

EDITORIAL

WHAT, ANOTHER JOURNAL?

At a time when most of us are hard pressed to keep up with the existing literature that forms the expanding knowledge base in this truly remarkable and vibrant profession of ours, an additional journal might well be viewed with some alarm. For a relatively small profession, we have a substantial number of periodicals of excellent quality that inform and instruct us in all areas of optometric practice and research. So, the question changes from "What, another journal?" to "Why another journal?"

The most important reason for the creation of the *Journal of Behavioral Optometry (JBO)* is a recognition by the Board of Directors of the Optometric Extension Program that the profession has been changing and continues to do so at a rapid rate. We have progressed from a limited scope of practice to one where diagnostic pharmaceutical agents are the rule and therapeutic pharmaceutical agents are fast becoming the rule. We have moved from reimbursement by third party providers being the exception, to a point where insurance coverage of our patients is the major fiscal reality of practice. The physical aspects of practice have changed too. Computers are at the reception desks of an increasing number of offices and automated visual field testing units are becoming as indispensable as the retinoscope.

Further, how we practice is also changing. The "specialty practice," be it contact lenses, low vision, or vision therapy, appears to be less viable today than in the past. The economic forces that drive us are creating the necessity of the

model of a primary care practice with all or some of the "specialty" areas incorporated in it.

Consequently, the decision of the Board of OEP to recognize and do something about these profound changes to more effectively serve the profession is both sound and courageous. It has required an examination of the methods by which the organization has educated and communicated in the past, both from the lecture platform and in print. This has resulted in significant changes in the Regional Seminars over the past several years and in the decision to change from the monthly OEP chapters format to a refereed Journal. Further, there is evidence that there are new optometric audiences becoming increasingly receptive to what OEP has to offer. This includes both American optometrists who wish to incorporate vision therapy and/or a behavioral philosophy into their practices, and optometrists of other nations who already are utilizing orthoptic and behavioral methods of diagnosis and treatment but have a limited international basis of communication.

Beyond this there is the recognition of the significant and increasing interaction between behaviorally oriented optometrists and other professionals--educators, psychologists, low vision mobility specialists, neuropsychologists and physicians. This journal will particularly seek to communicate the mechanisms and results of these interactions. Hopefully, new doors of inter-professional cooperation will open to our readers that will enhance patient care and practice growth.

The trick of it all will be to not sacrifice the past for the future--to not let the OEP "baby" go down the drain with the "bath water." It is a challenge, but with the commitment of the Board of Directors and administration of OEP and the quality and diversity of people on the Journal's Editorial Board, it is one that is attainable.

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