

Multifocal Contact Lens Patient Selection, Fitting and Problem-Solving

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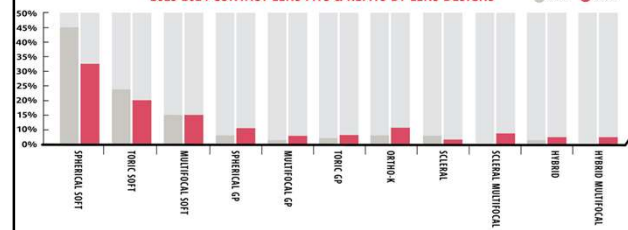
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Growth of Multifocals

from Contact Lens Spectrum 1/2024

2023-2024 CONTACT LENS FITS & REFITS BY LENS DESIGNS



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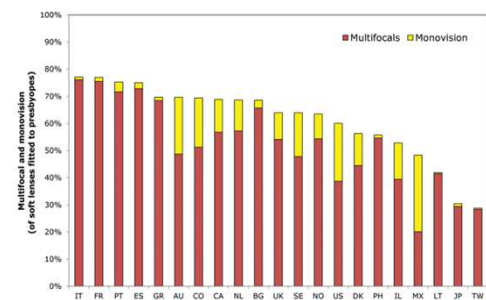
Presbyopic Market

- Baby Boomers born between 1946-1964
- Generation X born between 1965-1980 (45-60 yo)
- Millennials 1981-1996 (29-44 yo)
- In 2023, about 25% of US population was between 45-64 years of age and 18% over 65 years
- About 35% of contact lens wearers are over 40 years of age
- Most CL wearers between 35-55 have worn CL's majority of their life
- Information generated online by AI

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Contact Lens Spectrum 1/2024



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Presbyopic Market

- Steady growth of multifocals
- Surpassed monovision
- Presbyopes are in their peak earning period
- Knowledge of multifocal contact lenses is limited
- More tech savvy, desire high technology
- Want information
- Fit early
- Untapped market (<10% of patients report MFCL mentioned)

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Benefits of Fitting Multifocals

- It's fun
- Patients need it and want it
- Differentiates yourself from other practitioners
- Improves Patient retention and loyalty
- Happy patients
- Referrals
- More revenue

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Contact Lens Alternatives for Presbyopia

- Single Vision/Reading Spectacles
- Monovision
- Bifocals/ Multifocals

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Patient Selection and Communication



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What's wrong with Monovision?

- No longer the standard of care
- Depth Perception/Stereoacuity loss
- Suppression and Increase in anisometropia
- Contrast Sensitivity/Vision Loss
- Issues with Night Driving/Liability
- Headaches/Fatigue
- Limited Intermediate Vision
- Halos & Glare

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Patient Selection

- Current contact lens wearers
- New presbyopes-Educate early
- Motivated presbyopes
- Occasional wearers
- Sports and fitness fans
- Outdoor enthusiasts
- Avoid those who want 20/10 at all distances or won't take time to adapt

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Research Results

- 75% who completed study preferred multifocals
Johnson J, et al; Multivision Vs. Monovision: A comparative study; presented at CLAO, Feb, 2000
- GP & soft MF wearers exhibited highest contrast sensitivity, high and low contrast acuity and least disability glare than monovision
Rajagopalan AS, et al; Visual Performance of Subjects Wearing Presbyopic Contact Lenses Optom Vis Sci 2006;83:611-615
- Almost 70% preference for MF over monovision-more "usable vision"
Benjamin W, Comparing multifocals and monovision. Cont Lens Spectrum 2007;22:35-39.

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Be Enthusiastic!

- Avoid negative comments
- Instill confidence
- Believe in MF, so your patient will believe in them

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Explore the Patient's Visual Environment

- Hobbies
- Occupation
- Everyday tasks
- What do they want the lenses for?
- What are the primary tasks?
- What are the near, intermediate and distance tasks?

