

Focus On

The Ophthalmic Education Institute

From: Albert A. Bucar, O.D., D.O.S., F.A.A.O., Executive Director

In the August issue of *The Review of Optometry*, Dr. Irving Bennett wrote about the work of Dr. Raymond Roy. I asked Dr. Bennett if I could reprint it in our newsletter; he graciously consented.

Remember Prolonged Ocular Occlusion?

By Irving Bennett, O.D.

"Prolonged ocular occlusion"? I'll bet that well over 90% of the readers of this little article never heard the expression, particularly if the readers are optometrists who graduated later than 1980. So, what's the big deal?

In December 1967, Raymond Roy, a well-respected optometrist from Portland, Ore., presented a paper before the Annual Meeting of the American Academy of Optometry, in Chicago, describing a "Standardized Technique for the Prolonged Occlusion Test." Dr. Roy was not plowing new ground with the idea of therapeutic use of occlusion in the treatment of uncomfortable binocular vision. The theory that severe headaches and photophobia often occur in patients with latent binocular dysfunction due to uncorrected high amounts of phoria has existed for more than 60 years.

Dr. Roy developed a technique to make the discovery of the condition easy for practitioners to use. He managed to attract numerous O. D. advocates. Periodic reports about patients who magically recovered from years of "migraine headaches" began to surface. The miracle cure was a simple pair of eyeglasses with an unusually high amount of vertical or horizontal prism, and in some cases, both.

Not too many years after Dr. Roy reported at the Academy meeting, the profession of optometry took a sharp turn toward medical optometry. The definitive diagnosis of ocular medical conditions became much more attractive than the use of prisms in ocular lenses. The art and science of correct ocular dysfunction took a hit, and to this day, it has not made a full recovery.

Optometry's journey over the last 50 years has been nothing less than remarkable. New privileges and new responsibilities have emerged. Unfortunately, some of the older tests and techniques, like the use of prolonged ocular occlusion, were sacrificed to make way for change.

It is this sacrifice that many senior optometrists, retired and not, bemoan.

New Fellows:

Dr. David A. Nielsen
Dr. Sheila K. O'Shaughnessy
Dr. Frank M. Valintino
Dr. Robert Richardson
Dr. P. E. Warnik

New Life Fellows:

Dr. Arnold A. Schuh

CONGRATULATIONS to Dr. Alfred A. Rosenbloom, Board Member of the O.E.I.

In recognition of a legendary career that has provided treatment to thousands of patients as well as training to scores of doctors in the U. S. and overseas, the Chicago Lighthouse for the people who are blind or visually impaired has named its low-vision rehabilitation service in honor of Alfred A. Rosenbloom, M.A., O.D., D.O.S., a past Dean and President of the Illinois College of Optometry.



✓ Required T.Q., Certified or Approved C.E. for License Renewal

*Sunday, January 27, 2008 at St. James Hospital, Olympia Fields, Illinois

*Wednesday, August 6, 2008 Lake County Community College, Grayslake, Illinois

6 hours of T.Q. Certified and approved C. E. Co-sponsored by the U.M.S.L. College of Optometry.

Sunday, January 27, 2008 at the St. James Hospital, Olympia Fields, Illinois. Lecturer: Dr. Richard Madonna, O.D., SUNY College of Optometry: "Oral Pharmaceuticals in Optometric Clinical Practice, Management of Anterior Segment Surgical Patients and Glaucoma Grand Rounds".

**COMPLETE THE REGISTRATION FORM AND RETURN BY JANUARY 19, 2008
(ADD \$20.00 LATE REGISTRATION FEE AFTER JANUARY 19, 2008)**

Name _____ License# _____

Address _____

Phone _____ Fax _____

MAIL REGISTRATION TO OEI 745 Hanley Drive, Antioch, IL 60002

Following registration, confirmation and map will be sent. Continental breakfast & lunch included in registration fee.

FEE SCHEDULE

CERTIFIED C.E. (WITH EXAM)
OEI FELLOW \$135
NONMEMBER \$180

APPROVED C.E. (NO EXAM)
OEI FELLOW \$90
NONMEMBER \$130

THIS NEWSLETTER IS SUPPORTED BY THE FOLLOWING CORPORATE SPONSORS

HAUSER-ROSS EYE INSTITUTE

2240 Gateway Drive
Sycamore, IL 60178
Phone: 815-756-8574

EYE-KRAFT OPTICAL, INC.

Industrial Park,
P.O. Box 400
St. Cloud, MN 56302
888-455-2022
Fax: 800-950-7070

**BAUSCH & LOMB
PHARMACEUTICALS**
800-323-0000

ALCON LABORATORIES, INC.

800-451-3937

EYE GRAD & CO.

8613 Evergreen Lane
Darien, IL 60561
630-910-0986

FIRESTONE OPTICS, INC.

P.O. Box 419142
Kansas City, MO 64141
800-373-2020

ESSILOR OF AMERICA, INC

800-377-4567

ZEISS MEDITEC

5160 Hacienda Drive
Dublin, CA 94568

DIVERSIFIED OPHTHALMICS

800-626-2281

MEDICAL OPHTHALMICS

800-358-7797

MSS

5775 W. Old Shakopee Road
Bloomington, Mn. 55437

At a Glance: Global Eye Health

Worldwide there
are nearly
**45 million blind
people and
135 million
with low vision**

-Source W.H.O.

Athletes, protect that delicate body part

Associated Press New York-

If safety is the name of the game, protective eyewear is a must for young athletes, said Dr. Janet Neigel, a specialist in orbital-facial and reconstructive surgery.

