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NATIONAL MEDIA OUTLETs

**Why Some Ink Enthusiasts are Tattooing Their Eyeballs — and Risking Blindness** (references the AOA; quotes AOA member Dr. Jeffrey Walline)

The Washington Post (UNIQUE VISITORS PER MONTH: 22 million) | Peter Holley | 02/04/2015

Shock value is hard to produce in the Internet age, but some attendees of the International Tattoo Festival in Caracas, Venezuela, gave it their best shot last week.

The four-day festival, organized to spread awareness of extreme body art, featured ghoulish face tattoos, extreme piercings, bifurcated tongues and Kala Kaiwi, the Hawaiian man who owns the world record for earlobe stretching.

But the festival's most eye-popping body modification was almost certainly eyeball tattoos. You may not have realized that eyeball tattoos are a thing, but they are — and have been for some time.

**For the Love of God, Don’t Tattoo Your Eyeballs** (references the AOA; quotes AOA member Dr. Jeffrey Walline)

Jezebel (UNIQUE VISITORS PER MONTH: 5.6 million) | Mark Shrayber | 02/04/2015

Listen, I'm not here to ruin anyone's good time, but in the immortal words of Big Sean — if you're even thinking of getting an eyeball tattoo, then "I don't fuck with you." And don't come crying to me when you go blind and also your eyeball shatters, because that's a thing that probably will happen. Trust me.

Ok, well maybe, I'm being a little dramatic. Your eyeball isn't going to shatter (yes, yes, I know it's all gel and shit), but all sorts of awful things can happen when one decides that their face and body are no longer enough and starts inserting needles into their eyes.

This is what I imagine happens during an eyeball tattoo:
Stick a Needle in Your Eye: Tattoo Artists are Really Trying to Make Eyeball Tattooing Happen (references the AOA)

Global Grind (UNIQUE VISITORS PER MONTH: 963,126) | Ashley Haines | 02/05/2015

Look, we all crossed our hearts, hoped to die, stick a needle in our eyes as kids when a regular pinky promise just wouldn’t do, but none of us really meant that…right? Especially the needle thing. It turns out, though, there are people who are really doing that. Like, seriously. For some tattoo enthusiasts, getting eyeball ink is the new craze.

According to The Washington Post, a man named Luna Cobra is usually credited with starting this eye-popping trend.

Thanks, Cobra.

Protecting Your Children’s Sight (references the AOA)

The Hamilton Spectator (Canada) | Staff | 02/01/2015

Dr. Douglas DenBak & Associates Eye Care Clinic in Niagara advises parents follow the recommendations set out by the American Optometric Association. Babies at 6 months of age should have a comprehensive eye exam and again at 3 years of age then at 5 or 6 as they enter kindergarten. During the school years, children who don’t require glasses should be tested every two years while children requiring a prescription should be tested annually as their vision can change as quickly as they grow.

A thorough Optometrist will want to review your family history and your child's medical information to familiarize them with their birth history, birth weight and if they were full term. Be sure to discuss any concerns you have such as delayed motor development, frequent eye rubbing, blinking or difficulties focusing or tracking objects.

Children may not recognize vision problems and assume what they are experiencing is normal so you cannot always rely on them to let you know if there is a problem.

Barker to Serve as Corporate Chair of SUNY Gala Event, Honoring ABB Optical Group's Angel Alvarez (features AOA member Dr. Alan Barker and SUNY College of Optometry; references the AOA, Optometry Cares, the North Carolina State Optometric Society, Southern College of Optometry and Essilor)

Vision Monday | Staff | 02/02/2015

Allan Barker, OD, the president of eyecarecenter, will serve as corporate chair at the upcoming Optometric Center of New York's 12th annual “Eyes on New York” Gala at The Plaza in New York City on March 20.

As previously reported by VMail, this year's Gala will honor Angel Alvarez, founder and CEO of the ABB Optical Group. The annual gala is the marquee fundraising event for the OCNY, the foundation of the SUNY College of Optometry, which supports educational, patient care, research and community activities at the College.

With over 50 locations throughout North and South Carolina, eyecarecenter was founded in 1954 and Barker has been president since 1977. He is a graduate of the Southern College of Optometry (SCO) and has served on the SCO's Alumni Council, 75th Anniversary Committee and as the preceptor of its externship program. Barker holds or has held positions on the Essilor National ECP Advisory Panel, the Wharton Chief Executive Optometrist Program, board of directors of Opticare Health System, Inc. (AMEX), board vice president of Optometry Cares (the charity foundation of the American Optometric Association).
The Impact of Prism is Topic of Feb. 4 'Power Hour' (quotes AOA member Dr. Gary Gerber; references Essilor)
Vision Monday | Staff | 02/02/2015

Some doctors are finding that patients can be helped by prescriptions of eyeglass lenses with prism. Two optometrists, Mark Rosner, OD and Debby Feinberg, OD, have successfully helped patients with this and will discuss it on the Feb. 4 edition of “The Power Hour.” The weekly radio show is broadcast at 9:00 p.m. ET, hosted by Gary Gerber, OD, founder of The Power Practice.

