

FREE!

focus

 Ontario Opticians Association

“The Official Voice of Ontario Opticians”

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President's Message

By Ali Badreddine, RO



The success of Inside Optics never ceases to amaze me, with over 520 Ontario Opticians present at Inside Optics 2009, Sunday April 5th, and a sold out trade show we have again broken our previous record of attendance.

The energy that a successful day like that brings is enormous! The challenge now is to harvest that energy and make it work in a positive way for Ontario Opticians. I have been overwhelmed with emails from opticians who were very impressed with the day as well as wanting to be a part of a winning team. We have 2 new directors joining our team and we look forward to working with both of them. Welcome board to Kelly Wabrik and Rachel Hill-Campbell.

As registered opticians in this great province, we set the bar for the rest of the opticians across the country, we need to be at the forefront of education, we need to be at the forefront of government lobbying, we need to be at the forefront of being the best that we can be. We need to move forward and stop hesitating for hesitation means moving backwards when everyone else is still moving ahead.

We watch with respect, nurses in Ontario being able to prescribe some medication after some hard lobbying from their association, we watch pharmacists being able to prescribe certain drugs after some hard lobbying from their association and we watch optometrists are able to prescribe drugs after 12 years of lobbying. What do all three have in common? A strong association that can boast over 70% membership. With a strong association comes financial stability and with financial stability comes strong and effective lobbying.

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Strategy Planning Session , “What does the Future Hold”

Sunday, April 5, 2009 Inside Optics 2009

By Ali Badreddine, RO

The Clinic focused on a few important issues facing opticians and our profession as a whole. It looked at issues that affect every one of us on a daily basis. This session, mediated by myself, involved over 40 opticians from a very broad spectrum - An equal number of GTA opticians, out of area Opticians, independents and those who work for larger chains were well represented. On the agenda were two topics: Internet contact lenses and refraction. Two and a half hours for the session but we could have used five hours as everyone involved had great ideas and felt very passionate about the issues.

The Internet contact lens issue was a hot topic of discussion since opticians know that contact lenses are a medical device that must be dispensed by a health care professional and checked on a regular basis. Such a message is not communicated to the public and therefore we see internet contact lens companies popping up everywhere, their business increasing at steady rate while our contact lens business decreasing at an alarming rate. The first impulse people may have is to say, “Why can't our association or our regulatory body stop this?” But is legislation on our side? The current trend of government is to offer people more choices and also to give them more responsibility for their own health care. On the issue of the sale of cosmetic contact lenses by unregulated persons such as jewelry stores and dollar stores, three separate provincial governments including British Columbia have pretty much told us that if people are silly enough to buy and use these products with lack of caution...that's their sorry tale but it is not the government's responsibility to save them from their own foolishness.

Why do people buy contact lenses online?

Ipsos-Reid Survey asked 6,000 Canadians:

“Where would you prefer to purchase your eyeglasses and contact lenses?”

- Eye doctors office/ independent eyewear shop - **87%**
- Chain Store - **11%**
- The Internet - **1%**

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Over the past few years we have been able to increase our membership dramatically, but our target is 100%. For us to be effective, to be financially stable, and for our lobbying to have impact we need all of you. Increasing membership should not be a job left solely to the directors of our association. If each current member tries to bring in one member then we will have met our goal. We all know opticians who are not members. Download a membership application from our website and keep it folded up in your pocket. You can make it easy for your friends and colleagues to join. Fill out the form for them and fax it to our office. 416-226-6879.



Ali Badreddine, RO

Congratulations to the following Door Prize Winners from Inside Optics 2009:

- Charles King
- Gordon Chin
- Mohammed Quddus
- Sally Elsayegh
- Mercedes Beniluz
- Allan Benakoun
- Du Du

Thank you to the following companies that donated door prizes and give-aways for Inside Optics 2008: Alcon Labs, Carlos International, Channel Cam, CS, Luxottica, Marchon,

Facebook for OOA Members

Keep up with optical news and network with other Opticians.

Join Facebook at www.facebook.com and go to the Ontario Opticians Association Group.

All are welcome!

“Why do you choose to purchase through the Internet?”

- Better price 68%
- Convenient 41%
- Better selection 1%

Remember this is perception and not necessarily reality.

What can we do to protect our patients?

The group of opticians that gathered agree that when it comes to technology and the internet we fall short. We are well trained eye care professionals, but not very good business people, we must be both. As opticians we are one of the few health professions who work for and operate retail stores. We need to eliminate the perception that the internet offers a better price; we need to offer our patients a more convenient way of ordering their contact lenses; and we need a more convenient way of delivering contact lenses to our patients.

The refraction issue was an easy one. What came out of the discussion was unanimous, opticians in Ontario must be able to refract if we are to survive in this market. The dispensing of eyeglasses and contact lenses will not suffice if we want to continue to work and be successful in this profession. It was unanimous that for Ontario Opticians to be able to expand their scope of practice to include refraction we all must get involved.

