Kraskin Invitational
Skeffington Symposium
on Vision
January 11-13, 2025

Adventures in Lenses

Occam's Lenses, Part II

Steve Gallop, OD

1

Thank you

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2

3

4

William of Occam

5

His razor…

is the problem-solving principle that recommends searching for explanations constructed with the smallest possible set of elements – the simplest solution.

6

Which is likely to cause more problems or prove less helpful?

Asymmetric acuities…

or asymmetric lenses?

7

"Lenses change the orders to the system."
A.M. Skeffington, OD

8

"It's not what a lens does to a person, but what a person does with a lens that matters."

Robert A. Kraskin, OD

9

Basic Prescribing Concepts

- Prescribe for the person, not the measurements or the eye.
- Prioritize prescribing for comfort, performance and development, not acuity
- Start at near and work from there.
- Use balanced lenses whenever possible.
- Avoid prescribing, or at least reduce, cylinder whenever possible.
- Change the habitual Rx to help move from the past to the future

10

"The optimal lens is not covariant with the refractive status of the eye but is determined by the clinical understanding of the problem."

A.M. Skeffington, OD

11

Compensating lens prescriptions often have less to do with the person who will be wearing the lenses than with the doctor prescribing them.

Steve Gallop, OD

12

Cailyn
September 2024

- 10 y.o.
- Happy, bright child
- Good student
- Plays golf, tennis, basketball and softball (her favorite)
- First Rx age 5
- “crossed eye” according to mom
- Poor self esteem

13

Cailyn
symptoms

- asthenopia
- diplopia
- laundry list of reading complaints
- blurry distance acuity
- motion sickness

14

All testing done with PL

Current Rx
OD +3.00
OS +3.25

DVA w/ Rx ?

DVA (Plano)
OU dipl OD 20/20 OS 20/20

Cover test
40^ RET

15

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16

New Rx

+0.50 OU

17

An Experiment

18

There is nothing…

19

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20

There is nothing…

inherently wrong with examining a patient before prescribing lenses for them.

21

Something told me to try offering her different lenses.

Late October: loaned -3.00 sph OU

22

Any thoughts?

"I think to myself perhaps wearing the stronger lenses for everything including near tasks is akin to using binoculars to watch a concert from the front rows or like lighting candles on a birthday cake with a blow torch."

23

Alena
November 2024

- 46 y.o. ex-Air Force comms officer
- First Rx age 10 – worn "as little as possible" first 5 years
- Discomfort after spending time on computer
- Motion sickness

24

All testing done with -3.00 sph OU

Current Rx
OD -3.50 -1.25 x 10
OS -2.50 -2.50 x 165
20/20^{-2} OU
DVA (Plano)
OU 20/50 OD 20/80 OS 20/70

NVA w/Rx: 1.0M 15-18”
Stereo
(+) GF 20” Randot

25

All testing done with -3.00 sph OU

Pursuits: 100%

Saccades: 100%
Z-axis: good
NPC: 3/9 6/16 7/18 w/ Red Lens OD: dipl @ 36”

Retinoscopy: (w/ PL)
Distance & Near: +1.00 w/r cyl OU

Subjective: PL -3.50 OU 20/25^{-2}

26

All testing done with -3.00 sph OU

Maddox Rod (near)
V = sml RHypo H = 15 xo w/int, brief ortho

Prism Bar Ranges
Distance: BI x/10/6 BO x/6/2
Near: BO x/20/18 BI x/13/8

27

December 2024

NPC: 3/7 2/4 1/2 w/ Red Lens OD: 3/5 3/4

Prism Bar Ranges
Distance: BI x/10/8 BO x/20/18
Near: BO x/16/14 BI x/13/6

DVA w/ -3.50 20/20 $^{-3}$
w/ -3.75 "worse"

28

December 2024

K readings:

OD -2.00 x 003 AM 46.00
OS -2.00 x 174 AM 45.50

29

"The value of the lens to the wearer is the change made in the output. True, there is a change in the input. However, this change brings about altered responses within the organism and so affects changes in the output. These output changes are the ones that lend significance to the use of lenses."

A.M. Skeffington, OD

30

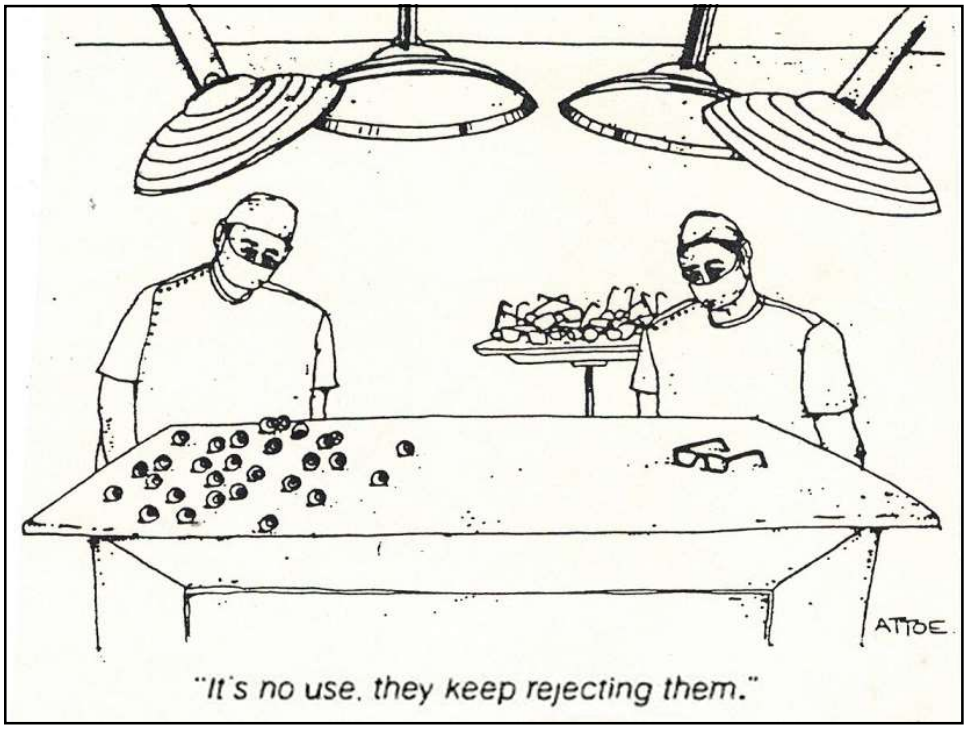
It is often helpful to think of a prescription as a means to an end and not an end unto itself.

31

Something to think about…

Perhaps optimal acuity should be thought of as a result of a well-functioning visual process, not a prerequisite. I have found that vision therapy often leads to improved distance acuity. I think this is because the person becomes able to make better use of the available information as the visual process becomes more sophisticated and effective as a result of vision therapy and/or a more strategic, dynamic use of lenses.

32



33

Something else to think about…

Lenses should, whenever possible, be used to help arrange conditions and provide opportunities for the system to change for the better. Lenses are not living up to their potential when all they are intended to do is carry out tasks that the organism is deemed unable to manage on its own.

34

"It is by logic that we prove,
but by intuition that we discover."

Henri Poincaré

(French mathematician, theoretical physicist, engineer, and a philosopher of science - late 1800s to early 1900s)

35

"[W]e have to remember that what we observe is not nature in itself but nature exposed to our method of questioning."

Werner Heisenberg

36

"[W]e have to remember that what we measure is not the visual process in itself but the visual process exposed to our method of measuring."

Steve "Uncertain" Gallop

37

Epilogue

One more patient I'm treating without having formally evaluated, though I've been keeping close tabs on for a number of years (a number I don't care to discuss)…

38

My question for the groups:

Why is that when you scratch an itch
the itch seems to move?

39

My question for the groups:

What was the point of this?

Or…

What is the genesis of most standard Rxs and how do so many people tolerate most of these Rxs?

Or…

What do we hope/expect out of the lenses we prescribe?

40

Thank you

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41