Said Gerber, “Learn how a minute bit of prism can change your patient’s life. Drs. Mark Rosner and Debby Feinberg have done some remarkable work in helping patients with headaches and vertigo who were previously told there was no help for their debilitating problems. They didn't do it with drugs, surgery or VT. They did it with prism. Yes, eyeglass lenses with prism. And more often than not, they prescribed very, very small amounts of prism. Listen to this interesting show.”

The Power Hour is sponsored by Essilor of America, Optovue, VisionWeb and VSP Global. Details about the shows, including how to listen in and links to previous episodes, can be found online at PowerHourInfo.

Linden Optometry, a PC Celebrates Award for Best Fundraising Results in U.S.A. (features AOA member Dr. M. Emily Linden)
PR.com, press release | Linden Optometry | 01/31/2015

A fund-raising ceremony was held at the offices of Linden Optometry a P.C., in Pasadena last Friday to celebrate 3 months of successful fundraising for World Sight Day 2014. Over 100 doctors and staff members of Linden Optometry donned “World Sight Day 2014” t-shirts and worked as a team to raise the funds. The funds collected will be used to build vision clinics and train new eye doctors in under-served communities around the world, in order to help people who are in urgent need of eye care.

Eric Anderson, Chief Development Officer of non-profit “Optometry Giving Sight” accepted the funds in the form of a giant check, and then congratulated the doctors and staff of Linden Optometry a P.C. for being the #1 fund-raising optometry office in the USA, presenting them with a Platinum Fundraising Award, the highest level possible. The Award was accepted by Drs. Alan Limfat OD and M. Emily Linden, OD.

Viola Van, representing the office of Congresswoman Judy Chu, presented a Certificate of Congressional Achievement to the doctors and staff of Linden Optometry for outstanding fund-raising efforts, and presented a separate certificate to Crystal Paxton, the number one fund-raiser on Linden's staff.

Committing to Cautious Driving (references the AOA)
AARP Delaware | Kimberly Ipalucu | 02/02/2015

As the old saying goes, we are all creatures of habit. It's true of life—and it's definitely true of driving.

For many Americans, driver's education class may be a distant memory. In the years that have passed since you first reviewed the rules of the road and learned how to operate a vehicle safely, it's possible that you have developed some bad driving habits.
It's therefore crucial to assess your driving habits from time to time. In the past year, can you remember a time when you approached a stop sign, looked around, and kept moving without stopping for a full three seconds? When changing lanes, do you always use your turn signal? When you have a busy day, do you ever eat or drink behind the wheel? If you're guilty of any of all of these common driving errors it might be time to see how you can become a more conscientious driver.

Smartphone-Based Portable Eye Exam is Saving Sight Overseas (quotes AOA member Dr. David McPhillips)
VerizonWireless.com | Adria Tomaszewski | 02/02/2015

Imagine needing glasses and just never getting them. That's the reality for many of the 285 million visually-impaired people around the world. According to the World Health Organization, glasses could help about 153 million people who struggle to see at a distance, and another 544 million who have trouble seeing close up. Unfortunately, in many parts of the globe, getting an eye exam is not an option.

Smart Vision Labs is hoping to change that. The startup's founders created a portable device that attaches to an iPhone and uses the camera and flashlight to create an eyeglass prescription. Called the SVOne, the device is easily portable, accurate and far less expensive than existing portable devices.

Last year, Smart Vision Labs won a Verizon Powerful Answers Award of $1 million that allowed them to test the product in the field in Guatemala and Haiti. We spoke to David McPhillips, OD, President of Volunteer Optometric Services to Humanity (VOSH) International, a non-profit that brings eye care to developing countries. His regional VOSH chapter in Pennsylvania hosted the field test of the SVOne in Haiti this August. Here's what he told us about this innovation in portable eye care:

Scleral Lenses: An Important Treatment Option for Dry Eye (bylined by AOA member Dr. Amber Gaume Giannoni; references the University of Houston College of Optometry)
Contact Lens Spectrum | Jessica Robinson, BA, and Amber Gaume Giannoni, OD, FAAO | 02/02/2015

“My dryness is 90% better.” These words were spoken by a 51-year-old Hispanic female who suffers from severe keratoconjunctivitis sicca secondary to Sjögren's syndrome and meibomian gland dysfunction. Several months of intensive therapy—including topical ophthalmic cyclosporine and corticosteroids, punctual plugs, warm compresses, lid scrubs, omega-3 supplements, bandage soft contact lenses combined with prophylactic topical antibiotics, and copious preservative-free artificial tears and gels—had failed to provide relief. Although these medications improved overall tear production and stability, she still suffered unremittingly from filamentary keratitis and non-resolving, grade 4+ patchy coalesced corneal staining in both eyes.

The true turning point in this patient’s treatment was the decision to fit her therapeutically in scleral contact lenses.

When All Else Failed

Fitting the patient with scleral lenses took some convincing as she couldn't imagine wearing a contact lens when her eyes felt so terrible. Additionally, she didn't have insurance that would pay for medically necessary contact lenses. To allow her to experience the modality, we invited her to wear scleral lenses from our fitting set around the office for two hours. She immediately realized that her eyes felt substantially better; the breeze created from simply walking down the hallway no longer caused her pain. She decided to proceed with a scleral lens fitting.
Is Prescribing Toric Lenses for Low Cylinder the New Norm? (bylined by AOA members Drs. Mile Brujic and David L. Kading)

Contact Lens Spectrum | Mile Brujic, OD, FAAO, and David L. Kading, OD, FAAO | 02/02/2015

It is commonly known that most of our patients who have astigmatism have cylinder of less than 0.75D. In fact, the majority of those who have astigmatism have less than 1.25D of cylinder (Young et al, 2011).

So we pose this question: Is it normal to put a patient who has low cylinder, such as a prescription of –4.50 –0.75 x180, in toric lenses? Our guess is that the vast majority of us would initially vertex this patient and prescribe a lens with a spherical equivalent. You could even argue that this would be the best course of action because, indeed, placing a lens with –0.75D of cylinder on this patient would leave him slightly overminused in the cylinder meridian. We could even take this one argument further: why place a toric lens on this patient at all? Toric lenses cost more, take more time to fit, and the patient will not notice the difference.

Toric Contact Lenses Have Come a Long Way

We feel that this begs the question today, should correcting low-cylinder patients with toric contact lenses be the new normal? We believe so. Our industry partners have advanced the stability of toric lenses to such a precise degree that we rarely place more than one lens on our patients' eyes in the fitting process. In the past, if we had attempted to fit the patient described earlier with a toric contact lens, the process would have looked something like this: allow the lens to settle for 15 minutes, evaluate the lens only to find that it had rotated 10º, do a cross-cylinder calculation (or LARS), place another lens on the patient's eye, then discover that his acuity is the same with a spherical lens.

Optimal Features of a Therapeutic Scleral Lens (bylined by AOA member Dr. Neil Pence; references Indiana University-Bloomington School of Optometry)

Contact Lens Spectrum | Neil Pence, OD, FAAO | 02/02/2015

Each year, we contemplate what might be left on our “wish list.” This month's column will discuss the optimal design and material characteristics of a scleral contact lens for some of the most challenging therapeutic application cases.

Scleral lenses benefit many patients who have a wide range of conditions. One particularly difficult group consists of those who need a therapeutic lens to protect the cornea in cases of severe dehydration or extremely challenged corneal healing. In some acute cases in which a persistent epithelial defect will not heal, the protection and comfort provided by a scleral lens are critical.

Often, a soft bandage contact lens has failed. In addition, either due to handling difficulties or to not disrupt the cornea, it is beneficial to leave the scleral lens in place continuously for a number of days. What characteristics would the ideal scleral lens have in these cases?

Three Tips for Corneal GPs (bylined by AOA member Dr. John Mark Jackson; references Southern College of Optometry)

Contact Lens Spectrum | Catherine Tuong, OD, and John Mark Jackson, OD, MS, FAAO | 02/02/2015

In an increasingly competitive contact lens market, GP lenses are a great way to provide a premium option to patients, build patient loyalty, and, in turn, grow a practice. Following are three easy tips that can be utilized in GP fitting.

Tip #1: Flexure

It's easy to forget that corneal GPs are actually somewhat flexible. Flexure occurs when a lens bends while it is on the
eye. It is more likely to occur with higher corneal cylinder, a steep fitting relationship, larger diameters, and higher-Dk materials.

Suspect flexure when patients complain of fluctuating visual acuity with blinking. Check for flexure by performing keratometry over the lens; a spherical lens that is flexing will show a small amount of toricity on the front of the lens.

Is 0.75D of Astigmatism the Right Flinch Level? (bylined by AOA member Dr. Thomas G. Quinn)

Contact Lens Spectrum | Thomas G. Quinn, OD, MS, FAAO | 02/02/2015

Astigmatism of 0.75D is often cited as the level at which astigmatic correction should be incorporated into a contact lens. Is there any science to support this assertion? Richdale et al (2007) enrolled 30 subjects who had astigmatic refractive error from 0.75DC to 2.00DC. They then compared visual acuity performance of these individuals while they wore spherical versus toric soft contact lenses.