- We all must contact our MPPs and set up a meeting to discuss the issue of refraction for opticians.
- We must educate ourselves, it is hard to convince the Ministry of Health and Long Term Care that opticians should be able to refract when only a handful has the ability to do so.
- Our educating colleges, both Georgian and Seneca must get on board and start working towards making sure that every graduate is a Refracting Optician.
- The OOA must continue with their strategy of lobbying the Ontario government to expand our scope of practice to include refraction.
- On a national level, the OOA must work with groups to make sure that this vision is broadened to include all the provinces.

The strategy session was a huge success and we look forward to holding more of the same sessions in the future. What opticians think and want matters to us and if we don't know what you are thinking we we can't represent you.

Please feel free to email me or call me any time you have something you want to discuss at kaltenbock@bellnet.ca

Inside Optics 2009 – Wrap up

By Dana Sacco, RO
OOA Vice President and Director of Continuing Education



On April 5, 2009 The Ontario Opticians Association hosted over 550 Opticians at Inside Optics. The positive energy and buzz was created right when the doors opened. It was apparent that Opticians were in a great mood this year and actively networking, catching-up with old friends and making new ones!

Our opening act was Caroline Mc Isaac-Power RO, registrar of the College of Opticians of Ontario. Caroline shared some survey results about how Canadians view opticians and professionalism. It really shed some light on the future of Internet Eyeglasses and Contact lenses. The key to our future as a profession is to maintain our standard of professionalism and education and to make sure the public understands why Opticians are registered health care professionals. According to Caroline the College is busy together with The Council of Canada, the COO is creating awareness about the Profession of Opticianry and educating the public on the key role Opticianry plays in the Vision Care team.

Parm Dhillon, council member at the College of Opticians gave us a sneak peak at the upcoming changes in Quality Assurance.

The lecture series included Tim Schmidt RO from Transitions and Pierre Bourre RO from Essilor. These veteran lecturers were real crowd pleasers. Tim really made us think twice about what we say as Opticians. He showed hidden camera video of a secret shopper purchasing glasses from Opticians in New York. Not only was it hilarious to see the common misnomers used in our industry it really made you squirm to hear how silly we can sound if we don't have a polished presentation and a genuine connection to the customer. Pierre really made an impression, because he got the most mentions on our exit survey. Pierre's candid style of speaking, open and positive body language really kept it real. His perspective on selling sunlenses and insights for understanding the technology in sun lenses made an impact. The Optician to Optician approach in lectures seems to really meet the needs of working opticians. It's a networking approach to continuing education. Yvan Bertrand RO from Rodenstock had some great graphics regarding how a classic

progressive can still have specialty features. Rodenstock Impression FreeSign lenses offer a design for different lifestyles optimizing distance, intermediate, and near depending on what feature the patient needs the most. In classic Yvan style he had to "spice" up our morning tossing chocolate mints to the crowd. New on the line-up was Lorne Kashin RO, who had served 7 years as OOA president and still volunteers as a director. Lorne spoke for Nikon, his topic was selling premium lenses in a slow economy- can you relate to that?! He really refreshed and energized the crowd to think about their job differently and take a new approach to educating patients and showing them the value of hi-tech lenses.

Johnson and Johnson provided a great presentation about building your contact lens practice with toric lenses. Dr. Shalu Pal was the only Optometrist on our speaker list. The reason I point this out is that although the OOA is very open to working and building positive relationships with Optometrists, we also have a strong commitment to Opticians educating Opticians. The OOA feels that there are so many diverse and knowledgeable Opticians in Ontario and Canada that we are honored to give them opportunities to speak and develop their speaking portfolios.

New on the line up was a Vision Screening Workshop. This session sold out almost immediately and we plan to continue this series. Andrea Bedor RO and Martin Lebeau RO were instrumental in designing this workshop.



Back by popular demand was Geoff Briede RO our in house refraction specialist. Geoff brings his own refracting experience and his experience working for B&H in the refracting equipment sales industry. Geoff is part of the OOA's commitment to increase the scope of practice of Opticians and meeting the high standards for education of refracting Opticians. The OOA goal is to see every new graduate have this important skill that defines modern Opticianry.

The overwhelming success of minipods in years past led to the lunch hour forums in the main lecture hall. All attendees had an opportunity to earn a extra credit during the trade show.

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James Ahola from Tura dazzled the crowds with his positive energy and ideas. If you love James as much as we do look out for his regular articles in Vision Magazine! Essilor also offered an extra credit at their booth.

Thanks to MPP Mr. Bas Balkissoon, Parliamentary Assistant to the Minister of Health and Long-Term Care for delivering greeting from Queen's Park. Mr. B Balkissoon also invited the new senior policy



advisor to the Minister of Health to learn about our profession. The Board was happy to have a few minutes in this informal setting to chat with Ms. Shabnum Durrani. We look forward to our continued meetings with the Ministry of Health, improving and moving Opticianry forward.

