AOA president issues call-to-action as Congress begins summer recess

AOA President Randolph E. Brooks, O.D., issued a health care reform call-to-action as the U.S. House of Representatives began its August recess.

“It is essential that members of Congress hear directly from you now,” said Dr. Brooks. “For the AOA to be successful in shaping national health care reform legislation, every OD and student must play an active role getting our message directly to elected officials and key decision-makers on Capitol Hill.”

Last month, more than 500 ODs and optometry students took time away from their offices and studies to personally deliver optometry’s message on health care reform to Capitol Hill at a critical time. Dr. Brooks also urged members to view video highlights on the AOA’s YouTube channel of ODs as they storm Capitol Hill to fight for patient access-based health care reform. The page is available at www.youtube.com/aoaweb.

For the AOA to be successful in shaping national health care reform legislation, every OD and student must play an active role getting our message directly to elected officials and key decision-makers on Capitol Hill.”

OPTOMETRY

Peer-reviewed clinically focused papers, Book reviews, Abstract reviews, Detailed Practice Strategies articles to help you build your practice.


President's Column
A friend remembered

Optometry's Meeting
NECO student takes home crystal trophy, bragging rights
YOUR PERSONAL LIFESTYLE LENS™

Shamir Autograph® is the ultimate Freeform® progressive lens for patients with any lifestyle wanting the highest level of personalized optics available on the market today. Now patients can enjoy a higher level of optical accuracy and personalization in their Autograph® lenses with the introduction of FreeFrame Technology™ and As-Worn Technology™. With a variable design starting from 11mm and up, no matter what frame shape, the Autograph® design will automatically adjust the corridor and reading zone to perfectly match it!

GENERAL PURPOSE, OFFICE, SPORT — ACCOMMODATING ALL LIFESTYLE NEEDS.

Whatever the patient’s needs may be, there’s a back surface Autograph® lens designed specifically for their lifestyle. With Shamir Autograph®, the future has never looked better.

THE FREEFORM® PROCESS

Design Phase

Prescription Software

Back Surface Design

Production Phase

Freeform® Equipment

Result

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®

THE FREEFORM® PROCESS

Back Surface Design

Patients’ Rx, Seg During PD, Personal Lifestyle Preferences, Freeframe Technology, As-Worn Technology

Designed with Shamir EYEPOINT TECHNOLOGY®
Shamir Progressive Lenses - ReCreating Perfect Vision

Shamir Progressive Lenses - ReCreating Perfect Vision®
PRESIDENT’S COLUMN

A friend remembered

Optometry lost a great leader when Pat Cummings’ life was tragically cut short in an airplane crash in Florida last month. Pat was the passenger in his friend’s aircraft when he and his friend, a retired airline pilot and naval aviator, perished in an accident that was both sudden and catastrophic.

Pat was more than a great husband, father, brother and son. He was more than a great optometrist to his patients where he practiced in Sheridan, Wyo., for 26 years. As AOA president, Dr. Cummings was one of the principal architects of Healthy Eyes Healthy People® and InfantSEE®, but he was more than that.

As the America’s Region Vice President, Professional Development Group, at Vistakon®, Pat was a well-known leader in the ophthalmic community, but he was more than a knowledgeable and creative corporate executive.

Pat Cummings was more than all of these descriptions; he was a truly remarkable human being. Pat would always say and do the right things whether in business or in his personal life not because he had to, but because he wanted to. You could always count on Pat to do what was going to be fair for everyone. He had a moral compass that served him well throughout his personal and professional life.

I believe that the true measure of someone’s life is not how much they did, but rather the “why” and the “how” of their accomplishments. Pat’s motivation was always for doing the right thing for the right reason. Pat knew not just how to get things done but how to do them fairly.

With Pat, when you went to him with a problem or asked him a question, he would smile at you and make you figure it out for yourself. After you got it figured out, he would say: “You are going to do it just fine.” He would instill confidence and was a constant source of inspiration. He made you think and look within yourself for answers.

And then he would put his arm around you and tell you that you are going to be alright. Pat was that type of person, always one to reassure his family, friends and colleagues.

Pat and his family had endured much happiness together but they also had to suffer the tragic loss of his son, Patrick, in an automobile accident six years ago.

Now, Becky and the rest of Pat’s family have to suffer the tragedy of his loss in a private aircraft crash in Florida.

Pat was an accomplished pilot and built several aircraft.

All of us in the optometric family mourn his loss and remember his many contributions. He used his leadership skills and passion in service of those who were most in need. In doing so, he raised up our whole profession.

"He was one of the people who encouraged me to take up flying, and he always had words of encouragement when I pursued my private pilot’s license several years ago. Pat was also an incredibly careful aviator. For example, he always told me that his wristwatch was his fuel gauge and that since gauges could be inaccurate; he always clocked how many minutes he was in the air and knew exactly how many gallons were left in his tank. That was the type of pilot Pat was." —The AOA Foundation in Cummings’ honor. Donations may be sent to: Dr. Pat & Patrick Cummings Memorial Fund, Optometry’s Charity—The AOA Foundation, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

More than that, he was my good friend. My heart goes out to his entire family. All of us in the optometric family mourn his loss and remember his many contributions. He used his leadership skills and passion in service of those who were most in need. In doing so, he raised up our whole profession.

We will all miss Pat for his friendly smile, his reassuring arm on your shoulder and his gentle demeanor.

Rest peacefully, my friend.

Donations can be made to the scholarship fund established through Optometry’s Charity—The AOA Foundation in Cummings’ honor. Donations may be sent to: Dr. Pat & Patrick Cummings Memorial Fund, Optometry’s Charity—The AOA Foundation, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October.

Business Office: 11830 W. 360 Park Avenue, St. Louis, MO 63141.

Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32878-4800.


Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).

Periodicals postage paid at New York, NY, and at additional mailing offices.

POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.
Joint policy statement on VT based on outdated research

A “Joint Policy Statement” published online in the Journal Pediatrics on July 27 appears to cobble together outdated research and vision science, such as the controversial Irlen lens, in an attempt to discredit optometric vision therapy, according to prominent optometrists.

The policy statement, developed by the American Academy of Pediatrics, Section on Ophthalmology; American Academy of Ophthalmology; American Association for Pediatric Ophthalmology and Strabismus; and American Association of Certified Orthoptists, sheds doubt on the claim that vision therapy treats dyslexia—a claim that vision researchers and clinicians have not made for decades.

It also ignores the evidence of the proven benefits of vision therapy, such as in well-designed studies, most notably the Convergence Insufficiency Treatment Trial (CITT), which was funded by the National Eye Institute. This study showed that vision therapy administered in an eye care provider’s office is the best course of treatment for that condition.

“This publication pretends to be a review of the literature, but instead is a straw man argument,” noted Leonard Press, O.D., chair of the AOA’s Pediatrics and Binocular Vision Committee and a frequent member of the College of Optometrists in Vision Development (COVD).

“The references at the end, for example, include outdated research literature, and are padded with 23 references to the Irlen lens concept. None of the positive studies on vision therapy from optometric literature is included.”

The timing of the “joint policy statement” seems curious as well, noted Dr. Press, with recent studies showing positive results from vision therapy and with prominent individuals from the academic and scientific communities supporting vision therapy.

In May, Susan R. Barry, Ph.D., professor of neurobiology in the Department of Biological Sciences at Mount Holyoke College, published a book, “Fixing My Gaze.”

In this era of evidence-based medicine it is disheartening to read this panel of experts’ purposefully misleading the reader by disregarding recently published randomized clinical trials and the only quality research cited.

“What the policy statements have consistently done is link vision therapy treatment to unrelated conditions and then show the treatment is not successful.”

“Are we so drug free that we cannot have a multi-perspective evidence-based policy statement?”

A ‘flawed statement’ on learning disabilities, dyslexia and vision gets rehashed

By Leonard Press, O.D.

“Vision problems can interfere with learning, but vision problems are not the primary cause of reading or learning problems for most children. Therefore, any effort to improve a child’s visual performance through vision therapy is unsupported, even if your child happens to be one of those who might be helped by vision therapy.”

Any parent reading that statement would find it illogical if not misleading. Yet for the fourth time in four decades, the American Academy of Pediatrics, American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists have combined their efforts to publish this notion in the guise of public interest.

This is the essence of the abstract of an article in the August 2009 issue of Pediatrics that states:

“Vision problems can interfere with the process of learning; however, vision problems are not the cause of primary dyslexia or learning disabilities. Scientific evidence does not support the efficacy of eye exercises, behavioral vision therapy, or special tinted filters or lenses for improving long-term educational performance in these complex pediatric neurocognitive conditions.”

The American Optometric Association in a joint policy statement with the American Academy of Optometry has previously pointed out the flaws with the joint policy statement of the organizations above [1997, at www.aoa.org/x5420.xml]. A point-by-point rebuttal of the misleading information intended to discredit optometric vision therapy was published by the AOA in its journal, Optometry: (Bowen MD, 2002). This latest iteration in the form of the Pediatrics article unfortunately redeploys the same straw man arguments as the prior joint statements.

Here are the primary flaws and myths in the Pediatrics article:

1. “Convergence insufficiency and poor accommodation, both of which are uncommon in children, can interfere with the physical act of reading but not with decoding. Thus, treatment of these disorders can make reading more comfortable and may allow reading for longer periods of time but does not directly improve decoding or comprehension.”

FACT: There is no basis for this statement. In fact, there is evidence to the contrary.

The definitive scientific study on convergence insufficiency was published by the Convergence Insufficiency Treatment Trial Study Group. The study was published in Archives of Ophthalmology in 2008, and involved children from the ages of 9 through 18. A key part of that study was the Convergence Insufficiency Symptom Survey (CISS) published by the CITT group in Optometry and Vision Science [2003]. As noted by the CITT investigators, although it has been suggested that CI is not common in children, no data have been presented to support this position.

More important, consider the implications of the following items in the CI Symptom Survey on reading comprehension:

• Do you lose concentration when reading or doing

see Press, page 6
Statement,
from page 5

about the effectiveness of treatments for convergence insufficiency," said Mitchell Scheiman, O.D., chief of the Pediatric/Binocular Vision Service and a professor at Salus University. Dr. Scheiman was the study chair for the year-long CITT study, which had clinic sites in nine states and included 208 children.

