

Inclusive Paediatric Dispensing Q&A responses by Dr Alicia Thompson, Director of Education, Research and Professional Development, ABDO

1	Would you advise taking head width for every child/paediatric dispense? I have to admit to not doing this in practice and usually just try frames to get an idea of best width. Many thanks.
	<i>Yes I would suggest making head and temple width a routine measurement as it allows you to ensure the correct set up and tension of the frame is achieved before the final fit.</i>
2	there are too many modern childrens frames with long ltb, which cannot be trimmed straight sides which are difficult to bend at the correct pont for theb childs ears
	<i>I absolutely agree, my research shows approximately 20 mm too long for most children. I am having some success in influencing this with frame manufacturers but currently I check both sides are capable of being adjusted to fit or shortened before I order.</i>
3	Why has there been such a poor communication/cooperation/coordination between registrants and frame manufacturers and children's frame. Especially since it's it's one if just three groups of patients that require the involvement of a registrant in dispensing and collection of glasses?
	<i>I do believe this has stemmed from the difficulty in achieving a data set of measurements from children as all we have in practice is the Fairbanks facial rule. Combined with the desire for fashion and the 'mini me' market drivers, it has been overlooked by the majority for a long time. I am hopeful we will see an improvement based on the training and collaborative work I am currently doing with many manufacturers and practice groups</i>