During the data analysis, the subjects were separated into two groups: those who had a low level of astigmatism (≤1.00D) and those who had a moderate level (1.25D to 2.00D). It's no surprise that those in the moderate group benefited significantly from astigmatic correction (11-letter improvement while viewing a high-contrast target).

For the low-astigmatic-level group, in a well-lit (photopic) setting, while observing a high-contrast target, acuity improved about half a line (three letters). In a low-light (mesopic) setting, while viewing the same target, the improvement nearly doubled (5.5 letters). That's about a line of acuity.

Specialty Lens Designs for "Normal" Eyes (bylined by AOA members Drs. Robert David and S. Barry Eiden; references Southern California College of Optometry, Illinois College of Optometry, Pennsylvania College of Optometry at Salus University, and Indiana College of Optometry)

Contact Lens Spectrum | Robert Davis, OD, FAAO, and S. Barry Eiden, OD, FAAO | 02/02/2015

Wearing specialty contact lens designs need not be limited to “abnormal” eyes (i.e., those affected by disease, trauma, post-surgical complications, etc.). There are numerous indications for the application of specialty and custom-designed contact lenses to what we would consider “normal” eyes. Specialty and custom-designed contact lenses fit to the normal eye can be considered when standard “stock” lenses are unable to provide your patients with adequate lens wearing comfort and/or visual performance.

Specialty lens designs allow practitioners to more precisely address factors that limit success with standard lens designs and that commonly result in reduced contact lens wearing time or, perhaps even more concerning, dropout from contact lens wear. We know that contact lens dropout rates have been fairly consistent over the years at about 16% per year (Nichols, 2010; Rumpakis, 2010). These numbers typically equal the number of new patients being fit into contact lenses, thus creating a relatively flat contact lens market. The reasons for contact lens dropout vary; however, the majority of patients discontinue contact lens wear primarily due to contact lens wearing discomfort and dryness (Young et al, 2002). In addition, inadequate vision performance is also a common reason for dropout. With specialty and custom-designed lenses, you can specifically target performance deficits encountered with standard lens designs by controlling numerous features and parameters.

A contact lens divides the tear film into pre- and post-lens tear films. The pre-lens tear film clears debris with the blink. The post-lens tear film is controlled by the fitting characteristics of the contact lens and can cause tear stagnation, trapping debris corrected by customization.
Keratoconus in a Private Practice Setting (bylined by AOA members Drs. Stephanie L. Woo and Brooke M. Messer)

Contact Lens Spectrum | Stephanie L. Woo, OD, FAAO, FSLS, and Brooke M. Messer, OD, FSLS | 02/02/2015

Keratoconus patients are some of the most rewarding patients with whom practitioners work. Having a management plan for their specialty contact lens fittings is essential to a successful experience.

This is especially true in private practice where the process can turn south quickly if patient and practitioner expectations are not clear. Thankfully, our practices have survived the early mistakes in establishing themselves as specialty contact lens clinics. We would like to share our experiences and management tips with you.

Patient Intake

Several items can be addressed before patients are even examined that may help your office manage keratoconus patients.

The Business of Contact Lenses (references the AOA and the American Academy of Optometry; bylined by AOA member Dr. Clarke D. Newman)

Contact Lens Spectrum | Clarke D. Newman, OD, FAAO | 02/02/2015

As the New Year starts, I have been wondering what to write about this year. I think the first thing I would like to do is write a letter to myself when I was in my first year of practice. I have been in practice now for 28 years, and I think (I hope) that I have gained some wisdom along the way that I wish I could send back in time and impart to that young, skinny guy who used to be me. So, here goes.

Dear Clarke,

First things first—you've got to lighten up. Yes, you need to be concerned about (and focused on) your cash flow, but you do not need to worry about it. Certainly, do not lose sleep over it. The crunches are never as bad as you think; and, when you are flush, things aren't as good as you think. Steady as she goes here. The first time you ever went to Europe was ruined by worrying—knock it off!

Get everything in writing. I don't care who you are going into practice with, get it in writing. That mistake will cost you almost 10 years of practice ownership and equity. Seriously, try not to be completely naïve, will ya?

You Can Lead a Horse to Water... (bylined by AOA member Dr. Leo Semes; references AOA member Dr. Jeffrey Walline and University of Alabama Birmingham School of Optometry)

Contact Lens Spectrum | Leo Semes, OD, FAAO | 02/02/2015

The following quote, attributed to C. Everett Koop, MD, former U.S. Surgeon General, is indisputable: “Drugs don't work in patients who don't take them.” Much has been made of patient adherence to prescribed medications. But what about adherence to prescribed regimens? That is the next frontier. This applies to managing chronic diseases, such as glaucoma or cardiovascular disease, as well as to managing acute infections, for example.

Proper use of contact lens disinfection protocols comes under this umbrella as well. Commenting on a May 13, 2014 U.S. Food and Drug Administration Ophthalmic Devices Panel of the Medical Devices Advisory Committee workshop on this topic, well-respected educator Jeffrey Walline, OD, PhD, FAAO, stated, “As we improve products for our patients, we need to continually assess the guidelines to make sure that our patients are safe and the products are effective.”
Compliance Versus Adherence

At the recent Optometric Glaucoma Society meeting, which was juxtaposed to the annual American Academy of Optometry meeting in Denver in November, Steven Mansberger, MD, outlined the distinction between compliance and adherence to medications. While some have equated these two terms, adherence is the preferred terminology when describing how closely patients follow our prescribed regimens. You may also want to read Dr. Mansberger’s editorial on this subject (Mansberger, 2010). “Compliance” should be reserved for drill sergeants and the like.

Reader and Industry Forum (bylined by AOA member Dr. Arthur B. Epstein)

Contact Lens Spectrum | Arthur B. Epstein, OD, FAAO | 02/02/2015

Although the healthcare environment is shifting and, in some cases, unstable, optometry is evolving rapidly. Progressive, contemporary optometrists are making advanced diagnoses for ocular diseases with in-office Clinical Laboratory Improvement Amendments (CLIA)-waived laboratory tests.

CLIA is a set of government-established guidelines for laboratory testing. The U.S. Food and Drug Administration (FDA) has deemed a CLIA-waived test to be accurate, safe, and unlikely to produce erroneous results, even in the hands of a non-clinician.

While a patient can administer a CLIA-waived test at home, an optometrist must acquire a waiver at each site to be able to administer the test. The Centers for Medicare & Medicaid Services (CMS) also requires all practices performing laboratory tests using “materials derived from the human body for the purposes of providing information for the diagnosis, prevention, or treatment of any disease” to meet certain federal requirements. Any clinic that performs tests for these purposes is considered under CLIA to be a laboratory and must register each test with the CLIA program (CMS, 2014).

A Lens a Day Keeps Gaining Away (bylined by AOA member Dr. Jason J. Nichols)

Contact Lens Spectrum | Jason J. Nichols, OD, MPH, PHD, FAAO | 02/02/2015

Each year, I like to reflect upon issues and trends in the contact lens marketplace that are presented in our January issue’s Annual Report. In the February 2014 Editor’s Perspective, I focused on the report’s data on multifocal fits for presbyopia, highlighting the perhaps disappointing frequency of multifocal contact lens use given the size of the presbyopia market. This year, I'd like to highlight data that continues to show an upward trend: daily disposable lens usage in the North American market.

Daily disposables have been available since the mid-1990s, and many global markets quickly adopted their use in a significant number of patients. Yet, for some reason, the North American market lagged behind in daily disposable uptake. The reason most frequently cited to me for this discrepancy has been “cost.” Yet, practitioners around the globe have been quick to remind me that costs are no different for their patients. In fact, there was a fascinating scientific analysis by Efron and colleagues of daily disposable usage compared to the average individual wealth in 40 different countries. Interestingly, the United States had amongst the wealthiest of individuals in society, yet ranked among the bottom of countries for daily disposable lens use.

All that said, 2014 marked the third year in a row in which we saw substantial (at least 3%) growth in the daily disposable category in the United States. Data from Contact Lens Spectrum’s market research this past year shows this category being used in 23% of soft lens patients (compared to 30% for weekly/two-week, 45% for monthly, and 2% for three-plus months). Data we published from GfK Retail and Technology and ABB Optical Group show U.S. daily
disposable usage among soft lens patients of 26% and 31%, respectively. Keep in mind, we reported that the daily disposable category was used in only about 4% to 5% of all contact lens patients in 2003.

Digital Eye Strain is Serious Concern (quotes AOA member Dr. Dora Adamopoulos; references The Vision Council)
Mobile Enterprise Magazine | Staff | 02/03/2015

Ninety-five percent of Americans spend nearly three hours every day on digital devices—for their personal lives alone. Add in the hours of a workday to that and you could almost say we spend every waking moment staring at a screen.

All this viewing has reportedly affected our digits, spine and mental and physical health. But, according to The Vision Council users are not even aware how it affects eyes and vision health.

"On average, we look at our mobile phones more than 100 times a day, yet people aren't making the connection how this constant use of technology is impacting vision health," said Dora Adamopoulos, OD, medical adviser to The Vision Council. "Digital eye strain is likely to continue to grow as a health concern. However, there are tools and products that can alleviate or even prevent the onset of symptoms as well as protect the eyes."

Seeing Red (references SUNY College of Optometry)
The Scientist | Kerry Grens | 02/03/2015

Last year, Jeffrey Tibbetts looked up at the moon and saw something he had never seen before: despite its being a crescent moon, most of it covered in the Earth's shadow, the entire circumference was visible to him. “Oh god, it was really cool,” recalls Tibbetts, who cofounded the independent research organization Science for the Masses. Night after night, he could see all of the moon, regardless of what phase it was in. His daytime vision had also changed: sunrises were especially spectacular, almost neon in their brilliance. He attributes these new qualities to a crowdfunded research project he was leading (and participating in) to expand humans' visual range into the infrared.

For three months, Tibbetts and the other participants had gone on a diet deficient in vitamin A1, or retinol, which is essential for the function of the light-capturing chromophores in our photoreceptors. Instead, to try to get the photoreceptors to respond to longer wavelengths of light, they supplemented their diets with vitamin A2, or 3,4-dehydroretinol, which certain other animals, such as freshwater fish, use to see in the near infrared. (To avoid a dangerous deficiency, they also took retinoic acid, a vitamin A derivative that is essential to a host of nonvisual processes, including gene transcription.) "Pretty much immediately subjects started reporting slight differences," says Tibbetts. “It didn't get interesting until two weeks in.”

Tibbetts and his collaborators recorded retinal activity in response to various wavelengths of light and found that after taking the dehydroretinol for a few days (and forcing the body to use it as a substitute for retinal), people's eyes started to react to wavelengths of light longer than 850 nm (the typical limit of the visual spectrum is 720 nm). Tibbetts says his overall night vision got better, and he could see through the one-way privacy glass on storefronts. Although sensorially delightful, the experience came at a cost; participants lost their appetites, and Tibbetts says he developed an impairment in discriminating between blues and greens.

Think About Your Eyes Public Awareness Campaign Launches Nationwide (features the AOA and The Vision Council)
Vision Monday | Staff | 02/04/2015

Think About Your Eyes (TAYE) has launched its 2015 television, radio and digital advertising campaign to educate consumers on the benefits of vision health, highlighting the impressive growth and momentum of the industry initiative
presented by The Vision Council and the American Optometric Association.

The first phase of this year's campaign, which began on Feb. 2, spotlights the importance of annual comprehensive eye exams and their impact on overall health, as well as the symptoms of eye strain. The message will reach an estimated 129 million adults and generate 1.1 billion impressions throughout 2015, according to an announcement from The Vision Council.

This new phase of the Think About Your Eyes campaign is launching on the heels of an overwhelmingly successful year in 2014, resulting in a 5 percent increase in total eye exams, 9.3 percent increase in pharmaceutical prescriptions or referrals written, and an almost 25 percent increase in eye diseases diagnosed since the campaign's inception. The impact for eyecare providers has also been substantial, with a 6.7 percent increase in first-time ever eye exams, a 5.0 percent increase in exams for patients under 18, and a 5.5 percent increase in total prescriptions written.

Lawmakers in Medical Fields File More Medical Legislation (references AOA member Dr. Deborah Long)
The Nerve | Rick Brundrett | 02/04/2015

So far this legislative session, Rep. Kit Spires has filed seven bills, five of which are pharmacy-related.

It just so happens that the Lexington County Republican is a pharmacist and pharmacy owner.

The Nerve in December reported about three pharmacy-related bills that Spires had prefiled. He introduced two more on Jan. 20.

Computing for the Visually Impaired, Part 2 (references Pacific University College of Optometry)
TidBITS | Mariva H. Aviram | 02/04/2015

In Part 1 of this series (see “Computing for the Visually Impaired, Part 1,” 9 January 2015), I described several people’s experiences with visual impairments, as well as my own experience with temporary eye disabilities. Enduring such an acute trauma gave me empathy for my fellow low vision users — as well as fierce determination to learn more about what can go wrong, both clinically and for those with “normal vision.”

When accounting for the various types of visual impairments, one must understand the physiology of the eye in order to predict what can go wrong with it. For example, my impairment stemmed from inflammation of the conjunctiva (the thin membrane that lines the inside of the eyelids and covers the sclera). Damage to the optic nerves caused my brother's impairment, whereas my friend's problems were caused by crystals forming on his retinas. Finally, my acquaintance Roy's achromatopsia stems from malfunctioning cone cells (the retinal cells that detect color).

In other cases, glaucoma can also damage the optic nerves, cataracts cloud the lens of the eye, and corneal abrasions can cause pain, blurred vision, and photophobia. If a user is limited to the use of one eye, asthenopia (eye strain) can result from taxing the muscles in and around the remaining good eye — and, although not typically relevant to computer use, three-dimensional perception is lost. (To prevent asthenopia, refer to Lighthouse International's “Tips for Preventing Computer Eye Strain.”)

Think About Your Eyes Introduces Public Awareness Campaign (features the AOA and The Vision Council)
Primary Care Optometry News | Staff | 02/05/2015

Think About Your Eyes announced the nationwide launch of its 2015 television, radio and digital advertising campaign to educate consumers on the benefits of vision health.
The Vision Council and the American Optometric Association present Think About Your Eyes (TAYE), which spotlights the importance of annual comprehensive eye exams, with the support of nearly 20 industry partners, according to the press release from TAYE.

The group reported that its efforts in 2014 resulted in a 5% increase in total eye exams, 9.3% increase in pharmaceutical prescriptions or referrals, and nearly 25% increase in eye diseases diagnosed. A 6.7% increase in first-time eye exams, a 5% increase in exams for patients younger than 18 and a 5.5% increase in total prescriptions were also seen.

The Power Practice and Glimpse to Launch Inzuzo Analytical Software (quotes AOA member Dr. Gary Gerber)
Vision Monday | Staff | 02/06/2015

The Power Practice has formed a strategic alliance with Glimpse and the two companies will launch Inzuzo, an analytical software exclusively available to Power Practice clients.

Dr. Gary Gerber, founder of the Power Practice consulting company, said, “Working together with Glimpse, we have developed the absolute best in class analytics information for our doctors. With a few mouse clicks, the doctor and his entire Power Practice support team can instantly have a real time, detailed and accurate window into the operations of the doctor’s practice.

“Armed with that information, the doctor is counseled by his Power Practice consultant and coach to make the necessary changes to improve his practice. We will be working with Glimpse to develop custom metrics within the Inzuzo dashboard. Our doctors will also have the ability to instantly compare, in real time, on a day-to-day basis, how they are trending compared to other like practices.”

Whole You Offers Incentive for Ideas that Promote Wellness (references Western University of Health Sciences College of Optometry)
Vision Monday | Staff | 02/06/2015

Whole You has teamed up with crowd-sourcing company InnoCentive to challenge people to come up with innovative ideas to help those with vision or oral limitations.

The company has launched a vision challenge asking for ideas about services vision care providers can offer to optimize a person’s health and well-being. Additionally, Whole You is seeking solutions to incentivize compliance encouraging regular use of oral appliances to motivate patients to effectively manage obstructive sleep apnea. One “solver” who recommends the best idea in each category will be awarded $15,000, the company said.

To provide a solution to one of the InnoCentive challenges, visit www.innocentive.com/pavilion/wholeyou.
It's a school night, your child is working on their homework, and despite their best efforts the reading assignment is just an immense struggle.

You child might have vision-related concerns.

Now in its fifth year at Dexter Schools' Southwest Elementary, the Vision Intervention Program (VIP) has seen its share of success in assisting children with vision-related concerns.

We take you now to Zihuatanejo, Mexico, where altruistic Stockton optometrist John Demshar is participating in his 100th giveaway of eyeglasses.

One hundred times Demshar has flown to farflung places to give used eyeglasses to the poor. Some so poor they have always seen the world as a blur.

“We get numerous grandmothers, they can't see their grandchildren's face anymore,” said Demshar, 66, who practices locally at Brookside Optometric Group.

Drs. Colon, Alleman and Curtis of Total Eyecare are reaching out to high school seniors in the area by offering a $250 scholarship toward continuing education at a 2- or 4-year college or university.

The scholarship will be awarded to one student at each of the following community's schools: Battle Mountain, Carlin, Elko, Eureka, Spring Creek and Wells. Preference will be given to students planning to major in the medical, science or math fields.

“We are excited to provide this scholarship in hopes of encouraging students to continue their education and secure a strong future,” said Dr. Robert Colon.

Dr. D. Duane Mohon, O.D. has opened his third eye care office, Eye Care Alabama, on U.S. Highway 431 at Sandy Holliday's old law office.
Remodeled to facilitate visual health care, the practice will fit eyeglasses and contact lens, but he said they will provide comprehensive eye care.

Ryan C. Price, O.D. will also be part of the practice.

**Parents: Tips for Preventing "Pink Eye"** *(references the AOA and the New Jersey Society of Optometric Physicians; quotes AOA member Dr. Edward Harmer)*

_Go to the attached article._

**The Daily Record (Parsippany, NJ) | Staff | 02/05/2015**

As cold and flu season continues to show its ugly face, the American Optometric Association (AOA) and the New Jersey Society of Optometric Physicians (NJSOP) encourage families to practice good hygiene habits to prevent the spread of infectious disease, including conjunctivitis, also known as “pink eye,” which can be easily spread, especially this time of year.