“The authors of the joint policy statement falsely note that “symptomatic convergence insufficiency can be treated with near-point exercises, prism convergence exercises, or computer-based convergence exercises. Most of these exercises can be performed at home, and extensive in-office vision therapy is usually not required.

Alternatively, for other patients, reading glasses with base-in prism or minus lenses can be used as treatment,”” Dr. Scheiman said.

“The references they use to support these statements are not research studies, but are editorial responses to the CITT studies published in Archives of Ophthalmology. The authors of these editorials base their opinions about the effectiveness of home-based therapy on their ‘clinical experience’ and fail to present any quality data from randomized clinical trials.

The authors also conveniently chose not to reference the only randomized clinical trial of base-in prism for the treatment of convergence insufficiency. That study, in fact, found that base-in prism was no more effective than placebo reading glasses.’” Dr. Scheiman said.


“As indicated in that policy statement, ‘The expected outcome of optometric intervention is an improvement in visual function with the alleviation of associated symptoms and symptoms. Optometric intervention for people with learning-related vision problems consists of lenses, prisms, and vision therapy. Vision therapy does not directly treat learning disabilities or dyslexia. Vision therapy is a treatment to improve visual efficiency and visual processing, thereby allowing the person to be more responsive to educational instruction. It does not preclude any other form of treatment and should be part of a multidisciplinary approach to learning disabilities.’”

Press,
from page 5

close work?
- Do you have trouble remembering what is read?
- Do you have double vision when reading or doing close work?
- Do you see words move, jump, swim, or appear to float on the page when reading or doing close work?
- Do you feel like you read slowly?
- Do you lose your place while reading or doing close work?
- Do you have to reread the same line of words while reading?

For each of these questions, the affirmative response of the children diagnosed with convergence insufficiency was statistically much greater than the children with normal binocular vision.

For example, 43 percent of children with convergence insufficiency reported losing concentration fairly often or always while reading, as opposed to only 7 percent of the children with normal binocular vision. Thirty-four percent of the children with convergence insufficiency reported trouble remembering what is read as opposed to 9 percent of children with normal binocular vision. Forty-seven percent of the children with convergence insufficiency reported feeling like they read slowly as opposed to 9 percent of the children with normal binocular vision.

2. “Many children with reading disabilities enjoy playing video games, including handheld games, for prolonged periods. Playing video games requires concentration, visual perception, visual processing, eye movements, and eye-hand coordination. Convergence and accommodation are also required for handheld games. Thus, if visual deficits were a major cause of reading disabilities, children with such disabilities would reject this vision-intensive activity.”

FACT: There is no basis for this statement. In fact, there is evidence to the contrary.

The statement that many children with reading disabilities enjoy playing video games is not substantiated by any evidence in the article.

Assuming that some evidence was presented for this, however, it would not be surprising.

In fact, it would support the concept that a subset of children with reading disabilities has unstable binocular and eye-tracking skills for static stimuli, such as reading print on a crowded page, but excel in tracking dynamic or moving targets such as video games.

How, as a parent, might you infer this? Consider your experiences when trying to read in a car. How well are you able to concentrate on, and comprehend what you read?

Even if you’re a good reader, chances are that the act of reading under conditions of instability induces not only discomfort, but can be distracting to the point of dizziness or nausea.

Try to play a handheld video game in a car, and see if you have the same experience. Motivation is less relevant here than physiology, and you too will find that video games are far easier to sustain.

For children with unstable binocular vision, the act of reading at a table is equivalent to someone with normal binocular vision trying to read in a car.

Although the medical professionals who put together this policy statement view this as incidental to comprehension, we suspect parents and non-biased professionals will agree that conditions such as convergence insufficiency may be highly relevant to reading comprehension and reading disabilities.

3. “…is poorly validated because it relies on anecdotes, poorly designed studies, and poorly controlled or uncontrolled studies. Their reported benefits can often be explained by the placebo effect or by the traditional educational remedial techniques with which they are usually combined.”

FACT: The review of the literature conducted in this paper is highly selective and skewed.

Although papers have been published, and policy statements issued to counter the misinformation in this Joint Policy Statement, its authors continue to ignore factual criticisms. Interested readers are encouraged to review the Optometric Joint Policy Statement on these issues at www.aoa.org/454717.xml.

The literature supporting the efficacy of optometric vision therapy often exceeds the level of supportive literature for other forms of therapy touted in this paper and far exceeds the placebo effect.

The bulk of children with learning disabilities or dyslexia aided by optometric vision therapy come to us having already failed with other forms of intervention including educational remedial techniques.

Optometric vision therapy is not offered as a replacement for educational interventions. These children continue to struggle despite their parents reading to and with them, and spending countless hours on homework and reading tutors.

A final note is in order here. Susan R. Barry, Ph.D., is a professor of neurobiology at Mount Holyoke College who recently authored a book “Fixing My Gaze” (Basic Books, 2009).

Her book is endorsed by two Nobel laureates in Physiology and Medicine and a professor emeritus of ophthalmology and neuroscience at Yale.

Susan writes of her struggles to read as a child and the way in which she and her mother were patronized by the medical and educational systems that overlooked or devalued her visual problems.

She offers considerable scientific support as an antidote to the misinformation of joint policy statements such as the most recent version of the article in Pediatrics. It should be required reading for anyone doubting the role of vision in learning and reading disabilities.”
Give your silicone hydrogel patients an

Extra Hour of Comfort

with CLEAR CARE®

In a clinical study, silicone hydrogel lens wearers using Clear Care enjoyed, on average, one extra hour of comfortable wear time compared to when they used OPTI-FREE® RepleniSH®.

The comfortable solution
- Clear Care is clinically proven #1 for comfort.1

The gentle solution
- No MPS preservatives—gentle on the eyes.
- The lowest levels of solution-induced corneal staining with silicone hydrogel lenses;

The powerful solution
- Powerful hydrogen peroxide kills germs and bacteria that can cause eye infections.

The easy solution
- 3 easy steps for patients to follow.
- Multi-purpose solution users say Clear Care is easy to use.3

Upgrade your silicone hydrogel patients to Clear Care today.

The powerful clean
WITH A gentle touch

For more information, visit clearcaresolution.com or call 1-800-241-5999.

Red Flags, guidance offered for OD practices

The Federal Trade Commission (FTC) has once again delayed enforcement of its "Red Flag Rule," but many optometry practices have downloaded the new AOA Red Flags Compliance Guide through the AOA Web site (www.aoa.org). Because the risk of identity theft in eye care practices is relatively low, appropriate measures to prevent the crime in optometric offices generally involve relatively simple steps such as checking photo identification for patients, the AOA Advocacy Group notes.

House Committee on Small Business – to urge FTC officials to reconsider their decision to classify ODs, MDs, dentists and other health providers as "creditors" under this new regulation.

The FTC earlier this year rejected requests from the AOA and other health care providers to make health care practitioners exempt from the rule.

The FTC states, "If the regulation was fully enforced in its current form and without changes backed by the AOA, all those deemed to be "creditors" would, like a financial institution, be required to develop and implement a written identity theft program. Because health care practices often collect payment from patients or insurance companies after services are rendered, they are technically "creditors" and required to implement the ID theft safeguards mandated under the rule, the FTC says."

"The rule was originally slated to take effect on Nov. 1 of last year, but as a result of continued pressure from Congress and a number of health care provider groups, the commission delayed enforcement first to Feb. 1 of this year and then to Aug. 1."

For nearly a year, the AOA has been working with pro-optometry leaders on Capitol Hill – including Rep. Nydia Velazquez (D-N.Y.), chairwoman of the U.S. House Committee on Small Business – to urge FTC officials to reconsider their decision to classify ODs, MDs, dentists and other health providers as “creditors” under this new regulation.

The AOA has backed legislation in the U.S. House of Representatives (H.R. 2345) to exempt health care practices from Red Flags Rule requirements. Introduced May 12 by Rep. John Adler (D-N.J.), the bill would exempt health care practices with 20 employees or fewer. Rep. Adler’s bill remains pending before the House Committee on Financial Services.

The FTC earlier this year rejected requests from the AOA and other health care provider organizations to make health care practitioners exempt from the rule.

The FTC administrators agree risk of identity theft crimes in health care practices is relatively low, but say ID prevention is appropriate in any business that provides credit and the prevention programs mandated under the regulation can be scaled appropriately to the risk of ID theft in the business.

The AOA is working to ensure that optometry is treated fairly and is fully recognized in any health care bill that advances toward enactment.

However, some in Congress, at the urging of the health insurance industry and organized medicine, are attempting to use health care reform as a mechanism to preempt state patient protection/provider non-discrimination laws that ensure patient access to optometric care.

The AOA is working with Sen. Tom Harkin (D-Iowa) and supporting an amendment that was included in the Senate Health Committee’s bill seeking to establish a federal provider non-discrimination/patient access law.

Bill currently emerging from the Senate Finance Committee and the House Energy and Commerce Committee do not address provider non-discrimination safeguards, though the AOA is at the center of efforts to add corrective amendments.

"Already, through the national network of federal Key persons, the grassroots involvement of doctors and students through the AOA’s Online Legislative Action Center and the resources of AOA-PAC, the AOA is building new support for optometry-specific legislation, amendments and proposals," said Dr. Brooks. "However, countering the billions being spent on lobbying and ad campaigns by special interests, particularly those with an anti-optometry agenda, will not be easy as the health care reform battle enters a new, and perhaps final, phase following Congress’ August recess."

"Optometry cannot outspend giant industries with deep pockets, but it can outwork them," Dr. Brooks said. "This can be done by you today and in the coming days and weeks by meeting with your senators and congressmen while they are home from Washington, D.C."

To contact members of Congress and urge them to support AOA-backed provider non-discrimination safeguards as a basic element of health care reform, visit www.aoa.org/advocacy.xml and click on the AOA’s Legislative Action Center link at the top of the Doctor’s page.

Red Flags, from page 1

Identify red flags in the practice – Compile a list of potential indicators of identity theft that practitioners and staff should watch for. To assist, the guide lists common indicators of activity that might be encountered in an optometric practice, such as suspicious documents (e.g., a photo identification card that does not match the physical description of the patient) or suspicious personal identifying information (e.g., an address that does not match that listed in insurance records).

