

Why is dynamic aniseikonia so important?

Clinical trials indicate that solving dynamic issues is the single most important aspect of patient comfort with a pair of glasses. Conventional lenses induce aniseikonia by the very nature of their monocular design.

Simply put, the image in each eye is a different size – both are clear but the brain has trouble putting different-sized images together. And when they move around, the dynamic aniseikonia makes it even harder to fuse the images. Studies have shown that it is the dynamic aniseikonia that causes many of the symptoms. And all an OD has been able to do is tell the patient, "You'll get used to it."

We don't think that's good enough.

Tolerance of static and dynamic aniseikonia varies widely from patient to patient but fortunately it can be predicted through vergence testing. Our recommended method is to use Risley prisms to determine the motor fusion limits. (Base down to break OD, base up to break OD, base in to break OU, base out to blur/break OU.) This establishes the vergence (motor fusion) facility in both lateral and vertical meridians in primary gaze at distance.

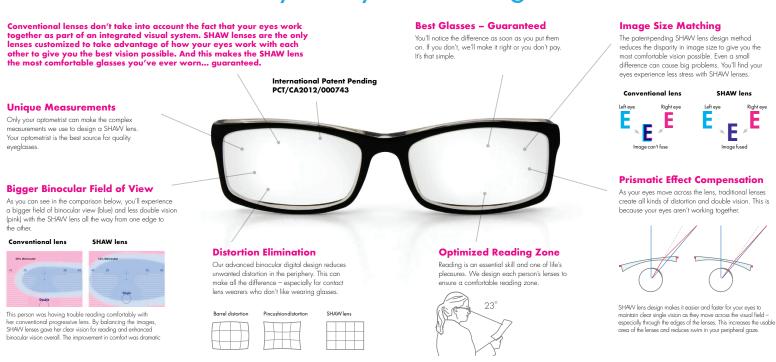
With the SHAW lens design tool, the optometrist can then predict the patient's motor fusion facility and design a lens that falls within those values. Solving aniseikonia can make a noticeable difference for a surprising number of patients.

What is dynamic aniseikonia?

Dynamic aniseikonia (anisophoria) is the difference in the ability to make compensated eye movements to achieve foveal fixation of a peripheral target object.

It is generally the result of the spectacle correction of anisometropia, meridional aniseikonia due to asymmetrical astigmatism, curvature at the spectacle plane due to the frame's face form angle and/or prescribed prism. Other causes include extraocular muscle paresis and oculomotor anomalies.

Customized for how your eyes work together.

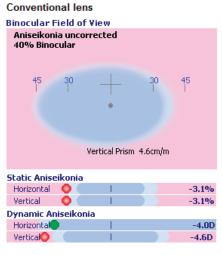


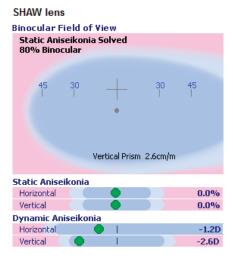
Cherry Optical, Inc

Differentiate your practice.

Show your patients the difference you and the SHAW lens can make to their vision - before they buy!

Eyeglasses are becoming commoditized. With online optical the message is that eyeglasses are simple devices. We both know that is far from the truth. Using the SHAW lens app, you can demonstrate the outcome that you and the SHAW lens can make to their vision. It's a great tool to help you demonstrate the difference you bring. And because of our passion to optometry, the SHAW lens is only available from an authorized independent optometry practice.

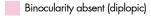




The final design screen contains all the information for the optometrist to make an informed decision on lens design. Included is a direct comparison of the binocular field of vision of the SHAW lens and a conventional lens (dark blue = adapt, pink = never adapt), and a comparison of static and dynamic aniseikonia (blue bar indicates measured patient limits, dot indicates lens performance within those limits, green = good, yellow = OK, red = bad)



Binocularity stressed





When to use the Shaw Lens.

All glasses create aniseikonia to one degree or another. And some patient's adapt easily, while others do not. It's hard to test for, and, you can't predict its impact simply by looking at a prescription. But with the SHAW lens method you don't have to guess.

Use motor fusion limits with our lens design tool and you can see predicted patient binocular vision problems and solutions. Use it for every patient and know for sure when to use a SHAW lens. In fact, the University of Waterloo and the University of Auckland both use the SHAW lens algorithm as a best practice for every patient.

These case studies give a good understanding of where the SHAW lens technology has already had some big impact on patient comfort. You can see more at shawlens.com.

- Amblyopia
- Anisometropia
- Antemetropia
- Astigmatism

- Contact Lens Wearers
- Prismatic correction
- Refractive surgery
- Presbyopes (new to glasses)

Patient symptoms can indicate negative effect of their current glasses.

- Headaches
- Eye strain
- Distortions in peripheral gaze
- Trouble reading
- Double vision
- Inability to see the 3D in 3DTV

But why guess? Perform the SHAW lens method for all patients and know for sure. You can see when a SHAW lens will make a difference for a patient, and when it won't. After all, less aniseikonia is always better.

