

MYOPIA: FROM MONITORING TO MANAGING

A decade ago, myopia management was a much narrower conversation for **Ashley Tucker, OD, FAAO, FSLs**, at Bellaire Family Eye Care in Bellaire, Texas. “When I first started practicing 15 years ago, I rarely saw myopic kids,” Dr. Tucker says. “It was an anomaly. Now it shocks me every summer because probably half of the kids I see are myopic or they don’t have enough hyperopic buffer. So we know they’re on the fast track to myopia.”

That shift has changed not only what she sees, but how she talks with parents. Dr. Tucker says the conversation around myopia management has become far more proactive, more informed and more practical. Rather than simply monitoring a child and waiting to see how things evolve, she now has a range of treatment options that allow her to address the condition earlier and more effectively.

“It makes the conversation so much easier,” she says. “Now we can say, ‘Your child has myopia, which is nearsightedness. It’s elongation of the eye,’ and then we can talk through the options we have to manage it.”

While FDA-approved spectacle lenses have created an exciting new entry point for many families, Dr. Tucker says, MiSight® 1 day contact lenses remain the cornerstone of her myopia management practice. MiSight soft contact lenses are proven to slow myopia progression in children, aged 8-12 at the initiation of treatment. For many parents, she says, soft contact lenses are familiar and appealing—especially when they understand that the daily disposable lens has been studied extensively in children and shown to slow progression.

A familiar option

Dr. Tucker says the lens is an easy fit for many families because it feels familiar, practical, safe and effective. Many of the

parents she sees are myopic themselves and already wear soft contact lenses, which makes the recommendation even easier to understand.

“Parents who are open to contacts absolutely love this as an option,” she says. “Now we have an FDA-approved soft lens that’s been on the market for over six years, and there’s a lot of data available to support it. I have hundreds of kids in MiSight and hundreds of success stories.”



Dr. Tucker

“I have hundreds of kids in MiSight and hundreds of success stories.”—Dr. Ashley Tucker

The rise of MiSight has also helped create something Dr. Tucker says was missing in the past: a true continuum of care. In earlier years, children who were too young for contact lenses or whose families did not want atropine had limited choices. That often left practitioners relying on less effective strategies, such as bifocals or progressives.

Great candidates

Dr. Tucker says the ideal candidate for MiSight is typically a child ages 8 to 12, as the FDA approval identifies. But she does not limit the lens strictly by age. Instead, she focuses on whether the child is active, responsible, hygienic and able to follow directions.

“We put kids younger than eight in it. We put kids older than 12 in it. Any kid who is myopic and can handle the lens can wear MiSight.”

That flexibility matters because myopia management is not a short-term decision. Dr. Tucker tells families that as long as a child stays in the lens, myopia progression is being actively managed—but once treatment stops, the benefits stop too. That conversation, she says, helps parents think more clearly about long-term care.

Education essential

One reason MiSight has become so central to her practice is how easy it is to

fit. Dr. Tucker says there is little learning curve, no calculator and no complicated fitting guide. If a doctor can fit a single-vision soft contact lens, they can fit MiSight. “That’s what’s so beautiful about it,” she says. “It’s very straightforward.”

Even so, she says patient and parent education remains essential. Once families understand the optics and the purpose of the lens, the response is often immediate excitement—especially when they see how well their child sees.

That ease of adoption, along with the convenience of direct shipment through ABB and strong practice-level inventory support, has made MiSight a practice builder as well as a clinical solution. Dr. Tucker says her office stocks every FDA-approved power and keeps a large inventory along a back wall, which helps close the loop for families who want immediate reassurance and easy access.

“Parents love that,” she says. “They like leaving with a bag full of lenses for the year.”

For Dr. Tucker, the growth of myopia management reflects a broader shift in optometry itself: a move from observation to intervention, and from limited choices to meaningful solutions. And in that evolution, she says MiSight stands out as one of the most practical and powerful tools she has to help children see clearly now and protect their vision for the future. [PA](#)

* INDICATIONS AND BRIEF SAFETY INFORMATION for MiSight® 1 day soft contact lens:

INDICATIONS: MiSight® 1 Day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear is a prescription device indicated for the correction of nearsightedness and for slowing the progression of nearsightedness in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism.