Fitting & Dispensing Tips for PALs

1. Recommend this style to ALL multifocal candidates and previous wearers. Everyone deserves to be informed of their options. Don't make the mistake of assuming the patient won't want a PAL. Don't make the decision for your patients; let them choose.
2. Be positive and enthusiastic. If your words imply reservations you have about a lens, you set the patient up for failure. Avoid negative expressions such as "peripheral distortion."
3. Use a demonstration kit, which allows the patient to experience the difference between a PAL, a single vision reading lens, and a flat top bifocal design.
4. Instruction on use is critical. Hold reading material low and directly in front of the patient. Have the patient turn his/her head to look straight at reading material and raise (or lower) the chin (or tilt head back or forward) to find the optimal lens power for the task and reading distance. Proper posture is the key to success. Instruct patients to point their nose to where they want to look!
5. Discuss the features and benefits, as well as the disadvantages of the PAL. Patients appreciate both honesty and technical information.

Features	Advantages	Disadvantages
Gradual changes of power	• Enjoy uninterrupted, comfortable vision • See better at all distances	• Smaller field of vision for reading
Corrects mid-range vision	• Never need a trifocal	• Bumper zone on edges • Areas of soft focus in periphery
No image jump	• Won't be bothered by an object's apparent shift in position	• Takes a little time to learn how to use the lens
No line	• Look more youthful	• More expensive
Most advanced lens for correction of presbyopia	• Enjoy status of a premium lens	

6. Select an appropriate frame. The B measurement must allow for the minimum recommended fitting height AND 15 mm from centre pupil to the top eyewire (if you allow only 10 mm from pupil centre to the top eyewire your patient will barely have enough distance viewing area in the lens; 15mm is optimal). Manufacturer's minimum fitting heights are found in the Progressive Identifier, available from labs with membership in the Optical Laboratories Association - OLA. Shapes that are cut away nasally may cut off the reading area. Large frames may make the lenses thicker than desirable and peripheral distortion more noticeable. Use adjustable nosepads (when possible), minimal vertex distance, and more pantoscopic tilt than normal.
7. Take monocular distance and monocular near PDs, as well as MRP heights. Use the techniques explained in Module Six. Remember to adjust the frame prior to the measurements. If the eyes are uneven in height, measure accordingly.
8. Careful frame adjusting at the time of delivery is critical. Leave lens markings on the lenses until the fitting crosses have been positioned at centre pupil. Be sure that the frame won't slide down the nose.
9. Review lens use and head posture again. Encourage the patient to call or return with any questions.