Detect red flags in the practice – Establish procedures for detecting the red flags on the list in the course of day-to-day operations. For example, establish the identity of a new patient by obtaining name, address and identification number from a current government-issued identification card, such as a driver’s license or passport. The FTC Red Flags Compliance Guide outlines a four-step procedure to ensure optometric practices implement identity theft protections required under the rule.

Reform, from page 1

’Red Flags’ guidance offered for OD practices

The Federal Trade Commission (FTC) has once again delayed enforcement of its “Red Flag Rule”; but many optometry practices have downloaded the new AOA Red Flags Compliance Guide through the AOA Web site (www.aoa.org).

Assessing for identity theft in practices, and implementing procedures to prevent it, can be a prudent course of action, even if such steps are not required, the AOA Advocacy Group notes.

The AOA Red Flags Compliance Guide outlines a four-step procedure to ensure optometric practices implement identity theft protections required under the rule.

audit programs in place...to identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft.” If the regulation was fully enforced in its current form and without changes backed by the AOA, all those deemed to be “creditors” would, like a financial institution, be required to develop and implement a written identity theft program.

Because healthcare practices often collect payment from patients or insurance companies after services are rendered, they are technically “creditors” and required to implement the ID theft safeguards mandated under the rule, the FTC says.

The rule was originally slated to take effect on Nov. 1 of last year, but as a result of continued pressure from Congress and a number of healthcare provider groups, the commission delayed enforcement first to Feb. 1 of this year and then to Aug. 1. For nearly a year, the AOA has been working with pro-optometry leaders on Capitol Hill – including Rep. Nydia Velazquez (D-N.Y.), chairwoman of the U.S. House Committee on Small Business – to urge FTC officials to reconsider their decision to classify ODs, MDs, dentists and other health providers as “creditors” under this new regulation.

The AOA has backed legislation in the U.S. House of Representatives (H.R. 2345) to exempt health care practices from Red Flags Rule requirements. Introduced May 12 by Rep. John Adler (D-N.J.), the bill would exempt health care practices with 20 employees or fewer. Rep. Adler’s bill remains pending before the House Committee on Financial Services.

The FTC earlier this year rejected requests from the AOA and other health care provider organizations to make health care practitioners exempt from the rule. FTC administrators agree risk of identity theft crimes in health care practices is relatively low, but say ID prevention is appropriate in any business that provides credit and the prevention programs mandated under the regulation can be scaled appropriately to the risk of ID theft in the business.

The AOA is working to ensure that optometry is treated fairly and is fully recognized in any health care bill that advances toward enactment.

However, some in Congress, at the urging of the health insurance industry and organized medicine, are attempting to use health care reform as a mechanism to preempt state patient protection/provider non-discrimination laws that ensure patient access to optometric care.

The AOA is working with Sen. Tom Harkin (D-Iowa) and supporting an amendment that was included in the Senate Health Committee’s bill seeking to establish a federal provider non-discrimination/patient access law.

Bill currently emerging from the Senate Finance Committee and the House Energy and Commerce Committee do not address provider non-discrimination safeguards, though the AOA is at the center of efforts to add corrective amendments.

“Already, through the national network of federal Key persons, the grassroots involvement of doctors and students through the AOA’s Online Legislative Action Center and the resources of AOA-PAC, the AOA is building new support for optometry-specific legislation, amendments and proposals,” said Dr. Brooks. “However, countering the billions being spent on lobbying and ad campaigns by special interests, particularly those with an anti-optometry agenda, will not be easy as the health care reform battle enters a new, and perhaps final, phase following Congress’ August recess.”

“Optometry cannot outspend giant industries with deep pockets, but it can outwork them,” Dr. Brooks said. “This can be done by you today and in the coming days and weeks by meeting with your senators and congressmen while they are home from Washington, D.C.”

To contact members of Congress and urge them to support AOA-backed provider non-discrimination safeguards as a basic element of health care reform, visit www.aoa.org/advocacy.xml and click on the AOA’s Legislative Action Center link at the top of the Doctor’s page.
FDA recommends CL solutions’ labels include discard dates, ‘rub & rinse’ directions

Under new recommendations about to be issued by the U.S. Food and Drug Administration (FDA), labels on contact lens solutions will soon specifically instruct users to “rub and rinse” lenses to avoid potentially sight-threatening eye infections as well as discard the solution by a specified date.

The FDA this spring announced plans to issue a revised industry guidance document on labeling and directions for contact lens care products and solutions.

The new guidance will be based on results of a June 10 FDA Ophthalmic Devices Panel meeting called to gather input from outside experts – including representatives of the AOA – on ways to improve contact lens safety.

The meeting was held in the wake of a 2007 Acanthamoeba keratitis outbreak that prompted public warnings to lens wearers from the U.S. Centers for Disease Control and Prevention.

The planned new FDA labeling recommendations will apply to multipurpose contact lens care products that can be used to clean, disinfect, and rinse contact lenses.

Under its new guidance, the FDA plans to recommend:

- Contact lens solution manufacturers include a discard date on their products, in addition to the usual expiration date. “Consumers should never use expired products,” an FDA statement emphasized. “The discard date is the date the solution should be thrown out after opening.”
- Contact lens wearers should rub and rinse their lenses for added effectiveness of cleaning and disinfection.

“This recommendation is consistent with advice from the American Optometric Association and the American Academy of Ophthalmology.”

The direction to ‘Rub and Rinse’ your lenses, based on the advice of your eye care professional, has always been part of ‘No Rub’ consumer labeling for multipurpose care products,” the FDA statement notes.

The rub and rinse method of contact lens cleaning is similar to washing one’s hands, the FDA notes. Multipurpose solution is placed on the lens in the palm of the hand. With the index finger of the opposite hand, the solution is rubbed over the surface of the contact lens for five to 10 seconds. The lens is turned over and the procedure is repeated. Finally, a strong stream of the contact lens multipurpose solution is sprayed over both sides of the lens to remove any debris attached to the lens.

“Research has shown that this procedure helps remove more bacteria, protein, and other deposits from the surface of the lens,” the FDA notes. “This may contribute to better lens hygiene and safety.”

“Not emptying the solution out of your contact lens case after each use could cost you your sight.”

“The rub and rinse method is based on the same concept as hand washing,” Bernard Lepri, O.D., of the FDA’s Division of Ophthalmic and Ear, Nose and Throat Devices said. “You get more dirt off of your hands by rubbing them with soap and then rinsing, rather than merely just rinsing.”

Failure to properly use contact lenses and cleaning solutions can result in bacterial or fungal eye infections, both of which can have serious consequences, such as permanent loss of sight, if left untreated, the FDA notes.

The FDA has also issued new public education materials, urging contact lens wearers to refill their lens cases with fresh solution each time they wear their lenses.

“Not emptying the solution out of your contact lens case after each use could cost you your sight. That’s because solutions that are left over in the case after a disinfection cycle are essentially ‘dirty.’ Using fresh solution each time helps reduce the risk of problems,” the FDA materials warn.

“The solution no longer has the same effectiveness for disinfection as when it was freshly placed in the case,” Dr. Lepri adds. “The leftover solution can have little disinfecting chemical left to kill bacteria and other micro-organisms that may contaminate your contact lenses and lead to serious eye infections.”

“Don’t ‘top-off’ the solution in your contact lens case after each use. Never reuse any lens solution,” the FDA materials warn.

The new guidance also comes following a January 2009 workshop, “Microbiological Testing of Contact Lens Care Products,” convened by the FDA in collaboration with the AOA and several other eye care professional groups, to develop consensus on test methods for evaluating contact lens solutions and preventing Acanthamoeba keratitis.

Dos and Don’ts for Contact Lens Wearers

DO:
- Always wash your hands before handling contact lenses to reduce the chance of getting an infection.
- Remove the lenses immediately and consult your eye care professional if your eyes become red, irritated, or your vision changes.
- Always follow the directions of your eye care professional and all labeling instruction for proper use of contact lenses and lens care products.
- Use contact lens products and solutions recommended by your eye care professional.
- Rub and rinse your contact lenses as directed by your eye care professional.
- Clean and disinfect your lenses properly following all labeling instructions provided with your lens care products.
- Clean, rinse, and air dry your lens case each time lenses are removed. You may want to flip over your lens case while air drying so that excess solution can drain out of the case. Contact lens cases can be a source of bacterial growth.
- Replace your contact lens storage case every three to six months.

DON’T:
- Don’t use contact lens solutions that have gone beyond the expiration or discard date.
- Don’t “top-off” the solutions in your case. Always discard all of the leftover contact lens solution after each use. Never reuse any lens solution.
- Don’t expose your contact lenses to any water: tap, bottled, distilled, lake, or ocean water. Never use non-sterile water (disinfected water, tap water, or any homemade saline solution). Exposure of contact lenses to water has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure.
- Don’t put your lenses in your mouth to wet them. Saliva is not a sterile solution.
- Don’t transfer contact lens solutions into smaller travel-size containers. This can affect the sterility of the solution, which can lead to an eye infection. Transferring solutions into smaller size containers may also leave consumers open to accidentally using a solution that is not intended for the eyes.
AOA active component in push to advance consistent public eye health message

Representatives from the AOA and more than 100 other vision community stakeholders assembled last month at the Eye Health Summit, a first-of-its-kind event designed to begin the process of building a strong consensus among interested parties in the vision community on a public health message.

"This was the broadest collaboration of eye care providers, professional associations, industry groups, non-profit charitable organizations and government entities involved in eye care that has ever occurred," said Randolph Brooks, O.D., AOA president. "The development of a cohesive message from the entire eye health community will receive broad acceptance and help our efforts to ensure that the public understands the importance of regular comprehensive eye examinations."

The summit began with attendees conducting one-on-one interviews with each other to learn more about who they were, where they were from and what they hoped to accomplish at the summit. Interviews from individuals not able to attend the summit were also shared among participants. Following the interviews, a compilation video was shown of various eye health messages from various organizations.

A panel discussion was then facilitated, featuring Paula Berezin, founder of Social Capital, who spoke on best practices for cause marketing partnership, and Jennifer Paterson and Emily Yu of Ogilvy Public Relations, who presented on their work with the Heart Truth Campaign, a partnership between the American Heart Association, the National Heart, Blood and Lung Institute and corporate partners such as Diet Coke and American Express.

