

# National Academy of Opticianry

# Continuing Education Course

Approved by the American Board of Opticianry

# Taking Responsibility for Your Patient's Eyes – Sunwear is the Other First Pair

# **National Academy of Opticianry**

8401 Corporate Drive #605 Landover, MD 20785 800-229-4828 phone 301-577-3880 fax www.nao.org

Copyright© 2016 by the National Academy of Opticianry. All rights reserved. No part of this text may be reproduced without permission in writing from the publisher.

# National Academy of Opticianry

#### PREFACE:

This continuing education course was prepared under the auspices of the National Academy of Opticianry and is designed to be convenient, cost effective and practical for the Optician.

The skills and knowledge required to practice the profession of Opticianry will continue to change in the future as advances in technology are applied to the eye care specialty. Higher rates of obsolescence will result in an increased tempo of change as well as knowledge to meet these changes. The National Academy of Opticianry recognizes the need to provide a Continuing Education Program for all Opticians. This course has been developed as a part of the overall program to enable Opticians to develop and improve their technical knowledge and skills in their chosen profession.

The National Academy of Opticianry

#### **INSTRUCTIONS:**

Read and study the material. After you feel that you understand the material thoroughly take the test following the instructions given at the beginning of the test. Upon completion of the test, mail the answer sheet to the National Academy of Opticianry, 8401 Corporate Drive, Suite 605, Landover, Maryland 20785 or fax it to 301-577-3880. Be sure you complete the evaluation form on the answer sheet. Please allow two weeks for the grading and a reply.

# **CREDITS:**

The American Board of Opticianry has approved this course for One (1) Continuing Education Credit toward certification renewal. To earn this credit, you must achieve a grade of 80% or higher on the test. The Academy will notify all test takers of their score and mail the credit certificate to those who pass. You must mail the appropriate section of the credit certificate to the ABO and/or your state licensing board to renew your certification/licensure. One portion is to be retained for your records.

# **AUTHOR:**

Diane F. Drake, LDO, ABOM, FCLSA, FNAO

## **INTENDED AUDIENCE:**

This course is intended for opticians of all levels

#### **COURSE DESCRIPTION:**

As more consumers than ever before are active outdoors, eyecare professionals need to realize that Sunwear is just as important as a person's indoor eyewear. Many patients/customers may not be aware that "real" Sunwear is available in prescription as well as plano. This course will discuss the opportunity as well as the responsibility of the ECP to introduce information to the patient/customer about the risks of not protecting their eyes with quality Sunwear. Information will include who needs quality Sunwear, ocular damage caused by UV radiation, discussing lifestyle requirements for Sunwear and how the ECP should position Sunwear in their practices. Included will be selling points for Rx Sunwear.

# **LEARNING OBJECTIVES / OUTCOME**

At the completion of this course the participant should:

- identify who needs quality Sunwear;
- be able to discuss quality prescription and plano Sunwear with each patient;
- list ways that UV from the sun can damage a patient's/customer's eyes;
- identify the needs of the patient for Sunwear, based on lifestyle questioning:
- understand the power of branding in introducing Sunwear to patients, and
- introduce phrases, "sound bites" that get the patient's attention to understand the true value of Rx Sunwear.

National Academy of Opticianry 8401 Corporate Drive #605 Landover, MD 20785 800-229-4828 phone 301-577-3880 fax www.nao.org

Copyright© 2016 by the National Academy of Opticianry. All rights reserved. No part of this text may be reproduced without permission in writing from the publisher.

# Taking Responsibility for Your Patient's Eyes – Sunwear IS the Other First Pair

Diane F. Drake, LDO, ABOM, FCLSA, FNAO

Welcome. This course is about a topic that should be of concern to all of us. Taking responsibility for your patient's eyes. To begin with, the eyecare professional (ECP) must believe that Sunwear can and will benefit the patient. This statement may seem obvious, but in effect, if every ECP did believe this, every patient would have Sunwear. The sad reality is that oftentimes the ECP fails to recommend Sunwear.

One of the reasons may be that they are so thrilled just to sell the first pair that they hesitate to recommend any more, believing that they may actually lose the first sale. In effect, the exact opposite may be true. If you educate the patient regarding protection that good quality Sunwear offers them, most of them will purchase it. Most eyecare professionals, who are very successful, have found that patients will purchase Sunwear if presented with information regarding the medical necessity of protecting their eyes from the sun.

