

VISION AND SHOOTING – WHAT NEXT? (NO MATTER YOUR AGE)

By: Robert Buonfiglio

<https://chrissajnog.com/no-matter-your-age-vision-shooting/>



Okay, you might have seen the “[Vision and Aging](#)” series and figured it was for old folks, and to some extent, you were probably correct. Maybe you even read them, knowing those problems are still decades away.

Or maybe you've begun to notice some of the problems covered in the articles, or maybe you're just not sure you're seeing as well as you can, and wondering if there's any improvement that can be made. So, no matter your age, you might be asking, “So what do I do next?”

The answer is pretty simple, yet not so simple: **get your eyes examined**. Perhaps you already have an eye doctor that you've been seeing for years, and perhaps the last time your vision was checked was when you were in elementary school.

So if you need to find an eye doctor, **I recommend asking friends, family, coworkers**. You could go online and look for ratings, but I'm sometimes a bit suspicious about those (though, of course, I'm always happy to receive good ones!)

Optometrist or Ophthalmologists?

There are basically two types of doctors that you could see: optometrists and ophthalmologists, and I'll explain. Optometrists go to college, generally for four years, then apply to a college of optometry for another four years, during which they study basic health-sciences as well as optics, and how to treat visual (functional) and ocular health problems, receiving an OD degree. Since I finished (eons ago), all fifty states permit optometrists to prescribe some medications (the prescribing privileges vary tremendously from state to state, and I happen to be in the worst state in the nation, but that's another story, so don't worry – I won't be getting up on my soapbox.)

Ophthalmologists do four years of undergraduate college, then four years of medical school, including an internship, at which point they are much like any other medical doctor (MD); but then they do a surgical residency in ophthalmology, and learn not only treatment of medical eye problems, but eye surgery as well.

In many areas optometrists and ophthalmologists work in conjunction, with the ODs doing most of the primary care and the MD's concentrating on surgery; and indeed there are eye surgeons who even sub-specialize, e.g. retina specialists, ocular cosmetic/plastic surgeons, and cataract surgeons. **OD's are more tuned to visual function, that is how your eyes function in a particular set of circumstances – driving, working at a computer or, in our case, shooting;** and MD's tend to focus more on the absence or presence of disease. I admit I'm oversimplifying here, but it's not the main point of this article.

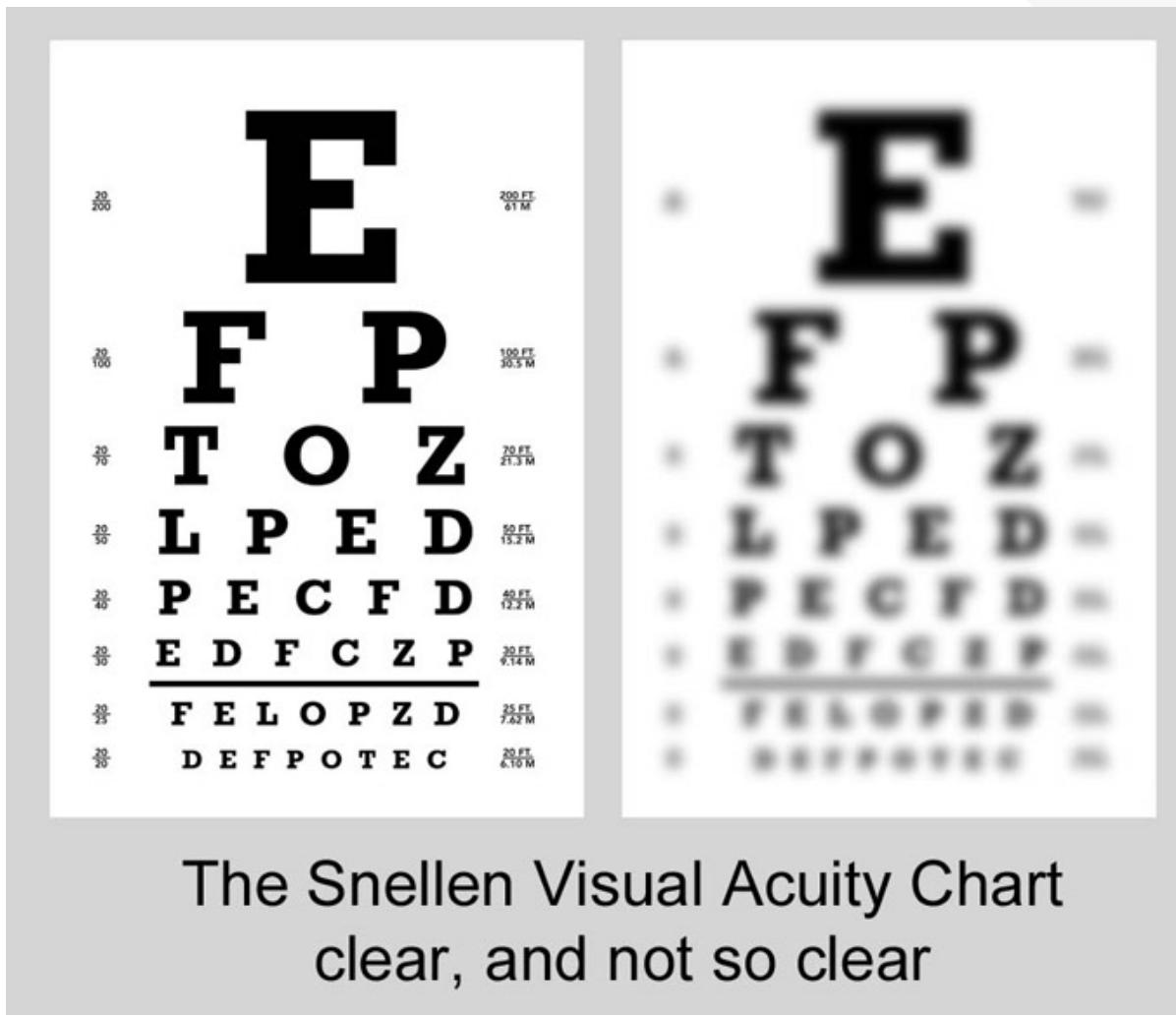
On the one hand, **finding an eye care professional that has an interest in shooting can be a great help, since he or she will be more aware of the issues that affect shooters' vision.** And if you belong to a club, or if you subscribe to a local newsletter on shooting, it can be easier to find someone with a background in working with shooters. One caveat, though: some health care providers have been asking their patients if they have a firearm in the house, not to help them with improving their shooting, but with an anti-2A agenda behind it; and once this information becomes part of your medical record, it can create problems.



