AOA members can assist with Haitian relief efforts

Optometry’s Charity™ - The AOA Foundation is serving as a conduit to provide information to AOA members regarding the ophthalmic community’s response to this international relief effort.

The first priority is to address the immediate needs for food, water, shelter and medical attention.

As soon as the situation is stabilized, organizations, whose missions support providing vision care and eyewear to people in need, will begin to mobilize to provide this secondary assistance.

The Foundation offers the following agencies as resources that are accepting donations:

- http://www.foodforthe poor.org
- http://www.unicefusa.org
- http://www.redcross.org/
- http://www.salvationarmyusa.org

Additionally, Optometry Giving Sight, which is affiliated with the World Council of Optometry, is working with partner organizations including Volunteer Optometric Services to Humanity (VOSH), the International Centre for Eyecare Education (ICEE) and the Caribbean Optometrists Association (CARIOA), to identify and fund projects that will provide emergency relief and assist in the reconstruction process through the establishment of sustainable vision care.

Optometrists may donate online to support efforts in Haiti via Optometry Giving Sight at http://vm.giving sight.org/how_we_help/project_reports/haiti.asp or call 303-526-0430 and help give sight to people in desperate need.

Also, at least one AOA member, Kerry Reeves, O.D., operates a ministry and eye clinic in Haiti. Details on the work of New Vision Ministries is at http://newvisionhaiti.blogspot.com/

Missouri Secretary of State Robin Carnahan (D-Mo.), frontrunner in the race to replace retiring U.S. Sen. Kit Bond (R-Mo.), and AOA Executive Director Barry J. Barresi, O.D., Ph.D., met for a one-on-one meeting recently at the AOA St. Louis office. The Senate hopeful and the AOA leader discussed optometry’s priorities for health care reform in 2010 and beyond as well as growing support for ongoing AOA initiatives to help increase access to eye and vision care across America.
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One for all, all for one

I’m writing this column on a flight back from San Francisco where I attended the Presidents’ Council meeting and had an opportunity to brief AOA affiliate presidents, presidents-elect and executive directors, as well as listen to updates on activities that affect optometrists and our patients throughout the country.

Presidents’ Council was moderated by Dr. Robert Layman from Ohio who received a standing ovation as a token of appreciation by those assembled for his role over the past nine years in maintaining decorum and performing his duties in such an admirable and professional manner.

At Presidents’ Council, optometric leaders from across the country, representing all 50 states, students and armed forces optometry, engage in dialogue and cross pollination of best practices from within each state on issues such as membership growth, services to member doctors, community service projects and non-dues revenue growth. State legislative wins are discussed and analyzed, and every state has an opportunity to interact with key AOA staff who attend the meeting and are available all year long as a vital resource to affiliates. I continue to be impressed with the dedication of affiliate leaders and their executive directors who are on the front lines every day making sure that members have access to every possible resource to help ODs in our practices.

AOA Board members are often asked where the AOA stands on the sweeping changes that the president and many in Congress want to bring to health care in America. The answer is that the AOA stands for each and every one of us in the multibillion-dollar lobbying and influence struggle of our lifetime. The AOA is doing battle every day with the health insurance industry, organized medicine and others who have an anti-optimytry and anti-provider agenda. Very simply, the AOA is the only force taking optometry’s message to Capitol Hill and the White House. We know that all of us, as individual ODs, may personally support or oppose what Congress and the president apparently still want to do to health care in America. At the same time, all of us recognize the need for the AOA to be fully engaged at every step of the legislative process and plan passed. What is clear is that the AOA can and will remain vigilant in Washington, D.C., and be ready to fight for all of us no matter what the Obama administration and congressional leaders choose to do from here.

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at work 24/7 to shape to the greatest extent possible how health care legislation will impact our practices, our patients and our profession’s future.

That’s why the AOA has fully mobilized our advocacy resources to make certain that optometry will be treated fairly under any bill that is enacted. We’ve done much to push for and change provisions in the Senate and House-passed bills. No matter what comes next, all of us will need to do even more. In addition to you, our dedicated and determined affiliate leaders and staff, it’s been our AOA Federal Keypersons, AOA-PAC investors and concerned doctors across the country who

Dr. Brooks

have been answering the calls to action from our Washington office and helping AOA-backed provisions advance in both the U.S. Senate and House. On behalf of the AOA, I want to thank you for your efforts during this long and difficult fight and for the hope we know you will continue to provide when called upon next. You have helped make optometry stronger than ever before in Washington, but the battle is not yet won.

Our top priority in health care reform has been clear since day one: Assured patient access. Because of the continuing efforts of insurers and organized medicine to define our profession and impose restrictions on the care we provide, the AOA has been committed to making provider non-discrimination safeguards a foundation of any health care reform bill to move through Congress.

With the outcome of our efforts still in doubt, we need another effort from ODs and students in Washington, D.C. This year’s AOA

See President, page 22
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AOA continues push for health care reform priorities

As controversy continues to swirl around the Washington, D.C., debate over national health care reform legislation, the AOA continues its around-the-clock efforts to stop any unfair new restrictions on patient access to eye and vision care.

While President Obama and Congressional leaders work to resolve differences between separate U.S. Senate and House-approved health care reform bills, the AOA Washington office team and concerned ODs and students from around the country have kept up the pressure on Capitol Hill to make optometry’s voices heard and priorities known.

Throughout the process, a key objective for the AOA has been to ensure that provider non-discrimination safeguards to protect patient access to care make it through the Senate and House — Sen. Tom Harkin’s (D-Iowa) federal provider non-discrimination provision and Rep. Mike Ross’ (D-Ark.) amendment to block preemption of state patient choice/provider non-discrimination laws — and are both included in any health care reform bill going forward.

The inclusion of both the House and Senate protections will serve to provide the strongest possible patient access to care protection as the health care system undergoes the changes envisioned by reform legislation now or into the future, said Advocacy Group Director Jon Hynes. However, insurance and medical groups have mobilized against these provisions in an effort to defeat the inclusion of provider non-discrimination protections and must be stopped.

Among other issues, the AOA has also been working with House and Senate leaders to advance the House-approved Medicaid provision sponsored by Rep. Jan Schakowsky (D-Ill.), which is aimed at providing full recognition of optometry in Medicaid. It seeks to ensure — through a federal mandate — that ODs and all of the care they provide are not unfairly targeted for cuts by states because of optometry’s current “optional” status under Medicaid.

A Jan. 20 trip to Capitol Hill by a number of Illinois optometrists focused, in particular, on working toward advancing the Schakowsky full recognition of optometry in Medicaid provision. The group included: Arol Augsburger, O.D., president, Illinois College of Optometry (ICO); Peter Kehoe, O.D., AOA immediate-past president; Stephanie Johnson Brown, O.D., executive director, Plano Vision Development Center; and Vince Brandys, O.D., senior director for Government Relations, ICO.

Drs. Augsburger and Brandys are central to the Illinois Eye Institute (IEI), which is the principal clinical training facility for Illinois College of Optometry students and is located adjacent to the college. The IEI sees roughly 90,000 patients a year, with one-third coming from the Medicaid population.

Dr. Johnson Brown heads a non-profit vision care service corporation that provides care for a large Medicaid population as well.

“As the national health care reform battle enters what is likely to be the final stages, the AOA remains totally focused on reading the fine print and doing what it takes to safeguard patient access,” said AOA Executive Director Barry J. Barresi, O.D., Ph.D.

“At every step of the legislative process, the AOA has worked to ensure that the concerns of ODs and our patients are heard loud and clear on Capitol Hill, in the White House and throughout Washington, D.C., and we will continue to do so as efforts to advance health care reform legislation continue now and into the future,” Dr. Barresi added.

Deadline approaching for 2010 AOA Congressional Advocacy Conference

As part of the continuing effort to ensure ODs are heard loud and clear in Washington, D.C., the AOA has announced its largest federal advocacy effort of the year – the 2010 Congressional Advocacy Conference.