For these very reasons Ali Baddredine RO, president of the Ontario Opticians Association hosted a small group of volunteers to participate in a discussion group regarding Refraction, delegation and other hot button issues facing our industry. From this meeting Howard Brown from Brown Cohen formed a government relations committee. We look forward to the dialogue that will result from this new meeting of minds!

A special thanks to Essilor, Platinum Elite Level partner of the OOA. Without this sponsorship we would never have been able to offer free continuing education for our members! Thanks to Transitions, Gold Level Partner who have taken a special interest in developing professional relations with Ontario Opticians and initiated special projects like Neighbourhood Eye Care Fair. Also Thanks to Johnson and Johnson, Bronze Level Partner and Rodenstock Industry Partner for their continued support.

And for the first time in recent history the OOA did a very well received t-shirt toss. Thanks to Marchon for providing 200 t-shirts that were "tossed" to the crowd throughout our breaks, it really kept people cramping up. We are definitely working on more comfortable chairs for next year! Thanks to Alcon Labs for donating two gift baskets. Carlos International provided a deluxe Tim Horton's gift basket and Luxottica gave away five pairs of Rayban sunglasses. Thank you to all speakers, participants, Opticians and Industry Partners. Inside Optics 2009 was a huge success and we look forward to Inside Optics April 2010. See you there!

The Over-Corrected Myope Essay

By Geoff Briede, RO, OOA Director

In my previous article in the last Association newsletter, I wrote about the optical state of the under-corrected hypermetrope. In that article I promised to discuss the condition of the myope with too much correction in my next.

At first consideration the two situations would seem to be the same thing; after all, the "direction" on a number line of the "mistake" is the same: less plus=more minus. In addition to this, both situations require the patient wearing the "incorrect" refraction to accommodate in order to see clearly at distance/infinity ranges. There are some unique differences, however, and I will outline some of them herein.

It's been said in many ways by many different refractionists that there is nothing simpler in the whole field of ocular refraction than the symptomatology of myopia, which is, in its entirety, blurred distance vision. This might seem like an oversimplification, but, astonishingly, it is not. Aesthenopic symptoms (fatigue, burning eyes, headache and limited near point tolerance) are created not by the myopia itself but rather by the associated conditions – astigmatism, muscle imbalance, or anisometropia – or by the way the myopia is managed. So why are the problems encountered in the correction of myopia greater in profusion and confusion than in any other area of refraction? Is this only because of the admittedly larger number of myopes in the world? Or could it be that clinicians themselves create iatrogenic difficulties?

To save you the effort required to look it up, iatrogenic is defined as "adverse effects or complications induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures." Iatros means "physician" in Greek, and -genic meaning "induced by" according to the International Scientific Vocabulary. In other words, "iatrogenic difficulties" are physician-induced problems, conditions and/or diseases; in recent years, however, the word has been used more and more frequently to describe the same class of inadvertent adverse effects and complications that result from the treatments and advice of non-medical practitioners, like optometrists and chiropractors.

Often the first clue you get from the over-corrected myope is complaints of aesenopia. "Myopia and aesenopia? Impossible," you might think, "eyestrain is not a symptom of myopia." However, if that myope's prescription was based on a manifest refraction performed without sufficient efforts to suppress accommodation then, while wearing that prescription at least, that myope is, in fact, a hypermetrope. In other words, someone without enough plus power in front of their retina and such eyes, as we're all aware, are very much subject to eyestrain.

There are many considerations the refractionist must keep in mind in order to make the myope comfortable; far too many for the scope of this article. To get one well and truly started on the road

to complete understanding, I suggest the reader does some independent research on the subjects of ciliary spasm, pseudo-myopia, night myopia, and the many methods for measuring accommodative range and the "AC/A" - the accommodative convergence to accommodation ratio.

Here are two clinical points I'd like to remind you of at this juncture:

- 1) If a myope is pre-presbyopic, every bit of additional minus incorporated into the refraction to increase distance clarity will further stress accommodation at near and will push the patient ever closer to the brink of presbyopia. So, go easy on the minus, eh?
- 2) Excess minus power (especially in myopes) is occasionally prescribed by the strabismologist to treat exodeviations – especially in patients too young to talk back or complain.

To end this discussion I want to de-fuse the question that new refractionists often ask after they've worked on a few dozen over-corrected myopes and under-corrected hypermetropes. To paraphrase: an 18 year old 0.75 D hypermetrope, with a normal amplitude of accommodation (probably in the neighbourhood of 11 D), will function comfortably without glasses, yet an 18 year old 0.75 D myope with the same accommodative abilities becomes symptomatic when given a -1.50 lens. The combined result is 0.75 D of hypermetropia while wearing that -1.50. So, obviously, the accommodative stress is the same in both patients. So, why the difference?