The Eye Exam

History: explain any difficulties you are having that relate to shooting. Describe the visual demands you experience (whether you're using a scope, open sights, dot sight, etc.). Mention the distances involved (e.g. distance to front sight, which you can have a friend measure for you). Tell your doctor how your current prescription (if you wear one) allows you to see at those distances. Describe any other visual symptoms – blur, glare, spots floating around, etc.

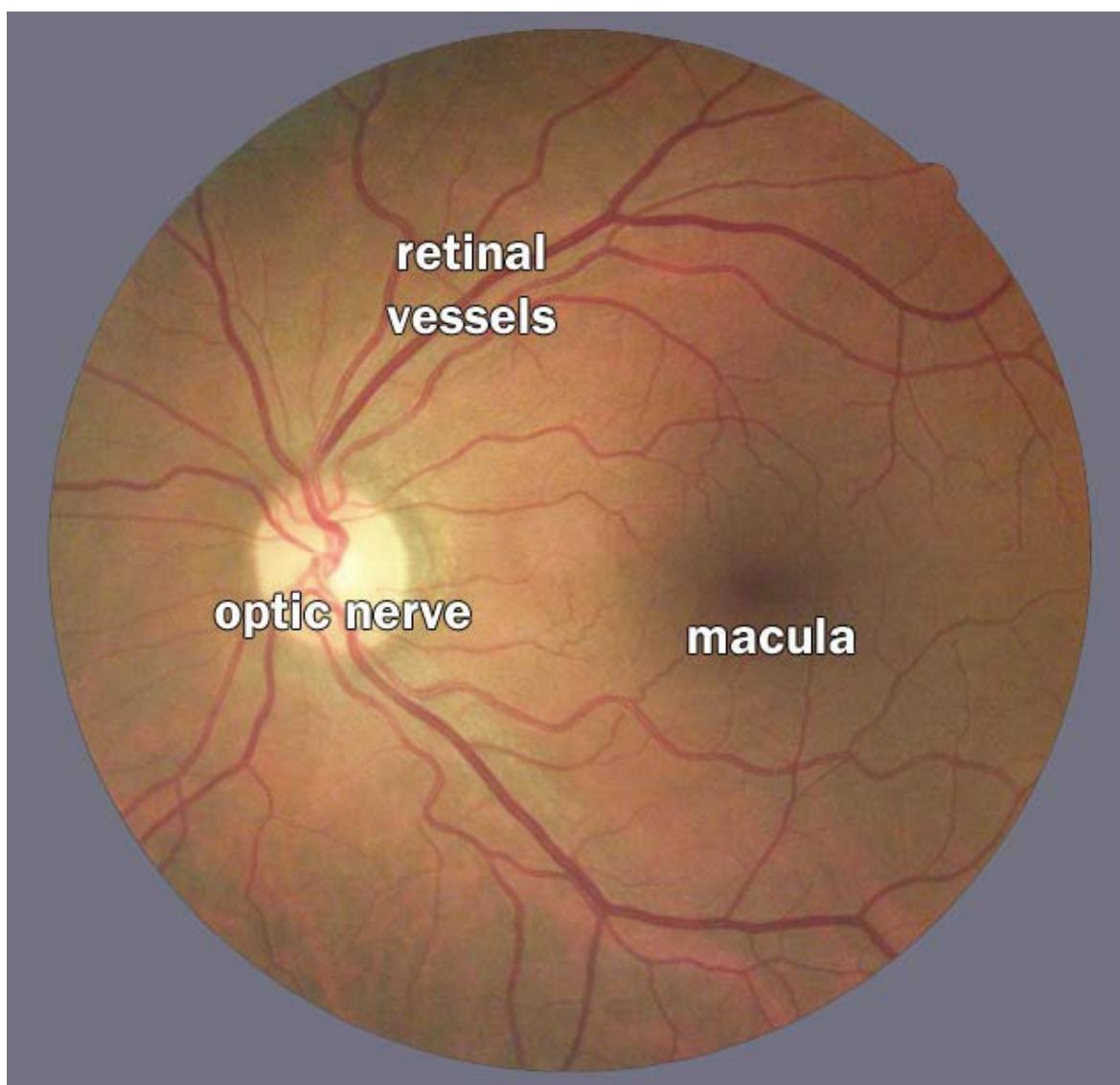
Visual Acuity: the sharpness of your vision will be measured, typically with a letter chart, at distance and at near (reading distance.) In addition, you can also ask to have your "front sight distance," checked at this time. This helps during the measurement for an optical correction.



