

# PRESCRIPTIONS WRITTEN BY WORLDWIDE OPTOMETRISTS FOR...

- Anisometropia: The degree of expected improvement depends upon the plasticity and adaptation ability of the wearer. Typically, the older patients will have limited vergence amplitude and facility and therefore more comfortable even with very low amounts of anisometropia
- Straight Eye Refractive Amblyopia (as low as 1 line)
- Strabismic /Refractive Amblyopia
- Esotropia and Exotropia Strabismus (when periodic or occasional with and without anisometropia)
- Previous Slab-off wearers Shaw technology eliminates the optically induced aniseikonia and optically induced anisophoria (prismatic effect) eliminating the requirement to consider slab off
- Discomfort with eyeglasses
- Keratoconus
- Problematic with new Rx
- Difficulty switching from contacts to glasses, lots with no aniso, due to management of distortion
- Mono-Vision Contact Lens Wearers

- Previous PAL failures usually due to vertical vergence comfort
- More comfortable with glasses off
- Stereoacuity > 20"
- Low vergence amplitudes (less than 2D vertical)
- Convergence Insufficiency
- Poor reading, putting, eye-hand coordination (sports, games)
- Ploughing a straight line in competitive ploughing (Canada's champion)
- Learning impaired
- Eye Strain & Headaches
- Aniseikonia – Patients perceiving different images sizes in each eye
- Dry eye symptoms (actually it was the aniseikonia all along, dry eye symptoms often occur for supposedly unrelated conditions)
- Diplopia
- Suppression
- Inability to resolve simulated 3D with 3D TV
- Poor depth perception
- Bilateral IOL's – At different distances resulting in image disparity

- Epi-retinal membrane/Maculopathies (10-Slide powerpoint presentation available)
- Brain Injury
- Corneal Surgery complications
- Refractive Surgery complications
- Scleral Buckle Surgery
- Fragile Motor Binocular Vision Systems (BV patients), characterized by
  - Low vergence amplitudes
  - Suppression in off-centred gaze
  - Discomfort with off- centered gaze
  - Failure to detect break with vergence testing
  - Fixation disparity in centred, down or non-centred gaze
- Fragile sensory fusion systems characterized by
  - Suppression
  - Suppression scotoma
  - Poor stereopsis
  - Amblyopia
  - Inability to detect diplopia and to detect break with vergence testing
- Patients that suffered acute motor dysfunction that were new to cataract or refractive procedures that have small residual anisometropia
- New to PAL wearers that are suddenly forced to look down to read and impaired by induced vertical prism and associated motor dysfunction

Call Bill Stiles for more information  
877.982.4653