The discrepancy is related to the extra accommodative demand suddenly produced by the abrupt over-correction of the myopia. The non- or under-corrected hypermetrope has learned from the beginning of his/her visual life to affect unconsciously a comfortable balance between the accommodation required to see clearly and the vergence necessary to maintain fusion. For instance, to see clearly at infinity the hypermetrope has to accommodate but NOT converge. In actuality, the hypermetrope has to use fusional divergence to counter the accommodative-convergence that normally accompanies their accommodation. As he/she moved into the teens the hypermetropia gradually decreased and in direct proportion, so did the need for fusional divergence. Therefore, this hypothetical hypermetrope is now quite comfortable having had the buffering effect of a very long adaptation period.

For the suddenly over-corrected myope it's different. As myopia increases over his/her lifetime, the properly-corrected myope spends quite a bit of their lifetime under-corrected, while they wait for their eye exam to be due, or for their glasses to be covered again by the insurance company. During this time, the demand on his/her accommodative response for any given task is less than normal and so fusional convergence is exerted to maintain binocular vision. If suddenly over-corrected (even by as little as 0.75 D) there is an abrupt increase in accommodation, which triggers – as it should – additional accommodative convergence. Now he/she must use fusional divergence to maintain binocularity. This sudden stress on the vergence is probably more significant in producing symptoms than is the sudden stress on accommodation. Of course,

the greater the overcorrection, the greater the symptoms. This is yet another example of how changes in ocular or binocular functions are not tolerated when made abruptly.

There is a third clinical point I'd like to make before putting this article to bed, and that is about how over-corrected myopes get over-corrected in the first place. Refractionists are often heard to say: "Myopes love their minus!" And it's true too; given the choice, a young myope will almost always opt for another 0.25 or more of unnecessary minus power. (Myopes old enough to have lost all of their accommodation are extremely easy to refract; if you over-minus a myopic 70 year old, you'll hear about it immediately as their distance vision goes blurry again. The blurriness is in the other direction, true, but it's just as blurry!) Remember, when a refraction is performed it is always done monocularly – you occlude the left eye, refract the right eye, then occlude the right eye and refract the left eye. With monocular refractions you haven't got the "vergence brake" described above to keep you from over-correcting your patient. Even if you did have the benefit of the "vergence brake" it often takes several hours of wear before aenopic symptoms occur. Therefore, it's important that you always keep my "Golden Rule" in the front of your mind: make myopes earn their extra minus. As a rule of thumb, each 0.25 D of power equals a line on the Snellen chart. If the patient wants that extra minus 0.25 D, but they can't read the next line down the chart like they should be able to, then don't give it to them. Another useful trick is to check your work binocularly. After finishing the left eyes' refraction and after doing your balance tests, but before you make your near point measurements, open both eyes up to the chart, and ask the patient to fixate on the smallest line they were able to see monocularly (with the best eye). Now, reduce the minus in front of both eyes simultaneously by 1 click (0.25 D) at a time. While doing so, ask the patient to "keep it in focus as long as you can." You'll be surprised, sometimes, just how much minus you can "steal" back from the patient without affecting the final visual acuities. This technique can be used with both hypermetropic and myopic patients, always piling on power in the plus direction, but because of the vergence stress an over-corrected myope experiences, it is (in my experience) particularly effective on the myope. Be sure to check the power balance again after this procedure as it sometimes uncovers other "interesting" things besides over-correction of the myope.

It should be pointed out that these pointers only apply only to healthy, whole and un-traumatized eyes. Damaged or diseased eyes require a different mode thinking entirely.

Here's a fourth clinical point: if you find your freshly-refracted myope needs a reading addition much larger than you'd normally expect for their age group, assume you've over-corrected them and go back to the beginning to reassess the entire refraction, including your original premise. Ask additional questions, if need be, to test the validity of your premise. Check your retinoscopy again; anything and everything should be reconsidered and re-measured to find out where you

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went wrong. Most refracting text books have a simple table showing the average progression of presbyopia by age group. An “add by age” table should be located and committed to memory. I had one copied by hand on my desktop blotter when I first started, and by the time a month had gone by I never needed to refer to it again.

The only way to have a high rate of success in your refracting career is to approach it logically, methodically and honestly. By constantly testing and checking the logic of your arithmetic at each point in the process, you arrive – more often than not – at a result that will make your patient happy and coming back. They may even start recommending you to their friends and family.

Happy refracting!

Geoff Briedé, RO

References: “The Fine Art of Prescribing Glasses Without Making a Spectacle of Yourself” by Benjamin Milder, MD & Melvin L. Rubin, MD.

You can email Geoff at geoff.briede@gmail.com.

The OOA is pleased to offer you this Con-Ed Accreditation Essay. Please contact the OOA to obtain the corresponding Questionnaire. Once completed you must mail or fax it back in order to receive your accreditation.