And this year, the stakes could not be higher for the profession as health reform remains a top priority for Congress and the president.

The Congressional Advocacy Conference provides leading ODs and students from across the country with an opportunity to help build new awareness and understanding of the profession, advocate for AOA-backed bills being considered on Capitol Hill and ensure ODs continue to be heard by Congress and the Obama administration.

This year, the 2010 AOA Congressional Advocacy Conference will be held March 2-4 at the J.W. Marriott Hotel in Washington, D.C., located on Pennsylvania Avenue between the U.S. Capitol and the White House.

And for the first time ever, participating ODs will have the opportunity to learn more about Health Information Technology (HIT) and earn valuable CE credit in the process.

A new addition to the yearly conference, participants will also be encouraged to sign-up and earn two free hours of CE and learn more about issues surrounding HIT.

The new course will be presented by Ken Eakland, O.D., and qualifies for 2 hours of COPE approved CE.

The course is titled “Electronic Health Records – Time to get on the train!” and has been developed to provide clinically relevant and detailed information on the use and implementation of electronic health records (EHR).

The course will provide specific information on how EHR can enhance patient management, and increase the quality of care within an

see Conference, page 9
Increasingly popular retinal screening devices can be helpful in monitoring for the development of retinopathy in patients with diabetes; however, they are no substitute for a comprehensive, dilated eye examination, according to the American Diabetes Association (ADA). And screening results should always be interpreted by an eye care professional, the ADA emphasizes.

The ADA’s new Standards of Medical Care in Diabetes—2010, published in the January edition of Diabetes Care, effectively place renewed emphasis on the importance of annual comprehensive dilated eye examinations for all patients with diabetes and reinforce the critical nature of the comprehensive dilated eye exam “shortly after” the diagnosis of Type 2 diabetes.

“The new Standards of Medical Care in Diabetes will effectively require licensed eye care professionals to take a much more active role in the ongoing monitoring of patients with diabetes; interpreting any images obtained through the use of screening devices or, preferably, providing full, dilated eye examinations on a regular basis for those patients,” said Michael R. Duenas, O.D., AOA Associate Director for Health Sciences and Policy.

The Standards of Medicare Care in Diabetes are the “gold standard” on which most care for patients with diabetes is based, the ADA notes in an introduction to the document.

Like the AOA Clinical Practice Guidelines on Care of the Patient with Diabetes Mellitus, the ADA care standards have long emphasized the importance of annual, comprehensive eye examinations by optometrists or ophthalmologists in monitoring for the development of sight-threatening retinopathies in patients with diabetes.

The ADA recommends adults and children age 10 years or older with type 1 diabetes should have an initial dilated, comprehensive eye examination by an optometrist or ophthalmologist within 5 years after the onset of diabetes and patients with type 2 diabetes undergo such an examination “shortly after” the diagnosis of the disease (see box). Patients with either form of the disease should generally be examined annually thereafter by an optometrist or ophthalmologist – more frequently if the retinopathy is progressing, perhaps less-frequently (every two to three years) if it is not, according to ADA.

Screening programs to monitor for the various complications of diabetes have become an accepted part of care for the disease over recent decades.

Over the past 10 years, screening programs have increasingly included the use of portable diabetes screening devices that produce fundus photos, which on-site or off-site personnel can then review for possible signs of damage to the retina.

Screeners are then to refer patients to an optometrist or ophthalmologist should any level of retinopathy be evident.

Manufacturers note the devices have broadened access to annual screenings for diabetes patients and utilize advanced technology that often can produce high quality retinal images.

However, while such screening devices can prove useful in helping to monitor for retinal damage in the diabetes patient, they cannot provide all of the benefits of a complete, dilated eye exam and screeners may not be adequately trained to recognize pathology that should warrant referral of the patient for treatment, Dr. Duenas said.

The ADA recognizes that comprehensive eye examinations also provide opportunities to evaluate and educate the patient on other diabetes co-morbidities, the importance of appropriate blood glucose control, blood pressure control, smoking cessation and other lifestyle changes that may, separately or in combination, lend toward reducing complications of the disease process.

Accordingly, Dr. Duenas says that “retinal imaging does not replace a comprehensive eye examination by an optometrist or ophthalmologist, but may offer an opportunity to assess the presence and degree of diabetic retinopathy among previously diagnosed and comprehensively examined individuals with diabetes so as to increase access and adherence to demonstrated standards of care and to triage the patient into appropriately timed continuous care.”

“High-quality fundus photographs can detect most clinically significant diabetic retinopathy. Interpretation of the images should be performed by a trained eye care provider. While retinal photography may serve as a screening tool for retinopathy, it is not a substitute for a comprehensive eye examination by an optometrist or ophthalmologist,” the executive summary of the new ADA care standards notes.

Dr. Duenas suggests practicing optometrists may wish to undertake similar efforts in their communities.

Dr. Duenas suggests that “practicing optometrists, if they have not done so already, should consider becoming actively engaged in interpreting images and helping to direct the use of these technologies toward the promotion of improved communication and coordination of care and prevention between optometrists and other health care providers. Such efforts can lead to more efficient integration of diabetes and chronic disease team care and ultimately result in higher rates of comprehensive eye examination among this high risk population.”

The number of Americans with diabetes is expected to nearly double over then next 25 years, from 23.7 million to 44 million in 2034, largely as the result growth in the older adult population and recent surges in obesity rates, according to a study in the December issue of Diabetes Care.

Executive Summary: American Diabetes Association Standards of Medical Care in Diabetes—2010

Retinopathy screening and treatment

General recommendations

❖ To reduce the risk or slow the progression of retinopathy, optimize glycemic control.
❖ To reduce the risk or slow the progression of retinopathy, optimize blood pressure control.

Screening

Adults and children age 10 years or older with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within five years after the onset of diabetes.

Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an optometrist or ophthalmologist shortly after the diagnosis of diabetes.

Subsequent examinations for type 1 and type 2 diabetic patients should be repeated annually by an ophthalmologist or optometrist (less frequent exams every two to three years) may be considered following one or more normal eye exams. Examinations will be required more frequently if retinopathy is progressing.

High-quality fundus photographs can detect most clinically significant diabetic retinopathy. Interpretation of the images should be performed by a trained eye care provider. While retinal photography may serve as a screening tool for retinopathy, it is not a substitute for a comprehensive eye exam, which should be performed at least initially and at intervals thereafter as recommended by an eye care professional.

Women with preexisting diabetes who are planning pregnancy or who have become pregnant should have a comprehensive eye examination and be counseled on the risk of development and/or progression of diabetic retinopathy. Eye examination should occur in the first trimester with close follow-up throughout pregnancy and for one year postpartum.

Treatment

❖ Promptly refer patients with any level of macular edema, severe nonproliferative diabetic retinopathy (NPDR), or any proliferative diabetic retinopathy (PDR) to an ophthalmologist who is knowledgeable and experienced in the management and treatment of diabetic retinopathy.
❖ Laser photoagulation therapy is indicated to reduce the risk of vision loss in patients with high-risk PDR, clinically significant macular edema, and in some cases of severe NPDR.
❖ The presence of retinopathy is not a contraindication to aspirin therapy for cardioprotection, as this therapy does not increase the risk of retinal hemorrhage.
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For more information please contact Lauren Finkelstein, AOA Manager for Political Affairs, at lfinkelstein@aoa.org or (800) 365-2219 x1378
Call for federal inquiry into online decorative contact lens sellers

The AOA and the American Academy of Ophthalmology (AAO) have jointly urged the U.S. Food and Drug Administration (FDA) to launch an investigation into Internet sales of decorative and cosmetic contact lenses not supervised by a qualified eye care professional.

In a letter dated Jan. 11, the FDA was urged to not only launch an investigation into online marketing and sales of decorative and non-corrective contact lenses, but also to take appropriate and necessary actions to better protect the public against an ongoing threat to public health.

