Battle over S.1955 intensifies

Legislation to create a new breed of small business health insurance plans—which would be largely exempt from state patient protection and insurance regulation laws—was the subject of intense negotiations between AOA and Senate sponsors, as this AOA News went to press.

Scheduled for consideration on the Senate floor early this month, The Health Insurance Marketplace Modernization and Affordability Act (S. 1955), in its current form, represents a far-reaching threat to patient access to optometrists and medical eye care services, according to Jon Hymes, director of the AOA Advocacy Group.

The AOA Washington Office has orchestrat-ed full mobilization of optometry's grassroots and Congressional Keyperson networks. In addition, AOA's team in the nation's capital is meeting with Senate leaders in an all-out effort to secure pro-optometry and pro-patient changes to the bill, including specific safeguards against discrimination by insurers against ODs.

AOA is continuing to call on optometrists—and their patients—to contact legislators in an attempt to stop the measure, according to AOA Federal Relations Committee Chair Michele R. Haranin, O.D.

AOA has launched a new “No on S. 1955” Web page to provide optometrists and concerned patients with the latest information on the legislation (www.aoa.org/x5175.xml).

There, AOA members can use the AOA see Protection, page 6

Planning conference provides focus for AOA committees

A OA leaders assembled to strategize about plans and programs at the 2006 Spring Planning Conference in St. Louis April 21-22. President-elect Tommy Crooks, O.D., opened the general session and noted there was no official theme.

“It reflects how we actually do business today,” he said.

Dr. Crooks highlighted the main components of the strategic plan for AOA, which include increasing membership, strengthening affiliate relations, supporting public health, and promoting advocacy.

Among other things, Dr. Crooks stressed the importance of having a strong PAC. Currently, 17 percent of members contribute an average of

OD describes treatment of early Fusarium case

A lthough the possible Fusarium keratitis outbreak gained attention last month, Gilan Cockrell, O.D., first diagnosed a patient last July.

Dr. Cockrell, of Flinthills Eyecare Associates in Emporia, KS, said the patient presented in July 2005 with irritation and redness in the right eye.

Dr. Cockrell found an ulcer on the cornea, which was initially small. For four days, he treated it as a bacterial ulcer. “Over that time, the borders of the ulcer became feathery and developed a satellite lesion,” Dr. Cockrell said. “I referred the patient to a cornea specialist and cultured the ulcer. We started with Natamycin, as we suspected it was fungal.”

For the latest information or to report cases, visit www.aoa.org and look for this icon.

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As many of you know, for the past few years, I’ve been on intimate terms with the U.S. health care system. I was diagnosed with multiple myeloma, a form of blood cancer, in December 2000. At that point, the disease was “smoldering” or Stage One. For the first three years, I received monthly intravenous treatments to strengthen my bone marrow and was involved in a Phase 2 FDA vaccine trial.

Then starting in July 2004, I had six rounds of chemotherapy and two stem cell transplants.

The good news is that the doctors, in January 2005, officially diagnosed the multiple myeloma as being in remission and observed that the genetic profile has dramatically improved.

The medical battle was difficult enough. Fortunately, I was blessed to have good health insurance and to get treatment without forcing my family into bankruptcy, as has happened to many families confronted by a serious illness.

I’ve been thinking about the health care system a lot lately, as I learn more about S. 1955, the so-called “Health Insurance Marketplace Modernization and Affordability Act.”

Jon Hymes, and the Washington office staff have been properly focusing on the impact on optometrists and optometric patients. From that perspective, 1955, someone like myself, who is battling cancer, could be ineligible for coverage or have to pay an outrageous rate.

There are many, many people who have no health insurance, or don’t have the benefit of insurance as comprehensive as mine was. According to the Commonwealth Fund, 41 percent of working-age Americans with incomes between $20,000 and $40,000 a year were uninsured for at least part of the past year—a dramatic and rapid increase from 2001 when just 28 percent of those with moderate incomes were uninsured.

Not only that, but one of five adults under age 65 is currently paying off debt from medical bills incurred in the past. I think we all recognize the need for Congress to act to make health care more accessible and health insurance coverage more available.

Unfortunately, rather than making care more accessible, S. 1955, in its current form, would take the unprecedented path of preempting our state’s patient protection laws, including imposing unfair restrictions on the ability of consumers to access the eye and vision care services they need in a timely manner.

Moreover, the bill would empower insurance companies and others to decide which benefits families and individuals should have when they purchase health care.

Under S. 1955, states would have no recourse to properly protect the public and would be discouraged from enacting patient protection laws in the future.

For people, who like me, are faced with a serious illness, these changes to our health care system could be disastrous. At both the personal and professional level, I am pleased that AOA is fighting this legislation. Fortunately, AOA is being joined in its opposition to this bill by many important groups. The AARP, American Cancer Society and American Diabetes Association are opposed.

On April 24, the attorneys general of 39 states wrote to the Senate, citing their opposition to the bill saying it “could subject consumers to reduced care and ever-increasing out-of-pocket expenses.” For the sake of our patients, our nation’s health care system, and for ourselves, now is the time for every one of us to call our senators to express our opposition to S. 1955 in its current form.

You can act by visiting www.AOA.org, learning more and taking action now.
Letters

Editor:

It has been over four months since Dr. Alden N. Haffner resigned his position as president of the State University of New York, State College of Optometry, a position he so adeptly held since the beginning of the school. His departure will be sorely missed by the entire optometric community.

Dr. Haffner has, in my view, been one of a very small group of optometrists who have through action and deeds moved our profession to the lofty position it enjoys today. History will without a doubt rank him with Sheard, Prentice, Fitch, Ewalt and Barish. This retirement will substantially affect optometric education where his voice was loud and clear, not because of its volume but because of what he so skillfully and elegantly articulated. We can only hope Norman Haffner’s retirement from the college presidency will result in even more involvement with the advancement of our profession.

Irv Bennett, O.D.
Beaver Falls, PA

Letters

American Optometric Association
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AOA News reserves the right to edit letters submitted for publication.

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Dr. Crooks

Crooks to ascend to AOA presidency next month

Thomas Crooks, III, O.D., will assume the AOA office of president at Optometry’s Meeting next month.

Dr. Crooks was elected to the American Optometric Association Board of Trustees in June 1999 and re-elected in 2002. He was selected as president-elect last year. As a member of the AOA Board, he is the chair of the Personnel Committee and a member of the Agenda, Executive, and Program Planning Committees. He serves as a board liaison to the AOA Industry Relations Committee, American Academy of Optometry, and the California, Indiana, Ohio, and Pennsylvania state optometric associations.

In addition, Dr. Crooks co-chairs the Optometry’s Summit Project Team, and is the president of the American Optometric Institute and the VISION USA Board.

In the past, Dr. Crooks served as liaison to AOA’s Information and Member Services Group, the National Board of Examiners in Optometry, the Sports Vision Section, the Association of Regulatory Boards of Optometry, and the National Optometric Association.

Dr. Crooks is president and CEO of EyeCare Associates, Inc., in Birmingham, AL, a group practice consisting of 19 locations and 33 doctors.

He is a past president of the Southern Council of Optometrists, the Alabama Optometric Association, and the Birmingham Area Optometric Society.

In 1985, the Alabama Optometric Association named Dr. Crooks Alabama Optometrist of the Year. In 1990, he was named University of Alabama-Birmingham Alumnus of the Year.

Dr. Crooks lives in Birmingham, with his wife of 32 years, Kaye. They have two grown sons, Jeffrey and Kevin.
Full pharmaceutical prescriptive authority for optometrists can be a key factor in providing access to eye care for veterans when and where they need it, according to the AOA Advocacy Group. Although optometrists are responsible for the bulk of primary eye care in VA facilities, some of those facilities prohibit the granting of full prescribing privileges to optometrists, limiting access to treatment for eye diseases, according to Jon Hymes, director of the AOA Advocacy Group.

At some VA medical centers, where optometrists’ clinical privileges are restricted, backlogs in primary eye care appointments have become a problem and veterans needing care are forced to travel long distances for their medical care, according to Hymes. Up to 90 percent of VA medical facilities only have optometrists on staff—in many cases serving as the sole providers of eye care services. About 30 percent of VA medical facilities have optometrists only while about 10 percent have ophthalmologists only, and 60 percent have both ophthalmologists and optometrists. Many VA optometrists serve in community health and outpatient settings. VA ophthalmologists are located primarily in tertiary care facilities, with about one-third at community hospitals and about five percent in outpatient settings. Nearly three-quarters of VA optometrists work full-time. In contrast, the majority of VA ophthalmologists are part-time.

