



3585 BROADWAY • (541) 756-2584
1-800-422-9393
FAX (541) 756-5783
NORTH BEND, OREGON • 97459

JON C. KINTNER, M.D.
DENNIS E. OTTEMILLER, M.D.
DEBRA A. GRAHAM, M.D.
JANE GILBERT, M.D.
EYE M.D.s

Practice Limited to the Eye
Cataract Surgery & Intraocular Lenses
Board Certified, Members of American
Academy of Ophthalmology

Eyeglasses for Infants and Children

Prescriptions for glasses can be measured in even the youngest and most uncooperative children by using a special instrument called a retinoscope to analyze light reflected through the pupil from the back of the eye.

Most lenses today, especially for children, are made of plastic, which is stronger and lighter than glass. It is a good idea to get a scratch-resistant coating on plastic lenses. Children can be rough with glasses and plastic lenses scratch easily.

Color tints or tints that respond to changes in light can be incorporated into lenses. For children, the tint should not be so dark that the child has trouble seeing indoors.

Frames come in all shapes and sizes. Choose one that fits comfortably but securely. There are devices available to keep glasses in place, a good idea for active children and young children with flat nasal bridges. Cable temples, which wrap around the back of the ears, are good for toddlers. Infants may require a strap across the top and back of the head instead of earpieces. Flexible hinges hold glasses in position, allow the glasses to "grow" with the child, and prevent the side arms from being broken.

Children often do not like their glasses although the prescription is correct. Distraction, positive reinforcement, and bribery help children get in the habit of wearing glasses. If all else fails, your ophthalmologist can prescribe an eye drop that blurs vision when the glasses are not in place. This often overcomes the child's initial resistance to wearing glasses.