Since 2005, all contact lenses have been regulated as medical devices under the Federal Food, Drug and Cosmetic Act. The AOA-backed landmark legislation was enacted to combat ongoing patient safety abuses by Internet contact lens sellers and help assure future patient safety in connection with the use of cosmetic contact lenses.

However, the groups maintain that decorative contact lenses continue to be marketed directly to consumers in violation of the act and with minimal information as well as no assurance that the consumer has obtained professional advice and/or is under appropriate professional care for contact lens use.

In the letter to the FDA Commissioner, the two groups reminded the FDA that without a valid prescription, fitting, supervision, or regular check-ups by qualified eye care professionals, cosmetic and decorative lenses, like all contact lenses, can cause a variety of serious injuries or conditions.

In fact, the FDA noted in a Nov. 15, 2006, statement that cosmetic lenses have been associated with corneal ulcers, conjunctivitis, and allergic reactions.

The groups maintain that decorative contact lenses continue to be marketed directly to consumers in violation of the act and with minimal information as well as no assurance that the consumer has obtained professional advice and/or is under appropriate professional care for contact lens use.

The FDA has previously inspected several firms distributing decorative contact lenses and warned them that it violates federal law to sell decorative contact lenses without a valid prescription or proper labeling that includes information about the risks and proper instructions for safe use.

The AOA and AAO are urging the agency to renew its efforts to protect patients by increasing enforcement of illegal marketing and sales of cosmetic contact lenses on the Internet and otherwise.

AOA members wishing to report violations may contact Lauren Finkelstein of the AOA Washington office at finkelstein@aoa.org or 703-837-1378.

Court decision bolsters Medicare pay hike for ODs

After securing a $288 million, four-year Medicare pay boost for optometrists nationwide, the AOA has been working to defeat efforts by a national cardiology group to overturn the practice expense survey that federal officials used to determine Medicare physician payment rates.

The latest battle took place in federal court in Florida where cardiology’s claims were overtly rejected.

In a Jan. 12 ruling, the U.S. District Court for the Southern District of Florida dismissed the case – leaving the OD pay boost in place for the time being.

The AOA is committed to working with agency officials and key members of Congress to ensure that the revised practice expense data is used to determine Medicare rates and continues on its current path toward full implementation, said an Advocacy Group staffer.

In the final 2010 fee schedule, the Centers for Medicare & Medicaid Services (CMS) revised the practice expense portion of the relative value unit system for a number of specialty services to boost Medicare reimbursement for primary care services, including $288 million in additional payments to optometrists over the next four years. The Medicare rate revisions were derived, in part, from new information in the Physician Practice Information Survey.

The survey was conducted at the behest of the CMS and with participation from the AOA and other physician organizations, including the AMA and the cardiologists.

In 2007, the AOA agreed to participate in, help design, and fund a portion of the nationwide practice expense survey. The objective was to provide Medicare with actual data to calculate expenses incurred by ODs and other physicians serving Medicare beneficiaries and compare it to data from other providers.

More than 100 optometrists – selected at random – completed the detailed survey questions. After the results were submitted, the AOA Washington office federal regulatory team and state optometric associations joined together to urge CMS officials to begin using the new data in 2010.

In recent weeks, cardiology has launched an all-out attack on the survey data in the national media, the courts and on Capitol Hill.

Last month, with support from the American Academy of Cardiology, Rep. Charles Gonzalez (D-Texas) introduced legislation (H.R. 4371) aimed at overturning the practice expense survey results in order to restore Medicare cuts faced by cardiologists.

The AOA is actively opposing the bill, which would create further uncertainty for ODs and other physicians over the future of the Medicare payment system.

For more information, contact Lauren Finkelstein, AOA manager for Political Affairs, at finkelstein@aoa.org or 800-365-2219, ext.1378.

The powerful and inspiring video highlighting the important work of hundreds of OD and student volunteers during the 2009 AOA Congressional Advocacy Conference is available for viewing on the AOA YouTube channel at http://www.youtube.com/user/aoaaweb.
State leaders focus on new technologies, health care reform

Adapting to a changing profession, using new technologies wisely and positioning for changes in health care were among top issues discussed at the

Freddie Hayes, O.D.

Presidents’ Council last month.

More than 140 leaders of state and affiliate optometric associations met to report on legislation, membership and organizational news. A major theme is the shifting of the profession toward employed/affiliated practice. In five years, the percent of AOA members who practice in employed/affiliated settings grew 23 percent.

Among major initiatives discussed by leadership of the AOA and state leaders is the creation in July of the Third Party Center (TPC). The Center will work to raise awareness among employers of the important role of optometrists in delivering cost effective care and an improving productivity.

“We want to undo the ‘devalue proposition’ that some plans seem to be putting forward,” said Maureen West, director of the TPC.

Health care reform in the wake of the Massachusetts senatorial election was the topic of a special question and answer session. “We have no position on health care reform at the AOA,” said President Randy Brooks, O.D.

“When we look at the options, they better include eye care and they better include optometry.”

Dr. Brooks said, “The question is: Can we define optometry or are we going to let it happen?”

He noted that, “We pioneered antidiscrimination as an issue; even though it benefits other professions, it’s the AOA that has been out front.”

Also on the agenda: the AOA’s plans to completely revamp its information technology tools, including an association management system.

A project team composed of leaders from over half a dozen states is working with the AOA to develop a common set of standards and utilities.

From the attendees.

Another guest speaker, Tom Sullivan, praised the AOA for InfantSEE®.

Sullivan, a Grammy nominee, elite athlete and Harvard graduate, has been blind from birth.

“You treat the whole patient—that’s why I love optometry. There’s two things I want to change: the definition of blindness and I want InfantSEE® everywhere.” He said in his own case, and in many others, the diagnosis of blindness was not tempered by any offers of hope, or rehabilitation or other resources. He said he hopes his achievements can help change the understanding of people who are blind. The presentation was sponsored by Allergan.

The next Presidents’ Council will convene right before Optometry’s Meeting® in June.

When activated, the new system will reduce redundant systems and allow for better member service.

At the invitation of the state leaders, there was a presentation by the American Board of Optometry. Mary Jo Steigemeier, O.D., the ABO’s vice chairman, gave an overview of the timeline and requirements for board certification and took questions.

Washington office hits the road during congressional recess


With five separate bills approved late last year by the U.S. Senate and House, Hymes provided an update for Rep. Clyburn and his staff on the AOA’s efforts to rally support on Capitol Hill for provider nondiscrimination safeguards that target anti-doctor and antipatient abuses by insurers and full recognition of optometry in federal health programs.

Para Section seeking community service award nominations

Do you know a paraoptometric who serves both the patients in his or her office and is active in the community? The Paraoptometric Section of the AOA is seeking nominations for the 2010 Community Service Award.

The award is given to the paraoptometric who demonstrates a commitment to helping improve his or her community and a dedication to the profession of paraoptometry. Individuals may nominate themselves for this award or can be nominated by other professionals.

Criteria for judging include the individual’s involvement in community service within the optometric practice, within the community (including community service sponsored by the employer’s practice), the personal goals of community service, and the professional goals of community service.

The award recipient will be presented with a plaque of recognition, a $100 personal cash award, and a $100 award to the charity of the recipient’s choice during the Paraoptometric Section Awards Luncheon held Thursday, June 17, 2010, during Optometry’s Meeting® in Orlando, Fla.

The AOA Paraoptometric Section Awards Luncheon is sponsored by CIBA Vision.

To download a nomination form, go to www.aoa.org/x4979.xml.

Completed nomination forms should be submitted via email with attachments to PS@aoa.org or faxed to 314-991-4101 by March 31, 2010.
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now — it’s easy to talk about ocular nutrition

Over 250 published studies support that lutein is an essential nutrient eyes need. It’s been shown to reduce the risk of certain eye diseases, increase macular pigment optical density (MPOD), and improve visual performance. However, helping patients understand what that means to them has not been easy — until now.