In all, VA staff optometrists provide nearly 60 percent of the total eye care services to veterans annually. They see more than 750,000 VA patients, and record about one million patient visits annually. “That is why Rep. LoBiondo’s leadership on this issue is so important to VA patients,” Hymes said.

Legislative Action Center to easily e-mail a pre-written message on the legislation to their Senators. Other resources for use in opposing S. 155 can also be found on the Web page. AOA members can directly access the page by clicking on the “No on S. 155” logo on the AOA Web site (www.aoa.org).

Members of the AOA Keyperson Network, organized optometry’s grassroots lobbying network, were instructed to begin contacting their Senators to oppose the bill within days of its introduction in March (see AOA News, April 3). The legislation was to be the major focus of the annual AOA Congressional Advocacy Conference, May 1-3.

Ostensibly a proposal to create federally authorized health insurance purchasing pools for small business, S. 155 is drawing criticism from patient advocates who say it would encourage employers to offer minimal health plans with limited access to care, while not substantially decreasing costs or increasing the number of employees with coverage.

The AOA Advocacy Group says the bill would essentially expand the preemption of state health care regulation allowed for large employer-sponsored health programs under the Employee Retirement Income Security Act (ERISA). That would include preemption of mandated benefits, any-willing-provider and other state laws designed to ensure the adequacy of insurance coverage, Hymes noted.

In addition to adversely affecting patients, the proposal would impact optometrists and other health care providers, whom plan managers have sometimes tried to exclude from provider panels in an effort to discourage utilization of services and thereby lower expenses.

At press time, the AOA Washington Office was involved in “serious” negotiations with the bill’s sponsors to secure inclusion of AOA-backed patient access and fee equity safeguards, Hymes said. “AOA opposes the bill in its current form,” Hymes emphasized during a brief pause in negotiations. “Without changes, the bill will allow new health plans developed for employees of small businesses to discriminate against optometrists.” Small businesses in many areas of the country are already insuring employees through health plan purchasing pools that are apparently operating quite viably under existing insurance regulation with patient protections in place, the AOA Advocacy Group notes.

Legislation to allow the formation of federally authorized association health plans (AHP), similar to the now proposed insurance purchasing pools, has actually been approved several times by the House of Representatives. However, thanks to the efforts of AOA and other groups, it has consistently been defeated in the Senate.

The pending bill was approved by the Senate Health, Education, Labor, and Pensions (HELP) Committee in March on a narrow 11-9 party-line vote with all committee Republicans for and all committee Democrats against.
AOA hosts Prevent Blindness

The Advisory Council of Prevent Blindness of the National Capital Area (PBNCA) met in the AOA Washington office Feb. 22 to discuss future activities. AOA is committed to getting optometrists from the Washington, DC, Northern Virginia and Maryland suburbs involved in this chapter. Attendees featured PBNCA Director John Wagner; Prevent Blindness VA representative Robin Mead; AOA Director of Professional Relations Kelly Hipp; PBNCA Chair Leslie Ellwood, M.D., President and CEO of Prevent Blindness VA Tim Gresham; Jim Tucker of Tucker Insurance Services; and Joseph DePhillips, representing the U.S. Dept. of Education.

AOA attends safe driving event

“Assessing and Counseling the Older Driver,” an article in the February issue of Optometry: Journal of the American Optometric Association, was among the materials distributed at the Congressional Vision Caucus’ Briefing on Seniors, Vision Health and Driving Safety, March 23 in Washington, DC. The briefing was attended by more than 50 congressional and agency staffers and was cosponsored by Prevent Blindness America. The article outlines the role of optometry in keeping older Americans and the American roadways safe. The AOA Washington Office widely distributed the article to federal policymakers and opinion leaders.

AOA exhibits at aging conference

Peter Shaw-McMinn, O.D., and Satya Verma, O.D., of the AOA Professional Relations Committee attended and exhibited at the recent joint conference of the National Council on Aging (NCOA) and the American Society on Aging in Anaheim, CA. Dr. Verma is a board member of NCOA. Brochures on aging issues, as well as InfantSEE™, were distributed.

AOA participates in National Eye Institute vision programs

John Whitener, O.D., M.P.H., attended the NEI’s National Eye Health Education Program (NEHEP), March 22-25. AOA hosted an exhibit during this program. The conference, “Vision for the Future—Partnering Together,” worked on strategies to reach those at risk for eye disease to prevent blindness.

Additionally, Dr. Whitener was selected to represent AOA at the Centers for Disease Control’s National Vision Program. He served on a prestigious panel April 3-4, in Atlanta identifying priorities and developing strategies to address public health needs in eye health promotion and vision loss prevention.

CMS launches ophthalmic services Web site

The Centers for Medicare and Medicaid Services (CMS) recently launched a Web page for Medicare fee-for-service health care professionals who provide ophthalmic services to Medicare beneficiaries. The Web address is www.cms.hhs.gov/MEDProducts/65_ophthalmology.asp.

AOA supports seniors struggling with the fine print

The AOA recently submitted a letter to the Commissioner of the Food and Drug Administration (FDA) in support of the FDA’s Guidance for Industry – Labelling for Human Prescription Drug and Biological Products – Implementing the New Content and Format Requirements issued in the January 24, 2006 Federal Register. The FDA is now encouraging a more patient-friendly type size of 10 points for FDA-approved patient labeling and a minimum of 10 points for medication guides that are distributed to patients.

LION Magazine cites AOA efforts

AOA efforts to fight the vision-related effects of diabetes, in partnership with Lions Clubs International, are featured in the March issue of the Lions Clubs International Foundation (LCIF) magazine, LION. The magazine is distributed to 450,000 Lions in the United States and Canada. The article will be reprinted in LCIF’s foreign language LION magazines, with a circulation of 800,000.

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DON’T MISS OUT ON THIS INCREDIBLE EDUCATION AND ADVENTURE EXPERIENCE!!!
Start of baseball season puts spotlight on OD’s work with pro players

Bill Harrison, O.D., originally planned to be a professional baseball player, but after he was sidelined by an injury, he moved on to plan B—optometry.

“I went to the University of California Berkeley and graduated in ’65,” said Dr. Harrison. “At that time, there wasn’t much going on in sports vision.”

Dr. Harrison was especially interested in the relationships between sports and vision and attended several early seminars in the field.

Instead of a multi-sensory approach, Dr. Harrison decided to work on a multi-systems approach encompassing the vision, mind, and body in relation to athletics.

Dr. Harrison first started working with professional athletes after he received a call from Ewing Kauffman, the owner of the Kansas City Royals, in 1971. Kauffman wanted to discuss the role of vision as a factor in performance.

Instead of a multi-systems approach, Dr. Harrison started working with professional athletes after he received a call from Ewing Kauffman, the owner of the Kansas City Royals, in 1971. Kauffman wanted to discuss the role of vision as a factor in performance.

Dr. Harrison’s work has now allowed him to help other up-and-coming athletes, such as Matt Diaz of the Atlanta Braves and Andrew Penner, a minor league hockey player.

In March, The Atlanta Journal Constitution and MLB.com both featured articles about Dr. Harrison’s help with Diaz, who was fitted with a corrective contact lens for depth perception and has since had his best spring performance.

Dr. Harrison said that when most people hear the term “sports vision,” they think of visual training, but other factors are initially more important.

“In my experience, proper vision care influences the speed of visual information processing,” said Dr. Harrison. “Or another way to look at it is if a patient has an inaccurate refraction correction, or poor quality laser results, or their glasses are too dark or light, that impacts their speed to process visual information. When the process is slow, the ball looks fast. When the process is fast, the ball looks slower, which is what every athlete wants.”

Dr. Harrison said that Penner, a goalie, now sees the hockey pucks in slow motion.

When working with athletes, Dr. Harrison said 85 percent of his time is spent as a vision coach, teaching them how, where, and when to use their eyes. The other 15 percent of his time is evenly split among training, eye care, and testing.

Dr. Harrison’s practice, Laguna Eyes Optometry, provides routine eye care with a focus on athletes. He also partnered with a coach and started a separate company specializing in sports vision training called Slow the Game Down.

“Optometrists are often overwhelmed by other demands, and many don’t have time to do sports training,” Dr. Harrison said. “But every practitioner is involved in sports vision.”

He noted that sunglasses, contact lenses, and refractive surgery all affect sports performance.

For more information, visit www.performancefundamentals.com.

SVS participates in national sports medicine meeting

The AOA Sports Vision Section (SVS) sends delegates Jack Gardner, O.D., SVS chair, and Hal Breedlove, SVS chair-elect, to the annual meeting of the Joint Commission on Sports Medicine and Science (JCSMS), Feb. 23-26 in Vancouver, Canada.

