



Professional Fitting Guide



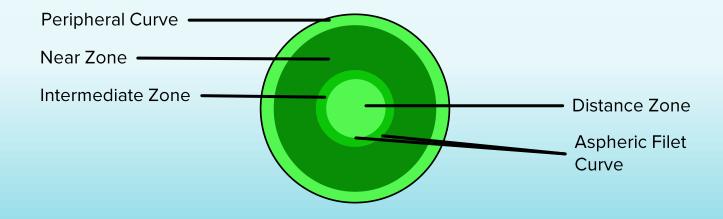
Design: TriAdd is a multi-zonal, posterior sphere that works through a combination of simultaneous vision and translation. By utilizing zones of intermediate spherical radii rather than asphericity to achieve reading power, we are able to govern the power of each zone independently. Each zone is transitioned to the Near next utilizing an aspheric filet curve to achieve a truly progressive power effect.

Distance: The distance optic is the central zone and is a totally spherical power of 2 to 4.0mm in diameter that can be adjusted to suit the pupil size. The radius of the central curve is significantly steeper than the corneal curvature and is determined mathematically based on the add power.

Intermediate: The intermediate zone is an annulus of 0.8mm width, the radius of which is one half of the difference between the distance and near zone radii.

Near: The near zone is the widest zone in the lens and is in fact the fitting curve of the lens. The Base Curve appearing on your invoice relates to this zone, the radius of which is designed to be aligned with the corneal curvature.

Peripheral Curves: Routinely, a standard secondary and peripheral curve are generated on the lens, however radius and width may be specified if your prefer.



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Recommended Fitting

Corneal Cylinder	0-0.50D	.62 - 1.00D	1.12 - 1.50D	1.62 - 2.00D	2.12 to 2.50D
Relation to Flat K	0.50D Flat	0.25D Flat	On K	0.25D Steep	0.50D Steep

Base Curve: TriAdd is generally fitted 0.50D flatter than Flat K to 0.50D steeper than flat K depending on the amount of corneal cylinder present.

Diameter: The preferred diameter is 9.6mm.

Power: Power is determined in the manner of any conventional GP lens taking into consideration vertex distance and tear lens power. The true central power of the lens will be calculated from this data by Cardinal.

Add: In general the add power will be the same as that required in the spectacle Rx (up to +4.00D).

Seg Size: In the case of TriAdd, the segment actual refers to the central distance aperture. In general we recommend a 3.2mm zone on the dominant eye and 2.9mm on the non-dominant eye.

Optimal Fit

- Distinct central fluorescein pooling surrounded by a large band of alignment and good peripheral edge clearance.
- The central pooling should all be within the pupil under normal illumination. If the central pool crosses the pupil margin centration will have to be improved or the central zone size decreased.
- Ideally, in primary gaze, the lens should be involved with the upper lid to aid in translation on downward gaze. Movement should be minimal to reduce fluctuating vision.

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Troubleshooting

Centration: Centration is critical with the TriAdd design. When observing the fluorescein pattern, the distinct central pool should all be within the pupil. Centration can be altered in the same manner as a conventional GP lens.

- Low positioning can be corrected by flattening the fit, increasing diameter and/or flattening and widening the peripheral curves.
- High riding lenses can be adjusted by steepening the lens B.C and/or P.C.'s or with the addition of a prism ballast.
- Laterally displaced lenses are often the most difficult to correct. A nasally
 positioned lens generally requires flattening and widening of the secondary
 curves. A temporal lens position may be corrected by increasing the overall
 size of the optic zone.

Poor Distance VA: If the over-refraction uncovers unexpected minus, the most likely source is a decentered lens resulting in the patient looking through the near power component.

- If the lens appears well centered the distance aperture may be too small resulting in the intermediate zone infringing on the pupil.
- Some patients do not adapt well to the simultaneous aspect of the design and are unable to wear TriAdd. If this situation is suspected, try returning to a single vision lens on the dominant eye. Often this type of patient will work in modified mono-vision.

Poor Near VA: The requirement of a near addition more than +0.50D greater than the spectacle add generally indicates that the distance aperture is too large or that lens translation on downward gaze it too little. In both cases, reduction in the aperture (Seg.) size can improve near point VA. Prior to doing this, over-refract to ascertain if the patient will accept any additional plus for distance.





Troubleshooting (Cont.)

Spectacle Blur: Spectacle blur is a persistent problem with all posterior GP bifocals. It occurs when the cornea conforms to the shape of the posterior curves of the lens. In most cases the effect is minimal with blur lasting about 1 hour and exhibits an increase in myopia of 0.75D or less. In some cases, the blur can last through to the next day. The problem usually affects long term GP wearers. In some cases, the situation can be helped by fitting a flatter lens. In more pronounced cases the patient may require a pair of spectacles to the post wear Rx or must discontinue lens wear.

Parameter Verification

The parameters displayed on the invoice for base curve and power are not those of the central zone of the lens but relate instead to the para-central area. The curve/power of the central zone is a calculated value. It is not possible to verify these parameters in your office.

Due to your inability to direct read the parameters, our Quality Control technicians are doubly conscientious when inspecting these lenses. If your fitting does not yield the results anticipated and the troubleshooting tips above do not offer any explanation for your results, we will be happy to verify the parameters of the lens for you.

For any questions about the TriAdd Lens Design, Please reach out to our consultation team using the contact information below!

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