News from HPRAC

Health Professions Regulatory Advisory Council advises the Minister on whether unregulated health professions should be regulated, whether regulated professions should no longer be regulated, amendments to the Regulated Health Professions Act, a health profession act or a regulation under those acts, quality assurance and patient relations programs of Ontario's health regulatory Colleges, and on matters referred to it by the Minister.

Members of the Council are appointed by the Lieutenant-Governor in Council. In formulating its advice, HPRAC seeks knowledgeable information and comment from members of the public, community organizations, interest groups, health professional regulatory colleges and associations, and conducts extensive research. The Council aims to be accessible and open, and its consultative processes may include written submissions, public hearings, focus groups, research projects and community meetings in order to capture the experience and expertise of those with an interest in the matter.

HPRAC has submitted its latest report, Critical Links: Transforming and Supporting Patient Care <http://www.health.gov.on.ca/english/public/pub/ministry_reports/hprac_08/hprac_08.html#report09> to the Minister of Health and Long-term Care. Please go to for report http://www.health.gov.on.ca/english/public/pub/ministry_reports/hprac_08/hprac_08.html#report09 See Chapter 13- Profession of Optometry page 310.

NAIT/OAC Optical Programs in Ontario

The NAIT/OAC Optical Sciences Programs are produced by the Northern Alberta Institute of Technology (NAIT) and endorsed and administered by the Opticians Association of Canada (OAC) in partnership with the Provincial Associations in most provinces. The courses are offered in an online, distance-learning format.

OPTICIANS ASSOCIATION OF CANADA NAIT/OAC ADVANCED PRACTICE SIGHT TESTING COURSE DESCRIPTION

The Advanced Practice 2 - Sight Testing Program is produced by the Northern Alberta Institute of Technology (NAIT) and is endorsed and administered by the Opticians Association of Canada (OAC).

The Advanced Practice 2 - Sight Testing Program is an online, independent study program that is one (1) year in length.

The course explores the art and science of the refraction, including phorometry, strabismus, and muscle imbalances. Emphasis is placed on the objective refraction, orthoptics and the subjective refraction.

**At the time of publication, Refracting (Sight Testing) is not currently within the scope of practice of Opticians in many provinces, this course is for educational purposes only in those jurisdictions. This program has, however, been approved and meets the criteria as required by the Standard of Practice for British Columbia and Ontario.*

PREREQUISITES – Completion of NAIT/OAC Advanced Practice One (Theory) and Advanced Practice Practicum Levels One & Two OR equivalent licensure in an advanced practice (Contact Lens licensure). The OAC reserves the right to exclude any person lacking in the prerequisites. Individuals with equivalent licensure must submit a copy of their license with their application form.

COURSE – This course is offered online only. Students will receive their textbooks in paper format, however, the course manual and course assignments are only accessible online via the internet.

The course consists of both a theoretical portion and a practical portion. The theoretical portion of the course contains a course of study governed by prescribed textbooks and online course material. Each LOG (Learning Outcome Guide)/Chapter in the course has a post assessment that must be completed online by the student according to a designated schedule. The student must also complete online discussion assignments and an online lab seminar assessment. The lab seminar assessment is an article based on an area of refracting which the student reads and then answers a series of prescribed questions. This lab seminar assessment is also completed online.

To complete the practical component of Advanced Practice 2 – Sight Testing, a student is required to complete 50 clinical/ practical hours under the direct supervision of a practising MD, OD, COMT or Refracting Optician. Students may complete these hours

by making the appropriate arrangements with a certified supervisor, or by attending lab sessions/workshops administered by the Northern Alberta Institute of Technology (NAIT) in Edmonton, Alberta. The lab sessions held by NAIT will provide students with approximately 25 practical hours, therefore, students must attend 2 lab sessions to complete the required number of hours. These 50 clinical/practical hours do not have a determined completion date, however, must be completed within an appropriate time frame.

The NAIT lab sessions/workshops held each year will take place in Edmonton, Alberta at the NAIT campus**. All fees associated with attendance to the lab workshops at NAIT are the responsibility of the student. The dates and times of the labs will be provided to the students as they are determined.

**Depending on the number of students enrolled in the program in your area, the Opticians Association of Canada may administer a Sight Testing lab in your area. You will be notified shortly after course commencement.*

A NAIT completion certificate will not be issued until both the theoretical and practical portion of the course are completed.

REGISTRATION – Students interested in participating in the Advanced Practice 2 - Sight Testing

Program must submit their application form, proof of licensure (copy of License) and payment to the Opticians Association of Canada. Students must ensure that their application form is filled out in its entirety before submitting it for acceptance.

COURSE FEES - \$2500.00 (Subject to change) - This fee is payable to the Opticians Association of Canada. Fees can be paid by cheque, money order, VISA or Mastercard. There is a \$25.00 fee for NSF cheques. This fee does not include textbooks, workshop fees (if applicable) or rewrite examination fees (if applicable).