The JCSMS was organized to facilitate interaction between organizations related to sports medicine and science, and to encourage cooperation among them. More than 40 U.S. and Canadian organizations are members. In addition to the SVS, more than 34 organizations send delegates this year, including:

- American Academy of Pediatrics
- American College of Sports Medicine
- American Medical Society for Sports Medicine
- Centers for Disease Control and Prevention
- National Athletic Trainers’ Association
- National Collegiate Athletic Association
- National Sports Coaches Association

Participation in this meeting each year is part of the SVS Interprofessional Relations Program, which is made possible through a generous grant from Vistakon®, a division of Johnson & Johnson Vision Care, Inc.
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"Revs give me enhanced vision which is captured in my photos."

C. McCabe photojournalist
The University of North Carolina (UNC) has halted plans to establish an optometry school at its Pembroke campus. However, a new optometry school is still under consideration at Wingate University near Charlotte.

In a letter to UNC-Pembroke administrators last month, UNC System President Erskine Bowles expressed financial concerns, saying funds for the optometry school might be better used elsewhere in the university system. The North Carolina State Optometric Society (NCSOS) learned the project had been halted while reviewing a UNC-Pembroke report on the proposed school at a society meeting last month.

The NCSOS had taken no formal position on plans for the optometry school, but had acted as a resource while UNC Pembroke administrators conducted research on the proposal.

“If you asked different optometrists around the state, you would get different opinions” on the proposed optometry school, NCSOS President Hal C. Herring, O.D. said. Council members cited total costs for the optometry school, which were projected to run as high as $35 million. Council members were also concerned there might not be sufficient demand for graduates.

Council members gave UNC Pembroke administrators six months to provide more information on the project. UNC Pembroke responded with a report late last year. However, council members failed to hold a second vote on the project early this year as scheduled.

UNC Pembroke Chancellor Allen Meadors told The Robesonian, an area newspaper, he hopes the council will reconsider the proposal at some later date.

“No one is saying we didn’t make a good case,” he said. However, the newspaper reports UNC officials are now thinking about using the optometry school funds for a school of nursing and allied health professions at UNC Pembroke.

There are 17 schools of optometry in the United States, but none are in North Carolina, South Carolina, Virginia or Georgia. Proponents touted the proposed school as a step in bringing more minority students into optometry. The Pembroke area has substantial African American and American Indian populations.

UNC Pembroke, formerly Pembroke State University, was initially established as a school for American Indians. The proposed school would have allowed qualified area students to attend optometry school in-state with tuition of around $10,000 annually, according to Sen. David Weinstein.

Administrators at Wingate University, a private school about 100 miles west of Pembroke, have been studying a possible optometry school on their campus, according to Dr. Herring. Lesley Walls, O.D., M.D., president of the Southern California College of Optometry, has been retained by Wingate as a consultant.
Labor Dept. says eyewear, care costs increased 3.1 percent last year

The Eyeglass and Eye Care Index, compiled by the U.S. Department of Labor’s Bureau of Labor Statistics (BLS), increased 3.1 percent during 2005. That was less than the nation’s overall inflation rate of 3.4 percent and well below the rate of increase for health care costs overall last year, according to BLS Consumer Price Index data.

Retail prices for eyewear and fees for eye care increased 2.9 percent in 2004 and 1.5 percent in 2003. Eye care-related consumer costs increased last year in all four of the major regions (West, Midwest, Northeast, and South) of the country, according to Francisco Velez, the BLS staff member who compiles the Eyeglass and Eye Care Index.

In the West, Northeast and South, eyewear and eye care charges increased faster last year than in 2004, Velez said. “The higher U.S. level number was largely the result of the accelerated rate of inflation in the South,” Velez said.

Only in the Midwest did costs of eyewear and eye care increase more slowly last year than in 2004. “The U.S. level figure for 2005 would have been greater were it not for the (price increase) deceleration occurring in the Midwest,” Velez said.

Last year’s “slight acceleration” in the Eyeglass and Eye Care Index is linked to higher eyewear prices in the Washington, DC/Baltimore and Houston areas, where retailers ended some “2-for-1” eyeglasses sales and, in some cases, instituted new, higher regular prices, Velez said.

The Midwest saw many of the same changes in 2004 but relatively little price change activity during 2005, with the result being a “deceleration” in eye care-related costs in that section of the country last year, Velez said.

As in most years, costs associated with eye care increased at a slower rate than most other costs associated with health care.

The cost of health care overall rose 4.3 percent in 2005. That was due in large part to a 4.5 percent increase in medical care services. Medical care commodities rose only 3.7 percent over the course of the year.

Cost increases for medical care services reflect a 3.8 percent increase in professional services and a 5.1 percent increase in hospital and related services.

The 3.8 percent increase in professional services reflects a 3.1 percent increase in physicians’ services, a 5.7 percent increase in dental services, and 2.5 percent increase in services by other medical professionals, as well as the 3.1 percent increase in eyewear and eye care.

The BLS Eyeglasses and Eye Care Index generally rises slower than other professional services indices because it is the only index under that category that reflects both professional fees and the cost of health care products. Professional fees generally increase more quickly than the cost of health products, BLS notes.

Costs for hospital and related services rose on a 5.2 percent increase in hospital services themselves and 3.5 percent increase in costs for nursing home services and adult day care. The 5.2 percent increase in hospital services reflects a 5.3 percent increase in fees for inpatient services and a 5.0 percent increase in fees for outpatient services.

Medical care commodities rose 3.7 percent over the course of the year as the result of a 4.4 percent increase in prices for prescription drugs and medical supplies, tempered by a 1.7 increase in prices for nonprescription drugs and medical supplies.

The increase in costs for nonprescription drugs and medical supplies was the result of a 2.1 percent increase in internal and respiratory over-the-counter drugs.

As in most years, costs associated with eye care increased at a slower rate than most other costs associated with health care overall.

NC woman honored for 50 years in one practice

From left, Louis L. Martin, O.D., Jo Spencer, and Alva S. Pack III, O.D.

On March 23, Jo Spencer, of Spartanburg, NC, was honored for reaching her 50th anniversary working in the practice of Alva S. Pack III, O.D.

“Jo worked with Dr. W. C. Ezell, past two-term president of AOA’s and American Optometric Foundation founder, for 13 years prior to my buying into his practice and has been with me for 37 years,” Dr. Pack said. He noted that “the practice of optometry consists of not only the optometric physician, but also his or her employees and patients. They must work in concert to make a practice.”
Prompted by what officials believe is a large number of preventable on-the-job eye injuries, the National Eye Institute (NEI) is launching a drive to increase the use of proper safety eyewear in the workplace.

The institute wants eye care practitioners to play a major role. "Eye Safety is Everyone’s Business" has been selected by NEI as the theme for this year’s May observance of Healthy Vision Month.

NEI estimates that 90 percent of workplace eye injuries could be prevented through the use of proper protective eyewear, according to NEI.

The U.S. Department of Health and Human Services (HHS) has established improved workplace eye safety as a goal under Healthy People 2010, the nation’s official public health agenda.

NEI is asking optometrists and other eye care providers to become actively involved in providing both prescription and plano eyewear to workers.

"Optometrists should be the preferred source for both prescription and plano safety eyewear," said Gregory W. Good, O.D., Ph.D., chair of the AOA Eye Safety Project Team.

Dr. Good noted that for a variety of reasons, many optometrists do not dispense safety eyewear in their practices. However, NEI, the AOA Eye Safety Project Team and safety eyewear manufacturers all say optometrists stand to play a critical role in bringing proper safety eyewear to workers—particularly the employees of small and medium-size businesses.

While most of the nation’s larger employers have established formal safety eyewear programs for workers, relatively few smaller employers have such programs, the AOA Eye Safety Project Team notes.

Occupational Safety and Health Administration (OSHA) standards require employers to see that workers have suitable eye protection. Yet the Bureau of Labor Statistics (BLS) reports that nearly three out of every five workers injured were not wearing eye protection at the time of the injury, or were wearing the wrong kind of eye protection for the job.

A guest editorial by Dr. Good in the May issue of Optometry: Journal of the American Optometric Association reports on a new AOA Eye Safety Project Team study that found only 34 percent of the responding companies provide prescription eyeglasses at no cost to workers.

NEI, this month, in cooperation with the National Institute for Occupational Safety and Health (NIOSH), the National Safety Council (NSC), and the American Association of Occupational Health Nurses, is asking employers to educate workers about vision hazards and require all employees in hazardous situations to wear appropriate protective eyewear.

"Protective eyewear such as safety glasses with side shields, goggles, face shields, and/or welding helmets can protect employees from flying material particles or slivers from wood, metal, plastic, and cement; chemicals or chemical products; falling or misdirected objects; and UV light from welding torches. Encourage your employees to keep protective eyewear in good condition and be sure it fits properly so that it is comfortable and stays in place," an NEI statement urges.

A Practice Strategies article in this month’s Optometry outlines how optometrists can conduct outreach efforts to help employers and their workers understand the importance of safety eyewear. The article also outlines how safety eyewear dispensing can be incorporated into an optometric practice.

A PowerPoint presentation and other materials developed by the AOA Eye Safety Project Team for use in outreach efforts, as well as links to OSHA regulations and eye safety resources, are available on a special Eye Safety page on the AOA Web site (www.aoa.org).

NEI launches workplace eye safety drive

Healthy People 2010 Objective 28-8: Occupational Eye Injury

Objective 28-8a: Reduce occupational eye injuries resulting in lost work days.

Objective 28-8b: Reduce occupational eye injuries treated in emergency departments.

NEI's animated mascot for workplace eye safety, Eye Man.

May is Healthy Vision Month

CE AT THE BEACH!!
NC State Optometric Society Annual Spring Congress June 2-4 Embassy Suites/Kingston Plantation, Myrtle Beach SC 16 Hours of CE Contact: 253-227-4197 www.nc-osa.org

"Optometrists should be the preferred source for both prescription and plano safety eyewear."
For the first time, an optometrist, Norman Bailey, O.D., M.P.H., presented vision data at the 23rd annual CDC Behavioral Risk Factor Surveillance System (BRFSS) Conference.

CDC’s Behavioral Risk Factor Surveillance System (BRFSS) has helped states survey U.S. adults to gather information about a wide range of behaviors that affect their health. For 2005 a new 12-question optional vision module titled “Vision Impairment and Access to Eye Care” was made available to the states. Five states, including Texas, Louisiana, Tennessee, Ohio, and Iowa included the optional vision module in their 2005 surveys. AOA assisted in funding to collect the BRFSS vision data in Texas and sponsored Dr. Bailey to attend the Conference last month. Dr. Bailey will also present these data as a poster at Optometry’s Meeting™ in Las Vegas next month.

Data collected by the Texas Department of Health for those over 50 revealed that between 12 and 33 percent of individuals reported some degree of visual impairment. Approximately 36 percent had not visited an eye care professional in the past 12 months. Of those who had not seen an eye care professional, 20 percent cited cost or health insurance concerns as the reason. Almost 53 percent did not have any kind of health insurance for eye care. The prevalence of self-reported cataracts was 29 percent, glaucoma 7 percent, age-related macular degeneration 5 percent and diabetic retinopathy 4 percent.

For more than 20 years, CDC’s Behavioral Risk Factor Surveillance system (BRFSS) has helped state Departments of Health survey U.S. adults to gather information about a wide range of behaviors that affect their health. The primary focus of these surveys has been on behaviors and conditions that are linked with the leading causes of death – heart disease, cancer, stroke, diabetes, and injury – and other important health issues. The BRFSS gathers information through telephone surveys conducted by the health departments of the states and territories. The BRFSS is the world’s largest continuously conducted telephone health surveillance system. States use BRFSS data to identify emerging health problems, to establish health objectives and programs to address identified problems.

The BRFSS is the primary source of data for states and the nation on the health-related behaviors of adults. States collect data through monthly telephone interviews with adults aged 18 and older. BRFSS interviewers ask questions related to behaviors that are associated with preventable chronic diseases, injuries, and infectious diseases. The CDC works with states to ensure the success of the BRFSS.

The CDC requires the states to ask questions from 20 Core Sections relating to numerous health topics. There are an additional 19 optional modules of questions that the states may select from and add to their survey. The length of time a telephone interview can reasonably be expected to keep the attention of the person being interviewed is one constraint on the number of questions that can be included in any interview. Also, the cost of adding optional modules to a survey limits the number of optional modules that a state may select. For this latter reason, the states must sometimes look outside their own resources for funding many of the optional modules.

The Visual Impairment and Access to Eye Care Module is being included in the 2006 BRFSS survey of 11 states, including Alabama, Arizona, Arkansas, Connecticut, Florida, Georgia, Nebraska, New York, Ohio, Pennsylvania and Texas. “Hopefully, in a few short years, we will have nationwide data regarding the questions asked in this module and be able to establish health education and other programs and policies to address those behaviors and circumstances that have been documented as placing the visual health of the citizens of each of the states at risk. Follow-up surveys in the future will demonstrate the effectiveness of these interventions,” according to Michael Duenas, O.D., health scientist for the CDC National Vision Program.

BRFSS is the world’s largest continuously conducted telephone health surveillance system. States use data to identify emerging health problems, establish health objectives and track progress.

MAY 8, 2006 • 13

Bailey raises vision’s profile at Behavioral Risk Factor Surveillance System Conference
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Sections plan full slate of activity

The AOA specialty sections for contact lens and cornea and paraoptometric members will present several activities and awards at Optometry’s Meeting™ in June.

A CE hospitality area geared toward Contact Lens and Cornea Section (CLCS) members and prospective members will be open during CE hours. The area offers CE attendees a chance to relax between courses and hear all the latest news from the sponsors, which include Alcon, AMO, CIBA Vision, and Vistakon.

Snacks and beverages will be provided, along with tokens of appreciation and an offer of a free three-month CLCS trial membership.

The CE Hospitality Area is located in the Mandalay Bay Foyer on level two of the Mandalay Bay South Convention Center.

On Friday the CLCS will hold its annual business meeting and luncheon from 12 p.m. to 1 p.m. Register for event # 0230.

The CLCS Annual Business Meeting, open to all CLCS members and invited guests, includes the election of section council members, updates on section activities, financial reports, and special recognition awards. All of this includes an enjoyable luncheon sponsored by Alcon.

At the luncheon, Barry Weissman, O.D., will receive the CLCS Achievement Award, and Kirk Smick, O.D., will receive the Dr. Rodger Kame Award. Awards are sponsored by Vistakon.

Friday night, from 6 p.m. to 7:30 p.m., the CLCS will hold its award reception at the Mandalay Bay Reef A&B. Attendees should register for event code # 0240.

The CLCS Awards Reception honors the recipients of the prestigious Dr. Donald Korb Award.

The event provides fellowship of the elite practitioners, educators, and leaders, past and present, in contact lens and cornea field. In an atmosphere of elegance, memories are made as the Dr. Korb Award recipients are honored for their major developmental impact on the contact lens and cornea field, and for lifelong achievement in the optometric profession. The reception is sponsored by CIBA Vision.

This year, Robert Mandell, O.D., Kenneth Polse, O.D., and Richard Hill, O.D., will be presented the Dr. Donald Korb Award for Excellence. The award is sponsored by CIBA Vision.

The Paraoptometric Section will also be presenting awards at Optometry’s Meeting™ in Las Vegas.

The Paraoptometric of the Year Award will be presented Thursday, June 22, at a luncheon from 12 p.m. to 2 p.m. Register for event code # 0150.

The honoree will receive a plaque, roundtrip airfare to Optometry’s Meeting™, three nights lodging reimbursement at a contract hotel, and $500 to assist with travel expenses. The award is sponsored by CIBA Vision.

The Paraoptometric of the Year Award is given annually to the optometric assistant or technician who has made the most outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public.

For more information, and to register, visit www.optomentrys-meeting.org.

AOA seeking courses and cases for next years’ Optometry’s Meeting™

The Continuing Education Committee of the American Optometric Association is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2007 Optometry’s Meeting™ in Boston, MA.

Continuing Education courses will be held from Wednesday, June 27 through Sunday, July 1, 2007 at the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry’s Meeting™ in the John B. Hynes Veterans Memorial Convention Center. Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by July 31.

To submit a course, visit the AOA Web site, www.aoa.org, and click on the “2007 Call for Courses” icon. Inquiries regarding the Call for Courses can be e-mailed to continuing-ed@aoa.org.

Call for case studies

The continuing education committee is inviting all AOA members to submit case studies for a NEW course at the 110th Annual AOA Congress in Boston.

Topics include: Refractive Anomalies, Anterior Grand Rounds, Posterior Grand Rounds, Cornea and Glaucoma.

To submit a case study and review the Case Study Criteria and Requirements, visit the Optometry’s Meeting™ Web site, www.optometrys-meeting.org, and click on the “2007 Call for Cases” icon. Case studies can be e-mailed to sasmith@aoa.org.

Submissions of both courses and cases must be completed by July 31, 2006 for consideration. Notification of selected courses and cases will be e-mailed to all applicants in early fall.
Planning, from page 1

$124 a year to AOA-PAC.
If 20 percent contributed $500 a year for four years, AOA would have the largest PAC among the health care professions, Dr. Crooks said.
The general session also included updates from Scott Jens, O.D., on InfantSEE™, Elton Brown, O.D., on Healthy Eyes Healthy People™, and Tina-Marie Adams, Hill & Knowlton senior vice president, on the Optometry Awareness and Public Affairs Campaign.
Following the group session, the various committees and teams held break-out sessions to discuss their plans for the coming year.
In a report on the progress of S. 1955, Advocacy Group Chair Jerald Combs, O.D., said, “At this point, AOA has kept us in the game. We still have a chance, but time is running out. Please go home and get involved.”
Among the announcements coming from the AOA Clinical Care Center is the creation of a Community Health Center Committee.
Kerry Beebe, O.D., chair of the Clinical Care Center said the committee “recognizes a new and growing career path for optometrists as community health centers are established around the country to provide coordinated care to underserved groups.”
Dr. Beebe also noted that AOA had created the Neuro-Optometry Project Team, which represents the work of optometrists involved in neuro-optometry. He said the field would be highlighted at Optometry’s Meeting™ next month with a continuing education course and a breakfast seminar.
In all, 35 boards, committees, subcommittees, sections and project teams met during the three-day meeting.

Especially for InfantSEE™ providers

The first two issues of the InfantSEE™ Provider E-Newsletter have been published and sent to over 70 percent of ODs enrolled in the program. If you did not receive a copy, it is probably due to the fact that we do not have a current email address on file for you. Some of the topics in this last month’s issue:

- InfantSEE™ in the Media
- InfantSEE Provider Success Story
- Program Reminders
- InfantSEE™ Program Sets New Goal
Don’t Miss Another Issue!
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May 8, 2006

AOA NEWS 16
Optometry in the Media

The AOA Communications Group concentrates its efforts on three large-scale public relations campaigns throughout the year: Save Your Vision Month (March), Children’s Vision (July and August), and National Diabetes Month (November). Fortunately, eye care and eye health are year-round topics, so once the monthly observance has passed, the message is still a current one. In public relations, that’s called an “evergreen” topic.

This “evergreen effect” was demonstrated recently when close to 30 newspapers throughout Illinois published the AOA article regarding November’s Diabetes Month in March.

The AOA provides sample news releases online at www.aoa.org. Members are encouraged to download these releases, format them on office letterhead, and modify with local information. Submitting news releases to local newspapers is one simple, yet effective way to keep the topic of eye care and optometry’s role in eye care at the forefront in the minds of patients and the community as a whole.

In recent months, the AOA and its members have also been mentioned and quoted in several high circulation magazines:
- Seventeen magazine (circulation 2.3 million) published the AOA Web site
- Glamour magazine featured AOA member, Andrea Thau, O.D., in a story titled “Is Your Body Normal?”
- Better Homes & Gardens (circulation 7.6) published a story about caring for contact lenses featuring Contact Lens and Cornea Section Chair Art Epstein, O.D.
- The Wall Street Journal published two articles quoting AOA members on the same day and same page.
- Dr. Andrea Thau, New York, NY was featured in a news segment about the InfantSEE™ program on the NY1 Channel.

The segment was aired on various newscasts.

Treatment, from page 1

The cornea specialist, concurred with Dr. Cockrell’s opinion, and the culture came back growing Fusarium, which he noted was very rare.

The patient continued treatment with Natamycin for about one week, until the condition became noticeably worse.

At that point, Dr. Cockrell added Amphotericin B and Metraconazole to the treatment.

“The patient was monitored nearly daily for the next two weeks,” said Dr. Cockrell. “But we were not alleviating the ulcer. In fact, it was worsening. The patient also encountered sensitivity to Amphotericin B—it was creating extreme fatigue.”

Dr. Cockrell decided to consult with an infectious disease specialist, who ended up questioning the use of Metraconazole for the patient.

The specialist recommended Voriconazole, or “Vfend,” instead. The patient began taking Zilting of Voriconazole twice daily, in addition to Natamycin every two hours, and the ulcer began improving within one week.

The patient began treatment on July 26, and nine months later, continues to take Voriconazole daily and Natamycin every two hours.

“I feel this case will resolve, but many times this requires long-term treatment,” Dr. Cockrell said.

The patient was a contact lens wearer and also used Bausch and Lomb’s ReNu® with MoistureLoc® brand contact lens solution.

Dr. Cockrell was unaware that the patient used ReNu® with MoistureLoc® until the Fusarium story broke in the media and the patient called him.

“I did not prescribe that for this patient, but apparently that was all that was available in the store in the small town where the patient lives,” he said.

Dr. Cockrell reported that his patient is doing better, though will lose some visual acuity. He estimates it will be reduced to 20/30.

Information for patients

Although still under intense investigation, the only identifiable risk for Fusarium keratitis, other than contact lens wear, is poor hygiene. This is an excellent time to reinforce proper lens care including counseling patients with the following steps:
- Always wash your hands before handling contact lenses.
- Carefully and regularly clean contact lenses, as directed by your optometrist.
- If recommended, rub the contact lenses with fingers and rinse thoroughly before soaking lenses overnight in sufficient multi-purpose solution to completely cover the lens.
- Store lenses in the proper lens storage case and replace the case every three months.
- Clean the case after each use and keep it open and dry between cleanings.
- Use only products recommended by your optometrist to clean and disinfect your lenses. Some solution and rewetting drops are not designed to disinfect lenses.
- Only fresh solution should be used to clean and store contact lenses. Never reuse old solution.
- Contact lens solution must be changed according to the manufacturer’s recommendations, even if the lenses are not used daily.
Industry Profile: HOYA
HOYA Corporation

The HOYA Corporation is a $3 billion diversified global technology company with 59 divisions in 29 countries around the world. HOYA has diversified into new business areas that realize the potential of advanced optics technologies. The company has continued to grow as a global enterprise through the expansion of its diverse business activities, which encompass electro-optics, photonics, vision care, health care and crystal products. You can find HOYA technology in many well-known consumer brands and product categories such as the Apple iPod, major brand camera cell phones, consumer brand flat panel LCD TV Screens, and museum quality crystal for large retail chains such as Bloomingdale’s. To name a few. Also, HOYA technologies are used in many other fields, such as medical device, aerospace and security industries. In June 2005, HOYA was ranked a Top100 technology company by BusinessWeek magazines, and in April of 2006, Forbes magazine ranked HOYA in the Top Global 2000. In 2005, HOYA was appointed as the new Top100 technology company by BusinessWeek magazines.

HOYA Vision Care

HOYA Vision Care achieved a milestone in its history by achieving over $1 billion in sales globally in fiscal year 2005. The global headquarters and European headquarters are located in Amsterdam, Netherland. Gerry Bottero, who was previously the CEO of HOYA North America, is now in command of the global vision care division.

HOYA Vision Care Americas

HOYA Vision Care Americas also experienced a great fiscal 2005 with sales well into double digits and a number of acquisitions and alliances made. Barney Dougher, a long time industry veteran is the president and CEO of the Americas division. HOYA Vision Care Americas custom fabricates aphthalinic lenses for eye care professionals in the United States, Canada, and South America. HOYA supplies a complete range of high quality lens designs, coatings and materials. HOYA is tirelessly pushing ahead with the development of new lens technologies, always offering products with superior functionality and higher quality that further meet customer needs. The portfolio of HOYA’s successful lens designs include Hoyalux Summit ECP, Hoyalux Summit CD, and Hoyalux GP Wide. Other notable brands are Super HiVision anti-reflective coating and Phoenix 1.53, Eynoa 1.67, and Eyyr 1.70 lens materials. In the first quarter of 2006, HOYA aggressively launched multiple new products with the most notable success being driven by HOYA free-form processed progressive lens design of Hoyalux ID. Hoyalux ID is the world’s first double surface integrated progressive lens design. Hoyalux ID has won awards around the world for both its innovative design and performance. The future outlook is very good for HOYA Vision Care Americas. With a strong research and development department, a pipeline full of new products, and several new acquisition targets identified, HOYA Vision Care Americas is in a great position to maximize profitable growth in 2006 and beyond.

HOYA Vision Care Americas

Argentis to market eye cream developed by SCO researchers

Argentis, a Memphis-based biomedical company, has signed an agreement to market an eye cream developed by two Southern College of Optometry (SCO) researchers. Charles Connor, O.D., Ph.D., professor and director of research programs at SCO, and Charles Haine, O.D., SCO vice president for academic affairs, created the dry eye treatment that has a technical working name of T4DE.

“T4DE. The more we learned about dry eye syndrome and Dr. Connor and Dr. Haine’s research, we at Argentis became believers in the potential for the treatment that they developed,” said Tom Davis, Argentis president and CEO.

Dr. Connor worked for a decade on relief for women who suffer from the irritating effects of dry eye syndrome, which is a chronic condition affecting as many as nine million American women. The product is intended to treat dry eye syndrome in post-menopausal women, as well as those taking birth control pills whose side effects can include dry eye syndrome.

The eye cream may be helpful in treating women who stop wearing contact lenses due to dry eye syndrome. “There is a significant untapped market for a product that can both negate the impact of birth control pills on the eye and allow the user to regain eye comfort and return to regular contact lens use,” Davis said.
EYEPORT vision training system gets FDA OK

The EYEPORT™ Vision Training System received Food and Drug Administration (FDA) clearance for the treatment of poor accommodative and vergence facility, convergence insufficiency, and large accommodative lag (in non-presbyopic patients) in adults.

The EYEPORT system is a battery-powered, hand-held device that can be used for therapeutic purposes consisting of five, 90-second exercises daily. The device is a 36-inch folding rod with 12 alternating, fully programmable, red and blue light emitting diodes (LEDs) that can be oriented horizontally, vertically, diagonally, and from far to near on the z-axis. The system makes use of alternating red and blue LEDs to create a natural, reflexive rocking action in the accommodative and convergence system, based on chromatic aberration.

Alternating fixating the colors red and blue stimulates and relaxes the aiming and focusing mechanisms in the eyes without the use of accessory lenses and prisms because viewing red and blue targets creates opposing effects. “As far as I know, other than the stereoscope, the EYEPORT is the first vision training device cleared by the FDA for therapeutic purposes,” said Jacob Liberman, O.D., Ph.D., who developed the EYEPORT.

Studies completed on the unit were based on its use for less than 10 minutes a day, six days a week for three weeks.

“We wanted to see if used less than 10 minutes a day, would we still see statistically significant improvements,” said Dr. Liberman.

All three studies already conducted on the EYEPORT showed favorable results in terms of improvements in visual performance. The first study was conducted at the Pacific University College of Optometry in 2003 and demonstrated improvements in aiming, tracking, focusing, teaming, reading efficiency and comprehension, and athletic performance. Student subjects reported improvements in attention, alertness, reading, and athletic performance, some of which lasted for at least three weeks after cessation of therapy. The results of this study are currently in the peer review process for publication in Optometry: Journal of the American Optometric Association.

A second study was completed on the effect of EYEPORT on the batting performance of Little League baseball players in 2004. Results showed a 90 percent improvement in the ability to hit curve ball pitches from an automated pitching machine at 50 mph after three weeks of use.

These study results were published in the January issue of the Journal of Behavioral Optometry. An abstract of the article can be viewed online at www.oep.org/Blowen%20H oot%202016-6.htm.

A third study was conducted last year with Dr. Liberman’s local Maui County Police Department and showed statistically significant improvements in visual memory, speed and span of perception and marksmanship after using the EYEPORT.

“The trainers also noticed faster task completion and physical response times,” said Dr. Liberman. “Overall, they were just more accurate.”

The results of this study are currently under peer review for the Journal of Behavioral Optometry.

“We will soon be commencing a few new studies dealing with the use of the EYEPORT for golfers and children diagnosed with ADD and ADHD,” Dr. Liberman said. “In the very near future, we will begin a second police recruits study and a computer vision syndrome study.”

Dr. Liberman was scheduled to give a presentation on the EYEPORT at the International Conference on Behavioral Optometry in Sydney, Australia, last month. He will present the results of the police recruit study at the annual International Association of Directors of Law Enforcement Standards and Training conference in June.

“It is my hope that vision training will soon become an integral part of all law enforcement recruit and recurrent training,” said Dr. Liberman.

“Since the EYEPORT is designed as a self-contained home training unit, this news will hopefully open the doors for general optometric practitioners to begin recommending vision training as another treatment option for their patients,” he said. “My dream is to make vision training a household word. Just as one no longer needs convincing about the value of exercise, I would love to see the public embrace vision training as a natural, reflexive and healthy process for the preservation and optimization of vision,” Dr. Liberman said.

The EYEPORT system is distributed by the Optometric Extension Program Foundation. To order, call (949) 250-8670 or e-mail oep@oep.org.

For more information, e-mail Dr. Liberman at jacob@exercisepearyes.com or visit www.exercisepearyes.com
Research shows IOP fluctuations may predict progression of glaucoma

Researchers presented findings from a study of glaucoma patients indicating that a simple measurement of how much the pressure inside the eye fluctuates over time can predict the risk of progression of the disease. The data, presented at the 2006 Annual Meeting of the American Glaucoma Society in March, are based on more than 150 patients from 12 eye specialist practices who were followed for at least five years. The study assessed fluctuation in intraocular pressure (IOP) by calculating the standard deviation of a series of IOP measurements over time.

Researchers found that a larger standard deviation, or a greater fluctuation, related to a significantly higher rate of progression, similar to results in other study populations. “We looked at the key factors involved with the risk of the patients getting worse,” said Paul Lee, M.D., a Duke University Eye Center ophthalmologist. “We found that a larger variance in pressure was connected with the progression of the disease. We controlled for other existing risk factors, such as sex, race, and so on, and still found the difference in the pressure was associated with the advancement of glaucoma,” he said.

Dr. Lee noted the significance of the study results. “Clinically, we now know that if a patient has greatly fluctuating pressures, we need to keep a closer eye on them and watch for the progression of the disease,” he said.

The study was sponsored by Allergan. An abstract of the study from the Archives of Ophthalmology is available at http://archophht.ama-assn.org/cgi/content/abstract/124/1/12.

Study demonstrates treatment may prevent recurrence of dry eye

Data presented at the American Society of Cataract and Refractive Surgery (ASCRS) last month shows that continuous cyclosporine 0.05% ophthalmic emulsion may be necessary to prevent recurrence of dry eye signs and symptoms. John Sheppard, M.D., of Virginia Eye Consultants, authored and presented the study, which evaluated recurrence of dry eye after voluntary withdrawal from cyclosporine after 12 months of therapy.

“This data underlines the importance of patient compliance and the need to stay on therapy,” said Dr. Sheppard. “For the first time, confocal microscopy data shows that corneal stromal inflammation may occur in chronic dry eye. This inflammation is reversible with the institution of Restasis® therapy, and discontinuation of Restasis can be expected to cause worsening in ocular surface symptoms,” he said.

In the study, 71 percent of keratoconjunctivitis sicca (KCS) patients declined to continue use because they were satisfied with the treatment results. Cyclosporine instillation was resumed for the patients who had discontinued treatment when significant symptoms recurred.

The time of discontinuation for patients ranged from two to six months. All patients examined two months after treatment resumption had stabilized or improved, including improved Ocular Surface Disease Index (OSDI) scores.

The study was supported by Allergan.
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— Dr. Laurie Sorrenson, Lakeside Vision Source

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Find out what VisionWeb Enhanced can do for your practice. Call 1-800-590-0873, or visit www.govisionweb.com/enhanced to learn more.
Meetings

May

MONTANA OPTOMETRIC ASSOCIATION 2006 ANNUAL CONFERENCE & EXPOSITION
May 17-20, 2006
Holiday Inn Grand Montana, Billings, MT
Sue A. Weingartner, 308/638-6009
suea@mteyes.com

NATIONAL RURAL HEALTH ASSOCIATION’S ANNUAL MEETING
May 17-19 in Reno, NV. For information visit nrharural.org

NEW MEXICO OPTOMETRIC ASSOCIATION 2006 ANNUAL CONVENTION
May 18-21, 2006
Hotel Albuquerque at Old Town, Albuquerque, NM
505/751-7242

10TH ANNUAL CLINICAL EYE CARE CONFERENCE & ALUMNI WEEKEND, Nova Southeastern University College of Optometry, May 19-21, 2006
Fort Lauderdale, Shakara Rosenbaum, 954/262-4224, occe@nau.nova.edu
http://optometry.nova.edu/ce

OPTOMETRIC EXTENSION PROGRAM FOUNDATION European Krislin Invaldation Skellington Symposium May 20-22, 2006
Denmark

ILLINOIS OPTOMETRIC ASSOCIATION, CHICAGO NORTHSIDE OPTOMETRIC SOCIETY, ADVANCED EYECARE ASSOCIATES AEA Cruise Seminars – Barian Interlude May 27-June 3, 2006
Sea Princess
Dr. Mark Rosanova, President 888/638-6009 aweacruises@aol.com www.optometriccruiseseminars.com

JUNE

UTAH OPTOMETRIC ASSOCIATION ANNUAL CONVENTION June 1-4, 2006
The Canyons Resort Park City, Utah
Clive E. Watson 801/364-9103 sue@visionus.com www.utahoptac.org

AMERICAN SOCIETY OF CORNEAL AND REFRACTIVE TECHNOLOGIES June 1-4, 2006 Scottsdale Resort and Conference Center Scottsdale, AZ. www.CSRTsymposium.com

The 109TH ANNUAL AOA CONGRESS & 36TH ANNUAL AOA CONFERENCE OPTOMETRY’S MEETING™ June 15-25, 2006
Las Vegas, Nevada
Mandalay Bay Resort & Casino www.optometrysmeeting.org

AUGUST

FLORIDA OPTOMETRIC ASSOCIATION 2006 FOA ANNUAL CONVENTION July 13-16, 2006
Marco Island Marriott, Marco Island, Florida
Katie Webb, 800/399-2334 kellie@floridaeyes.org

NATIONAL GLAUCOMA SYMPOSIUM WEST, Newport Beach, CA. July 13-16, 2006
877/825-2020, info@neconferences.com, or www.neconferences.com

aea@floridaeyes.org

SEA CRUISE SEMINARS – Scandinavia July 15-22, 2006
Sea Princess
Dr. Mark Rosanova 888/638-6009 aweacruises@aol.com www.optometriccruiseseminars.com

OEP FOUNDATION 21ST ANNUAL JOINT CONFERENCE ON THEORETICAL AND CLINICAL OPTOMETRY (JCTCO) July 6-10, 2006
Pacific University, Forest Grove, OR 949/230-8070 merrorbbl@pacificu.edu

38TH CONVENTION OF THE NATIONAL OPTOMETRIC ASSOCIATION July 11-16, 2006
Camel Beach & Golf Resort, 877/394-2020 FAX: 219/398-1077 comcomer@apc.org www.noptassoc.org

INDIANA OPTOMETRIC ASSOCIATION 2006 Formulary Seminar July 12-13, 2006
Boca Charles, Carmel, IN
Carolyn T. Winfree, (317) 237-3560 Fax (317) 237-3566 ctwinfree@cypressmail.com www.ioa.org

COLORADO VISION SUMMIT Sponsored by Colorado Optometric Association and OEP Foundation Steamboat Springs CO July 13, 2006 – July 16, 2006 www.visioncare.org 303/ 863-9778 Fax 303/ 863-9775 cve@visioncare.org

For more meetings information, visit www.AOANews.org.

To submit an item, send a note to EventCalendar@aoa.org

22 AOANews
The New England College of Optometry (NECO), the oldest and among the most innovative of the seventeen colleges of optometry in the country, seeks a new President. The College has a distinctive commitment to excellence in education, research, and patient care, and is looking for a President with a solid track record in attracting financial support, as well as the strategic vision to enhance the teaching and research enterprise of the College.

The current President’s retirement is scheduled for August, 2006. The Search Committee will begin candidate evaluations upon receipt of resumes and supporting materials. Senior executives in academia, optometric or other health care education, industry, or other relevant non-traditional settings are invited to apply in confidence to: Denise O’Grady Gaffney, Vice President and Director; or Stephanie Fidel, Senior Associate; Isaacson, Miller, 334 Boylston St., Suite 500; Boston, MA 02116-3899; 3177@imsearch.com.

The New England College of Optometry is an Equal Opportunity Employer.

2007 Cruise Seminar
“Managing and Marketing the Successful Vision Therapy Practice”
Speakers: Dr. Robert Sanet and Ms. Toni Bristol
February 3-10, 2007
Cruise the Western Caribbean aboard the Star Princess
Sponsored by the College of Optometrists in Vision Development
For more information: 1-888-268-3770
covdocoffice@sbcglobal.net

The New England College of Optometry is an Equal Opportunity Employer.

OPTOMETRIC EDUCATOR
Full Time

The Mission of the Pennsylvania College of Optometry is to educate health care professionals and educators, conduct research and provide patient care and rehabilitative services that advance the welfare of the public worldwide. To assist us in our goals, we are seeking an Optometric Educator to provide didactic, laboratory and small group instruction in the Basic and Clinical Sciences, particularly in optics and ophthalmic optics. The chosen candidate will participate actively in scholarship in a tenure-eligible or tenure-track position and may provide clinical educational services. Faculty-provided services may be at one or more campus or local satellite locations.

Requirements include: Graduate from an accredited school or college of optometry or equivalent with current Pennsylvania license to practice optometry or license eligible. Previous experience as an optometric educator along with completion of a one year residency program, or a minimum of two years equivalent experience in practice. Candidate must be qualified in ophthalmic optics.

We offer a competitive salary and comprehensive benefits package. Please send cover letter and CV to:
Pennsylvania College of Optometry
Human Resources Department
8360 Old York Road
Elkins Park, PA 19027
Email: HDR@pco.edu

FACULTY POSITION
Seeking a candidate interested in both didactic and patient care activities starting August 1st, 2006. The candidate must be willing to teach in the areas of theoretical and ophthalmic optics. The candidate must have a valid therapeutic optometric license and be willing to acquire the license in Puerto Rico. Rank and salary will be commensurate with experience. Letter of interest, curriculum vitae and professional references should be submitted to:

Karen DeBlaey, OD, MPH
Dean of Academic Affairs
School of Optometry
Pennsylvania College of Optometry
8360 Old York Road
Elkins Park, PA 19027
Email: kdaley@pco.edu
(215) 962-3000, ext. 2521

INTER AMERICAN UNIVERSITY
OF PUERTO RICO
School of Optometry

Announcement for Residency Positions and Faculty Position

RESIDENCY POSITIONS

Primary Eye Care
Provides advanced training in primary eye care optometry within multi-disciplinary clinical settings, and training in pre- and post-ophthalmic operative care. The program also provides the resident with experience in teaching and scholarly activities. Requires basic conversational Spanish skills. Program duration is one year starting August 17th, 2006.

Geriatric and Visual Impairment Rehabilitation
Advanced training in the care of elderly patients and patients with significant visual impairment. It also provides learning opportunities in teaching and scholarly activities. Includes clinical activities at the Veteran Affairs Caribbean Health Care System with teaching and scholarly activity at the School of Optometry. Requires basic conversational Spanish skills. Program duration is one year starting July 1, 2006. Contact Juan Galera, OD - Director of Residencies
Inter American University of Puerto Rico School of Optometry
PO Box 151049
San Juan, PR 00915-1949
E-mail: jgalera@inter.edu
(787) 765-1915 ext 2403

FACULTY POSITION

Seeking a candidate interested in both didactic and patient care activities starting August 1st, 2006. The candidate must be willing to teach in the areas of theoretical and ophthalmic optics. The candidate must hold a valid therapeutic optometric license and be willing to acquire the license in Puerto Rico. Rank and salary will be commensurate with experience. Letter of interest, curriculum vitae and professional references should be submitted to:

Andrea Pagas, OD, MPH
Dean for Academic Affairs School of Optometry
PO Box 151049
San Juan, PR 00915-1949
E-mail: apagas@inter.edu
(787) 765-1915 ext 2521

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The New England College of Optometry is an Equal Opportunity Employer.
THE NEW ENGLAND COLLEGE OF OPTOMETRY

TENURE-TRACK FACULTY POSITION

The New England College of Optometry is inviting applications for a tenure-track faculty position in the area of ocular disease and primary care.

Required qualifications include an O.D. degree, residency training or five years’ experience, and eligibility to be licensed in Massachusetts. A Masters degree or other advanced level credential is highly desirable. The successful applicant will have a documented record of scholarship and excellence in clinical care.

Responsibilities will depend upon the unique qualifications and interests of the applicant, but will include classroom, laboratory, and clinical teaching. This faculty member will also serve as a member of the professional staff of the New England Eye Institute, a network of eye care centers and clinical programs in homeless shelters, community health centers, hospitals, and other health facilities in the greater Boston area.

Faculty rank and salary will be commensurate with experience.

Applicants should submit a letter of application and curriculum vitae by 5/15/2006 to:
Dr. Clifford Scott, Chair
Department of Community Health
New England College of Optometry
424 Beacon Street.
Boston, MA 02115

The College is an Equal Opportunity employer.
The University of Alabama at Birmingham, School of Optometry, Department of Optometry, invites applicants for a full-time, non-tenure earning faculty position at the rank of Assistant Professor or Associate Professor, available Summer 2006. The applicant for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an ACOE accredited optometry pediatric residency program or have had substantial pediatric experience. Preference will be given to applicants who have experience and expertise in vision therapy. The person selected for this position will have primarily patient care and teaching responsibility. A current curriculum vitae, statement of clinical teaching interests, and names and addresses of three professional references should be sent to:

Jimmy D. Bartlett, O.D., Chair, Department of Optometry
School of Optometry,
University of Alabama at Birmingham
1716 University Boulevard, Birmingham, Alabama 35294-0010

Applications will be accepted until May 15, 2006 or until the position is filled. For further information, call Dr. Bartlett at (205) 934-6764.

