



EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

SPECTACLE THERAPY

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Spectacle Therapy Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on the use of spectacles as a form of treatment. This guideline is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Spectacles are considered to be medical devices that must be properly fitted and regularly adjusted and maintained in order to achieve clear, comfortable and healthy vision. They may be used to provide:

- Correction of vision anomalies (refractive and binocular)
- Eye protection
- Cosmetic enhancement.

Over-the-counter (OTC) reading glasses and magnifiers purchased via self-selection by patients are exempt from this Clinical Practice Guideline.

Goals

When considering spectacle therapy, every optometrist should strive for the following goals:

- **Identify those patients who may benefit from spectacles as a form of treatment.**
- **Maximize a patient's visual status and quality of life.**
- **Share patient information in an appropriate manner with other members of the patient's health care and educational teams.**

General Guidelines

- 1. When deemed therapeutically beneficial for the patient, the suitability of spectacles as a form of correction for the patient should be considered.**
- 2. The patient's refraction, binocular and accommodative status, ocular and general health status, mental status, occupational requirements, leisure requirements and other findings must be considered when determining the most appropriate optical prescription.**
- 3. Optometrists who do not provide this type of optometric care may refer patients who require spectacle correction to an appropriately trained optometrist or optician.**

Specific Guidelines

- 1. An optical prescription is defined as the written record of the refractive error of the eye, including, if appropriate, reading add, prism and back vertex distance.**
 - If an optometrist utilizes a refraction system that refracts to lens powers smaller than 0.25 diopters, the optometrist must offer the patient a prescription in the standardized 0.25 diopter notation as well as in the smaller increment diopter notation.**

- 2. Other optical prescription specifications may also be included on the written copy as per the professional discretion and judgment of the prescribing optometrist.**

- 3. All addenda, commentaries and disclaimers to an optical prescription should be based on reasonableness, accuracy and legitimacy. In addition, these addenda, commentaries and disclaimers must be accurate, truthful and not misleading, nor infringe on the rights of the patient or other health care providers.**

- 4. All optical prescriptions must also include the following:**
 - Patient name.**
 - Prescribing optometrist's name.**
 - Address and telephone number of the prescribing optometrist.**
 - Date of prescription.**
 - Expiration date. This is left to the professional discretion and judgment of the prescribing optometrist based on the medical and/or visual condition of the patient with a maximum time limit of 2 years from the date of prescription.**
 - Signature of the prescribing optometrist; digital signatures are accepted.**

- 5. When a patient requests that their spectacle dispensing occur inside the optometrist's office and the optometrist agrees to offer this service; the patient's optical prescription must be interpreted in an appropriate manner and responsibility for dispensing must be accepted. In addition:**
 - The patient shall be assisted in selecting appropriate frame, lens parameters, tints and coatings with consideration given for their visual conditions, needs and expressed desires.**
 - Lenses shall be ordered and fitted to spectacle frames in accordance with accepted ACO Tolerance Standards.**
 - The spectacles must be verified against the prescription to ensure they were manufactured within tolerance and properly fitted to the patient.**
 - If circumstances make it difficult or impossible to perform some or all of the steps involved in dispensing, optometrists shall use their professional discretion and judgment to ensure that the patient's needs are met as completely as possible.**

6. When a patient requests to purchase their spectacles and have them dispensed from another source, the optometrist shall:
 - Respect the patient's choice of provider for their spectacles.
 - Inform the patient and/or legal guardian of any costs associated with services performed on spectacles purchased elsewhere. These services may include prescription verification, adjustment, repairs, etc. of the spectacles purchased from another source.
7. Optometrists must comply with Schedule 17, Section 5(2) of the Health Professions Act by offering the patient a written copy of the optical prescription when prescribing an ophthalmic appliance.
8. The measurement of a patient's pupillary distance (PD), fitting height for multifocals, selection and fitting of an appropriate frame, selection of an appropriate lens coating and/or tint, selection of an appropriate lens material, verification of the spectacles and final adjustment of the spectacles are all considered part of the eyeglass dispensing service and not part of a regular eye examination. Members may perform these dispensing services for an additional fee, if they so choose, provided the patient is informed of their options in advance and agrees to the provision of these services and fees.
 - If a PD already exists within a patient's record, the patient has a right to access this information as per the Health Information Act (HIA). The patient should be informed of this option if a PD request is made. If there is reason to assume that the patient's PD has changed from the PD contained within the record and/or circumstances indicate that the patient's PD should be re-measured, this should be also communicated to the patient.
 - When a patient requests access to the information contained within their record, the patient may be assessed a basic fee in accordance with HIA Health Information Regulation (Section 9, 10(1)).
9. If the customary eye examination fee has been paid, an optometrist must not, at any time, charge any additional fee for issuing or writing the optical prescription.
10. Optometrists must receive appropriate consent before sending a copy of the patient's optical prescription to another source. Once appropriate consent is received, optometrists shall:
 - Send the optical prescription within a reasonable time frame.
 - Send the optical prescription by FAX, mail, email or other means if requested to do so by the patient.
 - Not require patients to physically return to their office to pick up a copy of their optical prescription.
11. Expired optical prescriptions must be released at no charge to patients and/or other health care practitioners as historical data; but cannot be used to fill a new prescription.

- **An expired optical prescription may be filled if the optometrist deems it an emergency situation, but must educate the patient on the importance of getting their prescription updated as soon as they are able to. An emergency may include, but is not limited to, misplaced or broken glasses while traveling or replacement glasses for a patient in a hospital or home that is unable to leave.**

12. If a patient or third-party provider has not paid the fees associated with the generation of an optical prescription, the optometrist is not required to release the optical prescription. This specific guideline does not apply to the usual time delay in receiving payment from third-party providers such as Alberta Health.