Free, simple, patient tools are available. The brochures (right) explain the benefits of getting 10 mg of lutein daily through diet and/or nutritional supplements. They include a list of lutein rich foods as well as nutritional supplements containing the FloraGLO® Lutein ingredient brand. FloraGLO is the most clinically tested lutein brand, featured in the AREDS2® study and the brand you’ll want to make sure is in the products you recommend.

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* The second Age-Related Eye Disease Study (AREDS2), a human clinical trial conducted by The National Eye Institute, which will evaluate the effect of lutein supplementation on eye health. ** Based on the results of the National Disease and Therapeutic Index (NDTI) study. This indicates report among physicians who recommend a dietary supplement with lutein for eye health. Aug. 2008-Aug. 2011 (USA only).
In 1948 AOA leaders heard a growing crescendo about ethics that would erupt in some intense conflict among optometrists.

Delegates to the annual Congress were trying to figure out what to do about industrial vision plans, and there were serious concerns that the affiliated states were being ignored and not informed about what was being done at “the top.”

Stepping up to take on these issues and more as leaders for the AOA’s 1948-49 program year were the dedicated officers shown here (front, from left): Drs. James F. Wahl, J. Ottis White, President John B. O’Shea, Joseph M. Babcock; (back row): Harold Kohn, Edmund Richardson, L. Wayne Brock, Samuel L. Brown, and Ernest H. Kiekenapp.

If you have any further information, contact Linda Draper, AOA Archives and Museum Librarian, at LJDraper@aoa.org or call 800-365-2219, ext. 4102.

From the collection of the Archives & Museum, Optometry’s Charity Foundation.
Check out some of the hottest optometric performers from across the country in **Optometry’s Got Talent**!

Support your friends and colleagues during a celebration of vibrant amateur talent while raising funds for The AOA Foundation.

For a sneak peek at the performer list and ticket prices – [www.optometraysia.org](http://www.optometraysia.org)

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**Wednesday, June 16, 2010 • 8:30 p.m. – 12:00 a.m.**

**Gaylord Palms® Resort and Convention Center**

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Questions? Contact Sara Breed, snbreed@aoa.org or 800-365-2219 ext 4218
New PS education module available

There is no doubt that patient satisfaction and practice success are intertwined. While we all recognize that the optometrist’s relationship with the patient is extremely important, sometimes we forget the impact an efficient optical dispensary plays in the patient’s overall satisfaction.

Learn strategies that will improve patient satisfaction and practice profitability with the “Optimizing Efficiency in the Optical Dispensary” Education Module.

Optimizing Efficiency in the Optical Dispensary will assist staff with:
- Recognizing the rewards of maintaining of existing patients and earning new ones
- Identifying areas of the dispensary that affect the bottom line
- Presenting premium products through proper communication
- Reducing eyewear errors and re-dos
- Embracing technology to increase efficiency
- Using lab partnerships effectively to enhance the practice.

This new education module is made possible through an education grant from HOYA.

For more information, visit http://www.aoa.org/x11891.xml.

VRS to offer course at state meetings

Reducing the Risk of Age-Related Vision Loss is an educational program developed by the AOA Vision Rehabilitation Section (VRS).

The three-hour COPE approved course includes education regarding the science of ocular nutrition and several case-based examples of current comprehensive treatments (nutritional, medical, and vision rehabilitative) highlighting age-related macular degeneration, cataracts, glaucoma, and diabetic retinopathy.

This course will be presented at eight state associations in 2010.

The current schedule includes presentations in Texas, Wisconsin, Pennsylvania, North Carolina, Washington, and Ohio.

Visit the VRS Web page for a complete list of dates and times at www.aoa.org/vrs.xml.

If you are interested in having the Reducing the Risk of Age-Related Vision Loss course presented at your state association meeting, contact Sections Coordinator Melissa Flower at MFlower@aoa.org.

Staff at Okla. practice focuses on Optometry’s Charity™ workplace giving

The entire staff of Cockrell Eye Center of Stillwater, Okla., supports Optometry’s Charity™ - The AOA Foundation through workplace contributions.

When the staff of Cockrell Eye Center of Stillwater, Okla., was presented with an opportunity to support Optometry’s Charity™ - The AOA Foundation through a pilot workplace giving campaign, they responded. In 2008, five staff members contributed $2,400. In 2009, participation increased to 12 staff members with a total contribution of $6,000.

This year staff participation has increased to one hundred percent among the practice’s 22 employees. David Cockrell, O.D., AOA board member, credits office culture with the steady increase in participation.

“The staff is enthusiastic about contributing to The AOA Foundation because they work in the field, see the work the programs are doing, and understand the importance of funding ongoing programs,” explained Dr. Cockrell.

Workplace giving has been an option for Cockrell Eye Center staff for several years. Two years ago Optometry’s Charity™ was included as an option.

“I see no end to the good this workplace giving campaign can accomplish. If other AOA member offices across the country chose to contribute through workplace giving, we could fund everything that The Foundation sets out to accomplish,” added Dr. Cockrell.

If your practice is interested in becoming a participant in the Optometry’s Charity™ Workplace Giving program, email foundation@aoa.org.

VRS to host student education program at optometry schools

The AOA Vision Rehabilitation Section (VRS) Student Education Awareness Program will be hosted by eight optometry schools this year.

The goal of this popular program is to educate and excite optometry students about providing vision rehabilitation services in an optometric practice.

It will dispel myths about provision of rehabilitative services and demonstrate that it can be a very rewarding part of their future practices.

This year’s program also includes a mentor-to-student component, providing students the opportunity to be mentored by experienced vision rehabilitation practitioners and learn more about preparing for a future including vision rehabilitation.

“Great speaker and presentation! Very informative, opened my eyes to the possibility of low vision.” – 3rd Year student, Southern College of Optometry

Visit the VRS Web page for a current schedule at www.aoa.org/vrs.xml.

This program is generously supported by Optelec and ShopLowVision.com.

For more information about the Student Education Awareness Program, contact Sections Coordinator Alisa Krewet at AGKrewet@aoa.org.
The Edison, N.J., practice of Tony Hom, O.D., was reduced to rubble after a gas explosion last month. The cause of the blast is still under investigation.

The explosion occurred at 4:25 a.m. gas and electric company workers repaired a broken gas line in front of the building.

No one was injured in the blast, though many nearby homes were evacuated.

News reports indicated Dr. Hom had salvaged some files because he kept his laptop computer at home, and that he had yet to decide whether he would rebuild on the site or find a new location.

“No one was in the building at the time of the blast, and emergency workers had already evacuated the immediate area after the gas leak was reported at 2:56 a.m.,” according to the New Jersey Star-Ledger. “Three PSE&G employees working on the leak about 20 feet from the house somehow managed to escape harm when the fireball burst, launching the building’s red front door over their heads and onto the lawn of a home across the street.”

The Optometry’s Fund for Disaster Relief, an entity of Optometry’s Charity™—The AOA Foundation, provides grants to optometrists whose practices have been affected by a natural disaster as declared by a governmental agency.

To donate to Optometry’s Fund for Disaster Relief, visit www.optometryscharity.org.

UMSL, vision institute expand refractive surgery initiative

The University of Missouri-St. Louis (UMSL) announced that Jay Pepose, M.D., and the Pepose Vision Institute have pledged $1 million to continue a refractive surgery initiative in cooperation with the university’s College of Optometry.

The pledge, part of UMSL’s Gateway for Greatness comprehensive campaign, will be used to augment a cooperative training program established in 2001 between the college and the Pepose Vision Institute.

“This generous contribution from the Pepose family will not only extend our successful partnership with the Pepose Vision Institute, but also enhance it for the benefit of many,” UMSL Chancellor Tom George said. “Our students will continue to receive invaluable hands-on training while low-income residents and first responders in the bi-state region will receive the eye care they need.”

