Welcome Ladies & Gentlemen, Children of All Ages!

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Since I accepted the position as Editor-in-Chief of the Journal of Behavioral Optometry, I began to agonize about the topic of my first editorial. I researched what constituted an editorial. I looked at what my predecessors spoke about in the years they held this position. I even began reading the editorial page of the local newspaper. In doing this research, I came across an editorial written 22 years ago that still rings so true today.

Written by Editor Emeritus Dr. Irwin Suchoff, “What, Another Journal?” was the first editorial in the first issue of this Journal. Several key points were made as to why the Journal was created including: 1) the profession and practice of optometry was changing; 2) the Optometric Extension Program Foundation (OEP) looked inward at the manner in which it was providing education; 3) a new optometric audience was becoming more receptive to the message OEP had to offer; 4) there was an increasingly greater amount of interaction between optometry and other professionals. It appears to me that these reasons are even more crucial now than they were in 1990.

Optometry, as taught in most colleges of optometry, is medically-based. The curriculum is filled with course after course in the disease genre. Yes, there is indeed a sprinkling of “vision” related courses, but they are becoming few and far between and are in many cases taught as contradictory to “medical optometry.” In looking at the major optometric meeting exhibit halls, there is a sea of equipment related to the detection of disease processes in the eye. Commercial optometry and the public’s desire to both pick up groceries, toys, and clothes at the same time as getting their vision care needs met is not going to subside anytime in the near future. While the profession of optometry has and will continue to change, behaviorally related practice will always be needed and is a vital part of the success of the profession.

OEP educates optometrists and therapists of all experience levels in many different ways. Besides the Core Clinical Curriculum that came about through an agreement with Baltimore Academy for Behavioral Optometry (BABO) in 2003, the Regional Clinical Seminars are as strong as ever. The DOC list, created in 2009 with the cooperation of the College of Optometrists in Vision Development (COVD) and Neuro-Optometric Rehabilitation Association (NORA), is hosted by Southern College of Optometry (SCO). The DOC list provides the opportunity for clinicians to discuss cases and issues germane to the practice of optometry. Publications and video interviews are produced, including some “gold standard” books that without OEP would have withered and faded away. Pamphlets and brochures on a multitude of subjects are available to distribute to patients, parents and referral sources. The Journal, a peer-reviewed bi-monthly publication is the cherry on top of the ice cream sundae. Looking back through the archives, available on the OEP website, one sees that some of the brightest minds in the field have written articles in the past 22 years. This form of education is desperately needed so that we may all be well informed and practice to the maximum of our ability.

Behavioral optometry is an international discipline. With the explosion of the internet, we can chat instantaneously with colleagues all over the world. The amount of information at our fingertips is unimaginable. As behavioral optometry is small in comparison to the entire profession, the need to have these international connections is paramount to our survival. Keep in mind that this specialty in other countries, similar to the United States, is also not generally at the forefront of the profession’s focus. No pun intended. It is even more vital that we support our international brothers and sisters to the best of our ability.

Using a multidisciplinary approach in the treatment of patients is required to maximize success. Behavioral optometrists interact regularly with professionals in the fields of neurology, pediatrics, occupational, physical and speech/language therapy as well as psychiatry and general medicine. The Journal was aimed at “communicating the mechanisms and results of those interactions.” This mission is ongoing and will continue to be of highest importance.

Looking back at the first editorial helps to set the stage to what is about to be a monumental step for this Journal. Volume 22, Issue number 4 marks the start of the digital revolution for the Journal. We hope the changes will astound and amaze everyone both in and outside of the field of optometry. You will see links to video, audio and picture files not found in the traditional publication. Website links will abound. Who better to explain an author’s research but the author themselves? When discussing a piece of equipment,
wouldn’t a video of it in use help bring it to life? It is often said that a picture is worth a thousand words. If that is the case, a video should be worth close to a million.

You will also be seeing a shift in the members serving on the review board. I would like to thank officially those that have faithfully served in that capacity for their hard work and dedication to making the Journal what it is today. I will be introducing the new members of the review board in greater detail in the future but to all of them, a hearty welcome! As you will see, they are a good mixture of optometrists representing a variety of American optometric institutions, private practitioners from the United States and the international community, as well as divergent philosophies within the behavioral vision community. They will serve both to review articles submitted and to become frequent contributors (even though most are already).

While the content of the Journal for the most part will remain unchanged, I am an outside the box thinker. I will not always stick with the traditional research articles and case reports typically seen but will try to bring you information that is innovative and clinically oriented. One of the first changes which I hope is already appreciated is the “Review of the Literature” section that began appearing earlier this year.2 A better informed reader translates into better care. Each review will focus on a different topic and will feature from two to four articles. Please feel free to email me with topics or articles you consider germane.

Connecting with the private practice optometrists is essential. I know you have all heard the requests from Drs. Maples and Suchoff, begging you to write, but simply add my name to that list. If you want to see more “thinking” and less lecturing in the Journal, make it happen. If you want to see more vision therapy procedures explained or certain types of cases discussed, submit them. This Journal is not mine or even the OEP board members’, it is yours.

Now, off the soap box I step. Perhaps I should now introduce myself a bit so that we become better acquainted. I am a 1997 graduate from Washington University in St. Louis at which I studied environmental science. I met my wife Elissa in my freshman year, but we did not start dating until my junior year. Don’t ask, it is a long story! We traveled to Philadelphia together and I attended the Pennsylvania College of Optometry, when it was still just training optometrists. I graduated in 2001 and practiced at several offices in New Jersey before realizing my passion for academics and pediatrics/vision therapy. We moved to Florida where I obtained a residency at Nova Southeastern University in Primary Care with an emphasis in Pediatrics. After completing the program, I stayed on faculty for two and a half years. In 2005, my first son Seth was born. He never stopped moving in utero and is still the most active child I know. In 2007, we moved to Memphis, Tennessee where I took a position at Southern College of Optometry and my second son Ari was born. While not as active as Seth, Ari also generally does not stop moving. I currently serve as the Chief of the Vision Therapy and Rehabilitation service and am the supervisor for the residency program in Pediatrics and Vision Therapy. I am a Fellow of both the American Academy of Optometry and the COVD, am active with the OEP and the National Board of Examiners in Optometry, and serve on committees in many other organizations. Finally, I got a Master’s of Science in Clinical Vision Research from Nova Southeastern University in 2010. I am a busy beaver as they say but I would have it no other way.

Finally, I would like to acknowledge two individuals that have dedicated themselves to the success of this Journal. I am truly standing on the shoulders of giants in taking this position. Drs. W.C. Maples and Irwin Suchoff will remain involved as Editors Emeriti, and I hope that they will also contribute new material for future generations of optometrists to read and enjoy.

In thinking about the topic of this first editorial, I also wondered if I should have a consistent sign off as they do on TV. What could I say that would sum up an editorial and send the readers on their way to read the rest of the journal? I pondered and slept on it for several days and nights and realized that I knew it all along. You will have to forgive me as I am simply borrowing this statement from my 86-year-old grandfather. I hope you enjoy the content of the Journal and I wish you, “Good luck and good health always.”

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Journal of Behavioral Optometry

Editor in Chief
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