Eye movements and alignment – you will be asked to follow a penlight or other target, in order to see if your eyes move together. It also checks to see if you have full extent of movement in each eye. If there is a problem here, you might see the target go double. Mention if it does.

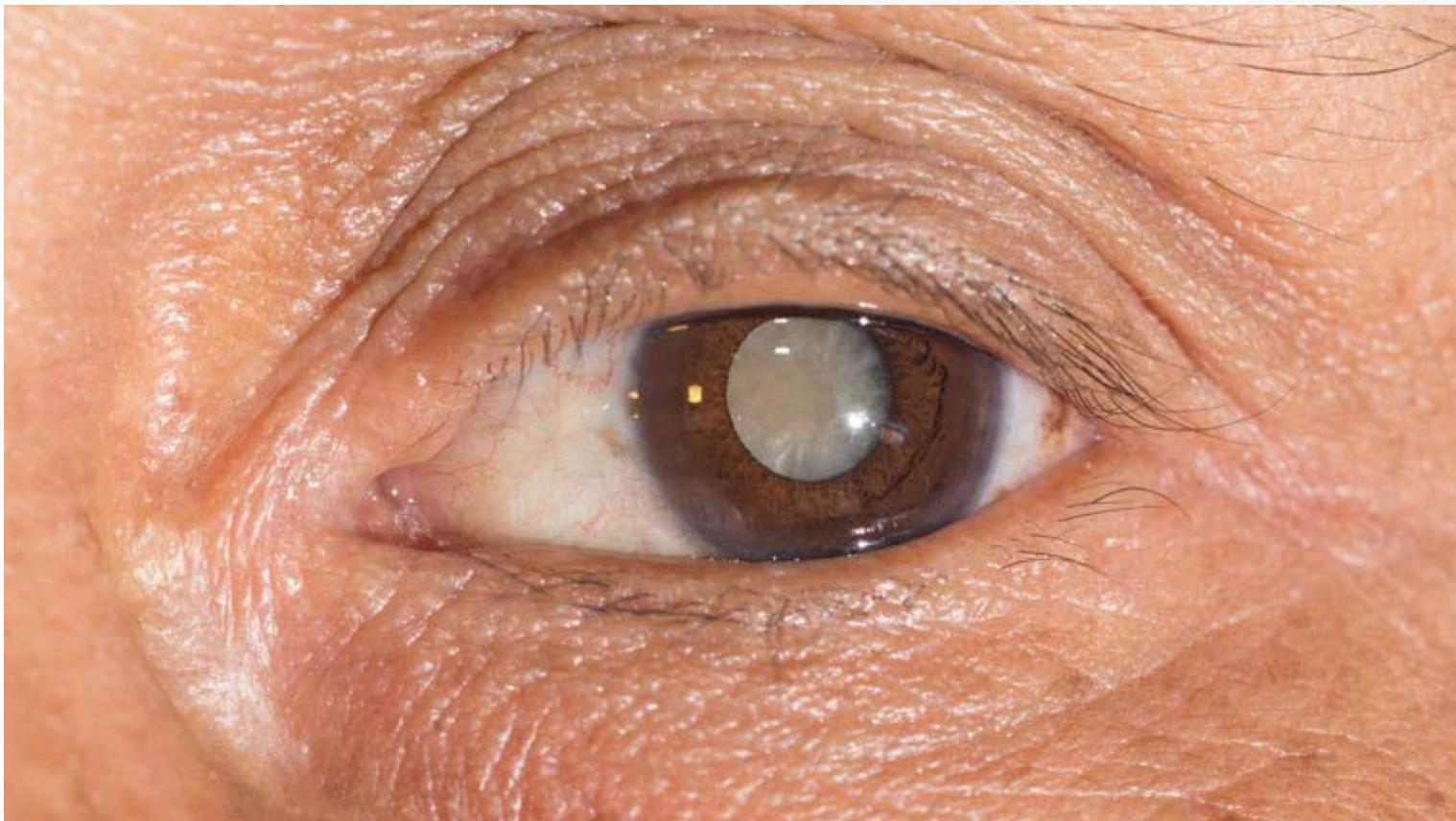
Refraction: during this part of the exam, your eyes will be measured for any refractive error. This includes; nearsightedness, farsightedness, astigmatism. For more info on these, see [Vision and Aging Part 1](#) on this site. A determination will be made for the best optical correction. Measurements will typically be taken at long distance and then at the reading distance, generally around 16 to 18 inches.

