PD Adjustment
Monocular pupillary distances can be adjusted by rotating the adjusting knob of each eye, located above each lens well. The arrows above the lens wells indicate each monocular pupillary distance. Adding the PD values for each eye equals the binocular PD value.

Adjustment of the Temple Length
The temple length may be adjusted by loosening the knob on top of the temple and pulling on the end of the temple. When the correct temple length has been established, the knob may be tightened to secure the length.

Adjustment of the Nose Pad
There are two knobs that control the position of the nose pad. The knob at the top of the frame controls the height of the nose pad. The angle of the frame in relation to the patient’s face is controlled by the knob on the front of the frame. When adjusting the nose pad, remember that the standard distance from the lens to the cornea is 12mm. Also remember to center the patient’s eyes with the optical centers of the lenses.

Insertion of Lenses
For optimal optical clarity, insert the least number of lenses possible to create the desired power. The highest powered lens should be placed closest to the cornea (in the back lens clamp.) Always replace the trial lenses in the case when not in use. Insert the lens quickly and accurately.

Trial Frame Refraction
Spherical Refraction: Start with a spherical lens approximately equal to the amount of the patient’s prescription. Then using +/- 0.25 or +/- 0.50 lenses as test lenses, ask the patient to determine which lens appears clearer. Then change the spherical lens in the trial frame to equal the power of the previous spherical lens plus the clearer test lens. Continue until the patient can not tell a difference between the two test lenses.

Astigmatic Refraction
With the previous spherical lens in place, use a Jackson Cross Cylinder (JCC) to determine the amount of cylinder in the patient’s refractive error. Place the JCC in front of the patient’s eye. To correct the axis position, center the two axes of the JCC around the patient’s current cylindrical lens axis. Then turn the JCC and check the visual acuity at the two opposite positions. If the visual acuity is better at one position, the axis of the cylindrical lens can be turned slightly in the direction of the position mark of the clearer one. Then test again until the difference of visual acuity at the two positions can no longer be distinguished. Turn the JCC lens 90° counterclockwise and determine the change in visual acuity. If no change in visual acuity is noted, the degree of cylindrical lens used can be considered suitable. Otherwise, the degree of cylindrical lens would be adjusted according to the variant results. The cylindrical lens is then in the correct position.

Amcon The Eyecare Supply Center

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**Technical Information:**
- Range of Binocular Pupil Distance (PD) Adjustment: 48-80mm
- Range of Monocular PD Adjustment: 24-40mm
- Minimum Calibration Value: 1mm
- Axial Calibration for Right Eye: 45° through 180° to 135°
- Axial Calibration for Left Eye: 120° through 0° to 60°
- Axial calibration increases counterclockwise along the lens frame in increments of 5°
- Inner Diameter of Lens Frame: 32.5mm
- Four lenses may be inserted in each side of frame simultaneously.
- Each lens may be rotated around the entire 360°
- Displacement of the lens in relation to the position of lens frame geometric center: < 0.3mm
- Nose pad adjustment length: 0-14mm
- Nose pad adjustment angle: 0° to 30°
- Range of temple length adjustment: 98-135mm
- Maximum width between the temples: 200mm
- Weight: 72g

**Maintenance:**
This product should be used at normal temperatures. Keep the room well ventilated and prevent the trial frame from damp and cold environments.

Do not dismantle the trial frame. Precise adjustment has been made before delivery.

In order to guarantee the service life of this product, avoid impact to prevent the components from damage or deformation.

Keep the calibration disc and PD rod clean. Wipe off dirt and blot with a soft cloth when needed.

The trial frame is used for examination of patients in institutional settings, such as nursing homes and hospitals. Trial frame refraction can also help with examining uncooperative children who may not sit behind the phoropter.

It may also be used to confirm a patient’s prescription after the refraction is completed, by allowing the patient to walk around wearing the new prescription before glasses are made.