TEXTBOOK FEES (Subject to change) * GST percentage is 5%

Textbooks may be purchased through the OAC or from an alternate source.

Primary Care Optometry, Grosvenor - \$147.00 + GST
Fundamentals for Ophthalmic Technical Personnel, Cassin - \$102.00 + GST

MARK BREAKDOWN – The overall pass mark for the course is 63%. The mark breakdown for the is as follows:

Advanced Practice 2 - Sight Testing

Online Chapter Post Assessments	10% of final grade
Online Lab Seminar Assessment	10% of final grade
Online Participation*	10% of final grade
Midterm Exam	30% of final grade
Final Exam	40% of final grade

**Online participation marks will be based on participating in online chats and discussion assignments.*

PROGRAM CHAPTERS/LEARNING OUTCOME GUIDES

The Advanced Practice 2 – Sight Testing course includes the following LOGs (Learning Outcome Guides):

LOG 1	Learning with LOGs
LOG 2	Objective Refraction
LOG 3	Subjective Refraction
LOG 4	Muscle Balance Testing
LOG 5	Binocular Vision Testing
LOG 6	Analysis & Interpretation

EXAMINATIONS - A mid-term examination is held in January and a final examination at the end of April.

The overall pass mark for the course is letter grade C (63%).

If a student does not pass the course after writing the final exam, they are allowed to take a rewrite exam approximately one month after the final. There is a fee for the rewrite exam of \$125.00.

If a student fails to pass the course after writing the rewrite exam they must repeat the entire course.

The Opticians Association of Canada is responsible for arranging a suitable examination venue in your area for the midterm and final exams. The examination venue will be based on the location of the majority of students and will be a maximum 250 km radius from your home city/town. Examinations are a maximum of 3 hours in length and consist of 100 multiple-choice questions. Examinations **MUST** be written on the scheduled day at the scheduled time.

WITHDRAWLS/REFUNDS - A full refund, minus an administration and restocking fee of \$100.00, will be given on course material (in unmarked and resellable condition) for any withdrawals made within two weeks of the course start date. **STUDENTS MUST SUBMIT THEIR REQUEST FOR WITHDRAWAL IN WRITING PRIOR TO THE TWO-WEEK DEADLINE.** Requests for withdrawal are to be sent to the attention of the Education Department at the Opticians Association of Canada office. No refunds will be made after this date. This rule applies to ALL students and does not change based on enrolment date.

If interested please contact OAC for an application
www.opticians.ca <<http://www.opticians.ca>>

“Ride for Sight”

Motorcyclists Fighting Blindness, Saturday June 20, 2009

Ontario Opticians Association Optician Team **“The Rolling R.O.’s”** are looking for team members and pledges for their ride. Please support their efforts in this great event. If you would like to join the team or make a pledge please contact the OOA office at info@ontario-opticians.com or 905-709-41-41 or 877-709-4141 or you may make a direct contribution on on-line <https://secure.e2rm.com/registrator/SponsorTeamSearch.aspx?EventID=21815&LangPref=en-CA> <<https://secure.e2rm.com/registrator/SponsorTeamSearch.aspx?EventID=21815&LangPref=en-CA>>

The Rolling R.O.’s team captian: Jeff Fernades - Other Team Members: Eli Ovadia, Yvan Bertrand, Tim Schmidt

Ride for Sight, Canada’s largest motorcycle charity event will be celebrated on the streets and waterfront of Collingwood, Ontario in 2009. The new “Ride for Sight - Collingwood Waterfront” will take place the weekend of June 19th to 21st, 2009. “The new partnership between Ride for Sight and the Town of Collingwood means that not only can motorcyclists enjoy the festivities and support the cause, but that everybody from residents to local businesses can now participate in this great weekend festival in some way,” said Debbie Dixon, National Marketing & Event Manager, Ride for Sight.

What is Ride for Sight?

Ride for Sight is the longest running motorcycle charity fundraiser in Canada; the first ride began in 1979 in Central Ontario.

Since its inception, Ride for Sight has been hosted in many different regions, annually (including Minden, Peterborough, Fenelon Falls, Collingwood).

In 2008, eight Ride for Sight events will be enjoyed in seven provinces across the country (Alberta, Saskatchewan, Manitoba, Northwest Territories, Maritimes, Newfoundland, Central Ontario and Northwestern Ontario); each regional Ride has its own unique features.

Annual Ride for Sight weekend celebration events are supported in part by generous corporate sponsorship and are organized by volunteer Ride for Sight Planning Teams.

While Ride for Sight participants are primarily comprised of motorcyclists – volunteers, fundraisers and supporters also include non-motorcyclists and families affected by retinal diseases.

Ride for Sight is the single largest private fundraising initiative for vision research in the world.