“Our students will continue to receive invaluable hands-on training while low-income residents and first responders in the bi-state region will receive the eye care they need.”

The partnership enables UMSL optometry students to learn diagnostic techniques and pre-operative examination methods associated with laser vision correction procedures from cornea-trained surgeons provided by the Pepose Vision Institute to the university-operated East St. Louis Eye Center in Illinois.

Students also will have the opportunity to observe surgical procedures at the Pepose Vision Institute in Chesterfield, Mo.

In addition, prospective patients benefit through no-cost vision correction surgery. The free surgical eye care is available to low-income families living in the East St. Louis area and police officers, firefighters, paramedics and field agents serving that area.

“This is a win-win-win program,” Dr. Pepose said. “With health care dollars stretched the way they are, health professionals need to learn how to work together to find efficient ways to provide access and high-quality care to all residents in the bi-state region.”

Visit www.umsl.edu/~optometry and www.peposevision.com for more.
Optometry’s Meeting® offers students opportunities, CE

Optometry’s Meeting® is a great opportunity for students to take advantage of continuing education, practice management pearls and networking opportunities. As part of Optometry’s Meeting®, the AOA-affiliate American Optometric Student Association (AOSA) Conference includes the AOSA Awards and General Session sponsored by HOYA on Thursday, June 17 from 1 p.m. to 3 p.m.

The AOSA General Session will be highlighted by comedian/hypnotist Ricky Kalmom, who combines hypnotic suggestion with direct audience participation to create a unique interactive experience. Kalmom’s high-energy show is packed with surprises. Register for function #S121. “We had Ricky in Las Vegas a few years ago,” said Ryan Parker, O.D., chair of the Optometry’s Meeting® Student Program Committee. “His shows are one of those things you have to experience to understand. It will be a nice break for the students to relax from the rigors of studying.”

Allergan Travel Grant Scholarships will be presented during the AOSA Awards and General Session. Two $500 travel grants will be awarded per school, and the winners will be eligible to compete nationally for an additional $1,000 for the top three winning essays on the topic “Dry Eye: Just an Inconvenience or a Treatable Ocular Disorder?” Immediately following the session, the Vision Care Institute®, LLC, will present "Leap, Part 1" (#S131) on Thursday from 3 p.m. to 5 p.m. Students must be present to win.

The travel grants are designed to make travel to Optometry’s Meeting® more affordable for students. The winners, selected by faculty members from each school and college of optometry, are eligible to compete nationally for an additional $1,000. The essay topic is “How Does an Aging Population Base Affect the Way You Will Practice?”

The Vision Care Institute®, LLC, is also supporting the AOSA education program with an unrestricted educational grant. For more information about the travel grants, contact AOSA Executive Director Marlene Burle at 314-983-4231 or e-mail mburle@aosa.org. The deadline for submissions is April 1, 2010.

Beginning on Thursday, the Exhibit Hall will feature Career Central, sponsored by Luxottica. Partake in educational sessions that will help in starting, building, or expanding a successful career in optometry.

“We’ve been working on this offering for five years,” said Dr. Parker. “It’s great for ODs who are looking for students to join their practice and for students who are looking for opportunities. This will help both parties make the next step.”

Career Central Theater Courses are supported by an unrestricted educational grant provided by Matso. Three courses will have a student focus: 0215, 0220 and 0370. Participate in the Career Central Career Fair on Friday from 10 a.m. to 2 p.m. and exchange information with companies and practices. To register for the Career Fair, use function 0213.

The tradition of the Varilux® Optometry Student Bowl™, sponsored by Essilor, will continue Thursday evening from 7:30 p.m. to 11:00 p.m.

The fierce optometric competition consists of contestants representing schools and colleges of optometry vying for bragging rights, $1,000 and a crystal trophy. “I personally think the Student Bowl™ is one of the best events at Optometry’s Meeting®,” said Dr. Parker. “It’s bigger and better every year. Essilor does a great job keeping the momentum rolling. ODs who have graduated can reconnect with their schools, and it’s great for the students and ODs to come together. There’s not a better place to do this than at this event.”

A reception with great food, drinks and camaraderie will follow the competition. Register for function #0190. Essilor will award one student from each school of optometry $1,000 for the best case report on patients fit with Varilux® lenses. Third and fourth-year students are eligible to enter and the overall national winner will win a trip for two to Optometry’s Meeting®.

New this year is “Sight Quest,” a fun interactive course (#S222) in which students will be given a game card and a challenge. The course begins Friday at 9:30 a.m. and is sponsored by Abbott Medical Optics, Alcon, Compulink, Essilor, HOYA, VisionScience Software, Vistakon®, Volk Optical, Wolters Kluwer Pharma Solutions, and Younger Optics. Students will be able to...

See AOSA, next page

"I personally think the Student Bowl™ is one of the best events at Optometry’s Meeting®. It's bigger and better every year. Essilor does a great job keeping the momentum rolling. ODs who have graduated can reconnect with their schools, and it's great for the students and ODs to come together. There's not a better place to do this than at this event."
Optometry’s Meeting®: The best value

By Allan Hudson, O.D., and John Coble, O.D., AOA
Optometry’s Meeting® Committee cochairs

The 113th Annual AOA Congress & 40th Annual AOSA Conference: Optometry’s Meeting® will take place at the Gaylord Palms® Resort & Convention Center, in Orlando, Fla., this June.

Optometry’s Meeting® is the premier industry event including: an amazing selection of continuing education, tremendous Exhibit Hall featuring the latest technology and services for our profession, optometry’s voice with the House of Delegates, and unparalleled networking opportunities.

From June 16 – 20, 2010, the Gaylord Palms® Resort & Convention Center will host the most complete optometric meeting in our profession.

The expansive program makes this year the year to start bringing your office manager and members of your staff. The diverse staff education being presented this year will be very valuable to you, the doctor, when you return to your practice.

Despite the current trying economic climate, Optometry’s Meeting® has increased our offerings.

Included in your 2010 base registration fee are 30 FREE hours of OD continuing education to choose from.

We assure you, our members, that we are doing everything possible to continue our tradition of providing the best value meeting available in our profession.

Adding to this great value are three new exciting features this year.

On Wednesday the new electronic health records (EHR) course for optometrists, paraoptometrics, and students will help attendees learn what they need to know about EHRs for the next 12 months. “EHR: Deadlines Have Been Set” will be offered from noon to 3 p.m.

Thursday will feature a Product Information Exchange Luncheon, which will provide the opportunity to learn about the latest developments in optometric products and services designed to give you an advantage in today’s economy. Also, beginning on Thursday, the Exhibit Hall will feature Career Central sponsored in part by Luxottica.

Attendees will have the opportunity to partake in educational sessions that will help in starting, building, or expanding a successful career in optometry. Base registration and exhibiting fees were not increased this year. Hotel room rates are an exceptional deal for you, the doctor, when you return to your practice.

We look forward to welcoming you and your family to the best meeting in our profession.

In future issues of the AOA News, look for updates regarding different facets of Optometry’s Meeting®. Kirk Smick, O.D., continuing education chair, will provide an overview of the remarkable CE scheduled. Dick Schuck, O.D., exhibits chair, will illustrate the vast display that will fill the Exhibit Hall at the Gaylord Palms® Resort & Convention Center. Finally, Ryan Parker, O.D., student program chair, will give a snapshot of the AOA program of events.

We would like to encourage every AOA and AOSA member to take advantage of one of the largest member benefits available to them, Optometry’s Meeting®. This amazing event is the best value meeting in our industry. Visit www.optometrysmeeting.org for further information and to register.

The Optometry’s Meeting® Committee asks for your support by making your reservations at one of our official hotels. By using our selected hotels, the AOA is able to avoid costly attrition fees. This helps us keep your overall meeting costs low.