What is conjunctivitis?

Conjunctivitis is an inflammation or infection of the conjunctiva, the thin transparent layer of tissue that lines the inner surface of the eyelid and covers the white part of the eye. Conjunctivitis is a common eye disease, especially in children, and because it is contagious, it usually starts in one eye and spreads to the other, affecting both eyes.

**With Contact Lens, Hygiene is Crucial** *(quotes AOA member Dr. Jonathan Stoller)*

_Go to the attached article._

_Richmond Times-Dispatch (Richmond, VA) | Tammie Smith | 02/01/2015_

If you are one of those contact lens wearers who reuses contact lens solution, health officials want you to stop.

Reuse can refer to reusing the same solution in the contact lens storage case or topping it off in the case rather than emptying it and refilling with fresh solution.

Contact lens wearers who reuse cleaning solution are increasing their risk for an eye problem called keratitis, or inflammation of the cornea.

**Jeanne Goldy-Sanitate: Superwoman on Wheels** *(references Pennsylvania College of Optometry)*

_Go to the attached article._

_Cape Gazette (Lewes, DE) | Staff | 02/03/2015_

Don't tell Jeanne Goldy-Sanitate she can't do something. If you do, you better get out of her way.

Jeanne suffers from MS, her right leg is paralyzed and she's confined to a wheelchair, yet the 59-year-old lives an active, independent life with goals and achievements that go way beyond what most people could accomplish.

If you look close enough, you'll see that her custom wheelchair does not have push handles. “I'd rather push myself,” she says with a big smile. People who know her say that sums up Jeanne in four words.

**Salus University Professor Assumes Presidency of NAP** *(features AOA member Dr. Satya Verma and Salus University Pennsylvania College of Optometry; references the American Academy of Optometry)*

_Go to the attached article._

_The Hearing Review (Los Angeles, CA) | Staff | 02/02/2015_

Pennsylvania-based Salus University, which offers degree programs in audiology, announced that associate professor and assistant director of the Externship Program at Salus University Pennsylvania College of Optometry has started his
two-year term as president of the National Academies of Practice (NAP). According to the Salus announcement, Dr Verma is only the second optometrist to become the president of NAP, which represents 14 health care professions, including audiology, dentistry, medicine, nursing, occupational therapy, optometry, osteopathic medicine, pharmacy, physical therapy, podiatric medicine, psychology, social work, speech-language pathology and veterinary medicine.

“I hope that during my term as president, we can reach out to the parent organizations of these professions and develop and improve on inter-professional collaboration,” said Dr Verma. “Together we can improve the quality and delivery of better health care in the US.”

Salus reports that prior to his election as NAP president, Dr Verma, a nationally known expert on geriatric optometry, served as chair of the optometry academy within NAP. He also serves on the board of the Philadelphia Corporation for Aging, among others, and is Salus University's student-faculty liaison to the American Academy of Optometry. He is also chair of the Educational Policy and Curriculum Committee and Committee on Academic Promotions at Salus University.

**Daiber Offers Complete Range of Vision Care** (references the AOA, the Arkansas Optometric Association and Southern College of Optometry; features AOA members Drs. Amy Daiber and Lori J. Canfield)

*The Courier (Russellville, AR) | Staff | 02/02/2015*

Daiber Vision Care offers complete eye health and vision care, including comprehensive vision exams and fitting of eyeglasses and contact lenses, treatment and management of injuries, infections and disease, Lasik consultation and cataract pre and post-operative care. Daiber Vision Care gives attention to patients' individual needs, whether they be related to work, environment or sports and leisure activities.

The Russellville clinic, which moved to its current location in 2003, provides new digital ophthalmic lens design available in both single vision and progressive for optimum clarity. More prescriptions are now available in daily replacement contact lenses.

The clinic was founded 21 years ago, in 1993, by Dr. Amy Daiber. She established the practice upon graduating from Southern College of Optometry in 1992. She and her husband, Bryan, and their four children make the River Valley their home. She is a member of the American Optometric Association and St. John Catholic Church.

**Preventing Eye Strain in a Digital World** (quotes AOA member Dr. Sally Bodenhamer; references The Vision Council)

*KRCG-TV (New Bloomfield, MO) | Elizabeth Hoffman | 02/02/2015*

Can you imagine going an entire day without your screen time? No phone, computer, tablet or television?

According to the Vision Council, as much as 95% of Americans spend two or more hours each day looking at a digital device.

Optometrist Sally Bodenhamer says Mid-Missourian's are no exception, "We are on digital devices all day, every day it seems. Even little children that I see nowadays working the iPad or playing on the iPhone during the examination to keep them entertained."