To-date, Ride for Sight has raised more than \$17 million in support of the Foundation Fighting Blindness, the only organization in Canada whose sole mandate is to fund research for blindness caused by retinal degenerations.

How Ride for Sight Works

Ride for Sight participants collect donations (some, all year round) from friends, colleagues and family; those who raise a minimum donation of (\$50 to \$75 depending on region), are eligible to participate at a Ride for Sight Celebration event.

The Celebrations feature a variety of activities including: bike games, live entertainment, show n’ shines, a vendor marketplace and more.

Participants also have the option of riding in a motorcycle parade from a select location to the celebration site; takes place on the Saturday of the weekend celebration; Central Ontario Ride is the largest motorcycle parade in the country.

Ride for Sight’s Cause

In 2008, Ride for Sight nationally raised \$1.1 million dollars for The Foundation Fighting Blindness, the only organization in Canada dedicated to funding research into the causes, treatments and cures for retinal diseases such as retinitis pigmentosa and age-related macular degeneration.

100% of donation money collected by riders and volunteers in online donations and donor books is given directly to The Foundation Fighting Blindness – Canada.

Since 1979, Ride for Sight has helped fund important vision research through the Foundation Fighting Blindness at universities and teaching hospitals across Canada, including The Hospital for Sick Children in Toronto, University of Toronto, University of British Columbia, Memorial University of Newfoundland, Montreal Children’s Hospital, Universities of Calgary, Alberta and Lethbridge, and the University of Western Ontario.

“Not many people know that Ride for Sight motorcyclists and their family and friends have been the largest community funding Canadian vision research for more than 25 years,” said Sharon Colle, National Executive Director, Foundation Fighting Blindness. “Their commitment to fund research into the causes, the needed treatments and ultimately the cures for blindness is inspiring.”

Neighbourhood Eye Care Fair

Ontario Optician Association will be holding our annual spring “Neighbourhood Eye Care Fair” at the Ride For Sight, June 20, 2009, Collingwood, Ontario. If you are in the area and you would like to be a volunteer optician please contact Karin at karin@ontario-opticians.com for more details.

Award Announcements

The Ontario Opticians Association is proud to announce the following award:



Optician of the Year 2009

Rachel Hill - Campbell, RO

(L to R) Ali Badreddine, Rachel Hill-Campbell, Dorina Reiz.

Introducing OOA 2009 New Directors

Kelly Wabrik

Hello my name is Kelly Wabrik. I have lived in Barrie since 1989 but grew up in Toronto (Willowdale). I have two children, Andre, 22 yrs and he is just completing his 5th year in Mechanical Engineering at UOIT (University of Ontario Institute of Technology) and Kristy, 20 yrs old is just completing her 2nd year of Liberal Arts studies at University of Waterloo.

I graduated from Georgian College in 2005 and I worked my Co-op's at several different Optical venues to experience the different aspects of Opticianry. For the last three years have been dispensing EG and CL's at an Optometrists office called Big Bay EyeCare here in Barrie, which just recently became an Iris Vision Group franchise.

While attending Georgian College, I was elected the student representative to sit on the Advisory Board for my year and since graduation, I have stayed on as a Student Alumni member.

I am very much looking forward to sitting on the Board of Directors for the OOA to hopefully work and contribute in a positive manner so that the Opticians of Ontario will continue to move forward and grow."

To contact Kelly, kewabrik@hotmail.com

Rachel Hill-Campbell

Optician since she was born – father was Hans Hill – Optician in Canada for 30 years. Began optical career at age 8 – placing tray tags on trays, and arranging tint samples in Father's office. Graduated Georgian College – 1994. Began optical career working with Sears Optical Chain, worked as freelance optician with several independents. Began own store - Personal Optical in 2004, Won – New Business Award – 2006. Woman of the Year – 2005 – Runner Up. Niagara Entrepreneur of the Year – Emerging Entrepreneur - 2009. Canadian representative for Transitions Campaign in 2005. Optician of the Year – 2009. Mother of two children – ages 10 and 6. Strong passion for Optical Industry and vision care with children, and promoting healthy eyesight.

To contact Rachel eyewear@personaloptical.com

OOA office: 877-709-4141

“Everyone wants more credits”

Here are some hard facts about your Con-Ed credits.

During Inside Optics time, we always hear “we want more credits” “ why can't the lectures be worth 2 or 3 credits”. ‘why can't we get 12- 15 credit per day”

FYI. Here are the hard cold facts about your con-ed credits. All con-ed credit activities must meet the criteria set up by the College of Opticians of Ontario Quality Assurance Committee. That criteria is outlined in the COO Quality Assurance Policy.

In live or multi-media presentations - seminars/lectures/ workshops each credit must be minimum 45 minutes of actual presentations time not including set-up or question and answer period. For any submission that is to be considered for an eyeglass or contact lens credit, the presenter must be an optician, medical doctor or optometrist in their jurisdiction, instructor at a recognized academic institution or have a least five years of work experience in their respective field of specialization.