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Prefit Evaluation

- Evaluate the tears, cornea and lid
- Evaluate the anterior and posterior health
- Current refraction and add
- K values
- Dominant Eye
- Pupil Size
- HVID
- Lower Lid position

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Patient Communication

- Setting expectations
- Under-promise and Over-deliver
- Watch your words
- Aiming for visual balance that provides good vision at all distances

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Determining the Dominant Eye



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Educate

- Longer fitting process possible-multiple visits
- Some adaptation required
- Share success stories
- Fits most of the needs most of the time
- Educate about the design
- Make them a partner in the process
- Try "real world" environment- not 20/20
- Cover fees

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Soft Multifocal Lenses

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Silicone Hydrogel Soft Multifocals Examples

- Air Optix Plus Hydraglyde Multifocal, Dailies Total 1, Total 30
- PureVision MF, PureVision 2 for Presbyopia, Ultra for Presbyopia, Ultra MF for Astigmatism, Infuse MF
- Biofinity MF, Clariti 1 day MF 3 add, Biofinity MF Toric, MyDay MF
- Acuvue Oasys MF, Acuvue Oasys Max MF 1 day MF, AV Max 1day MF for astigmatism

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Daily Disposable Multifocals

	Dailies AC+MF	Dailies Total 1 MF	1 day AV Moist	AV Oasys Max 1day MF	Biotrue for Presb.	Infuse 1 day MF	MyDay MF/Clariti 1 day MF 3 add
Lens Design	Center near	Center near	Center near	Center near	Center near	Center near	Center near
Material	Hydrogel	SiHy	Hydrogel	SiHy	Hydrogel	SiHy	SiHy
Monthly or 2 week counter-part	Air Optix MF (monthly)	Air Optix MF (monthly)	AV Oasys MF (2 wk)		Ultra for presbyopia (monthly)		
Add	Lo, Med, Hi	Lo, Med, Hi	Low, Mid, High	Low, Mid, High	Low, High	Low, High	Low, Med, High

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Silicone Hydrogel Multifocals Definitive material Examples

- NaturaSOFT MF
- Intelliwave Pro PMF & Toric
- Metrofocal Definitive and Toric
- Flexlens MF

Specialty powers, more parameters

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Fitting Tips

- Understand the designs
- Know the materials and replacement schedules
- **Follow the fitting guides**
- Don't jump from design to design



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Hydrogel Soft Multifocals Examples (not all inclusive)

- Dailies AC+ MF
- Biotrue 1 day for Presbyopia
- ProclearMultifocal, Proclear 1 day MF
- 1 day AV Moist MF
- Naturalvue MF 1 day
- Miru 1 Day UpSide MF
- SpecialEyes MF

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Fitting Tips

- Low Rx or emmetropes less successful
- $\leq 0.75D$ astigmatism or use toric multifocal
- Start with best corrected sphere, vertexed back
- Current refraction and add
- Dominant eye
- Consider D/C monovision before fit

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Fitting Tips

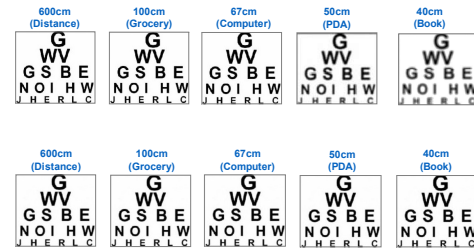
- Use normal room illumination
- Use least minus/most plus Rx
- Let lenses settle 10-20 minutes
- Hand-held trial over-refraction
- Change power in small 0.25 steps
- Start with 20/40 letters



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Early Presbyope uncorrected and corrected



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Fitting Tips

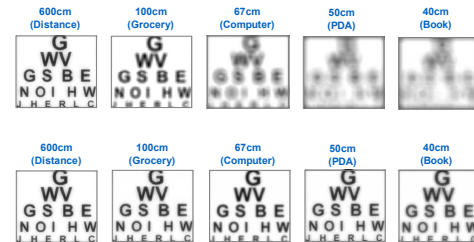
- Assess vision binocularly
- Over-refract monocularly with both eyes open
- Use everyday reading material
- Dispense trials
- Follow-up in 2 weeks-Allow the patient to adapt
- It is okay to have less than 20/20 VA



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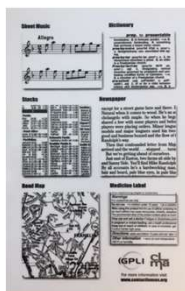
Established Presbyope uncorrected and corrected