"Eye injuries are one of the leading causes of visual impairment in children, and sports are a major cause of these injuries," said Neigel, the director of the Neigel Center for Cosmetic and Laser Surgery in West Orange, N.J.

Ninety percent of these injuries could be prevented if the children wore protective eyewear, she noted. Here are some of Neigel's eye-safety tips:

- Look for protective eyewear with polycarbonate lenses, which won't shatter like glass or plastic.
- Be sure to have the eyewear fitted by an eye-care professional
- Check labels on games and toys to make sure they are age- and maturity-level appropriate.

Pass on games or toys with sharp or protruding parts or projectiles and think carefully before buying darts or pellet guns.

- Remember to wear safety gear for all sports activities.

CHECK OUT O.E.I.'s WEB SITE

<http://www.umsl.edu/divisions/optometry/organizations/oei/OEIhome.html>

The Ophthalmic Education site will keep you posted on the latest at O.E.I., upcoming C.E. courses and C.E. course offerings at our site.

Send your comments to:

Focus on OEI

745 Hanley Drive
Antioch, IL 60002-1211
847-838-2020
email: oeidrb@aol.com

Send in your membership and fellowship dues with the form below

THE OPHTHALMIC EDUCATION INSTITUTE MEMBERSHIP FORM

Calendar Year 2008

To renew your membership with THE OPHTHALMIC EDUCATION INSTITUTE,
A not-for-profit educational foundation, please complete this form and return to:
O.E.I., 745 Hanley Drive, ANTIOCH, IL 60002

Name: _____ Phone: _____

Address: _____ Fax: _____

License #: _____

_____ O.E.I. Fellow \$100.00

_____ 65 yrs. or older - Life Fellow \$100.00

Vision Specialist Report (front)

The complete 2-sided form (form #DSDX20.8) is available from the Illinois Secretary of State online at www.cyberdriveillinois.com/publications/pdf_publications/dsd_x2010.pdf

VISION SPECIALIST REPORT

Secretary of State
State of Illinois

I. APPLICANT INFORMATION

Name Last	First	Middle	Driver's License Number		
Street Address			Birth Date Month Day Year		Sex <input type="checkbox"/> M <input type="checkbox"/> F
City	County	ZIP Code	Driver Facility Control Number and Date:		

II. INSTRUCTIONS TO VISION SPECIALIST

Applicants applying for an Illinois driver's license may be required to pass a vision screening. If the vision standards are not met, the applicant will be referred to a vision specialist. Driver Services employees do not recommend or suggest which registered vision specialist to contact.

Have the applicant sign and date this report in your presence. Place your signature and certificate number in Section VII. Comments may be entered in Section V. Sections VIII to XI (reverse side) must be completed for an applicant who desires to use a prescription mounted telescopic lens arrangement. READINGS WHICH INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (EXAMPLE: 20/40⁺ OR 20/100⁻)

If needed, a supplementary sheet, which has been signed and dated, may be attached to this report.

I authorize release of the report of this examination to the Secretary of State, Driver Services Department, Springfield, Illinois, for confidential use in my driver's record. This report shall remain valid for six months from the examination date shown below.

Applicant Signature _____

Telephone Number (Telescopic Lens Wearer Only) _____

III. ACUITY SECTION

Minimum Visual Screening Standards—Acuity

- Acuity:** – No restrictions = 20/40 (without corrective lenses)
 – Daylight driving only = 20/41 to 20/70 (with best correction binocular)
 – Failure = 20/71 or less (binocular)
 – Left and right outside rearview mirror = to or greater than 20/100 (monocular)

(For telescopic lens arrangements complete the report in Section VIII)

Vision Specialist Examination Certification

Acuity	Both	Right	Left
With correction	20/	20/	20/
Without correction	20/	20/	20/

IV. PERIPHERAL SECTION

Minimum Visual Screening Standards—Peripheral

- Peripheral:** – Monocular = 70° temporal and 35° nasal (105° total field)
 – Binocular = 140° total temporal field

(For telescopic lens arrangements complete the report in Section VIII)

Vision Specialist Examination Certification

Left Eye Temporal Reading	Right Eye Temporal Reading	Total Field of Vision*
_____	_____	_____

(140° or greater – qualification with no restrictions. If 139° or less see below)

* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal and a nasal reading. At least one of the eyes must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° in order to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.

Complete only if received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal	Nasal	Total	Temporal	Nasal	Total
_____	_____	_____	_____	_____	_____

V.

The specialist will please check all applicable items:

- _____ Applicant should drive in daylight only.
- _____ Applicant would not accept correction.
- _____ Corrective lens(es) were accepted, checked and approved.
Date: _____

- _____ Prescription spectacle mounted telescopic lens arrangement. (See reverse.)

Comments: _____

VI.

Please check all applicable items:

- _____ Annual exam
- _____ Condition stable
- _____ Condition deteriorating (please explain)
- _____ Condition warrants monitoring (please explain)

- _____ Other (please explain)

If #3, 4 or 5 is marked, please indicate diagnosis and your recommendation for re-examination in _____ 6 months _____ 12 months
 _____ Other

VII.

I certify that I have personally examined the eyes of the above-named individual and that a true record of my examination appears hereon.

Signature _____

Certificate No. _____

Business Address _____

Telephone Number _____

Date of Examination _____

City/ZIP Code _____

JESSE WHITE • Secretary of State

DSD X-20.10