# Introduction

During this course, I will be discussing just who should be involved in discussing Sunwear with patients/customers. In addition, I will discuss who actually needs good quality Sunwear, both plano, and prescription. Then I'll present some of the effects of light on the eye, and the different types of glare as well as what causes it and how to protect against it. Further discussion will include both tints and coatings for protection of your patient's eyes. Then in order to ensure that your patients/customers not only understand but have the desire to "own" this very valuable protection, I'll discuss the importance of branding, followed with "sound bites", that are simple phrases that give reasons to "want to own".

#### Who should be involved in discussing Sunwear

Our patients, friends, neighbors, and relatives all look to us for advice on taking care of their most precious sense: their sight. Who should be involved in discussing Sunwear, whether it is plano Sunwear or prescription? Every person who is part of the eyewear delivery system. That means regardless of what type of practice you are in or what your responsibility is within the practice, it's your responsibility. Since most patients have contact with front office staff and technicians before even seeing the doctor, they should mention the necessity of good quality Sunwear, during the history and early contact times. Then both the ophthalmologist and the optometrist should include discussing the need for good quality Sunwear while the patient is in the chair. Finally, the optician should be discussing good quality Sunwear with every patient.

During their lifestyle consultation with the patient, the Optician should identify times when the patient would benefit by having Sunwear, and that Sunwear may even be more important than their indoor pair. So, it's really the responsibility of everyone who works in the practice and interacts with the patient to discuss good quality Sunwear.

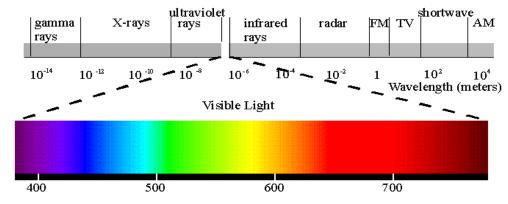
#### Sunwear 101

Let's discuss how to begin with educating all of the people regarding protection for their eyes. Lifestyle dispensing means that every patient should have some of the same questions asked about protecting their eyes. To be successful in selling Sunwear, you identify the risk of exposure. We are concerned with not just the visible light exposure, but also the invisible light exposure.

# **Electromagnetic Spectrum**

In order to introduce Sunwear and explain the benefits to your patients, first let's discuss the effects of light on the human eye.

As we know, visible light is also referred to as white light. It is composed of



wavelengths between 400 nm - 750 nm.

## How light affects the eye.

There are a plethora of positive effects that visible light has on the human eye. First, without visible light, vision would not take place. In order to see, there must be light. Changes in the amount of light reaching the eye affect the pupil, causing it to dilate in lower light and constrict in bright light. On another note, studies show that people are positively affected psychologically by light. They are happier, recover from illnesses more quickly, adapt to changes easier, and are overall more positive. In low light, such as in winter or in climates where there is less sunlight available, there is more sickness, depression, suicide, and crimes committed.

Negative effects of visible light on the human eye include damage to ocular structures, glare, and reflections.

The three main concerns that we, as eyecare professionals, have with sunlight are UV light, blue light, and glare. Let me discuss them.

#### **Invisible light**

Ultraviolet light is the high-energy invisible light that is divided into three categories, UV-A, UV-B and UV-C. UV-C ranging from 190nm to 280 nm is not thought to be of concern because it is filtered by the earth's ozone layer, however, UV-A at 315 to 380 nm and UV-B at 280 to 315 nm can cause damage to the tissues of the body including the eye.

Sources of UV include direct exposure from the sun, computer monitors, and reflective surfaces including water, sand, and snow as well as other sources.

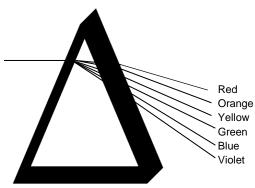
UV exposure to the eye leads to increased risks of brown cataracts, increased pterygium, pingueculae, and photokeratitis, not to mention lid and skin cancers around the eyes. In addition, we can see an increase in macular degeneration, accelerated ocular aging, weakened color vision and other permanent visual damage.