"Hearing from the panelists was very enlightening and really helped to show that it is possible for an entire eye health community to join together to promote a cause," said Barry Barresi, O.D., Ph.D., AOA executive director and member of the Eye Health Coalition Core Planning Team. "The panel discussion left us on a positive note to develop ideas for how a unified campaign could increase the number of Americans who access comprehensive eye exams."

The first day concluded with attendees broke into small groups to envision and then act out what they would consider success in 2015. Rejoining the next day, summit attendees broke out into large groups where they brainstormed on the design of the campaign, including core elements of the public health message, communication strategies, the type of organization to manage the implementation and funding possibilities.

"Hearing from the panelists was very enlightening and really helped to show that it is possible for an entire eye health community to join together to promote a cause."

Interactive children’s museum offers eye exhibits, screening

Olympia, Washington’s popular Hands On Children’s Museum this fall will feature “All About Eyes,” an interactive exhibition on vision and eye health — with children invited to take part in an eye screening as the final exhibit.

This innovative children’s eye health exhibition is being sponsored by Optometric Physicians of Washington (OPW) as an AOA Healthy Eyes Health People (HEHP) public outreach project. As part of the project, OPW will make the exhibition and screening available free of charge to many families.

State HEHP Committee Chair Cynthia Ruggerio, O.D., MPH, who worked with Museum Development Manager Kathy Irwin to develop All About Eyes, believes the exhibition will effectively prompt many parents to have their children screened for eye and vision problems. It will also make the screening less intimidating for children and the results more meaningful for both parents and their offspring, she says.

Children will first enjoy a series of interactive exhibits such as “See Like A Bee” and “How Animals See,” both designed to help them experience vision through the eyes of an animal, and “Seeing Eye Dog,” designed to help children understand the concept of sightlessness.

They will then be invited to have their own eyes screened by OPW member optometric physicians. Results will be reviewed with both parents and children, Dr. Ruggerio said. Should screenings reveal vision or eye health problems, screeners will refer museum-goers for full examinations.

The All About Eyes exhibit is the second children’s museum collaboration the OPW has established. In 2007, the Imagine Children’s Museum in Everett, Wash., was the recipient of a HEHP grant for its “Can You See How I See” exhibition that focused on childhood vision impairments. The program proved extremely popular and was followed up by a K.I.D.S. grant-funded exhibit on sports eye safety.

For its 2009 HEHP project, the OPW is moving the exhibition to the acclaimed Hands On museum; for more than a decade ranked in local

Six excellent reasons to publish in OPTOMETRY
When the future of your practice is on the line.

Make sure the Optometric Experts are on your side.

You may have followed treatment protocol perfectly. Your case notes may document that every precaution was taken.

But in today’s society, the reaction to a less-than-perfect outcome may very well be a lawsuit.

That’s when you want the optometric malpractice experts standing firmly behind you.

As the only liability program endorsed by the American Optometric Association, AOA proliability gives you the advantage of a first-class defense team armed with real-world knowledge of optometric malpractice cases.

It’s a critical distinction—especially when it comes to your practice’s liability coverage.

Plus, because the program specializes in protecting optometrists, you have the advantage of money-saving rates based on the claims experience of optometrists. You can also drive costs down even further with special discounts negotiated on your behalf by AOA.

It all adds up to a must-have safety net for today’s optometrists . . . helping you protect the future of your practice.

✓ Management of LASIK patients . . .
✓ Glaucoma management . . .
✓ Management of cataract patients . . .
✓ Missed retinal problems . . .
✓ Misdiagnosis . . .

The risk of a malpractice lawsuit is real . . . even for the most careful optometrist.

Routine cases can suddenly turn dramatically awry. Difficult cases may lead to disgruntled patients.

That’s why thousands of optometrists already rely on the AOA proliability program.

Just call 1-800-503-9230 for your no-obligation quote today.

YOUR FREE QUOTE: See how affordable coverage from the optometric malpractice experts can be.

Call toll-free 1-800-503-9230 for your complimentary, no-obligation quote from the AOA proliability program.
ICO hosts program to introduce minority students to profession

Two dozen college students from across the country learned more about the profession of optometry during the Illinois College of Optometry’s (ICO) “Focus on Your Future” summer program last month.

The week-long program, now in its second year, is designed to introduce underrepresented minority undergrads to the profession of optometry.

“This program provides an opportunity for students to meet other people who have similar backgrounds and share the same desire to get into the profession of optometry,” said Teisha Johnson, director of admissions and marketing for ICO.

“As one of the world’s leading urban optometric institutions, ICO is pleased to offer this unique summer experience at no cost to the participating students, with the exception of travel and transportation fees.”

Participants attended sample optometry course lectures about topics such as neuroanatomy and optics and ICO student panel discussions.

They were given an overview of the ICO admissions process and participated in career and leadership development sessions.

They also gained valuable clinical experience by observing in the Illinois Eye Institute and experiencing ICO student life by staying in ICO’s residential complex during the program.

This experience introduces students to a growing profession. According to the U.S. Department of Labor, employment of optometrists is projected to increase 7 to 13 percent through 2016 as a result of the vision care needs of a growing and aging population.

“Optometry is a great career possibility for me, and this program is a great way to get exposed to the profession,” said Nya Randle-EI, a sophomore at Moraine Valley Community College. “My favorite part of the program so far has been the hands-on learning with the instruments, but I have also enjoyed the lectures.”

The “Focus on Your Future” program is open to all undergraduate underrepresented minority students who are currently in their first, second or third year of college.

Interested students are required to participate in an application process. They’re also asked to submit a one-page personal essay describing their motivation to participate in the program and the profession and a letter of support from an academic adviser or faculty member.

ICO would like to see participation in OD programs better reflect the general population, especially with the growth in underrepresented patient populations.

Currently, only 3 percent of all optometry students are black and only 4.5 percent are Hispanic or Latino, according to the Association of Schools and Colleges of Optometry.

“Focus on Your Future” aims to bridge the discrepancy in minority enrollment in OD programs compared to the general population.

KOA recognizes Young OD

Chad Thompson, O.D.
Kansas Optometric Association

Chad Thompson, O.D., is a 1999 graduate of the Southern College of Optometry. He practices with Bren Myers, O.D., in both Beloit, Kan., and Smith Center, Kan.

Dr. Thompson has been an active member of the AOA, the Kansas Optometric Association, and the Heart of America Contact Lens Society since graduating in 1999.

He is a member of the political action committee for both the KOA and the AOA and serves as KOA’s Northeast Zone president.

Dr. Thompson has served as chair of the KOA Education Committee and as a member of the KOA Third Party Committee and the KOA Assistance to Graduates and Undergraduates Committees.

Due to an editorial error, the AOA News is republishing the Kansas Optometric Association’s Young Optometrist of the Year biography from the June issue.

Horne named vp, dean at Salus

Robert E. Horne has been appointed vice president and dean of Student Affairs at Salus University, effective July 1, 2009. In announcing the appointment, university President Thomas L. Lewis, O.D., Ph.D., cited Horne’s efforts as “an outstanding advocate for the needs of all students at the university” and his management of those services impacting the student experience at the university.

Horne joined Salus University in 1976 as director of Minority Student Affairs and has served as dean of Student Affairs since 1992.

For his exceptional efforts to enhance the diversity of the Salus student body, Horne has been recognized on several occasions by the National Optometric Association.

Due to his efforts, from 1978 to 2007, Health Careers Opportunity grants awarded by the Health Resources and Services Administration of the U.S. Department of Health & Human Services allowed the Pennsylvania College of Optometry at Salus University to develop and implement a Summer Enrichment Program for the past 31 years, enabling hundreds of students to achieve their dream of becoming optometrists.

Horne is a member of the National Association of Graduate Admissions Registrars and Admissions Officers, and the National Association of Medical Minority Educators.

Horne is married to Valerie Collick-Horne and is the father of two adult daughters, Brittany and Brianna.
New ways to connect with AOA...

www.facebook.com/americanoptometric.association

www.twitter.com/aoanews

www.youtube.com/aoaweb
Brain cancer survivor’s book recounts importance of eye exam

In his recently published autobiography, brain cancer survivor Don Evans recounts how, as a teenager, he spent years trying to identify the health problem that many believed was psychosomatic and then struggled to overcome the post-surgical paralysis that doctors predicted would leave him permanently debilitated.

“Optometrists today have earned a place as an integral and important part of the health care system. They really are accepted by other health care practitioners — and with good reason.”

“It’s about hoping and dreaming and never giving up,” Evans says of the book. It also holds a moral for optometrists and for other health care professionals, according to Carl Golightly, O.D., who performed the eye examination that ultimately uncovered Evans’ brain tumor.

“Optometrists really are on the frontlines of health care,” Dr. Golightly said.

Back in the mid-1970s, as he entered his teen years in his hometown of Michigan City, Ind., Evans began suffering excruciating headaches and severe nausea.

With his parents, Evans spent almost two years consulting physicians across northwestern Indiana and undergoing numerous tests in an unsuccessful effort to find the cause.

Friends and family began to believe Evans was “imagining” the problem.

Then, at age 16, Evans and his mother visited Dr. Golightly for a routine vision check and eye examination, which they hoped might also finally shed some light on the boy’s ongoing health problems.

A retinal examination immediately revealed papilledema. “I knew right away we had a serious health problem that would require referral,” Dr. Golightly recalled.

Given the swelling of the optic nerve and the progression of the patient’s symptoms, a brain tumor was the probable diagnosis, he assessed.

“The tumor was obviously subclinical and none of the doctors he had seen were skillful enough to observe the

However, the prognosis was not good, Northwestern practitioners warned. Worldwide, only two surgeons were familiar with the procedure required to remove the tumor. The surgeon who ultimately removed the tumor had performed the procedure only 18 times previously.

While the tumor was successfully removed, Evans was comatose for five days following surgery and in a near-vegetative state for three months.

Although he regained some use of his upper body while in the hospital, his surgeon predicted he would never walk again. However, over a period of months at the Chicago Institute of Rehabilitation, Evans regained not only his ability to walk, but run.

Today, in middle age, Evans is married with two children and has enjoyed a successful career as an operating engineer in Michigan City steel plants.