One suggestion for this part of the exam that you can do ahead of time is to **have someone measure the distance from the bridge of your nose to the front sight of the gun you typically use for shooting**. Mention this distance to your examiner, and ask if a reading of the “minimum plus” for this distance can be measured. (It is likely to be between +0.75 and +1.25, and can be used to make up a pair of glasses that allow the dominant eye to see the sight clearly, while not blurring the target excessively.)



Ocular health exam: your eyes will be examined inside and out, using instruments that allow the doctor to view the inside of the eyes to look for any problems with the retina, vessels, optic nerve, and the macula (which is the part of the retina you use when looking directly at something.) The doctor might put dilating drops in your eyes to get a better view inside, and these drops can leave you blurry and light-sensitive for a few hours after the exam. It is a good idea to check ahead of time whether this will be performed, and if so, you might want to get someone to drive you to the exam, especially on a very bright day.

A microscope exam will be performed, to check for cataract, which is clouding of the lens of the eye, and the ocular pressure (“glaucoma test”) will be measured. Measuring the pressure is very important, because in most cases, there are no symptoms that you will experience from elevated pressure, and no correlation to blood pressure or emotional stress. Further discussion of the age-related changes that can have a negative impact on your shooting can be found in [Part 2 of my Vision and Aging series](#).



The basic elements of an eye exam (most specifically the measuring of an optical correction) can be tailored to the needs of a shooter, if you make it known at the outset, and are aware of the distances at which you need clear vision. The actual lens types for shooters were discussed in Part 1 of Vision and Aging, and you can even bring a copy of that article when you go for your exam and to have your glasses made. And during the exam, your eyes will be checked for additional problems that could have a long-term detrimental effect on your sight. The recommended interval for eye exams is between one and two years, and there are steps that can be taken to improve your vision as it relates to shooting.

As for having your glasses made, the same recommendations hold true as for the examiner: if you can locate someone who has worked with shooters (check with members of your club if you belong to one, or the bulletin boards at clubs or gun stores for business cards.) Explain the type of shooting, and the distances to your front sight(s), as well as any issues you have with what you're currently using. **Maybe even bring a copy of Vision and Aging, Part 1.** And by all means, ask for polycarbonate or Trivex lenses for maximum impact resistance (though it's highly likely these will be recommended to you.)

In Summary

- if you can find an eye doctor who has a knowledge of shooters' visual issues, that can be a big help – ask friends who shoot, check for ads in local newsletters
- have a friend measure the distance from the bridge of your nose to the front sight of your favorite gun(s), and ask for "minimum plus" to correct for that distance

So if it's been a while, my recommendation is this: go get your eyes examined; you'll be doing them (and yourself) a big favor!

This article can be found at: <https://chrissajnog.com/vision-and-shooting-what-next/>

Please share this article or print it and bring it with you to your next eye doctor appointment.



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