# **High-Energy Visible Light**

Blue light, or more accurately the blue and violet portion of the visible light spectrum, is the highenergy visible light (HEV) which research is beginning to show is a contributing factor to agerelated macular degeneration (AMD). As we age, there is typically less antioxidant that protects our eyes and we lose more of the protective melanin pigment that is found in our skin and retina. The less pigment a person typically has (lighter complexions, light eye colors) the greater the exposure risk becomes.

# Visible light

Visible light is referred to as white light. When it hits a prism, it is slowed and bent. Each color and wavelength is bent to a different degree. The result of this is a rainbow resulting from the dispersion of the wavelengths. The wavelengths from longest to shortest are red, orange, yellow, green, blue, indigo, and violet. We remember it easiest by simply remembering the acronym ROYGBIV. Some charts today simply leave out indigo.



# Effects of light on the eye

As previously mentioned, some of the effects of light on the eye include glare, reflections, and discomfort.

How can glare affect vision? To identify what type of Sunwear to suggest to your patients, you first have to identify the problem. To understand how this works, let me first discuss how glare affects vision. There are four types of glare which have an effect on vision; distracting glare, discomforting glare, disabling glare and blinding glare.

**Distracting glare** is produced when light is reflected from either front or back lens surfaces or internal surfaces. It is also produced by glare from streetlights, car lights, overhead lights and computer monitors. It causes squinting, eye fatigue, reduced vision, as well as general annoyance.

Distracting glare is best protected by either clear lenses with AR coatings and UV filters or with light tints with AR coatings and UV filters, or with variable tints with AR coatings. In all cases, AR coatings should be applied to both the front and back surfaces of the lenses. Variable tint lenses or photochromic lenses include the variety of plastic lens brands currently on the market, as well as glass photochromic lenses.

**Discomforting glare** is produced by having the light source change suddenly, such as when walking from shade into sunlight without giving the eyes time to adapt comfortably to the change. It will produce squinting, eye fatigue, and overall eye discomfort. Discomforting glare

is best eliminated with medium to dark tints with front and back surface AR coatings and UV filters, as well as variable tints with AR coatings.

**Disabling glare** is produced when light is extremely intense and can actually block vision. It causes eye fatigue and squinting as well as diminished contrast. It is best protected with fixed dark tints with or without back surface AR coating, UV filters, variable tints with or without back surface AR Coatings or with or without front surface mirror coatings or polarized tints with or without back surface AR coatings.

**Blinding glare** is produced by light reflected off smooth, shiny surfaces such as car windshields, snow, and sand. It is dangerous and can block vision, produce squinting, diminish contrast, produce eye fatigue, wash out colors, cause photokeratitis, cause temporary snow blindness and create extremely hazardous driving conditions. It can best be eliminated by polarized tints either with or without back surface AR coatings or with or without front surface mirror coatings.

# So what exactly is "blinding glare"?

Visible glare is caused by sunlight that is reflected off of surfaces such as water, roads, car windshields, snow and sand and can be blinding. Visible glare can be dangerous because it can not only wash out colors, but in some instances can cause photokeratitis, or temporary blindness sometimes referred to as snow blindness.

Polarized lenses are lenses that filter polarized light. Polarizing filters virtually eliminate reflective glare, with the worse being blinding glare that can cause dangerous accidents because of not being able to see. To understand the principles of polarization, think of a Venetian blind. The film is oriented to block the reflections from the horizontal surface. This is the reason why polarized sunglasses are so effective at blocking reflected glare from all the common sources of reflected glare. No other sun lens has the ability to selectively block reflected glare in this way. With ordinary sunglasses, the excessive light from reflected surfaces is transmitted through the lens into the eye.

Keep in mind that polarized lenses are not recommended for visual tasks that involve the use of LCD (Liquid Crystal Diodes) instrumentation since the polarizing filter blocks them out. Examples include some gas pumps, some automobile panels, some airplane panels and some watch faces.

#### **Tints**

Tinted lenses are identified by the amount of transmission. The amount of light that is absorbed by the lens reduces the transmission. The amount of absorption in a lens may be identified as #1, #2 or #3, which would correspond with a, b, or c respectively. A #1 tint (a) would be lighter, while #2 (b) would be medium and #3 (c) would be darkest and have the least amount of transmission. In addition, some manufacturers identify the lenses based on transmission alone.