The AOA and AOSA appreciate support of the associations by using one of the host properties. Log on to www.optometrysmeeting.org to make your housing reservations.

We look forward to welcoming you and your family to the best meeting in our profession. See you soon as we Discover the Possibilities together at Optometry’s Meeting®.
FROM THE AOA

**Staff who make a difference**

Barry Barresi, O.D., Ph.D.,
AOA executive director

In reflecting on our staff appreciation breakfast held last week, I am struck by how I did not understand until now the full story of the dedication and loyalty of the AOA staff during my many years in the volunteer structure.

Sure, in my volunteer committee work in Clinical Care, the Journal and Federal Relations I saw firsthand the tremendous contribution of staff assigned to those specific areas. But I did not see the big picture of how all the parts of the AOA knit together to create this blanket of support for our AOA members.

Now in retrospect after my first full year as AOA executive director, a year that brought many changes to our operations, business structure and staffing models, I have a clearer view of the AOA’s most important asset to serve members—the dedicated staff in the St Louis and Washington offices of the AOA.

With the AOA Board’s visionary leadership mapping our organizational purpose and destination, it is the staff working closely with volunteer committees that has to deliver the value to members.

Last week we celebrated the talent and recognized the achievement of key staff who made a difference, had a positive attitude and who embraced new challenges as we made major changes in the organization.

While many staff achieved a high level of service, we singled out six AOA All Stars who made major contributions to the AOA's growth while exhibiting personal growth and professional advancement as valued team members.

Years ago as I transitioned from clinical practice to clinical teaching and administration, I found out that taking care of patients in a teaching clinical setting provided the additional thrill of a rewarding feeling of mentorship, of seeing a student doctor grow right before your eyes.

Now at the AOA I find that here too we have some great personal stories of individual growth and advancement. What a great win-win. Hard-working staff that improves service to members while developing new skills as people and valued employees.

Please join me in congratulating our AOA 2009 All-Star team of: Matt Willette from the Washington office, Sara Breed from Optometry’s Charity®, Jeanie Pancer from the Human Resources department, Laura Teasdale from the Meetings department, Kathleen Hayes from the Finance department, and Bob Foster from the Communications team.

To keep us on the right track in our team-building, let us know how we can better serve you. Member feedback (email editor@aoa.org) will help us fine-tune, improve the value of membership and guide us in selecting next year’s AOA All-Star team.

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**AOA offers free materials to promote Save Your Vision Month**

March is the AOA’s annual Save Your Vision Month. This year’s observance is focused on “healthy vision in the workplace,” reminding employees of the importance of regular eye care and safety.

New patient education pieces discuss the effects of prolonged computer and handheld device usage on the eyes and tips for preventing eye strain and visual discomfort; a second brochure highlights the proper selection and usage of eye safety wear for work and home environments.

The AOA is offering FREE materials to members to assist in their efforts in promoting Save Your Vision Month locally. The kit includes:

- Tip sheet on how to promote in the community
- Sample letter to send to human resources managers
- Two patient information sheets padded in quantities of 50:
  - Healthy Vision and Hand-Held Devices
  - Healthy Vision in the Workplace

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**InfantSEE® joins Facebook—become a fan today**

In just over one week more than 100 people have become fans of InfantSEE® on Facebook. Become a fan of InfantSEE® and help spread the word about the program to your friends, colleagues, InfantSEE® families—everyone with young children in their lives.

Our first goal is to reach 5,000 (or more) fans by June 8, 2010, InfantSEE®’s 5th Birthday.

If you are already on Facebook, simply enter InfantSEE® into the search to become a fan. For those who are new to Facebook, visit www.facebook.com, create an account and join the InfantSEE® Fan Club today.
SPOTLIGHT ON AOA MEMBERS

Ohio VOSH team in Haiti as earthquake strikes

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Volunteers in Optometric Service to Humanity (VOSH) – Ohio team last month provided eye and vision care to more than 2,500 patients in the Republic of Haiti, just before a massive earthquake hit the island nation.

The 16-person VOSH-Ohio team was just completing a volunteer eye care mission in the rural community of Kobonal, Jan. 12, when a massive quake rocked the republic’s capital of Port-au-Prince, about 75 miles away.

The VOSH volunteers had planned to celebrate a highly successful mission with a couple of days of sightseeing, according to mission coordinator Barbara Plaugher, R.N.

Establishing a temporary clinic in a mission compound maintained by the Roman Catholic Society of Our Lady of the Most Holy Trinity, the 16-person VOSH-Ohio team saw a total of 2,556 patients, distributing 1,140 pairs of eyeglasses, and referring 62 patients for cataract removal or other surgical procedures.

In addition to examining adults from Kobonal and most of the surrounding villages, the team screened nearly all of the village’s school children for eye and vision problems, according to lead optometrists and VOSH-Ohio Director Mark Pifer, O.D.

Screenings included distance acuity testing, examination by autorefractor, an eye health exam, and the selection and fitting of glasses if needed.

However, the earthquake, with a magnitude of 7 on the Richter scale, caused the VOSH volunteers to abruptly cancel their plans for a few days of rest and recreation, Plaugher acknowledged.

While none of the mission volunteers were injured during the quake, several reported experiencing vertigo as a result of the tremors.

Pictures in the mission compound swayed on the walls.

The VOSH-Ohio team saw a total of 2,556 patients, distributing 1,140 pairs of eyeglasses, and referring 62 patients for cataract removal or other surgical procedures.

Editor’s note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.

Got a story to share? Drop a line to TLOverton@aoa.org.

Ed Winbigler, O.D., of Shelby, Ohio, examines children on a VOSH mission trip in Haiti.

The U.S. Embassy immediately advised all Americans, including the VOSH volunteers, to leave the island. The VOSH mission was not equipped to provide the kind of emergency medical care necessary immediately following the quake, officials noted.

However, leaving Haiti immediately following the quake was not easy, Plaugher said. Commercial air traffic out of Haiti was grounded, the control tower and other facilities at the Port-au-Prince airport were damaged, and the border with the neighboring Dominican Republic was closed.

The best route out of the country, the VOSH volunteers ultimately found, involved hours of travel over gravel roads to an airport where, after several more hours of waiting in line, they boarded a U.S. Air Force C17 cargo plane for the trip home.

After landing at a stateside Air Force base, the VOSH volunteers (who actually could not be sure where they were headed when they boarded the plane) were able to book passage back to Ohio.

Other optometrists taking part in the mission were: Bill Campbell, O.D., Joyce Ramsue-Thompson, O.D., and Khadija Shahid, O.D.

Winbigler, O.D., Joyce Ramsue-Thompson, O.D., and Khadija Shahid, O.D.

Ed Winbigler, O.D., of Shelby, Ohio, examines children on a VOSH mission trip in Haiti.

Christina Fox, O.D., of Bucyrus, Ohio, participates in a VOSH mission in Haiti.

Christina Fox, O.D., of Bucyrus, Ohio, participates in a VOSH mission in Haiti.

Haitian children receive food on a mission compound maintained by the Roman Catholic Society of Our Lady of the Most Holy Trinity.
Industry Profile: Alcon

Bringing Quality Eye Care to People Around the Globe

Alcon is dedicated to helping the world see better and has made it a mission for more than 65 years to discover, develop, produce, and market high-quality eye care products that preserve, restore, and enhance sight. With products available in more than 180 countries, Alcon is committed to serving the world’s eye care needs with a broad portfolio that includes market-leading surgical, pharmaceutical, and consumer vision care products. Alcon’s products are dedicated to therapeutic areas that treat diseases and conditions of the eye such as cataracts, retinal diseases, and complications, glaucoma, infection and inflammation, allergies and dry eye in patients across the globe.

