As a professor of optometry I have the privilege each year of advising incoming first year students. There are a number of benefits to the student of having an advisor. Initially, any apprehensions about entering a professional school can be addressed. The student has someone with whom he or she can discuss issues in a knowledgeable and effective manner. Later in the student’s career, the advisor can arrange special assistance in the form of tutoring if the advisee is having inordinate difficulty in negotiating a course. Advising is a valuable and often informative process for both the student and the professor.

In the course of “getting to know you” the Southern College of Optometry sponsors a barbecue during the first week of school. Each professor is assigned a table and the advisees sit with the professor over sweet tea (it is the south you know), cole slaw, baked beans and a barbecue sandwich. In the course of conversations, the advisees learn about the professor and the professor learns about the advisees. I have found that asking the following question to be invaluable in facilitating the interchange: “How did you become interested in the profession?” The answers are varied and frequently go beyond the basic question. In this regard, I would like to share the recent response of one of my assigned students.

After explaining how he became interested in optometry and had gone successfully through the admission process, he felt it would be beneficial to interact with several practicing optometrists. The student had been startled by the negative attitude of one of these practitioners. The optometrist indicated that there were too many optometrists, “one on every corner” and the competition is becoming more and more of a challenge. The practitioner further informed the prospective student that the profession was in the process of developing three new optometry programs (Texas, Arizona and California). The optometrist was concerned that it would be increasingly hard for him to make a living and he really did not enjoy “turning dials.” I propose that it is productive to discuss the optometrist’s allegations.

It is difficult to accurately determine the number of “dial turning” optometrists, particularly as we end an era where the profession has greatly expanded its scope of practice. Nevertheless, it is true that refraction is and always has been the primary concern of optometry. Indeed, a study by Soroka et al showed that refractive care accounted for almost 40% of all procedures carried out on just over 11,000 patient encounters by 480 optometrists over a two day period. A search of Medline did not find a similar study for ophthalmology, but it is not unreasonable to assume that “dial turning” is also a significant part of that profession’s clinical diagnostic regimen.

The optometrist’s concern with the three new educational programs assumes that there is not a need for more optometrists. However, before a new school or college of optometry can even apply for initial recognition by the profession’s accrediting body it must complete and submit a feasibility study of the proposed professional optometric degree program in terms of: public need, career opportunities for graduates, student interest, availability of an appropriate patient base, financial resources, availability of faculty, and physical facilities. Additionally, it must complete a thorough self study report according to rigorous requirements. Consequently the creation of these new educational institutions require evidence that there is a need in terms of the public and student interest.

I do not believe that the optometrist’s attitude is representative of the profession at large. Rather, it is the opinion of a disgruntled individual. It is strange how one can be so negative with the opportunities of the profession that go beyond “turning of dials.” Consider that optometry has both diagnostic, therapeutic, hospital, minor surgical and laser privileges (Oklahoma). These relatively recent expansions in the scope of practice have been followed by optometry’s increasing role as an American mainstream health care profession. This is evidenced by optometry’s...
speakers have been added to the program. Excellent attendance has been recorded for the eight seminars held in 2007-8. Dr. Howard Bacon has served as Chair of the Speaker Development Program for five years. Under his leadership many of the speakers at OEP Congresses and Regional Clinical Seminars have voluntarily had their presentations reviewed and critiqued by selected attendees. Constructive comments from the reviewers are shared with the speakers to allow them to further develop their skills as professional speakers and improve the educational value of their presentations.

OEP President Beverley Roberts also recognized Dr. Hohendorf for his dedicated effort as Chair of the CDC. Bob has worked tirelessly with staff Director Mrs. Theresa Krejci to develop and improve the OEP education programs. As Chair, Dr. Hohendorf has responsibility for the OEP Clinical Curriculum, Regional Clinical Seminars, Foundation of Vision Therapy and support for OEP Congresses and Forums, Speaker Development and supporting all OEP publications. Dr. Hohendorf also serves as a Clinical Curriculum Instructor and Foundation of Vision Therapy Instructor.