That means that in the name of the lens color, they would identify the percentage of transmission. For example, Rayban's G-15 lens, allows only 15% transmission of light, while absorbing 85% of light. The numbers 1, 2, 3 or the letters a, b, c are not always uniform from manufacturer to manufacturer, or even from one dispenser to another. However, for those manufacturers who use percentage of transmission, the identified percentage would be the same, regardless. However, remember that the colors could still vary between manufacturers.

#### **Lens Materials**

Availability of materials includes glass, CR-39, polycarbonate, mid index, high index, and trivex. Each material has certain characteristics that are inherent in each. While glass has been around the longest for use in ophthalmic lenses and offers superb optics, it is heavier and is the least impact resistance.

With the introduction of CR-39® (1.498 index, abbe value of 58) resin lenses by PPG Industries in the late 1960's, glass lenses started being replaced by this very popular lighter weight material, that was half the weight of glass and much more impact resistant. It was extremely easy to drill and is/was extremely easy to use with the nylor type mountings or cord mountings. Although new lens materials have been introduced, CR-39 still continues to enjoy a popularity among many Ophthalmic professionals. However, due to the construction of newer rimless mountings, CR-39 is not as favorable in holding up to the stress and strain required.

The introduction of polycarbonate (1.59 index, abbe value of 30) by Gentex Corporation in early 1980 was met with mixed feelings due to imperfections in the material. The early generation lenses had a somewhat gray appearance and many contained black specks. However, its superior impact resistance made it the lens material of choice for eyewear used for children and safety eyewear. It would appear that the visual demand for a superior ophthalmic lens would have been the driving force behind improving the quality of polycarbonate, however, the quality of polycarbonate was much refined and improved because of the compact disk usage in the entertainment and computer industries in the 1990's. Today's polycarbonate is superior to previous poly and many manufacturers now utilize a water white polycarbonate in their lenses.

Polycarbonate is available in single vision, multifocals, progressive addition lenses, transitions, and polarized lenses. UV protection is inherent in the material itself. Due to the softness of the material, scratch resistant coatings are applied to both the front and back surfaces. The back surface coating can be applied as either a tintable coating, which is softer allowing it to accept tints up to 80%, or a non-tintable coating.

Because of the manufacturing process, a concern of polycarbonate is the birefringence (double refraction) that is caused by the injection molding process. This process, which heats the material to a high temperature and pressies it into molds, also causes internal stress which is visible with the use of a polarizing filter. Birefringence or double refraction can result in distortion, reducing the visual performance to the wearer.

Various manufacturers utilize both mid and high index materials. It's important to remember that the highest index is not necessarily the best for every patient.

Introduced by PPG in 2001, Trivex (1.53 index, abbe value of 45) is manufactured by HOYA VISION CARE, North America as Phoenix and Younger Optics named its line of Trivex lenses Trilogy®. Trivex is available in single vision, multifocals and progressives are tintable, and are available in Transitions as well. It also accepts AR coatings well. Newest offerings include aspherics. Features and benefits of the material are superior optics, impact resistance, and ultra-light weight. Trivex passes the FDA drop ball test, in which the metal ball is dropped onto the material, in 1.0mm center thickness.

Considered a mid-index, it is lightweight, UV protective and is an exceptionally impact-resistant lens material with excellent optics, Trivex combines the crisp optics of a CR-39® lens with the durability, light weight, and impact resistance of polycarbonate lenses, making it an excellent choice for drilled rimless.

#### Coatings

While UV is identified as a coating, it is inherent in certain lenses. For years it was an additional coating to many of the lenses that we dispensed to our patients, and we discussed the features and benefits of it. UV coatings reduce ocular damage that was presented earlier in the presentation. Now that it is found in most of the lenses that are dispensed, such as polycarbonate, high index lens materials, trivex, and polarized lenses, eyecare professionals aren't presenting the benefits of UV. It's there, and since you are prescribing and dispensing premium products, it should be discussed with the patient. After all, they are paying a premium price for their premium lenses and would actually like to know the reason for the higher cost. They cost more, but they offer more protection.