The University of Alabama at Birmingham is an Affirmative Action Equal Opportunity Employer.

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Pediatric Faculty Position

IRS Problems?

We currently represent optometrists in 30 states, plus the District of Columbia. We have a team of professionals that is devoted to the tax, accounting and QuickBooks needs of our OD clients.

We prepare and review hundreds of OD tax returns each year giving us an in depth knowledge of the specific tax laws and regulations that affect optometry practices.

May & Company CPAs has the ability to offer you efficient and cost effective consulting and tax preparation services that address the unique tax issues OD practices must face. Call us today to see if we can help save you tax dollars.

We can help Late Filers and Non Filers

Did your business miss the deadline? Do you need help filing past returns? Call or email us today if you have questions regarding a late status return or if you haven’t filed in years.

We are here to help!

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Go Cajun with them and help your colleagues at the Optometry Association of Louisiana recover from the devastation of Hurricanes Katrina and Rita

Features:

- Night at the Acadian Village with boiled crawfish
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- Cajun Humorist Dave Pettijean
- Cajun Zydeco Band
- Lafayette Hilton
- Lafayette, Louisiana
- June 9th – 11th

Contact Dr James D. Sandefur
Optometry Association of Louisiana
115 N. 13th Street, Oakdale, LA 71463
1-888-388-0675
(318) 335-0675 or email: optla@bellsouth.net
www.optla.org

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Drs. Thomas and Melton Go Cajun!

June 9-11th in Lafayette, Louisiana 16 hrs T.P.A.

Go Cajun with them and help your colleagues at the Optometry Association of Louisiana recover from the devastation of Hurricanes Katrina and Rita

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Colorado Vision Summit

Education At Its Peak
(Formerly the MSCO/COA Conference)
Steamboat Springs, Colorado
July 13 - 16, 2006

For more information:
303.863.9778
1.877.691.2095 (toll free)
www.visioncare.org
CVSummit@visioncare.org

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Opportunity Employer.

Chesterfield, MO 63017 or email to: Meghan King, 16305 Swingley Ridge Road, Suite 300, email to: eyeball@comcast.net.

We offer excellent compensation, established patient base and flexible schedule. Full-time benefits include: paid malpractice, health & dental ins., 401(k), etc. H-1B sponsorship available. Fax CV: 1-866-657-5400 or email: caring@heartdrive.com or call toll free 1-877-724-4410.

Delaware - Optometric Practice seeking FT/PT associate. Excellent salary & benefits! Fax resume to: (302) 737-0142 or email: eyeball@comcast.net.

Established NEW YORK Practice for Sale. Located in the heart of the Westchester County, Tarrytown, FLORENCE with a 450k gross; MISSISSIPPI Delta with a 460k gross; MISSISSIPPI OD needed for a 3-5, year contact. Buyers interested for practices in Orlando, Chicago, DC, Savannah. Call Sandra Kennedy at National Practice Brokers (800) 201-3585.


Illinois - IMMEDIATE OPENING for PT/FT optometrist in an established group practice. Graduate full-time and part-time positions in CV to PO Box 9830, Springfield, IL 62793.

MASSACHUSETTS/Rhode Island: Full-time and part-time positions available in Rhode Island and Southeastern Massachusetts. Established patient base, flexible schedule and excellent compensation. Full-time benefits include paid malpractice, health & dental ins., disability ins., 401(k), etc. Call toll free at 1-877-724-4410 or fax CV to: 1-800-486-0390 or email: caring@heartdrive.com.

Maryland (Frederick): Optometrist wanted for established private practice. Maryland Transportation Card a must. Please fax resume to: 301-695-9149 or call 301-682-1601.

Maryland (Berkeley): Optometrist wanted for private practice. Maryland Transportation Card a must. Please fax resume to: 301-695-9149 or call 301-682-1601.

Massachusetts/Rhode Island: Full-time and part-time positions available. Rhode Island and Southeastern Massachusetts. Established patient base, flexible schedule and excellent compensation. Full-time benefits include paid malpractice, health & dental ins., disability ins., 401(k), etc. Call toll free at 1-877-724-4410 or fax CV to: 1-800-486-0390 or email: caring@heartdrive.com.

Maryland Transportation Card a must. Please fax resume to: 301-695-9149 or call 301-682-1601.

NEW JERSEY - Practice for Sale. Great practice. $215,000 Nett. $90,000 asking. $9125K. 100% Financing Available. Call 800-486-0390.

Pennsylvania - Growing Optometry practice has full-time and part-time positions available in the Erie and Scranton area. We offer excellent compensation, established patient base and flexible schedule. Full-time benefits include: paid malpractice, health & dental ins., 401(k), etc. H-1B sponsorship available. Fax CV: 1-866-657-5400 or email: caring@heartdrive.com or call toll free 1-877-724-4410.

PRACTICE FOR SALE: Northern Idaho. Must have: Custom designed office. $2.01X gross for 3+ years. 9605 street. Little competition in the area. Over $475k gross. Add VSP and revenue is sure to grow. H-1B equipment, onsite lab and computer network included. For more info, contact Scott Daniels at Practice Concepts at 877-778-7200 or email scott@practiceconcepts.com.

PRACTICE OPPORTUNITY - West Michigan. Medically oriented optometrist to work in a progressive ophthalmology practice. Residency trained or a minimum of two years experience preferred. Competitive salary and benefits Submits resumes to: Riker Eye Center, 5590 Lemon St., Ludington, MI 49431 or email pbettin@riermereyecenter.com.

Southwest Virginia - OPTOMETRIST WANTED. Immediate opening for energetic, hard working optometrist for full time position in five-location independent owned full scope optometric group practice in Radford/ Christiansburg, Virginia area. Please email CV to newman510@as.com.

The Navajo Area IHS is looking for dedicated Optometrists to fill vacancies at several locations in AZ and NM. Competitive benefits in Commissioned Corps or Civil Service personnel systems. Potential loan repayment, relocation and sign-on bonus. Experience a progressive, patient, care oriented practice with multiple clinical opportunities in a culturally unique setting. Utilize your clinical knowledge and skills, interact in a collegial work environment as an integral part of a health care team. EOE. U.S. Citizenship required. Contact Jim Jones 800-221-5846 or email resume to: newnavajohjobs@ihs.gov.

Equipment for Sale

EDC VCC for sale. Excellent condition. Newly updated software. Email: proxye@bigofficeglobal.net or call 980-656-7822.

Classifieds

Classified Advertising Information

Effective the August 15, 2003 issue onwards, Classified advertising rates are $2.00 per word. This includes the placement of your advertisement in the classified section of the AOA NEWS per word is increased to $3.00 per word. An AOA box number charge of $20.00 and includes standing of responses. The envelope will be forwarded, responded to, the party who placed the advertisement. The charge for an associated e-mail response link is $8.00. To reply over ad with such a link, simply click on the link, type your message and press send. Payment for all classified advertising must be made in advance of publication, regardless of the date of issue it is to appear. We reserve the right to reject, Mismatched, U.S. or American Express. The use to include the expiration date and credit card number. Classifieds are not renewable. All advertising copy must be received at the AOA NEWS office by proximity at 1-800-351-6926. Classified Advertising can also be mailed to the AOA NEWS office at 7000 Westmoreland Drive, Nashville, TN 37215.

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Classifieds
NEW
The Optometric Oath Plaque

Now available through the AOA order department

This beautiful plaque is the perfect accent for any optometric office. The 8" x 10" cherry base with gold-colored metal features the AOA logo and Optometric Oath in black text.

The plaque is delivered ready to hang on your wall. It is sure to attract attention and reflect positively on you and your practice.

Order item number PQ5
Available to Members Only
$65.00*

*All shipping and handling, and applicable sales tax will be added.

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Telephone toll-free (800) 262-2210
FAX the completed form to: (314) 991-4101
E-mail your order to JRPayme@AOA.org

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Dr/s. Name ______________________
Corp. Name ______________________
Address _________________________
Address _________________________
City/State/Zip ____________________
City/State/Zip ____________________
Phone ( ) FAX ( )

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Introducing OPTI-FREE® RepleniSH™ MPDS. It’s the only solution with TearGlyde®, a proprietary reconditioning system that retains surface moisture on silicone hydrogel and soft contact lenses for enhanced comfort. It will have eyes and patients everywhere talking.

It’s that good.™