Over the past three decades such diagnostic examinations have made a crucial difference for many patients as well as for the profession of optometry, Dr. Golightly observes.

“Optometrists today have earned a place as an integral and important part of the health care system. They really are accepted by other health care practitioners — and with good reason. The eye examination can offer insight into overall systemic health in ways that might not be achievable otherwise. Most health care providers, for example, would never have the opportunity to see a

Exhibit, from page 10

polls among southeast Washington’s top two “Best Family Friendly Places” and the area’s “Best Place to Take Kids.” The museum has consistently won praise from educators, community leaders, the museum industry and, most important, from kids and their families, Dr. Ruggeiro notes. The museum features five exhibit galleries, and serves more than 150,000 visitors a year in its offline and onsite programs.

The HEHP grant will allow updating of exhibits, arranging for association members to provide the onsite eye screenings, and subsidizing free admission.

The Hands On Children’s Museum and the HEHP All About Eyes exhibit have proven a natural partnership in several respects, Dr. Ruggeiro said. “The Hands On Children’s Museum stimulates curiosity, creativity and learning through fun interactive exhibits and programs for children, families and school groups,” Dr. Ruggeiro said.

“Children’s museums are an excellent venue to promote the importance of eye health and vision care to school-age and preschool-age children and their families. We hope to state optometric associations for innovative eye and vision care community outreach projects. Under the grant program rules, projects must be undertaken in conjunction with an outside entity.”

“Thanks to this grant, the museum will be able to bring back and update elements of the All About Eyes exhibit that proved so popular when it was introduced last fall and again feature hands on activities to teach young children and their families the importance of good eye care,” said Dr. Ruggeiro.

“With its central location, in Olympia’s popular Capital Campus area, the museum will be able to reach out to a broad range of children in five surrounding counties and is able to serve rural, underserved and special needs children who may not already receive vision screenings or vision care,” Dr. Ruggeiro observed.

“Children’s museums are an excellent venue to promote the importance of eye health and vision care to school-age and preschool-age children and their families. We hope to offer this opportunity to other children’s museums in Washington state.

Additional information on the AOA HEHP program is available on the AOA Web site at www.aoa.org/ x4792.xml.

museum photo or understand all that it can reveal about a patient,” Dr. Golightly said.

“Brain tumors are not common but they can be lethal, and optometrists can play an important role in their early detection. Prompt optometric referrals to the appropriate health care providers will continue to forge the interdisciplinary relationships necessary as optometry strengthens its role in primary patient care,” he said.

“Optometrists should also recognize that as primary care providers, we regularly exercise patient management skills that can be comforting and important to a patient with a potentially serious condition. Reassure patients and encourage them to keep referral appointments,” Dr. Golightly said.


Back in the mid-1970s, as he entered his teen years in his hometown of Michigan City, Ind., Evans began suffering excruciating headaches and severe nausea.

With his parents, Evans spent almost two years consulting physicians across northwestern Indiana and undergoing numerous tests in an unsuccessful effort to find the cause.

Friends and family began to believe Evans was “imagining” the problem.

Then, at age 16, Evans and his mother visited Dr. Golightly for a routine vision check and eye examination, which they hoped might also finally shed some light on the boy’s ongoing health problems.

A retinal examination immediately revealed papilledema. “I knew right away we had a serious health problem that would require referral,” Dr. Golightly recalled.

Given the swelling of the optic nerve and the progression of the patient’s symptoms, a brain tumor was the probable diagnosis, he assessed.

“The tumor was obviously subclinical and none of the doctors he had seen were skillful enough to observe the
Conn. OD active in Medical Reserve Corps

With the H1N1 flu virus and potential domestic terrorism threats, the need for trained medical personnel, including optometrists, to support public health authorities is on the rise.

E. Robert Bertolli, O.D., of Branford, Conn., is a volunteer on the frontline of the Medical Reserve Corps, which is housed in the Office of the Surgeon General and is a partner program with the White House’s Freedom Corps and the Department of Homeland Security’s Citizen Corps. The Medical Reserve Corps is activated by request when local public health authorities require support to:
- Provide medical care, administer vaccines and dispense medications
- Provide health education as part of a local public health initiative
- Provide counseling for victims, families and responders
- Promote preparedness
- Provide administrative, logistical and communications support
- Classroom and online training prepares volunteers for drills and for mobilization.

Face-to-face training allows the volunteers to be familiar with one another.

The Medical Reserve Corps follows the National Incident Management System (NIMS) and Incident Command Structure (ICS).

“NIMS is based upon ‘a balance of flexibility and standardization’ in that someone in a particular capacity from one jurisdiction may be inserted in another jurisdiction and be qualified and capable to perform in a familiar universal structure,” according to Dr. Bertolli. “Flexibility is inherent in that the response is adjustable to manage any type, size or location of domestic incident.”

More information about the NIMS is available at www.fema.gov/emergency/nims/AboutNIMS.htm.

Dr. Bertolli recently participated in a full-scale anthrax drill as part of his involvement in the Medical Reserve Corps. As part of the drill, the Medical Reserve Corps was activated and sworn in for a five-town region after the simulated release of an anthrax bioweapon.

Within four hours, all critical staff and their family members, numbering more than 2,300, were set to receive prophylactic antibiotics. The rest of the area population would have a 10-day supply of pharmaceuticals within 48 hours.

“Health care practitioners, pharmacists, law enforcement, public health and other personnel, through teamwork, allowed the drill to progress smoothly with distribution ahead of time,” said Dr. Bertolli. “This is the ‘First Meds Full-Scale Exercise’ involving the Medical Reserve Corps for a local health region, under the direction of the Connecticut Public Health System and Department of Emergency Management and Homeland Security. Although this drill was originally designed as response to an anthrax release, the H1N1 situation began unfolding shortly prior to the exercise, thus demonstrating potential and possibly impending application of the system.”

In addition to his Medical Service Corps work, Dr. Bertolli is on the Executive Advisory Board for Certification in Homeland Security and an adjunct speaker for the Connecticut Police Academy on the medical aspects of Horizontal Gaze Nystagmus (HGN) and the use of vision science in detecting alcohol and drug impairment for driving under the influence enforcement.

Connecticut police surgeon and HGN court expert Gus Forkiotis, O.D., taught Dr. Bertolli the vision science behind the Standard Field Sobriety Test nearly a decade ago.

“With HGN and other physiological testing, impairment from alcohol and/or drugs may be determined,” said Dr. Bertolli. “From there, I joined Dr. D. Robert Pannone and Dr. Forkiotis in teaching the medical aspects of HGN at the Connecticut Police Academy for in-service officers and troopers. Since eye signs can reveal drug impairment, I thought that why not look at eye findings in WMD (weapons of mass destruction) exposure and assemble a program for officer safety. I put together a guide for rapidly determining exposure to some of the faster-acting, more deadly WMDs such as for nerve agent, botulism, etc. At the time of the writing, domestic terrorism was thought to be a possibility. Dr. Forkiotis and I wrote an article describing these ocular findings and submitted it to an optometric journal. The editor thought it was interesting, but did not fit a need in optometric practice. This was spring 2001. Then on Sept. 11, 2001, four aircraft were used as mobile incendiary devices and caused much destruction and heartache, reverberating to this day. After that dark day, the editor published our paper.”

In addition to several other articles published for forensic and counter-terrorism organizations, Dr. Bertolli also wrote a book, “Shields Against Terrorism: Guarding Against Unconventional Attack,” with Dr. Forkiotis and Hazel Dawkins.

“During the research that went into the book and papers, I became aware of certain unfriendly countries that had a history of using WMDs and currently possessed some very dangerous weapons such as anthrax and smallpox,” said Dr. Bertolli. “I wanted to be available locally to respond if an incident occurred, so I joined the local health district’s smallpox emergency response team, where we were trained in administering the smallpox vaccine. Iraq was one of the unfriendly states that intelligence believed to have smallpox, botulism and anthrax. After the U.S. secured Iraq, the ‘fever’ for smallpox vaccination response dwindled. The teams were evolved into Emergency Response Teams for natural and man-made events and then later became part of the Medical Reserve Corps.”

Dr. Bertolli stressed the need for optometrists in the Medical Reserve Corps.

“We hope that many of our optometry brothers and sisters will contact the local health department and ask about the MRC,” said Dr. Bertolli.

“The MRC needs more volunteers. Optometrists can demonstrate the concern for public safety and also find reason to expand the scope of practice. Members of the AOA are encouraged to learn about the MRC, speak with the local public health departments, and see if they may wish to represent optometry in this arena.”

“For the optometric physician, the tasks are limited to the scope of practice allowed in that state,” Dr. Bertolli explained. “For example, see MRC, page 16.”
Section places new emphasis on rehabilitation

With a new name and an expanding mission, the AOA Vision Rehabilitation Section (VRS) is gearing up new efforts to support optometry’s increasingly important role in the growing field of rehabilitation services, according to section Chair Mark E. Wilkinson, O.D. Formerly known as the AOA Low Vision Rehabilitation Section, the group was originally established by the AOA Board of Trustees to support optometric services for patients who are legally blind or visually impaired and cannot achieve functional vision through the use of conventional corrective lenses, Dr. Wilkinson noted.

Traditionally such care has involved the prescribing and fitting of patients with low vision devices such as telescopes and magnifiers, Dr. Wilkinson observed. However, over the decades, low vision care has increasingly involved not only devices, but patient education and training to optimize the use of remaining vision, Dr. Wilkinson explained.

“In many respects, it has become similar to physical, occupational or speech therapy,” Dr. Wilkinson said.

The section’s name was formally changed during Optometry’s Meeting 2009 to reflect not only the increasing importance of rehabilitative therapy for such patients but the growing range of patients for whom such care may be appropriate, Dr. Wilkinson said.

“One example is the vision rehabilitation involved in brain injury, where patients may be able to see 20/20, and so do not fall under the classification of low vision, but may experience vision impairment that requires rehabilitative care,” Dr. Wilkinson said.

The section supports the inclusion of optometrists in an interdisciplinary approach to rehabilitation alongside neurologists and various types of therapists.

For optometrists desiring enhanced professional expertise in low vision rehabilitation, the section will be providing its Low Vision University continuing education programs at several state association optometric conferences in the coming months.