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Checking Near Vision

Use good illumination with real world materials



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Center Near Designs

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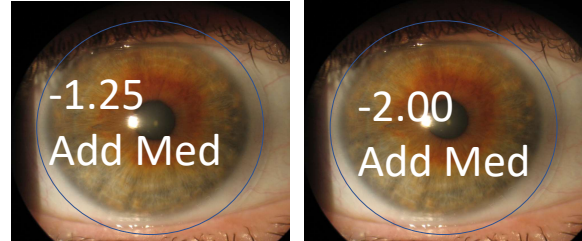
Air Optix plus Hydraglyde or Total 30 Multifocal

- Monthly replacement SiHy
- Daily or Extended wear up to 6 nights
- 3 add powers (Lo, Med, Hi)
- Center near
- BCR 8.6, Powers +6 to -10

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Example: Dailies Total 1 Multifocal
Rx -1.50, OS -2.00-0.50X180, Add +1.75
OD Dominant Eye
Initial Trial lens selection



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Dailies Aquacomfort Plus Multifocal & Dailies Total 1 Multifocal

- Same design in the daily disposable hydrogel and silicone hydrogel

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Ultra for Presbyopia and Ultra for Astigmatism Multifocal

- BCR 8.5, Power +6 to -10, Toric +4 to -6, 3 cyl. powers & around the clock correction
- Monthly, daily wear/extended wear
- 2 add powers Low and High
- Same design as PV 2 for Presbyopia
- Dk/t 163, 46% water content

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Lens Selection Fitting Guide

Spectacle Add	Both eyes
≤ +1.25	Lo
+1.50 to +2.00	Med
+2.25 to +2.50	High

- Distance Rx should be spherical equivalent, vertexed corrected, and push plus
- Add +0.25D to each eye

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Biotrue for Presbyopia & Infuse 1 day MF

- Daily disposable Biotrue Hydrogel/Infuse SiHy
- Low & high adds
- Same design as other MF by the same company

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Lens Selection Fitting Guide

- Start with a vertexed back spherical equivalent.
- Add selection

Spec Add	Both Eyes
+0.75 to +1.50D	Low
+1.75 to +2.50D	High

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Acuvue Multifocal Design

- Hydrogel- 1 day AV Moist MF
- Si Hy-AV Oasys Max 1 day MF and AV Oasys Max 1 day MF for Astigmatism
- Si Hy-AV Oasys MF
- UV Blocker; Max blue light filter
- Adds: Low, Mid & High

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MyDay Multifocal & Clariti 3 add MF

- Daily disposable Silicone
- UV blocking
- 3 adds: Low, Medium, High

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AV Multifocals

Spec Add	Lens add
+0.75 to +1.25D	Low both eyes
+1.50 to +1.75D	Mid both eyes
+2.00 to +2.50D	Mid Dom. Eye and High ND Eye

Decrease add in dominant eye to enhance distance and Increase + in distance Rx to enhance near

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MyDay Multifocal Lens Selection

Spec Add	Dominant Eye	Non-dominant eye
+0.75 to +1.25D	Low	Low
+1.50 to +1.75D	Low	Med
+2.00 to +2.50D	Low	High

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Importance of using the Fitting Guide

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Comparing the Lens Selections for
Spec Rx OD -1.50, OS -2.00-0.50 X180
Add +1.75, Dom. Eye OD

Lens	OD	OS
DT1 MF	-1.25 Med	-2.00 Med
Infuse 1 day MF	-1.50 High	-2.25 High
MyDay MF	-1.50 Low	-2.25 Med
AV Oasys Max MF	-1.50 Mid	-2.25 Mid

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Biofinity Fitting Guide

Spec Add	Dominant Eye	Non-dominant eye
+1.00 & +1.50	D lens	D lens
+2.00 & +2.50	D lens	N lens

Check binocular and monocular vision

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Center Distance Designs

*Center Distance Designs also used for Myopia Control

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Biofinity MF Case

OD -2.50 OU, Add +2.00

OD dominant eye

OD lens -2.50 D lens +2.00 add

OS lens -2.50 N lens +2.00 add

Distance VA OD 20/20, OS 20/20, OU 20/20

Troubleshooting:

Option 1 modify distance vision by adding +/-0.25 to eye that needs improvement

Option 2 Increase the add power to the eye that needs improvement

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Biofinity Multifocal

- Monthly replacement Si Hy
- 4 add powers (+1.00, +1.50, +2.00, +2.50)
- Center Distance and Center Near lens

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Emerging Presbyopes

Case -44yo, previous soft lens distance only wearer

Currently taking glasses off to see near

Refraction OD -2.25-0.50X150 Add +1.25 Dominant eye

OS -2.75-0.25X15 Add +1.25

Biofinity MF OD -2.50 Add +1.00 D lens

OS -2.75 Add +1.50 D lens

VA 20/20+ OU distance, 20/20 OU Near

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Biofinity MF Toric

- -0.75 to -5.75 cyl in 0.50 steps
- 5 degree increments
- 4 add powers

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NaturalVue Multifocal 1 day

- Uses extended depth of focus
- Add up to +3.00
- Daily disposable hydrogel

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To order

- Patient's up-to-date Rx
- Add
- Keratometry readings
- Dominant eye
- Online calculator or call consultants

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General MF Troubleshooting

- Poor distance VA – Add minus by 0.25 steps to dominant eye only &/or decrease add dominant eye
- Poor near VA – Add plus by 0.25 steps to non-dom eye &/or increase add non-dominant eye
- If $\geq 0.50D$ change is required in distance may need to alter add powers
- Use flippers for Over-refraction

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Online Calculators or apps

- Almost every soft and GP MF lens manufacturer provides online calculators or apps to help you select or trouble-shoot your fit.
- Check it out on their website

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Troubleshooting Soft MF

- Address distance problem first
- Confirm dominant eye (especially if VA's don't meet expected values)
- Always recheck VA with an OR at distance & near
- Monocular acuities are useful for determining which lens may need to be altered
- Change power in small 0.25 steps
- Use the lowest add possible -Round down
- It is okay to use unequal adds

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Fitting Tip Summary

- If vision is good, sent them away to adapt!
- Don't make too many changes the first day
- Don't jump from material to material
- Use trial lenses
- Be positive!

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Benefits of a GP MF

- Good vision
- Ocular Health
- Astigmatic correction
- Applications in dry eye management with sclerals

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Follow Up Visit

- Make sure they are adapting and wearing the lenses
- Ask how it is going, listen, but don't make changes if not needed.
- Use the fitting guide to make changes
- Continue to be positive!

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Types of Lenses

- Corneal GP
- Scleral
- Hybrid

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Gas Permeable Bifocals/Multifocals

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Before you fit:

- Check pupil size
- Tear film
- Lower lid position and tightness
- Dominant Eye
- Current Refraction and add
- Keratometry readings
- HVID

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Lid Positions



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Aspheric GP MF

- Very popular
- Plasma treatment and Hydrapeg help with dryness
- Higher Add powers now available
- Lower eccentricity lens designs
- Translation?
- Eccentricity (rate of flattening) is the change in curvature of the lens to provide an increase in plus power. As the eccentricity increases, greater effective add powers can be achieved.

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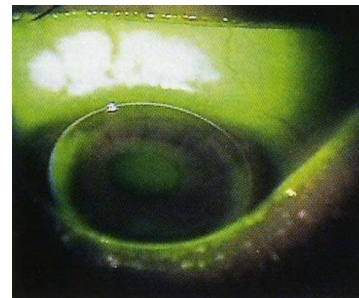
GP MF Lens Designs

- Aspheric multifocal
- Translating Segmented

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Aspheric translation



Courtesy Dr. Bennett

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Lens Designs

Aspheric Design

- Increase in plus toward the periphery (Center distance)
- Fit steeper than K
- Simultaneous Vision
- Additional near power can be added to front surface

Translating Design

- Prism ballasted or truncated
- Sits on or near lower lid
- Lower lid pushes near portion into pupillary zone
- Increased Chair time
- Near Seg

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Good candidates for Aspheric GP MF

