/40 or better	20/20

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FIT GUIDE

Step 3 Although lens will equilibrate quickly, allow patients to adapt to lenses for a minimum of 15 minutes before assessing vision. If binocular vision is unacceptable, perform a monocular over refraction, using hand-held trial lenses, to determine which eye needs improvement.
To improve distance vision add +/-0.25D (up to +/-0.50D) to the eye that needs improvement.
To improve near vision add +/-0.25D (up to +/-0.50D) to the eye that needs improvement.

Clinical Tips

- Prescribe maximum plus power for distance vision (Do not over minus)
- Choose the lower ADD power when possible; not necessary to overprescribe the ADD power
- Test patient's near function vision with their cell phone
- Check visual acuity with room lights on

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1 WEEK FOLLOW-UP

Follow-up visit one week later

If patient requires further enhancement to distance or near visual acuity.

Step 1 Evaluate binocular visual acuity.

Step 2 Check monocular visual acuity.

Step 3 Perform over refraction using hand-held trial lenses (avoid using a phoropter).

FIRST OPTION: To improve either distance or near vision, modify distance vision by +/- 0.25D in the eye that needs improvement.

SECOND OPTION: To improve near vision add +0.50D to the ADD power of the eye that needs improvement.

EXTRA FOLLOW-UP REQ'D AND MONOCULAR VA'S

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TORIC FIT GUIDE

STEP 1 | Spectacle refraction

Start with an up-to-date spectacle refraction, including add power. Determine ocular dominance.

STEP 2 | Use the OptiExpert™ App to establish trial contact lens order (skip to step 5)

OptiExpert™ will correct for back vertex distance and convert the full spectacle prescription into recommended trial contact lens prescription.

OR

STEP 2 | Toric contact lens power and axis

Determine the sphere and cylinder powers and axis, rounding to the nearest 5° and corrected for vertex distance.

STEP 3 | Toric contact lens trial fit (optional)

Use Biofinity® toric fit set to confirm the toric trial contact lens parameters. Adjust axis based on rotation, rounding to the nearest 5°.

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TORIC FIT GUIDE

STEP 4 | Add power

Use this table to determine D or N contact lens design, based on the spectacle add power:

Spectacle Add	Add	Dominant Eye	Non-dominant Eye
+0.75, +1.00, +1.25	+1.00	D	D
+1.50, +1.75	+1.50	D	D
+2.00, +2.25	+2.00	D	N
+2.50 or above	+2.50	D	N

Step 5 | Order trial contact lenses based on prior steps

THIS IS A CUSTOM ORDER
ALLOW 4-6 WEEKS FOR DELIVERY
(ORDER EXTRA CYL/AXIS/ADD/D or N LENSES)

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DISPENSE FOLLOW-UP

Although contact lenses will settle quickly, allow patients to adapt to contact lenses for a minimum of 15 minutes before assessing vision.

STEP 1 | Assess toric orientation and general contact lens fit.

STEP 2 | Assess vision binocularly. If patient is 20/30 or better at distance, the patient should return one week later. If binocular vision is unacceptable, perform an over-refraction using loose hand-held trial lenses.Do not use a phoropter.

To improve distance vision, add +/- 0.25D to the eye that results in the greatest improvement in vision (most likely dominant eye). Adjust contact lens distance sphere power.

To improve near vision, add +/- 0.25D to the eye that results in the greatest improvement in vision (most likely non-dominant eye). Adjust contact lens distance sphere power without changing the add power.

STEP 3 | If necessary, order patient's new contact lens power.

BUT YOU ALREADY DID!
SO CAN SWITCH OUT LENSES SAME DAY!

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OVER-REFRACTION AND TROUBLESHOOTING

Clinical tips

- Download OptiExpert™ from the App Store or Google Play, or access at getoptiexpert.com
- Always fit off an up-to-date spectacle prescription.
- Prescribe maximum plus power for distance vision; do not over minus.
- Choose the lowest add power when possible; do not overprescribe the add power.
- Use this Biofinity® toric multifocal fitting guide only for this lens.
- Check patient's vision binocularly with room lights on.
  - Assess near vision with their handheld device or other reading material.
  - Assess distance vision in surrounding environment under normal lighting conditions.