Section membership includes guidelines on the examination of individuals with vision impairment, access to an online forum, and an e-mail newsletter. For additional information, see the AOA Vision Rehabilitation Section Page at (www.aoa.org/s4786.xml).


Are you getting a First Look at the news?

Subscribe to AOA First Look, a summary of the day’s news about eye care and medicine, delivered to your email inbox every morning. It’s a free benefit exclusively for AOA members. To subscribe, send a note to addresschange@aoa.org.

AOA First Look is intended to provide an immediate, unfiltered look at the news that affects optometrists and our patients. To get the news to you quickly, and to ensure you are reading the same articles your patients might be, the AOA does not review or edit the news summaries prior to distribution. Publication of an article in First Look in no way implies the AOA’s endorsement, agreement or promotion of a particular article.

In order to make sure you receive these on a daily basis, please follow these steps, which should help ensure delivery:

(1) Have your tech department add the sending IP and domain address below to your network white list a. Sending IP: range 65.220.57.0-255 or CIDR 65.220.57.0/24 b. Sending Domain: custombriefings.com

(2) Please add FirstLook@AOA.custombriefings.com to your address book.

(3) Have your email admin check to see if your emails are being caught in your global spam filters and/or being quarantined anywhere. If so, #1 should help prevent this in the future.

(4) Please check your individual spam and junk folders for the emails. If you find the briefing in here, please mark the message as “not junk” or “not spam.”

(5) Check your blocked senders list, if you have one, and make sure the above address is not on this list. If it is, unblock the address.

(6) For further details on these steps, please visit our email Help page at www.custombriefings.com/emailHelp.html.
August is Children’s Vision and Learning Month!

The beginning of the school year is fast-approaching, and many of your youngest patients will be paying your office a visit - perhaps even for the very first time. They might be nervous. They’re certainly curious. Now is the time to stock up on AOA Order Department materials that are specifically designed to educate and entertain.

🔺WE-1 Be Wise About Your Eyes Activity Book
AOA member price: $55.00/100, $48.00/75, $46.00/50, $36.00/25
🔺WE-S1 Be Wise Stickers (Rainbow)
AOA member price: $10.00 per roll of 100.
🔺WE-S2 Be Wise Stickers (Eye Chart)
AOA member price: $10.00 per roll of 100.

🔺TL1 Healthy Vision Fun Page
AOA member price: $12.00 per pad of 100
🔺ME1 3-D Magic Eye
AOA member price: $12.00/100.

And don’t forget about parents—as we have pamphlets to keep them informed as well.

🔺DP1 Healthy Vision At The Computer
🔺C10 A Teacher’s Guide To Vision Problems
🔺C1 Your Preschool Child’s Eyes
🔺C2 A Look At Reading And Vision
🔺C3 Your School-Age Child’s Eyes

AOA member price: $16.00/100.

There’s still plenty of time. Get yours today!

Call 1-800-262-2210 or visit www.aoa.org and click on the Online Store
Make eye exams part of back-to-school routine

Majority of children start school without ever having an eye examination

Children across the country are gearing up for a new school year. Before heading back to the classroom, the AOA's campaign recommends a visit to the optometrist. Healthy vision is an important part to the learning process and success in school. Reading, writing and computer work are among the visual skills that students are required to perform daily. However, studies show that 86 percent of children start school without ever having an eye examination.

Many experts believe that approximately 80 percent of learning comes through a child's eyes. Despite the strong correlation between vision and learning, many Americans underestimate the number of children affected by eye and vision problems. According to the AOA's 2009 American Eye-Q® survey, which assesses public knowledge and understanding of a wide range of issues related to eye and visual health, 88 percent of respondents did not realize that one in four students have a visual impairment.

"Because a child's vision may change frequently, regular eye and vision care is crucial to a student's classroom success," said Michael Earley, O.D., the AOA's vision & learning specialist.

"Unfortunately, most parents are not including eye exams as part of their child's back-to-school health check-up."

According to the recent Eye-Q® survey, 58 percent of parents did not take their child for an eye exam until age 3 or older.

The AOA recommends that children have their first eye assessment at 6 months of age, then comprehensive eye exams beginning at age 3, before a child enters school, and then every two years, unless otherwise advised by an optometrist.

In between visits to the eye doctor, parents, as well as teachers, should keep a watchful eye out for some of the more prevalent signs that a child's vision may be impaired.

The AOA recommends that parents contact their doctor of optometry if their child frequently:

- Loses place while reading
- Avoids close work
- Tends to rub eyes
- Has headaches
- Turns or tilts head
- Makes frequent reversals when reading or writing
- Uses finger to maintain place when reading
- Omits or confuses small words when reading
- Consistently performs below potential
- Struggles to complete homework
- Squints while reading or watching television
- Has behavioral problems
- Holds reading material closer than normal

Many parents are not as aware of the less obvious warning signs of eye and vision problems.

The Eye-Q® survey

see Ready, next page
found that only one-third of parents identified using a finger while reading (31 percent) or behavioral problems (35 percent) as potential signs of a vision impairment.

“It is especially important to monitor the signs and symptoms of vision problems as a student progresses in school,” said Dr. Earley. “If a child’s vision is impaired, increasing visual demands such as smaller print in textbooks or additional homework can significantly alter a student’s performance. And new technology changes in the classroom, such as the use of interactive whiteboards, can also potentially exacerbate less obvious vision problems. Without healthy vision, students may suffer not only in the classroom, but also mentally, physically and emotionally.”

Studies indicate that 60 percent of children identified as “problem learners” actually suffer from undetected vision problems and in some cases have been incorrectly diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD).

The earlier a vision problem is detected and treated, the more likely treatment will be successful.

Comprehensive eye exams play a critical role in this process. It is important to keep in mind that a school vision screening, while helpful, is not a substitute for a comprehensive eye examination.

Screenings vary in scope and are not designed to detect many visual problems that can significantly impact tasks like reading where more than clarity of vision is needed.

Comprehensive eye exams performed by optometrists are essential for clear, comfortable and healthy vision.

States including Kentucky, Missouri and Illinois have successfully established programs requiring mandatory eye exams for school-age children.

Why this type of insurance?

What if an accident or illness kept you from working as a Doctor of Optometry? How would you make ends meet if you couldn’t earn your income? Would you have to dip into your savings or take out loans to pay your everyday living expenses?

Many people believe that Social Security or Workers’ Compensation will help them if they’re disabled.

Unfortunately, Social Security disability benefits are limited: the average monthly benefit paid is only $1,004 and more than half of disability claims are denied.

Workers’ Compensation only pays if your disability was due to an accident that occurred while you were working — and this only accounts for 5% of all disabilities.¹

There is also a false sense of security when it comes to the risk of becoming disabled. Many people think it won’t happen to them.

Unfortunately, recent statistics show that nearly one in three workers will become disabled before they reach retirement.²

Disabilities not only occur because of accidents, but from simple back injuries to cancer, heart disease and osteoporosis.

Because the risk and the potential financial loss associated with a disability are so real, many Americans purchase Long Term Disability Income Insurance.

How does it work?

Long Term Disability Insurance provides monthly benefits to replace a certain percentage of your income. Most plans replace up to 60% of your income. This percentage is designed to prevent people from earning more income while disabled than when they were working.

Special Note to our Members

A Special Note to our Members

This is the third article in our series discussing the fundamentals of available insurance that can help protect you, your family and your practice. Because your ability to earn your income is one of your most valuable assets, we believe it is critically important to make sure yours is protected if an unexpected accident or illness leaves you disabled and unable to work.

T. Joel Byars, O.D.
Chairman, AOA Insurance Committee

Why this type of insurance?

What if an accident or illness kept you from working as a Doctor of Optometry? How would you make ends meet if you couldn’t earn your income? Would you have to dip into your savings or take out loans to pay your everyday living expenses?

Many people believe that Social Security or Workers’ Compensation will help them if they’re disabled.

Unfortunately, Social Security disability benefits are limited: the average monthly benefit paid is only $1,004 and more than half of disability claims are denied.

Workers’ Compensation only pays if your disability was due to an accident that occurred while you were working — and this only accounts for 5% of all disabilities.¹

There is also a false sense of security when it comes to the risk of becoming disabled. Many people think it won’t happen to them.

Unfortunately, recent statistics show that nearly one in three workers will become disabled before they reach retirement.²

Disabilities not only occur because of accidents, but from simple back injuries to cancer, heart disease and osteoporosis.

Because the risk and the potential financial loss associated with a disability are so real, many Americans purchase Long Term Disability Income Insurance.

How does it work?

Long Term Disability Insurance provides monthly benefits to replace a certain percentage of your income. Most plans replace up to 60% of your income. This percentage is designed to prevent people from earning more income while disabled than when they were working.

Key features of Long Term Disability Insurance include:

- **Monthly income benefits.** Most policies have a maximum benefit amount you could collect based on the percentage of your income. Benefit amounts generally range from $500 up to $10,000.
- **Benefit payment period.** Many policies pay benefits for a specified number of years, for example five years. Some policies will pay benefits longer, up to age 65 if you are disabled.
- **Waiting period before benefits begin.** Most plans require you to wait before benefits start — the normal waiting period is 90 days, although some plans make you wait longer, up to 180 days and some plans will pay sooner, after 60 days.
- **Rehabilitation benefits.** Some plans provide a monthly benefit to help with rehabilitation services.
- **Disability payments.** Some plans provide a monthly benefit to help with rehabilitation services.

There are several places you can turn to for this type of coverage. Some employers provide this coverage as an employee benefit. But you should be aware of the tax consequences.

If your employer or business pays the premiums for your coverage, your disability income benefits will be taxed. However, if you purchase your own individual policy, benefits are usually tax-free. This is an important distinction to consider when deciding which option is best for you.


This material contains only general descriptions and is not a solicitation to sell any insurance product or service, nor is it intended as any financial or tax advice. For information about specific insurance needs or situations, contact your insurance agent. Our articles are intended to assist in educating you about insurance generally and not provide personal service. They may not take into account your personal characteristics such as budget, assets, risk tolerance, family situation or activities which may affect the type insurance that would be right for you. In addition, state insurance laws and insurance underwriting rules may affect available coverage and its costs. If you need more information or would like personal advice you should consult an insurance professional. You may also visit your state’s insurance department for more information.
Luxottica launches e-commerce store for Ray-Ban brand, Virtual Mirror tool


Ray-Ban is further advancing the brand experience by now featuring the new “Ray-Ban Store” section on its Web site that will allow consumers to shop online for Ray-Ban’s classic iconic styles.