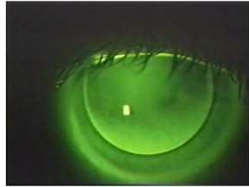
- Any add power
- Computer use
- Athletes
- Low lower lid and/or loose lids
- Small-average pupil size
- Very critical vision is not essential

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Aspheric MF Fitting

- Good design to start with as easy to fit with manufacturer's fitting guides
- Should center with limited movement on blink (Center distance)
- Many times fit empirical
- Use your lab consultants
- For front surface aspherics fit on flat K to steep
- For back surface aspherics fit 1-1.5D steeper than flat K



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Benefits of Front Surface Aspheric MF

- Avoids back surface molding
- Optically can provide about 0.37D greater add than back surface
- Variable add powers to meet patient's needs, often times these changes make the center distance zone smaller with increase add power

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Aspheric MF lenses

- No Trial set required
- Contact Lab consultant or use online calculator
- Be sure to provide patient data (i.e., K's, refraction, add, etc.)

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Front Surface Aspheric MF Lens Examples

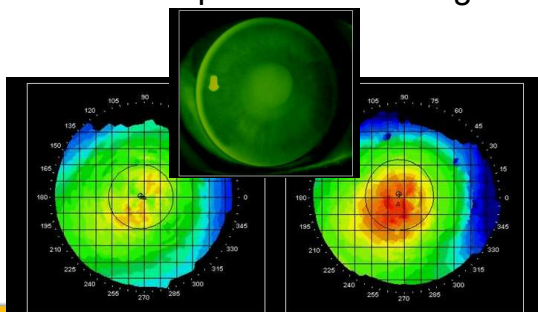
(not all inclusive)

- MagniClear
- Renovation
- Naturalens Progressive
- Reclaim (combo mild asphericity on back surface with progressive MF zone on front surface)
- Tangent Streak AAA
- Solitaire

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Topographic Changes with Posterior Aspheric Lens Designs



Courtesy Dr. Bennett

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Front Surface Aspheric Online Calculator

41.00
First K Reading
41.50

42.00
Second K Reading
42.00

-2.00
First Power
-2.00

-0.50
Cylinder Power
-0.50

180
Axis
180

+2.50
Add Power
+2.50

Single Lens Design

Base Curve: 8.15
Diameter: 9.50
Distance Power: -2.00
Add Power: +2.50

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Front Surface Aspheric MF Online Calculator

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Aspheric Troubleshooting

- Decentration or excessive movement
 - Steeper BCR
 - Or increase diameter
- Poor near vision
 - Increase add (Some offer higher adds)
 - Increase plus in non-dominant eye (modified monovision)
 - Increase diameter

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Back Surface Aspheric MF lens examples

(not all inclusive)

- Metro Progressive
- VFL 3
- Tangent Streak no-line
- Boston Multivision

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Translating Bifocal

- Prism Ballasted & sometimes Truncated
- Crescent/Executive Seg
- High Dk Material
- Near image moves in front of pupil with downgaze
- Typically rests on or near the lower lid
- Seg line at lower pupil margin

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Evaluating the lens similar to Soft MF

- Let it settle like a soft MF
- Simultaneous vision
- Check vision binocularly
- Normal illumination
- Adaptation period
- Use cell phone, continuous text, magazines, books for near vision
- Use trial lenses over the eye with reduced vision



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Good candidates for translating bifocal

- Critical vision demands
- Any add powers (high add/limited intermediate)
- Some do have an intermediate zone
- Lower lid near limbus/good tonicity
- When an Aspheric does not center

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Translating Design Examples

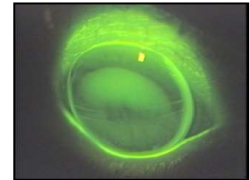
- Tangent Streak
- Solution
- Metro-Seg
- Solitaire
- Bi-Expert
- Llevation

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Keys to Translation

- Position of lower lid should be close to limbus
- Seg line at lower pupil margin
- Evaluate translation in downward gaze



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Combination-Aspheric back with segmented front