Alcon continues to expand its presence globally by entering emerging markets and working with eye care professionals to help them provide the very best care to their patients. By supporting training facilities all over the world, Alcon provides the education necessary to train health care professionals in areas where the need for vision therapy is so great. In addition, Alcon hosts educational events throughout the world intended to keep eye care professionals abreast of the latest technology and treatments in eye health care.

At Alcon research facilities, close to 1,500 R&D employees are working on the next generation of products that will treat sight-threatening diseases. Collaboration with other research organizations, academic institutions, and eye care professionals creates a flow of information and open dialogue that enables us to identify, research, and develop products that address unmet needs. Every year, Alcon makes the largest corporate investment in eye care research and development. In fact, over the next five years, Alcon plans to invest more than $3 billion in efforts to prevent and, one day, eliminate blindness.

Alcon has operations in 75 countries where nearly 15,000 employees work in areas like research and development, marketing and manufacturing. Our sales and technical service professionals can be found around the world. Clinical and regulatory teams positioned in over 40 countries work to make sure products are available everywhere there is a need. With unsurpassed global infrastructure, Alcon stands ready to meet the needs of eye care professionals and patients around the globe.

Alcon Corporate Headquarters, Alcon, Inc., Basch 69, CH 6331 Hünenberg, Switzerland.
Alcon U.S. Headquarters, Alcon Laboratories, Inc., 6201 South Freeway, Fort Worth, TX 76134-2099
800-862-5266
817-293-0450
www.alcon.com

Study shows lens design affects stability

Toric soft contact lens design affects lens reorientation and gravity induced rotation, according to a new study. The research, which compared the orientation characteristics of soft toric contact lenses using either an Accelerated Stabilization Design (ASD) or Prism Ballast Design, is published in the November issue of Optometry and Vision Science, the official journal of the American Academy of Optometry.

Twenty subjects participated in this single-sight, randomized, unmasked, non-dispensing study, which was undertaken in two parts. Four lens types were assessed: one Accelerated Stabilization Design, Acuvue® Advance® Brand Contact Lenses for Astigmatism (Vistakon®), and three Prism Ballast Desigs, Purevision® Toric (Bausch & Lomb), Air Optix® Toric (CIBA Vision) and Proclear® Toric (CooperVision).

In one part of the study, subjects were asked to lie on their side on a cushioned bench with their head perpendicular to the vertical and with the test lens worn in the lower eye. Lens orientation was photographed once it had reached its settled position. All lenses rotated from their normal position when subjects were placed in the recumbent position, however, the Accelerated Stabilization Design lenses rotated significantly less than the three prism ballasted designs.

The mean total rotation of the Acuvue® Advance® for Astigmatism lenses, from their original settled position, was 11.4 degrees compared with 25.9 degrees for Purevision® Toric (P=0.01), 18.4 degrees with Air Optix® Toric (P=0.02), and 37.4 degrees with Proclear® Toric (P=0.0002).

In another part of the study, the objective was to get a better understanding of the factors affecting reorientation of a toric soft contact lens if placed on the eye in a misaligned position. Lenses that do not leverage the effects of gravity, such as the ASD design employed by Acuvue® products, may be at a disadvantage when they are misaligned versus prism-ballasted designs that do leverage the effect of gravity. Lenses that employ ASD can only be misaligned by up to 45 degrees, whereas prism ballasted lenses can be misaligned by up to 90 degrees. To test this hypothesis, toric lenses were rotated approximately 45 degrees in the infero-temporal direction, and a video recording of lens reorientation was made from which blink-by-blink measurements of lens orientation were taken.

The speed of reorientation from oblique mislocation was similar for the four toric designs tested and ranged from 22 degrees/minute with Purevision® Toric to 25 degrees/minute with Air Optix® Toric. Lenses showed more rotation during, rather than between, the blink (P<0.001). These results confirm that, despite not leveraging the effects of gravity, the ASD design reorients as fast as the prism ballast designs when the lenses are grossly mis-orientated. Between blinks, Acuvue® Advance® for Astigmatism and Air Optix® Toric showed significantly more rotation than Proclear® Toric and Purevision® Toric (P<0.04).

There were no significant differences between lens types for rotation during the blink. The prism-ballasted lenses showed faster reorientation further away from the zero position.

“The result proves that gravity plays a significant effect on the prism ballasted lenses, as the effect would be expected to be more noticeable further from the zero position,” explained study author Graeme Young, Ph.D., FCCoptom. “Acuvue® Advance® for Astigmatism showed no significant difference in rotation speed with varying orientation positions, thus little to no effect from gravity!”

The study was sponsored by Vistakon®. A division of Johnson & Johnson Vision Care, Inc., marketer of Acuvue® Advance® for Astigmatism.
Essilor releases enhanced Varilux Physio lenses

Ensilor of America, Inc., the nation’s leading manufacturer of optical lenses, announces Varilux Physio Enhanced™ lenses. Designed with W.A.V.E. Technology 2®, the next generation Varilux® lens design, this new lens provides the sharpest vision at every distance, even in the most challenging low light conditions.

Variation in pupil size due to age, patient prescription, light conditions and viewing distance can lead to less sharpness in lower light conditions.

W.A.V.E. Technology 2 takes into account these four factors and manages distortions in the lens even more efficiently than current Varilux Physio, so the patient sees improved sharpness in any light, less eye strain and reduced swim.

In addition, the performance of Varilux Physio Enhanced lenses is guaranteed through systematic production utilizing the digital surfacing process. “Patients consistently rate sharper vision as the most important factor in visual performance,” said Carl Bracy, vice president of marketing for Essilor of America.

“Varilux Physio Enhanced lenses are available at all fitting heights of 14 to 25+ mm. This new progressive lens design proves 93 percent of image sharpness in low-light conditions—the best in the industry—and offers wider fields of vision at every distance compared to Varilux Physio lenses. No competitive lens can match Varilux Physio Enhanced for sharpness in daylight, and none preserves more than 85 percent of its sharpness in low-light. All Varilux Physio Enhanced lenses are dual-side digitally surfaced. Anti-reflective coating is not mandatory on Varilux Physio Enhanced, although it is strongly recommended. Varilux Physio Enhanced lenses are available beginning Feb. 2.

For more information, contact your Varilux lab representative or visit www.variluxusa.com.

Clompus joins CooperVision as vp, global professional relations

CooperVision announced that Richard Clompus, O.D., has joined the company as vice president, global professional relations, within the Global Commercial Strategy team.

Dr. Clompus will support clinical studies, education, and professional affairs on a worldwide basis in order to further establish CooperVision’s position in the global contact lens industry.

“Richard brings a wealth of experience and technical expertise to this role,” said Jeffrey A. McLean, executive vice president, Global Commercial Strategy, CooperVision. “We look forward to his contribution as we continue to develop our professional relations strategy, clinical programs, and enhance the overall experience of our customers.”

Dr. Clompus most recently served as director of The Vision Care Institute™, LLC, supporting student and doctor education in the United States, Canada, and Puerto Rico.

Prior to that, he was part of Johnson & Johnson Vision Care where he held leadership positions within the Spectacle Lens Group and Vistakon®.

He is a member of the AOA, a charter member of the AOA Contact Lens and Cornea Section, and a Fellow of the American Academy of Optometry.

Dr. Clompus was also in private practice for 20 years, establishing an innovative optometric practice in West Chester, Pa., providing multi-disciplinary eye care and contact lens specialty services.

He has exceptional expertise in the use of multimedia technologies for presentations and training, published many journal articles, and is a contributing author to several publications.

