

WHERE DO WE WANT THE PRACTICE OF OPTOMETRY TO BE IN 2010?

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My favorite definition of vision is that vision is the ability to see the invisible. Research will ultimately provide the vision that answers the question posed by this panel because what the practice of optometry will be like in 2010 is now invisible. However, at this point in time we can try to predict this invisibility. There are three important tools available to help us do this.

The first tool concerns the services unique to optometry, while the second concerns our ability to use research discoveries to enhance our uniqueness. The last depends on the ability to recognize trends that influence our society and then to use this knowledge to position the profession so that we can leverage our uniqueness to both the public's and our own benefit.

All three reflect a common element that distinguishes every profession and that element is *uniqueness*. Unless a profession has a body of knowledge and expertise unique unto itself, it is nothing more than a technical sub-branch of another profession that does possess a unique body of knowledge. Optometry's growth as a learned profession is directly tied to our uniqueness.

Let's take a closer look at these three tools. Optometry undeniably provides unique services in four distinct areas.

- ▶ We are the only providers of eye care who have both the manpower and geographical distribution to bring primary eye care to the entire population of our country.
- ▶ We are the only profession with a unique knowledge of binocular vision and

visual perception and their influences on human performance and behavior.

- ▶ We are the only profession with a unique knowledge of how to maximally provide care for those individuals requiring low vision rehabilitation.
- ▶ We are the eye care profession with a unique knowledge of all aspects required to prescribe and provide continuing care for the contact lens patient.

Several research initiatives have the potential for enhancing our position in each of these components that constitute our uniqueness.

- ▶ In primary care, the number one research initiative deals with antigens. Research in this area holds the promise of allowing those in primary care to accurately diagnose every known disease and to do so before the acute stage.

- ▶ In the areas of binocular vision and visual perception we stand at the threshold of significant advancement.

By the year 2010 over 95% of our work force will be using video display terminals. Lifelong learning will be a fact of life for those who want to live above the poverty level. Research will enable us to more precisely understand dysfunctions of binocular vision because of electrophysiologic probes so that our management of these problems will become maximally effective.

Breakthroughs in research in Virtual Reality have the potential for making visual perceptual therapy the most sought after care offered by optometrists.

- ▶ In spite of all the press it is receiving, the present initiatives into the surgical correction of refractive conditions will all fall short, and contact lenses, because of research, will remain the most viable option for those not wanting glasses. I believe that surgery will not be feasible for most patients because it requires the manipulation of living tissue that differs among individuals, and even after surgical correction the refractive state of the

eye can change. Further, in the information-based society of 2010, near vision will become increasingly more important than distant vision, and refractive surgery will not account for presbyopia. It is probable that research will enable us to develop a permanent wear contact lens that allows the cornea to receive all the required nutrients, is completely comfortable, is nearly 100% soil resistant, and can be designed to correct all refractive conditions with superb optics.

- ▶ The graying of America will offer us unprecedented opportunities to serve this growing population. In fact, currently, the fastest growing age group comprises those 90 and over. We are well aware of the devastation the aging process brings to the retina. The research initiative is to develop low vision aids that are cost effective, cosmetically acceptable and practical for the daily requirements of senior citizens.

I want to close by answering the question posed by this panel: "Where do we want the practice of optometry to be in the year 2010?" Personally, I want the great bulk of optometrists to be providers of care that includes the diagnosis of every known disease and visual dysfunction. From this position they will treat primary conditions of the eye and visual system and triage patients with primary, secondary and tertiary problems that are outside their scope. Included in this triage will be other optometrists who have advanced training that will include all the components of eye and vision care. In the area of research, I believe we will have earned at least two Nobel Prizes.

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