- Essential Solution
- Expert Progressive
- EZ Eyes Multifocal

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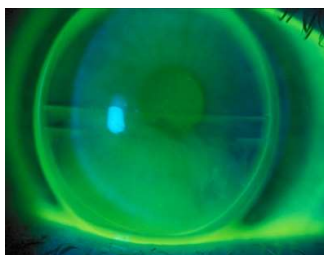
Translating Troubleshooting

- Excessive rotation
 - Flatten BCR
 - Increase prism
- Seg fits too high
 - Lower seg height
 - Increase prism
- Poor translation
 - Flatten BCR
 - Increase prism
 - Increase truncation
- Blur at distance
 - Lens sits high – Increase prism
 - Decrease seg height
 - Lens sits low – Increase OAD
- Blur at near
 - Increase seg height – too low
 - Not translating
 - Excessive rotation (Flatten BC) &/or increase prism
 - Patient dropping head down not eyes

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Translating fit



Courtesy of Truform Optics

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Troubleshooting Translating Bifocal

- Excessive Rotation
 - Flatten BCR by 0.5D
 - Increase prism by 0.5PD



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Troubleshooting Translating

- Lens Sitting too high
 - Increase prism by 0.5PD
 - Flatten BCR 0.5D



Courtesy Dr. Bennett

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Fitting tips

- Multifocals experience about 80% success rate (soft or GP)
- Use a topical anesthetic with GP
- Order warranted and educate the patient on need for follow-ups
- Use your consultants-they will help you and help you be a better fitter

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Blur at Distance

- Lens too high: Increase prism
- Lens too low: Increase OAD
- Seg Height is too high
- Excessive movement
- SMILE



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Scleral MF Candidates

- Irregular corneas
- Dry eyes
- Refractive Surgery patients
- Lens stability issues
- Corneal GP intolerance-Patients that need better vision and like the comfort of sclerals
- May need some tweaking, so not a quick process

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Blur at Near

- Seg height too low
- No translation
- Patient drops head to read, not eyes
- Excessive lens rotation



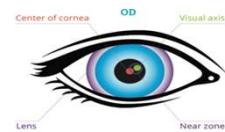
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Scleral Multifocals

- Most are Center Near
- The benefits of a scleral, quadrant specific designs, custom diameter, base curve, power, toric, etc.
- Aspheric or concentric designs
- Custom aligned optics



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Hybrid MF Candidates

- Inability to adapt to corneal GP's
- Astigmatic presbyopes
- Hyper Dk GP center
- High Dk SiHy skirt

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Duette Progressive Contact Lens

- Distance power
 - Spherical portion (not spherical equivalent)
 - tear lens compensation: SAM, FAP
 - Vertex if greater power than $\pm 4.00D$
- Add Power
 - Based on patient's age and refraction

Pt. Age	Spec Add	Lens Add
40-45	$\leq +1.50$	+1.00
46-55	+1.75 to +2.25	+1.75
56 and above	$\geq +2.50$	+2.50

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Hybrid Multifocal

- Duette Progressive Contact Lens (Also have older version Duette Multifocal)
 - Base Curves: 7.1 to 8.3 in 0.1 increments
 - 40.75D to 47.50D
 - Up-to-date refraction and keratometry
 - Initial lens based on flattest corneal curvature
 - 0.50D steeper than flat K
 - Soft skirt initially 8.4 (Flat) (Also has 8.1 medium and 8.7 Flat 2)
 - Use calculator (Need K readings, HVID, Refraction and add)

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Skirt Determination – Ideal Fit



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Hybrid Multifocal

- Center Distance and Center Near
- Fit empirically
- Typically use CD for Emerging Presbyope, Moderate Presbyope- CD or CN and Absolute Presbyope CN
- No need for diagnostic set

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Duette Progressive Contact Lens

- Troubleshooting:
 - Lens centration – ghosting or halos if decentered
 - Reorder with the 8.1 radius skirt to center lens
 - Lens Movement – Tight lens $<0.50mm$ movement
 - Reorder with the 8.7 radius skirt to increase movement
 - Over-refraction with $\pm 0.25D$ trial lenses
 - Same over-refraction rules apply to previously mentioned multifocal lenses

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IN SUMMARY

Presbyopes represent the greatest
opportunity for contact lens practice
growth

Improve the quality of their life
Success may not be defined by your
expectations