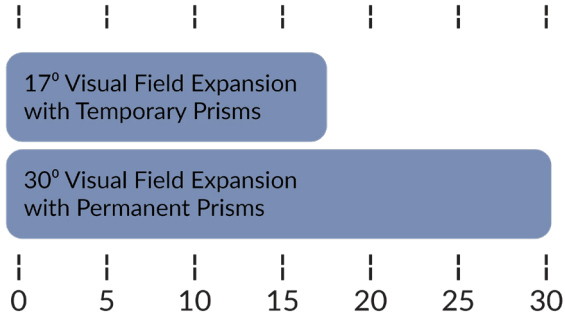


PERMANENT VS TEMPORARY PRISMS

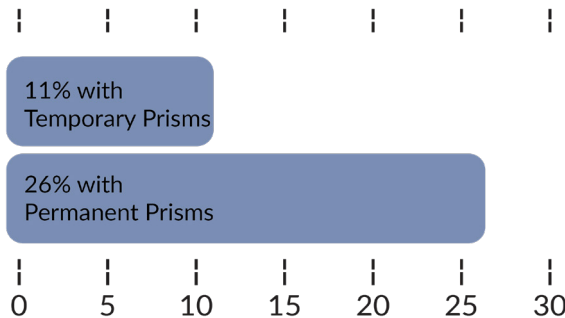
INCREASED FIELD EXPANSION

Permanent prisms offer 76% more field expansion than temporary prisms!



INCREASED COLLISION DETECTION

Many patients report nearly double the collision detection with permanent prisms vs temporary.



QUALITY

Permanent Prisms are made from a top quality PMMA acrylic which provides better contrast. And they're glued into the lens using a resilient UV-cured adhesive. They won't simply peel off or fall out.

OUR MOST POPULAR PERMANENT PRISM OPTION



Chadwick's SLAM technology is a single removable lens that attaches to your glasses lens via magnets.

This makes it super easy for your patient to quickly and easily attach the lens when they need field expansion, then remove it when they don't.

The Peli Lens™ is a trademark of Chadwick Optical Inc.



chadwickoptical.com

PELI LENS™

REAL FIELD EXPANSION FOR HEMIANOPSIA

A PRACTITIONER'S GUIDE TO FITTING THE TEMPORARY PELI LENS



How to Help
Your Patient Succeed
with Peripheral Prisms

HOW TO FIT THE PRISMS

Items you will need: Glasses or fitovers (NOT patient's everyday glasses)

1. Observe patient's normal head posture and walking stance.



2. Place the Template

- Place the template on the eye with the temporal field defect (left hemi = left eye, right hemi = right eye).
- Place an occluder on the opposite eye. If you do not have an occluder, you can use the yellow cling provided with the fitting kit.
- Position the red dot in the center of the template directly over the patient's pupil. If black part of the template overlaps the frame rim, adjust the frame and re-apply template to reduce or eliminate overlap.
- Have the patient walk around again to ensure the template has not changed their gait. If patient's gait changed because of template, adjust placement of template accordingly.



3. Place the Prisms

- On the rear surface of the lens, firmly place the Peli press-on prisms, with pointed end towards temple, directly over the black portions of the template. Top Prism: 30° Base Out & Base Down - More Out than Down
- Bottom Prism: 30° angle Base Out & Base Up - More Out than Up
- Verify that there is 12mm of separation between the prisms. If prisms overlap the edge of the frame, trim off the excess.
- Remove template, occluder and press any air bubbles out of the temporary prisms.

OVERVIEW OF USE

It is very important that the patient look between the prisms to get the benefits of the expanded visual field. Looking directly through the prism will cause double vision. This is undesirable.



Incorrect



Correct

CLEANING INSTRUCTIONS

1

Rinse spectacle lenses under a gentle stream of warm running water. If contaminants remain after rinsing, use a brush to clean grooves.

2

Pat or blot dry with a soft, lint-free cloth.

Scan for Training Resources



USE AND TRAINING INSTRUCTIONS

DEMONSTRATE THE FIELD EXPANSION TO THE PATIENT

- Tell the patient to focus on your nose, and to tell you when they see your hand come into view.
- Starting from past the shoulder on the patient's blind side, wiggle your fingers and move them in towards the patient's nose. The expanded field will be along the midline.
- When the patient sees the hand, tell them to point to your hand, and then find your hand in central vision. Often times, the patient will point to your face, because that's where they see the image of your hand in their visual field.

IMPORTANCE OF TRAINING & RECOMMENDED EXERCISES

The goal of training is to help the patient reliably identify the location of their field expansion. A pilot study done at Schepens Eye Research Institute showed patients to be 95% accurate in distinguishing the field expansion after just six one-hour training sessions in their driving simulator.

Reach and Touch Training

- While the patient is fixating on your nose reach your hand into the patient blind side and have patient grab at your hand as they detect it through the prism. This should be practiced at home with a loved one, or by one's self.
- In a vision therapy or occupational therapy setting, many doctors or therapists will set up a reach and touch program on a Sanet Vision Integrator or similar reach/touch device.

Training Walk

Lead patient from uncluttered areas such as a hallway to progressively cluttered areas such as a waiting room filled with chairs as potential obstacles. Constantly ask patient to report his/her observations.