Ray-Ban e-commerce will house Ray-Ban Sun and Junior styles only, all available for purchase in a secure environment at the current manufacturer’s suggested retail price policy.

Still featured on the Web site is Ray-Ban’s store locator section that allows consumers to easily find an authorized Ray-Ban dealer.

Consumers now have the convenience of shopping online and also visiting their nearest Ray-Ban dealer.

Ray-Ban’s innovation is confirmed with the Ray-Ban Virtual Mirror feature currently found on www.rayban.com.

This tool allows users to virtually try on and play with Ray-Ban’s latest styles.

Using a webcam, the users can transform their screen into a magic mirror and test online the most fitting and suitable style for them.

If undecided between models, this innovative technology takes a step forward, going even beyond the reality, allowing customers to compare two styles at the same time, without having to leave the screen.

Furthermore, users can also save, print and share their trials with friends.

The Virtual Mirror technology was developed for Ray-Ban by French company Fitting Box.

“Ray-Ban is the top-selling eyewear brand worldwide, and an e-commerce store is the next logical step in providing loyal consumers with immediate access to the iconic brand,” said Pierre Pay Sr., vice president, Luxottica Wholesale, NA.

“We are launching e-commerce in the U.S. market first, where it was founded in 1937, because today it is still the leading market for the brand. Rayban.com allows the consumer to now easily find and purchase eyewear that suits their individual personality—which is the essence of Ray-Ban.”

On Sept. 9, 2009, Luxottica will launch The Working Together Series...Share, Inspire, and Lead...marking a milestone in the company’s new, personalized approach to provide our partners with valuable information and create local professional communities.

The Series is designed to foster meaningful dialogue and support the growth of private practitioners. Working Together events are scheduled across California and the West Coast, moving eastward throughout September and October. Private ODs, their staffs, and opticians will share their opinions and participate in valuable seminars and panel discussions conducted by Luxottica’s senior executive.

The Working Together Series is the first of many upcoming educational investments and outreach efforts that will support the growth of independents and the optical industry.

Be sure to visit www.luxandme.com and view online programs such as staff training, continuing education, brand and sales materials and other practice-enhancing information.

By working together, we can achieve great success and change how the world thinks about their eyes!
**INDUSTRY NEWS**

Essilor introduces lenses for golfers

Essilor of America, Inc. is now offering Transitions® SOLFX lenses, a new progressive sunwear product designed specifically for presbyopic golfers looking to improve their game and conquer the course.

“With this exciting new lens offering, golfers will be able to read greens better in any sun condition, see the ball more clearly in all zones of vision and optimize performance while improving course management.”

In a double-blind, head-to-head clinical study of 28 presbyopic golfers, Definity lenses were chosen 7:1 over a competitive progressive addition lens for superiority in overall course play.

Marchon's Disney Power Rangers eyewear, shown above, includes colorful styles that combine fashion with adventure. The Disney Princess brand, shown at right, brings a collection of eyewear that will inspire little girls to dream.

**CareCredit to support Eyemaginations’ 3D-Eye Home**

CareCredit recently announced its support of Eyemaginations’ 3D-Eye Home, the patient education and marketing tool used by thousands of eye care practices in the United States.

Information on CareCredit’s patient financing programs can be found in key surgical sections of the software where patients most frequently search for financing alternatives.

Eyemaginations, Inc. is a source for animated education solutions by eye care professionals around the world, and its latest offering, 3D-Eye Home, combines Web-based technology with state-of-the-art patient education tools. The software allows patients to learn more about their eyes in the comfort of their own home at their convenience.

Many doctors have added 3D-Eye Home to their comprehensive patient education programs. For more information, visit www.eyemaginations.com.

**Alcon to partner with AstraZeneca**

Alcon announced it has entered into a five-year collaborative research agreement with AstraZeneca for the exclusive ophthalmic discovery and potential development rights to AstraZeneca’s compound library.

The agreement matches Alcon’s specific ophthalmic research capability with AstraZeneca’s rich drug libraries and covers multiple classes of small molecules with compounds that already have been identified to have a strong scientific rationale for utility in ophthalmic disease. The two companies are targeting development of drugs to treat sight-threatening conditions such as glaucoma, wet and dry age-related macular degeneration and other retinal diseases, as well as ocular allergy, dry eye and other inflammatory eye conditions.

“With this agreement and Alcon’s specific ophthalmic research capability with AstraZeneca’s rich drug libraries and covers multiple classes of small molecules with compounds that already have been identified to have a strong scientific rationale for utility in ophthalmic disease. The two companies are targeting development of drugs to treat sight-threatening conditions such as glaucoma, wet and dry age-related macular degeneration and other retinal diseases, as well as ocular allergy, dry eye and other inflammatory eye conditions,” said Sabri Markabi, M.D., Alcon’s senior vice president of research and development and chief medical officer.

Under the terms of the agreement, Alcon obtains immediate access to thousands of AstraZeneca compounds in a variety of drug classes. AstraZeneca will hand over development and regulatory documentation associated with each compound as relevant to ophthalmology.

Alcon will perform and fund all research and development activities to move selected compounds forward.

The agreement provides for individual license agreements to be negotiated on a case-by-case basis for any compound that moves into clinical development, including regulatory milestone payments and royalties on product sales.
MEETINGS

August

TENNESSEE OPTOMETRIC ASSOCIATION MEETING
August 27-30, 2009
Park Vista Resort Hotel
Gatlinburg, Tennessee
www.tao.org
8-800-451-2438

OPTOMETRIC EXTENSION PROGRAM
VT/Visual Dysfunctions
(JCP Clinical Curriculum)
August 12-19, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejci@OEPverizon.net

WYOMING OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
October 14, 2009
www.medicine.org
573/635-1511

October

SOUTH DAKOTA OPTOMETRIC SOCIETY
October 12, 2009
Bismarck Plaza Holiday Inn, Rapid City, South Dakota
Bill Mortensen
605/224-1999
FAX: 605/224-0547
www.sdopt.org

HOMECOMING AND FALL CE WEEKEND
SOUTHERN COLLEGE OF OPTOMETRY
October 14, 2009
The Peabody Memphis, Memphis, Tennessee
800/238-0180, ext. 5 or
800/238-0180, ext. 4
soec@cau.edu or alabama.edu
www.soec.edu/fall09/

OHIO OPTOMETRIC ASSOCIATION
EASTWEST EYE CONFERENCE
October 24-25, 2009
Airport Hilton, Wichita, Kansas
785/722-0225
info@kansaseyes.org

KANSAS OPTOMETRIC ASSOCIATION
FALL EYECEAE CONFERENCE
October 24, 2009
Airport Hilton, Wichita, Kansas
785/722-0225
info@kansasoptometric.org

41ST ANNUAL FALL SEMINAR
MICHIGAN OPTOMETRIC ASSOCIATION
October 8, 2009
Lansing Center
Lansing, Michigan
800/999-4939
koo@aoa.org
www.eastwesteye.org

ILLINOIS OPTOMETRIC ASSOCIATION
CONVENTION
October 8, 2009
Lansing Center, Lansing, Michigan
www.michiganoptometry.org
312/482-0616

NEW JERSEY OPTOMETRIC ASSOCIATION
CONVENTION
October 8-9, 2009
Marriott Marquis
New York, New York
1-888-262-3039

DOMINO'S OPTOMETRY, MIAMI UNIVERSITY OF OHIO,
AND THE UNIVERSITY OF SOUTHERN CALIFORNIA
OPTOMETRIC ASSOCIATION
November 8, 2009
Hilton Hawaiian Village, Honolulu, Hawaii
800/999-4939

ARKANSAS OPTOMETRIC ASSOCIATION
2009 FALL CONVENTION
October 16-18, 2009
Hilton Memphis, Memphis, Tennessee
501/661-7675
FAX: 501/373/0233
ag@awostbf.net
www.arkansasoptometric.org

NEBRASKA OPTOMETRIC ASSOCIATION
NOA Fall Conference
October 16-18, 2009
Holiday Inn and Convention Center,
Kearney, Nebraska
402/744-7716
noaaoatline.org

GREAT WESTERN COUNCIL OF OPTOMETRY
GWCO 2009 Congress
October 22-25, 2009
Oregon Convention Center &
Doubletreeloyal Center, Portland, Oregon
Martin L. Wangen, CME
450/443-1160
FAX: 450/443-6164
mwangen@viewmanagement.com
www.gwco.org

20TH ANNUAL EDUCATIONAL CONFERENCE
Fellowship of Christian Optometrists, International
October 23-25, 2009
Airport Marriott, Brown County State Park, 
Nashville, Indiana
850/471-7674
fco@fco.com
www.fco.org/conference.html

SUNY COLLEGE OF OPTOMETRY 8TH ANNUAL ENVISION NEW YORK
October 24-26, 2009
New York, New York
1-877-938-5811
mplatarote@sunyopt.edu
212/938-5830

YORK SUNY - COLLEGE OF OPTOMETRY
OPTOMETRIC ASSOCIATION 2009 ANNUAL MEETING
October 24-26, 2009
New York, New York
1-877-938-5811
mplatarote@sunyopt.edu
212/938-5830

MISSISSIPPI OPTOMETRIC ASSOCIATION
2009 FALL CONVENTION
October 16-18, 2009
Westin Hotel, Pensacola, Florida
850/944-1772 or 515/222-9279
FAX: 515/222-9073

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

November

OPTOMETRIC EXTENSION PROGRAM
THE ART & SCIENCE OF OPTOMETRIC CARE – A BEHAVIORAL PERSPECTIVE (JCP Clinical Curriculum)
November 5-7, 2009
Western University College of Optometry, Pomona, CA
Theresa Krejci
800/447-0370
TheresaKrejci@OEPverizon.net

OPTOMETRIC EXTENSION PROGRAM
VT/LEARNING RELATED VISUAL PROBLEMS (MT 2) (JCP Clinical Curriculum)
November 5-9, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejci@OEPverizon.net