Dr. Clompus graduated from the Pennsylvania College of Optometry and completed a family practice residency at the University of Alabama School of Optometry in Birmingham.
MEETINGS

February

WINTER THAW
Delaware Optometric Association
February 6, 2010
Embassy Suites, Newark, DE
Yvonne Kneisley, O.D.
45 East Main Street, Ste. 201
Newark, DE 19711
302/224-9000
FAX 302/224-1524
yvonnekneisley@aoarx.net

SEA INTERNATIONAL
Sea International 2010
February 10, 2010
Georgia World Congress Center,
Atlanta, GA
Bonnie Frego
770/451-8206, ext. 13
www.sea2010.com

HEART OF AMERICA CONTACT LENS SOCIETY
49th Annual Heart of America
Contact Lens Society, Contact Lens and Primary Care Congress
February 12, 2010
Dr. Steve Smith
918/341-8211
registration@aoa.org
www.aoa.org

HOY VISION & CLINIMAN PERFORMANCE PARTNERS
BUSINESS OF EYECARE FORUM
February 13, 2010
Double Tree Hotel, Wilmington,
Delaware
Roberta Foggary
607/431-1100, ext. 112
foggary@clairman.com
www.clairman.com

AIA CRUISES
OPTOMETRIC CRUISE SEMINAR
February 18, 2010
Panama Canal Adventurer, aboard
the Island Princess
888/638-6009
aia@aoa.org
www.optimetricscruiseseminars.com

AIA CRUISES
OPTOMETRIC CRUISE SEMINAR
February 19-March 2, 2010
South America, aboard the Star
Princess
888/638-6009
aia@aoa.org
www.optimetricscruiseseminars.com

MONTANA OPTOMETRIC ASSOCIATION
2010 AOIA BIG SKY CRUISE
February 25, 2010
Big Sky Resort, Big Sky, Montana
Joan Cigala
406/443-1160
FAX 406/443-4614
swiegart@mtmanagement.com
www.mtoyess.com

MAINE OPTOMETRIC ASSOCIATION
OPTOMETRIC WEEKLY "CE & SKI" SEMINAR
February 26, 2010
Inn at Seven Mountain, Bend, OR
Wayne Schumacher
800/678-5357
www.mtoyess.com

TROPICAL CE
Playa Del Carmen, Mexico
February 27-March 6, 2010
Secrets Riviera
Josh Ogdon
218/906-6943
FAX 218/274-9338
www.tropicalce.com

AEAA CRUISE
2010 OPTOMETRIC CRUISE SEMINAR
February 28-March 7, 2010
Park City, Utah
FUNDraising Board
888/638-6009
aia@aoa.org
www.optimetricscruiseseminars.com

March

NORTH DAKOTA OPTOMETRIC ASSOCIATION
2010 NDOWA CONTINUING EDUCATION MEETING
March 4, 2010
Radisson Hotel, Grand Forks, ND
Nancy Kopp or Tracy Thomas
701/258-8766
FAX 701/258-9005
rdowa@btinet.net
www.ndowa.org

19TH ANNUAL OPTICIAN FOUNDATION MEETING
March 4-6, 2010
Fiesta Americana Coralisa Resort,
Cancun, Mexico
856/429-7413
info@optica.net
www.optica.net

WISCONSIN OPTOMETRIC ASSOCIATION
SPRING CRUISE SEMINAR
March 6-7, 2010
Grand Geneva Resort, Lake Geneva, WI
Johan Breig
800/678-5357
www.mtoyess.com

THE WILVER EYE INSTITUTE AND MARYLAND OPTOMETRIC ASSOCIATION
EVIDENCE BASED CARE IN MYOPIC CONTROL, RETINA, AND VISION ENHANCEMENT
March 7, 2010
Johns Hopkins Medical Campus,
Baltimore, MD
410/583-2843
emyovita@hmi.edu
rcbaldc@hmi.edu
www.optometries.org

NEVADA OPTOMETRIC ASSOCIATION
26TH ANNUAL SEE AND SKI LAKE TAHOE CONFERENCE
March 10, 2010
Holiday Inn Resort in South Lake Tahoe, Nevada
Cris Harvey
702/220-7444
Noak30@yahoo.com
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THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY
BINOCULAR Vision & Pediatrics Forum and the Children’s Learning Forum
March 18-19, 2010
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President,
from page 4

Congressional Advocacy Conference is set for March 2-4. I urge you to join us in D.C. and make our day on Capitol Hill even bigger than last year. (Register at http://congressionaladvocacyconference.aoa.org.)

In the meantime, whatever the president and congressional leaders discuss and decide, the AOA will continue working to safeguard patient access, expand recognition of who we are and what we do, and secure a chance for all of you and all of our colleagues across the country to weigh in and be heard.

Again, thank you for your efforts to get us where we are today and for your willingness to do more.

And yet another area in which we can do more is in the aftermath of the earthquake in Haiti.

The earthquake caused such widespread death and destruction that the entire world community has mobilized to assist in helping with food, shelter and medical attention.

Elsewhere in the AOA News, as well as in First Look, we will provide ongoing information on how you can help. On Jan. 21, the White House released a statement that I have excerpted below. Please give generously.

“We are all deeply affected by the devastation in Haiti. Our common humanitarian demands that we act, as does America’s leadership and deep ties with Haiti. At the request of President Obama, former Presidents Bush and Clinton are coordinating private assistance and urging Americans to help at www.clintonbushhaitifund.org.

You can contribute online through ClintonBushHaitiFund.org.

Text ‘QUAKE’ to 20222 to charge a $10 donation to the Clinton Bush Haiti Fund (the donation will be added to your cell phone bill).

Funding raised through State Department’s text message program (keyword ‘Haiti,’ and short code number ‘90999’): nearly $26 million.

Find more ways to help through the Center for International Disaster Information (www.cidi.org).”

Sincerely,

Randolph Brooks, O.D.
AOA President
Register Online Now!

Early-bird registration remains at $125 for AOA Members & $50 for AOSA Members. Join your colleagues and have access to all of the following:

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- Wines From Across Our Nation in the Exhibit Hall on Thursday
- Buck-a-Beer Night in the Exhibit Hall on Friday
- The Varilux® Optometry Student Bowl™ XIX and reception, where optometry schools compete for academic supremacy – Sponsored by Essilor
- Presidential Celebration on Saturday night, featuring Frank Caliendo & John Pinette – Sponsored by HOYA

Don’t forget to select your hotel from one of the hotels in our block. The AOA has blocked sleeping rooms at the Gaylord Palms® Resort and the Orlando Marriott World Center. Rooms go very fast... don’t delay!

To register, take advantage of early bird savings, and learn more about Optometry’s Meeting®, visit www.optometrymeeting.org
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The Section of Ophthalmology at Dartmouth-Hitchcock Medical Center is seeking a comprehensive Optometrist to join a dynamic and dedicated team of ophthalmologists and optometrists in a state-of-the-art, multi-disciplinary setting in a teaching medical center in Lebanon, New Hampshire. The successful applicant will provide comprehensive optometric care including contact lenses. This position also includes a faculty appointment at Dartmouth Medical School. Qualified candidates should have a doctorate in optometry (O.D.) and residency training or 3-5 years of experience in comprehensive optometry. Eligibility for licensure in the state of New Hampshire is required. We offer a competitive salary, a generous continuing education allowance, ample vacation time, health care benefits, malpractice insurance and a savings plan. Interested applicants should submit a letter of intent and current CV electronically to:

Peter G. Lapre, O.D.
Chair, Optometric Search
Section of Ophthalmology
Dartmouth-Hitchcock Medical Center
One Medical Center Drive, Lebanon, NH 03756
E-mail: Peter.G.Lapre@hitchcock.org

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<td>VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT! How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL, with the support of WCO and UNESCO, has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner: IMEC (International Medical Equipment Collaborative), a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (<a href="http://www.vosh.org">www.vosh.org</a>) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BFL), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Bio- microscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH-INTERNATIONAL, C/O VOSH-SE 3701 SE 66th St Ocala, Florida 34480 Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact <a href="http://www.vosh.org">www.vosh.org</a> with any questions or email <a href="mailto:dpvc@unis.com">dpvc@unis.com</a> and/or <a href="mailto:voshinternational@cornel.net">voshinternational@cornel.net</a></td>
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