A clear crown glass lens only absorbs 9% of UV, but a Gray #3 glass lens includes metal oxides that increase the UV absorption to approximately 82%. However, a standard CR-39 lens, while offering approximately 55% absorption of UV, will offer no better absorption if it is tinted dark unless it has had additional UV treatment to the lens. Therefore, if a lens is tinted for a sun lens in CR-39 and doesn't have additional UV protection included, the darkness of the lens would cause the pupil to be larger (more dilated). More UV would actually enter the eye, causing more UV exposure and therefore more damage to the interior of the eye. So, you should include UV coatings on ALL CR-39 sun lenses.

Ultraviolet radiation reaches the eye, not only from the sky above but also by reflection from the ground, especially water, snow, sand and other bright surfaces. Protection from sunlight can be obtained by using both a brimmed hat or cap and UV absorbing eye wear. A wide-brimmed hat or cap will block roughly 50% of the UV radiation that may enter from above or around the eyes. Ultraviolet absorbing eye wear provides the greatest measure of UV protection, particularly if it has a wraparound design to limit the entry of peripheral rays.

# **AR Coatings**

According to the AR Council, only about 28% of eyewear dispensed in the US has AR coating compared to 75% in Europe and 95% in Japan and even 40% in Canada. This is a pretty illuminating statistic, and combined with an understanding of needs and wants, it tells us that Americans have not yet discovered the need for AR coating or want it bad enough to ask for it. The Europeans surely have "discovered" it and the Japanese can't do without it!

Sunwear should have a back AR coating on it because, without it, the back surface of the dark tinted sun lens accentuates the mirror effect and your patient will see their eye reflected there – and can be annoying. A good AR coating is invaluable for avoiding this problem. Combining an anti-reflective coating with a photochromic lens used to be considered a bad idea; however, because of the chemistry changes in photochromics, it is now advocated to improve vision.

#### Who Benefits with ARC?

Everyone.

#### Night driving

At night, reflections caused by oncoming headlights, streetlights or lights striking water standing on the road can make driving uncomfortable and dangerous. Internal reflections also cause ghost images (dull duplicate images) making it more difficult to focus on the image quickly, making driving more dangerous. AR coating eliminates these problems and provides enhanced night vision.

#### Reflections at work

Many people use computers at work which produce reflections on their lenses leading to eyestrain. Other artificial light in the office such as fluorescent lighting also produces reflective glare leading to eye fatigue. Offering AR coatings to your patients will enhance their ability to work for longer periods of time without eyestrain.

#### Personal Appearance

Eye contact is important and many people spend a good deal of time making their eyes look beautiful. This means that for a lot of people, simply discussing that their eyes can be seen better with the use of an anti-reflective coating is reason enough to purchase it. AR coating allows others to see your patient's eyes rather than the reflections and it makes the lenses appear almost invisible which aids eye contact for better communication.

## Sunwear and sports eyewear

Sunwear should have AR coating on it because without it, the back surface of the dark tinted sun lens accentuates the mirror effect and your patient will see their eye reflected there – and it can be REALLY annoying. A good AR coating is invaluable for avoiding this problem.

#### **Mirror Coatings**

Mirror coatings are applied in a vacuum process to the front surface of a lens only. It acts to reflect light and is beneficial in reducing the light transmission through the lens offering protection from intense sunlight. Mirror coatings are also beneficial in reflecting both UV and IR. A mirror lens would enable the observer to see themselves, in much the same way they would through a standard mirror.

The type of mirror that has been used for many years is a reflex mirror. It can be used on all types of lenses. It is best applied to a tinted lens with a transmission of at least 50%. Reflex mirror coatings can currently be produced in standard colors of silver, gold, blue and rainbow colors. They can be done in solid mirrors, single or double gradients. This type of mirror coating would allow the wearer to see out, but the observer can not see in. The coating itself adds density to the lens, reducing transmission of light.

Flash mirrors are also reflex mirrors but are produced with less intensity and would not obscure vision from the observer looking at the wearer.

The dielectric mirror uses layers of virtually colorless materials that results in brilliant color mirror effects. They can be applied to all lens materials. They do NOT add density to the lens. They come in a variety of colors and are good for increasing high contrast to visual tasks performed outdoors.