OPTIONAL

Tips for follow-up visit one week after trial contact lens fit assessment.

If patient requires further enhancement to distance or near visual acuity.

Step 1 | Evaluate binocular visual acuity.

Step 2 | Perform over refraction using hand-held trial lenses (avoid using a phoropter).

FIRST OPTION: To improve either distance or near vision, modify vision by +/- 0.25D in the eye that needs improvement.

SECOND OPTION (if needed): To improve near vision add +0.50D to the ADD power of the eye that needs improvement.

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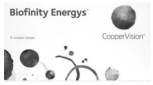
CooperVision®



MyDay Energys

- Daily / 8.4 / 14.2
- Stenfilcon A = Dk 100
- Water Content: 54%
- +8.00D to -12.00D (no Plano) (0.50D steps after +5.00D and -6.00D)
- 86% UVA and 97% UVB
- Aquaform® Technology
- DigitalBoost™ Technology
- Visibility tint

Biofinity Energys

- Monthly / 8.6 / 14.0
  - OR Extended wear 6nights/7days
- Comfilcon A = Dk 160
- Water Content: 48%
- +8.00D to -12.00D (no Plano) (0.50D steps after +/-6.00)
- NO UV Protection
- Aquaform® Technology
- DigitalBoost™ Technology
- Visibility tint

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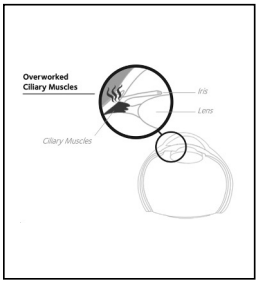
DIGITALBOOST™ TECHNOLOGY

SINGLE VISION ASPHERIC LENS DESIGN THAT DELIVERS A **+0.3D** DIGITAL BOOST, WHICH HELPS REDUCE EYE TIREDNESS ASSOCIATED WITH DIGITAL EYE STRAIN.



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BAUSCH+LOMB

INFUSE MF

- Daily / 8.6 / 14.2
- Kalifilcon A = Dk 134
- Water Content: 55%
- +6.00D to -10.00D (0.25D steps) Including Plano
  - ADDs: LOW, HIGH
- ≥50% UVA and ≥95% UVB
- 3-Zone Progressive™ Design
- ProBalance Technology®
- Visibility tint

Biotrue ONEday for Presbyopia

- Daily / 8.6 / 14.2
- Nesofilcon A = Dk 42
- Water Content: 78%
- +6.00D to -9.00D (0.25D steps) Including Plano
  - ADDs: LOW, HIGH
- ≥50% UVA and ≥95% UVB
- 3-Zone Progressive™ Design
- Visibility tint

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BAUSCH+LOMB

ULTRA for Presbyopia

- Monthly / 8.5 / 14.2
  - Up to 7 days extended wear
- Samfilcon A = Dk 163
- Water Content: 46%
- +6.00D to -10.00D (0.25D steps) Including Plano
  - ADDs: LOW, HIGH
- NO UV Protection
- 3-Zone Progressive™ Design
- MoistureSeal® technology
- Visibility tint

ULTRA MF for Astigmatism

- Monthly / 8.6 / 14.5 (Up to 7 days extended wear)
- Samfilcon A = Dk 114 •Water Content: 46%
- +4.00D to -6.00D (0.25D steps)
  - **CYL**: -0.75, -1.25, -1.75 **AXIS**: 10° - 180°, 10°steps
  - **CYL**: -2.25, -2.75 **AXIS**: 10˚, 20˚, 70˚, 80˚, 90˚, 100˚, 110˚, 160˚, 170˚, 180˚
  - **ADDs**: LOW, HIGH
- NO UV Protection
- 3-Zone Progressive™ Design
- MoistureSeal® technology
- OpticAlign® Design
- Visibility tint

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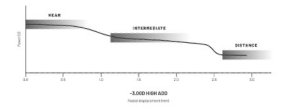
3-ZONE PROGRESSIVE™ DESIGN



OUR UNIQUE MULTIFOCAL LENS DESIGN IS OPTIMIZED FOR 7 BIOMETRICS, INCLUDING PUPIL SIZE, ACROSS 9 CRITICAL DISTANCES TO DELIVER CLEAR NEAR AND INTERMEDIATE VISION, WHILE CONTINUING TO PROVIDE EXCELLENT DISTANCE VISION

- PUPIL SIZE
- CORNEAL TOPOGRAPHY/ DIAMETER (CURVATURE)
- ANTERIOR CHAMBER DEPTH
- RESIDUAL ACCOMMODATION (ACROSS 9 DISTANCES)
- HIGHER-ORDER ABERRATIONS
- SUBJECTIVE REFRACTION
- AXIAL LENGTH

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FIT GUIDE

INITIAL LENS SELECTION

STEP 1: Update spectacle refraction and ADD power

STEP 2: Select contact lens distance prescription based upon spherical equivalent (or toric lens power, for astigmatic patients) from spectacle Rx. Adjust for vertex if necessary and follow ADD guidance

ADD SELECTION

SPECTACLE ADD	BOTH EYES
+0.75D to +1.50D	Low ADD
+1.75D to +2.50D	High ADD

EVALUATE THE LENS FOR SUCCESS

- **Allow trial lenses to equilibrate** for at least 10 minutes before assessing fit and vision
- **Confirm axis orientation** (for astigmatic patients)
- **Evaluate distance and near vision binocularly** in normal room illumination

If vision at distance and near are satisfactory, dispense lenses and **schedule follow-up exam within 1 to 2 weeks**

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REFINEMENTS

Confirm Axis Orientation (for astigmatic patients). **Determine Eye Dominance**

TO REFINE NEAR VISION

		DOMINANT EYE	NON-DOMINANT EYE
TWO LOW ADDS	Initial Lens	Low ADD	Low ADD
	Refinement 1	Low ADD	High ADD
	Refinement 2: If vision is still unsatisfactory, make small changes by adding +0.25D at a time to non-dominant eye (wearing High ADD lens) using hand-held lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.		
TWO HIGH ADDS	Initial Lens	High ADD	High ADD
	Refinement 1	High ADD	Add +0.25D to the non-dominant eye
	Refinement 2: If vision is still unsatisfactory, make small changes by adding +0.25D at a time to non-dominant eye using hand-held lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.		

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REFINEMENTS

Confirm Axis Orientation (for astigmatic patients). **Determine Eye Dominance**

TO REFINE DISTANCE VISION

		DOMINANT EYE	NON-DOMINANT EYE
TWO LOW ADDS	Initial Lens	Low ADD	Low ADD
	Refinement 1	Single-vision spherical or toric (in case of multifocal for astigmatism) lens	Low ADD
	Refinement 2: If vision is still unsatisfactory, make small changes by adding -0.25D at a time to dominant eye using hand-held lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.		
TWO HIGH ADDS	Initial Lens	High ADD	High ADD
	Refinement 1	Low ADD	High ADD
	Refinement 2: If vision is still unsatisfactory, make small changes by adding -0.25D at a time to dominant eye (wearing Low ADD lens) using hand-held lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.		

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Alcon®

DAILIES TOTAL1 MF

- Daily / 8.5 / 14.1
- Delefilcon A = Dk 156
- Water Content: 33% Surface: 100%
- +6.00D to -10.00D (0.25D steps)
  - ADDs: LO, MED, HI
- >90% UVA and >99% UVB
- PRECISION PROFILE® Design
- SmarTears® Technology
- Visibility tint

Dailies Aqua Comfort Plus

- Daily / 8.7 / 14.0
- Nelfilcon A = Dk 42
- Water Content: 69%
- +6.00D to -9.00D (0.25D steps)
  - ADDs: LO, MED, HI
- NO UV Protection
- PRECISION PROFILE® Design
- Visibility tint

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Alcon®

TOTAL 30 MF

- Monthly / 8.4 / 14.2
- Lehfilcon A = Dk 154
- Water Content: 55% Surface: ~100%
- +6.00D to -10.00D (0.25D steps)
  - ADDs: LO, MED, HI
- >90% UVA and >99% UVB
- Blue-Violet Filtering = 34%
- PRECISION PROFILE® Design
- CELLIGENT® Technology
- Visibility tint = light blue-green