December

OPTOMETRIC EXTENSION PROGRAM
VT/ VISUAL DYSFUNCTIONS (JCP CLINICAL CURRICULUM)
December 24-26, 2009
Phoenix, Arizona
Theresa Krejci
800/447-0370

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

25 from Trim

Trim Line

Bleed Line
Therapeutic Pharmaceutical Agents Certification Course

With an emphasis on oral and injectable drugs

Part I (50 hours lecture)
January 7-11, 2010

Part II (50 hours lecture)
March 11-15, 2010

Part III (optional) – 32 hours including clinical skills workshop, injections workshop, CPR, and grand rounds with patients
May 20-24, 2010

For further information and to register:
optometry.nova.edu/ce
(954) 262-1462

NOVA SOUTHEASTERN UNIVERSITY
College of Optometry
Fort Lauderdale, Florida

Fall Doubleheader!
Anterior Segment Symposium
Saturday, October 17, 2009
Contact Lens Symposium
Sunday, October 18, 2009

For further information and to register:
optometry.nova.edu/ce
(954) 262-4224

Anterior Segment Symposium
Gil Epstein, MD
Kimberly Reed, OD
Julie Tyler, OD

Contact Lens Symposium
Andrea Jaroff, OD
Carol Karp, MD
Harvey Karp, OD, PhD
Lan Nguyen, OD

Pennsylvania College of Optometry
Elkins Park, Pennsylvania

To Advertise Contact Your Recruitment Sales Representative:

Traci Peppers
telephone: 212.633.3766
e-mail: t.peppers@elsevier.com

Visit us online for rate information for this and other Elsevier health science titles
www.elsmediakits.com
Showcase_Aug_10_09:Project 7/31/09 1:46 PM Page 24

May & Company CPAs

WE DON’T JUST CRANK OUT RETURNS,

Ever feel like your practice’s tax return is on an assembly line? Traditional accounting firms may not have the time or the expertise to point out existing opportunities or plan for next year’s savings based on this year’s return.

WE ANALYZE THIS YEAR’S TAXES

That’s where May & Company reinvents the process. Based on past and present returns, we help small, medium and large optometry practices make course corrections that keep them on the cusp of growth and profitability.

FOR NEXT YEAR’S SAVINGS.

To find out if we can help you make more and retain more, call JR Armstrong today, 601-636-4762.

www.maycpa.com
infoline@maycpa.com

NEW

Worthmore Four Dot Test

• Compact ergonomic design
• Features long-life LEDs
• Three to five years battery life
• Easy to use

website search “15307”

GuldenOphthalmics
time saving tools
800-659-2250 info@guldenophthalmics.com

Are you buying or selling a practice?

Whether buying or selling, let Blackwell Consulting help facilitate a smooth transaction. We are accredited business appraisers and solution oriented advisors.

Value Enhancement Services
Appraisals
Practice Sales & Financing
Employment & Partnership Agreements

Call us today at 800.588.9636 to learn what we can do for you.

Barbara Blackwell, MBA, AIBA
mbblackwell.com

Ride the Wave with the SCOA!

Visit Myrtle Beach, SC
Register for the 102nd SCOA Annual Meeting
December 10 - 13 Myrtle Beach, SC
Marriott Grand Dunes Hotel
• 24 hours of CE
• Exhibit hall on Friday and Saturday

Speakers will include:
Dr. Paul Ajamian, Dr. Jim Thimons, Dr. John McGreal,
Dr. Jerry Sherman, Dr. Kim Reed and Dr. Keith Riddle.

* Pack your clubs - a golf tournament is being organized - more details to follow!

For more information, contact Jackie Rivers at
scoa@capcons.com or toll-free at 877-799-6721.

Visit the AOA Web site at
www.aoa.org

Stay at the luxurious
Grand Hyatt New York
$259/night call 800-233-1234
Ask for the “SUNY” block

State University of New York State College of Optometry

AOA NEWS
SHOWCASE

College of Optometry
University of Missouri-St. Louis

Tenure Track Faculty Position

The University of Missouri-St Louis College of Optometry seeks a tenure track faculty member to contribute to the expansion of the graduate program in Vision Science. Rank and tenure commensurate with training/qualifications.

Qualifications: PhD and/or an OD; post-doctoral research and/or residency training or equivalent experience highly desirable. Candidates must possess appropriate training and/or experience necessary to develop and lead programs of funded applied or clinical research.

Responsibilities: Maintain a program of funded research, mentor graduate students, provide instruction for graduate and professional students; ability to teach ocular anatomy and physiology at the graduate and professional levels is highly desirable; willingness to explore alternative teaching styles such as learner-centered, case-based approaches.

Priority given to candidates with established research programs although those with new or emerging research programs are also encouraged to apply. Research areas of particular interest: electrophysiology, cognitive neuroscience, infant vision, low vision, or pathophysiology of ocular disease; other areas considered as well. Start-up funds available.

The College of Optometry includes a 4-yr professional degree (OD) program, a graduate program in Vision Science (MS and PhD) and post-professional residency programs. For further information on the college see:

www.umsl.edu/optometry

Immediate availability; review of applications begins July 15, 2009, continues until position is filled. Send CV, statement of research/teaching interests, names/addresses of three professional references to: Maria Ayres, Administrative Assistant to the Faculty, taylormb@umsl.edu (314) 516-5616. Electronic submissions preferred.

The University of Missouri-St Louis is an equal opportunity employer dedicated to the pursuit of excellence through diversity.

American Optometric Association

NEWS

To Advertise Contact Your Recruitment Sales Representative:

Traci Peppers
telephone: 212.633.3766
e-mail: t.peppers@elsevier.com

Visit us online for rate information for this and other Elsevier health science titles
www.elsemediakits.com

GREAT WESTERN COUNCIL OF OPTOMETRY

GWCO 2009

October 22–25, 2009
Oregon Convention Center & Doubletree-Lloyd Center
Portland, Oregon

■ 56 OD credit hours to choose from, 24 credits possible
■ 34 Para/Optician credit hours to choose from, 15 credits possible
■ CPR recertification for healthcare providers (AHA BLS)
■ Welcome Friday 
Exhibit Hall activity
■ Breakfast seminars
■ One-day registration
■ Test available

Great Western Council of Optometry
36 S. Last Chance Gulch, Suite A, Helena, MT 59601
**CLASSIFIEDS**

**Professional Opportunities**


**CENTRAL PENNSYLVANIA.** Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

Danville VA. Large practice needs associate/partner. Email resume with cover letter to drmbbaum@comcast.net.

FOR SALE: PRIVATE OPTOMETRIC PRACTICE, GREAT OPPORTUNITY OWNER-RETIRING, NORTH- WEST GEORGIA. LOCATION. CALL 770-748-9951

**“INDEPENDENT” Practice**

*Central Maine.* Appraised value $75,000.00 *Call Practice Broker Richard S. Katouf, D.D., D.O.S. 1-800-745-EYES.

North Carolina – Excellent opportunity for associate Full or Parttime in Greensboro/Winston-Salem or Raleigh area. Exceptional income well into six figures plus benefits including paid vacation, dental, health, retirement, CE, license, malpractice. Support staff. Call Dr. Bill Fox 1-919-944-2114.

PRIVATE PRACTICES FOR SALE / SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3586.

**RYE BROOK, NY – Large, well-established practice for sale by husband and wife optometrists planning retirement. 3600 square foot office with two full-time opticians and four assistants.** Call 914-939-0830 or e-mail Arthur Copeland, O.D. at JudyArt@ix.net.

**Virginia, Roanoke Metro Area**

Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

**Miscellaneous**

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out of the door without getting the care that they need? Why wait until another patient says “I insurance doesn’t cover it…” Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1986. Call toll free 877/248-3823, ask for Toni Binsted.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled), New, old stock, or Used. Full, Semi, or Rimless, for your private practice. DEP Clinical Curriculum Courses are the answer. Call 800 447 0370

**VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!** How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501(c)3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica. The most desired items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pens and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lenometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes. This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to VOSH INTERNATIONAL in Ocala, FL 34480 (www.vosh.org) and click on Technology Transfer Program. Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact voshinternational@comcast.net.

**Equipment for Sale**

Pretesting Tables & Equipment

For Less. Save hundreds even thousands on all your pretesting needs. Pretesting tables of all shapes and sizes For Less Guaranteed. If you are looking for quality equipment at the best price Call today. 800-522-2275

---

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = $69 (40 words maximum) 2 column inches = $110 (80 words maximum) 3 column inches = $150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are noncommissionable. All advertising copy must be received by e-mail at tppeppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues) and continuing the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212-633-3766 for advertising rates for all classifieds and showcase ads.
Online Store Now Open!

Order PERSONALIZED Brochures and Fact Sheets at the AOA Online Store!

www.aoa.org

Also Available Online... (more items coming soon)

Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID
Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.
Your patients need it. And now you can deliver it.

Recommend AIR OPTIX® AQUA contact lenses today for patients who want a healthy, natural feeling and comfort from breakfast to bedtime at a good value.

- High oxygen transmissibility for white, healthy-looking eyes
- Outstanding comfort with the AQUA Moisture System
- Superior wettability* and excellent deposit resistance*

Offer your patients comfort on contact, all day, every day, with one-month replacement AIR OPTIX® AQUA contact lenses.

See what the Power Of One™ can do for your practice. To order your free trial lenses and Clear Care® Cleaning and Disinfecting Solution starter kits, contact your CIBA VISION® Corporation sales representative today, go to mycibavision.com or call 1-800-241-5999.

AIR OPTIX® AQUA contact lenses: Dk/t = 138 @ -3.00D.

Important Information for AIR OPTIX® AQUA contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (e.g., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

References:
1. CIBA VISION data on file, 2009. Ex vivo measurement of contact angles on lenses worn daily wear using Clear Care® Cleaning and Disinfecting Solution for cleaning and disinfection, compared to ACUVUE® OASYS, ACUVUE® ADVANCE, and PureVision® contact lenses. 2. CIBA VISION data on file, 2008. 3. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care® Cleaning and Disinfecting Solution to OPTI-FREE® RepleniSH, OPTI-FREE® EXPRESS, and ReNu MultiPlus™ as a group.

© 2009 CIBA VISION Corporation, a division of Novartis AG