# How to discuss quality Sunwear with each patient

Begin by a discussion with comments on the medical importance of Sunwear. Discuss the protection that it offers. Ask lifestyle questions. Questions can include but not be limited to:

- How much time do you spend outdoors?
- Does your work require you to spend time driving?
- How are you protecting yourself from sunlight and ultra-violet light?
- Does glare bother you?
- Do you have problems with dry eyes?
- Are you active in any sport with specific visual requirements?
- What Sunwear do you currently wear?

Show them a pair of Sunwear and ask them to try them on. They may resist stating that they need a prescription. That's when you're really on...discuss that they can get "real" sunglasses in their prescription. Even better, they need "real" sunglasses in their prescription. And they can be fashionable as well.

#### So, who needs plano and prescription Sunwear?

Virtually everyone who comes into your practice!

Successful ECP's offer Sunwear to every patient. A good way of introducing Sunwear is not to just ask if they want to purchase Sunwear, but instead, ask "How do you protect your eyes while you are in the sun?" That will lead to your discussion of the damage that can occur to their eyes if left unprotected.

Each ECP should present the medical necessity of Sunwear to every patient who spends significant time outdoors. Because of age-related changes that occur in seniors and boomers, seniors and baby boomers are more sensitive to sunlight and have a greater susceptibility to eye damage caused by their active lifestyles, so they require good quality Sunwear. Because Gen X'ers are the outdoors generation, they need good quality Sunwear. Because children spend more time outdoors and have a clear crystalline lens, (which allows more UV exposure to the retina), they need good quality Sunwear. Infants need their eyes protected for the same reason. In addition, because of the change in the environment and the lifestyle (TV's, computers, video games), the UV exposure to the children and infants of today will be greater than any other generation before.

# Who should you discuss Sunwear with?

80% of our UV exposure occurs by the age of 20. In addition, as we age, our bodies don't produce the healing antioxidants to protect our eyes. Furthermore, if a person has exposure to sunlight at least 2 hours or more during the day, their ability to adapt to night vision is compromised if they don't protect their eyes from the sun exposure. For these reasons, ECP's should not limit their discussion of Sunwear with just adults but should include all ages, including children.

In addition, parents need to be educated on risks of UV damage to their children's eyes. Furthermore, children need impact-resistant polycarbonate lenses. It is also your responsibility to ensure that their good quality Sunwear fits. And since what kid doesn't love brands, they will be thrilled that their prescription Sunwear can be made in their favorite brands as well as colors.

#### How do you identify the needs of your patients?

Lifestyle questioning, which is what I refer to as investigative questioning, allows you to find out the outdoor lifestyle of your patients. What this will allow you to discover is the different types of outdoor activities that your patients do. Knowing the different options for Sunwear, whether it is tinted, photochromic or polarized, allows you to make recommendations based on how the Sunwear will be used. For example, a patient may enjoy fishing and also want Sunwear that will be good to use for driving in various lighting situations. You may want to suggest polarized lenses for both or you may suggest polarized lenses for fishing and drivewear for various lighting situations while driving. In addition, many patients enjoy having photochromic lenses for their primary pair because of the added convenience of having the lenses darken, but still want polarized lenses for driving or other outdoor activities.

Lifestyle questioning uses direct and open-ended questions to find out the lifestyles of your patients/customers. For example, the following question is actually a statement that is a question.

"Mr. Jones, please discuss your outdoor activities with me, so that I may guide you in appropriate choices."

You should also discuss the critical use of eyewear. For example, a statement such as the following, followed by a question will get your patient thinking.

"Mr. Smith, you stated that you drive for a living. Did you know that blinding glare is responsible for a very high percentage of traffic accidents? Let me explain how quality polarized prescription Sunwear could actually make you safer while you drive."

In discussing features and benefits, make sure that your responses are personalized and based on their lifestyles responses. For example:

"Ms. Jones, you mentioned that you do a lot of boating. Let me demonstrate to you how good quality polarized lenses can make you more comfortable on your boat. You can also get these prescription lenses in these great designer brand ....frames, just like the celebrities."

Personalizing the features and benefits of lens enhancement/tints/UV/AR ensures that your patients understand that you are making recommendations just for them to improve their visual performance as well as their lifestyle.