Air Optix plus HydraGlyde MF

- Monthly / 8.6 / 14.2
- Lotrafilcon B = Dk 110, 138
- Water Content: 33%
- +6.00D to -10.00D (0.25D steps)
  - ADDs: LO, MED, HI
- NO UV Protection
- PRECISION PROFILE® Design
- SmartShield® Technology
- HydraGlyde® Moisture Matrix
- Visibility tint

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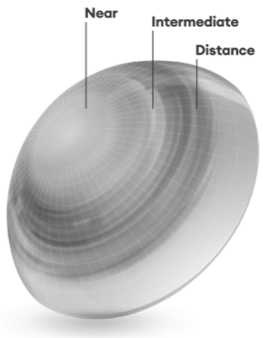

PRECISION PROFILE® TECH

IN ORDER TO HAVE A SMOOTH POWER PROFILE TO MINIMIZE ABERRATIONS, THIS DESIGN CONTINUES TO ADD MINUS POWER IN THE PERIPHERY OF THE OPTIC ZONE.

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FIT GUIDE

STEP 1: Initial Lens Fit

- Start with a **same-day** spectacle Rx for all new and refit patients.
- **Add +0.25D** to the most plus vertex-corrected, spherical equivalent Rx for each eye.
- Determine the **lowest acceptable ADD** for functional vision, then select the contact lens ADD (LO, MED, HI) using this chart.

ADD SELECTION	
Lowest Acceptable ADD	**BOTH EYES**
Up to +1.25D	LO
+1.50D to +2.00D	MED
+2.25D to +2.50D	HI

ALLOW FOR 5-10 MINUTES of real-world exposure outside the exam room before assessing visual performance. Have the patient look outside and use their digital device while they are waiting.

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FIT GUIDE

STEP 2: Distance Over-Refraction

- With **both eyes open,** use hand-held lenses on each eye separately, by **adding plus in 0.25D steps** until the patient reports a decline in distance vision.
- Verify over-refraction **binocularly** by having the patient look at distance and near objects through the hand-held lenses.
- Keeping the ADD the same, apply new trial lenses based on the over-refraction results.

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ENHANCEMENTS

Enhanced near vision, Step A

SPECTACLE ADD	DOMINATE EYE	NON-DOMINATE EYE (PLUS ACCEPTED)
Up to +1.25	LO	LO with additional +0.50
+1.50 to +2.00	MED	MED with additional +0.50
+2.25 to +2.50	HI	HI with additional +0.50

Enhanced near vision, Step B

SPECTACLE ADD	DOMINATE EYE	NON-DOMINATE EYE (PLUS ACCEPTED)
Up to +1.25	MED	MED
+1.50 to +2.00	MED	HI
+2.25 to +2.50	HI	MED

DISTANCE ENHANCEMENT

SPECTACLE ADD	DOMINATE EYE	NON-DOMINATE EYE (PLUS ACCEPTED)
+1.50 to +2.00	LO	MED
+2.25 to +2.50	HI	MED

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COMMUNICATION STEP 1

- Ask every presbyopic patient if they are interested in contacts lenses.
  - Were told No in past
  - Were never offered
- Introduce **ALL** viable options
  - MFs, monovision, dist CLs + readers, surgical alternatives
- Evaluating motivation for using multifocal lenses.
  - Can be anywhere from all day everyday to special occasions.

Do you have any interest in CLs that you can see far and close with?

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COMMUNICATION STEP 2

What do you need your eyes to do for you?

These aren't as perfect as your PALs but they're really good!

- Ask about daily visual tasks (reading, screens, driving).
- Discuss lifestyle needs – Identify specific goal
  - Work, hobbies, lighting conditions
- Clarify visual priorities: near, intermediate, distance.
- Set realistic expectations for multifocal performance.
  - Managing patient expectations
  - STOP covering one eye at a time for VA's
- Educating patients on different lens designs.

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FITTING PEARLS

- Priority =
  - Reading: JnJ Max MFs
  - Intermediate: B+L Infuse/Biotru
  - Distance: Alcon DT1, Biofinity MF
- Monovision Convert: Cooper MyDay/clarity
- High RX: Cooper only option
- Astigmatism
  - Low-Mid cyl: JnJ MAX Toric
  - High cyl: B+L Ultra Astig MF (or if Dist priority= Biofinity MF Toric D both lens)

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THANK YOU!

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