OEP depends greatly on the commitment of volunteers to provide excellence in education in behavioral vision care. The Board of Directors sincerely thanks these and the many others who support the Foundation’s various education programs.

**OEPers IN THE NEWS**

The Press Enterprise (Riverside, CA) published, “Study Looks at Treatments that Treat Eye Coordination Problem,” in its October 29 issue. Citing the Archives of Ophthalmology study reported on page 132, the paper interviewed OEP Clinical Associate Benjamin Kohn, O.D. “CI is what we call a reading-related vision disorder,” said Dr. Kohn. “One of the things we think causes it is visual stress such as reading, writing and working on computers. Because most vision screening tests done by schools or pediatricians test distance acuity, disorders such as CI often aren’t noticed.”

The Orange County Register (California) published an article, “Be Diligent with Lazy Eye,” in its October 22 issue. OEP Clinical Associate Kauser Sharieff, O.D., was interviewed along with John Hovanesian, M.D., and Paul Urrea, M.D. Dr. Sharieff reported the success she has had treating children, as well as adults, with vision therapy. She stressed the progressive sequence of vision procedures that are individualized to fit the needs of each patient likening vision therapy to “physical therapy for the eyes and brain.” Dr. Hovanesian likened lazy eye to two digital cameras, “one is, let’s say a 10 pixel, the other is .1 pixel. Obviously the 10 pixel is going to have a better picture. You can add and do things to the .1 pixel to help sharpen the picture and make it look better, but the quality is never going to be the same as the 10 pixel.” He suggested that prisms and exercises make vision better “but the best thing to do is to go to an optometrist or an ophthalmologist and find out if there is a muscle problem, a behavioral problem or an entirely different situation that needs to be addressed.”

The Primary Eyecare News (PEN) announced in its September/October newsletter, Focal Point, that Carl Garbus, O.D., is retiring from the PEN Advisory Board. Dr. Garbus served the Board for 12 years and will continue to support the organization’s webinar programs.

The September, 2008, issue of the education journal, Principal Leadership, published an article by OEP Clinical Associate, Antonia Orfield, O.D., “Eyes for Learning.” In it she urges comprehensive eye examinations for all students so that easily “overlooked” vision problems do not cause learning problems. Dr. Orfield has authored a book by the same title of this article. Eyes for Learning is available from OEP. (See Product News on page 139.) She was the chief investigator of the Boston Mother School Inner-City Vision and Learning Project and was the Director of a six-year research project on children’s vision and school work. She also planned, with Drs. Irwin Suchoff, Carl Gruning and Bruce Moore, the Harvard Conference on Vision and Learning held in April, 2001. Three papers from that Conference were published in the JBO (Vol. 12, No. 3, 2001).

Dr. Richard Laudon, associate professor at New England College of Optometry was interviewed by the Lowell Sun (MA) on August 14, 2008. In the article, “Vision Problems Don’t Equal Bad Eyesight: Vision Training Improves Child’s Eye Function,” Dr. Laudon suggests that “ophthalmologists and pediatricians haven’t ‘bought’ into VT.” He further said that “while vision training is an important therapy, it needs to be looked at in the context of the whole child. We can eliminate some problems, but we don’t solve all of life’s problems.”

Yet, at the core, the spirit of this profession is lenses, prisms and optometric vision therapy to make them comfortable and efficient in their daily life. I was once involved in a debate on where the profession was headed. One argued that in 10 years optometrists would not be involved in refractive services. My position was that the proper evaluation and treatment of a patient with lenses/prisms and vision therapy was and would continue to be the calling of optometry. I pointed out that health care was about decreasing mortality and morbidity and one of the most devastatingly morbid things that can happen to a person is to be without his lenses or contacts. At this point, I polled the audience by asking how many wore some type of correction for either distance or near. Almost all raised their hands. The point was made. Prescribing a proper lens and the proper pairs of lenses for all of the patient’s needs is the bedrock of this profession. To do this, you must “turn dials” and provide VT. These services are indeed a noble and needed service to mankind.

**References**