"Ms. Smith, you mentioned that you enjoy jogging in the early morning in the park, just as the sun comes up. Let me show you these orange lenses with AR coating. They will increase contrast and allow you to see the track better while reducing glare."

#### Sound bites

In order to harness the power of branded Sunwear, you have to get the patient's attention. A clever and powerful way to do this is to use sounds bites. They are a fun, easy way to emphasize vision protection, enhance the power of branding, and enforce other compliance motivators.

What are "sound bites"? Simply put, they're short, memorable statements that place specific ideas in the mind of the patient/customer. Sound bites can be used to emphasize the following elements:

#### Performance:

"Did you know that our eyes work much harder than most people realize? For instance, during a normal day, the eyes will use about the same amount of energy as the legs would use on a 50-mile walk. Add to this the burden of glare and our eyes really endure a workout."

#### Protection and Fashion:

"These days, a good sunglass is not just a fashion accessory – it is a necessity elevated to the position of vision equipment with a welcomed fashion component."

# Quality:

"Quality sunglass lenses provide real UV protection. Cheap sunglass lenses have coatings that will end up being wiped or worn off."

"Quality sunglasses are truly clear, or optically correct. Dime store sunglasses aren't optically correct. They can cause strain on the eyes so you squint more and you may end up with headaches or dizziness."

Eyewear brands are powerful tools to use in your quest to help patients the importance of sun protection. Remember, you not only want them to buy good quality Sunwear, you want them to wear it regularly. Just owning it won't provide the needed sun protection.

For example, every brand has an image. This image gives the Sunwear a particular character – a persona - which certain patients find appealing. If the brand has a rough and tumble image and your patient sees himself as a rough and tumble kind of person, he'll identify with the brand, find it very appealing, and want to wear it often - and that's exactly what you want.

Brands have a level of quality that consumers recognize. Once they are comfortable with the level of quality, they seek out articles made within that brand because they know they can rely on its quality. A good quality Sunwear brand will be purchased and worn because of the quality associated with its brand.

Branded Sunwear helps to simplify the patient's selection process. They create instant recognition so patients don't have to sort through dozens of unfamiliar eyewear names in the hope of finding something that suits them and will last. This is an important factor for both the patient and the practitioner – neither of which has time to waste.

Brands also set a practice apart in identifying it as one that is prestigious and positions it as a fashion-oriented, quality-conscious eyecare professional.

Patients who are pleased with their eyewear become loyal followers. The trust they place in you because of the branded eyewear you provided them is returned by their wearing their Sunwear when needed.

#### Patient's "Wish List"

To identify a patient's "wish list", one merely needs to ask questions and then listen. A patient may desire high fashion or extreme Sunwear. Because of the celebrity influence today, Sunwear is a hot fashion accessory for patients of all ages. You can ensure that your patients love their Sunwear by identifying which brands they are loyal to and make recommendations accordingly.

Patients identify with a particular image or look or brand. Their brands make them feel comfortable. They are "at home" with "THEIR" brand. Brands could be fashion, extreme, daring, fun, or any other. Accessory tie-ins help. Know the history and identity of the brands that you carry and communicate that with your patients.

#### Putting it all together - Conclusion

In order to successfully sell Sunwear to your patients, you first need to understand the technology of the different types of Sunwear available, today. Then you have to identify their individual needs based on lifestyle questioning. You may find that they need more than one type of Sunwear. Your recommendations need to be made in a way that the patient will see the benefit of the recommendations that you make as being personalized for them. What's good for one person is not necessarily good for another. Your recommendations should include the medical importance of Sunwear, different sun lens options, branding, and fashion.

Everyone needs quality Sunwear. Prescription wearers need Sunwear too. Discuss good quality prescription Sunwear with each patient. Explain how good quality prescription Sunwear protects your patient's/customer's eyes. Identify the needs of your patient for Sunwear, based on lifestyle questioning. Present "sound bites" that get the patient's attention to understand the true value of Rx Suns. Understand the power of branding in introducing Rx Sunwear to patients/customers.

National Academy of Opticianry 8401 Corporate Drive #605 Landover, MD 20785 800-229-4828 phone 301-577-3880 fax www.nao.org

Copyright© 2016 by the National Academy of Opticianry. All rights reserved. No part of this text may be reproduced without permission in writing from the publisher.