These are the following credit categories...

EG - Eyeglass-Credits in this category represent topics associated with eyeglass technology, Fabrication, fitting techniques, emerging technology and product specific topics related to eyeglasses are all examples.

CL - Contact Lens- Credits in this category represent topics associated with contact lens technology. Fabrication, fitting techniques, emerging technology and product specific topics related to contact lenses are all examples of this credit.

EG/CL credits in this category represents topics and activities associated with the anatomy, physiology of the eye, the visual pathway, ocular structures and systems.

GB - General Business-Credits in this category represent topics associated with general business practices.

PA - Professional Activities. Credits in this category represent activities with the profession of opticianry. Examples include lab tours, volunteer work, annual general meeting, emergency medical courses.

No 45 min. presentation is going to be worth more than 1 credit and in one seminar day it is impossible to earn 15 credits unless you are willing to sit in a lecture hall for 11 1/2 hours.

Dry Eye - The Optician's Approach Essay

By Dana Sacco, RO, OOA Director

Understanding dry eye and how to help your clients is a useful tool to providing complete eye care. Dry eye occurs in three classifications mild, moderate and severe. Typically diagnosis occurs during an eye exam with an Optometrist or Ophthalmologist. A patient may come to you with the information that they were diagnosed with dry eye and were given samples by their doctor. A few questions arise at this point. What is the role of the Optician and what can the Optician do to help their client?

Consider the Optician the pharmacist of eyecare. If a medical doctor writes a prescription for anti-biotics to their patient, the patient takes the prescription to a pharmacist. The pharmacist then fills the prescription and provides the necessary counselling to the patient to take the medication properly. A patient may ask a pharmacist for independent advice for symptomatic relief. For instance cough syrup to alleviate a cough or pain medication to alleviate associated aches and pains...

If we relate this theory to dry eye, The Optician knows the patient has been seen by an Optometrist or Ophthalmologist and presents a prescription for eyeglasses. The assumption here is that a full oculo visual assesment has been completed otherwise a prescription would not have been issued. The patient is seeking further consultation or advice regarding dry eye. Information regarding dry eye products and their protocols is readily available to Opticians.

Your interview skills will assist you in being helpful to your patient. The first step is to determine what the doctor diagnosed. If they have a mild or moderate dry eye, my first question is always "are you taking any other medications in the form of eye drops i.e. post surgical anti-infective or glaucoma medication" If yes dry eye therapy should not be used at the same time as not to dilute the prescribed drug's efficacy. Standard protocol is usually recommending the drug instillation first, and the dry eye therapy about 15 minutes after. By then, the drug has had a chance to get to its target tissue, and efficacy should not be adversely affected. If the patient is unclear regarding their diagnosis it is appropriate to ask if you can call the doctor's office to clarify the diagnosis.

What are the patients' symptoms? Examples are dryness that gets progressively worse throughout the day. Environmental factors such as fans, dust, poor air quality etcetera. Age related dryness is very common. Those over age 65 produce approximately 60% less tears than they did at age 18. (Source Alcon Labs)

Another interesting fact is that 36.8 % of patients taking (oral) medications reported dry eye symptoms. (Source CANDEES-Canadian Dry Eye Epidemiology Study)

If your patient has not recently seen a doctor regarding their dry eye, a few questions can determine if the patient has mild or moderate dry eye vs a severe dry eye.

1) Have you recently had eye surgery?

Patients who have Lasik surgery often report persistent dry eye syndrome that last for up to 6 months after the surgery. The post-LASIK symptoms are suggested to be a result of the corneal nerves getting cut during surgery. (Source Alcon Labs and Lee J.B. et al Comparison of tear secretion and tear film instability after photorefractive keratectomy and laser in situ keratomileusis. J. Catarat refractive SURG Vol 26 September 2000)

Post cataract patients also utilize dry eye therapy to alleviate the discomfort associated with the disruption of the tear flow pattern caused by swelling and edema associated with the incision made in cataract surgery. Proper instillation is very important so as not to injure the eye with the dropper or contaminate the contents of the bottle. For patients with age related reduced manual dexterity (arthritic hands etc) small "sample size" bottles can be hard to handle. A retail sized bottle provides better handling and the "bulb" of the bottle is larger and easier to squeeze.

2) Do you currently take any medications?

Medication Category	% of patients that reported dry eyes
Eye Problems	61.5%
Kidney Problems	49.4%
Allergies	46.0%
Birth Control	45.4%
Menopause	40.9%
Stomach/Intestinal	40.2%
Thyroid	37.2%
Diabetes	37.1%
High Blood Pressure	32.8%

3) Do you work or live in an area with poor air quality?

Allergens, smoke, wind, air conditioning, pets, excessive computer use- fans from desk top computers that blow dust toward eyes

4) Is there any sudden pain associated with your dry eye?

Sudden pain especially in the morning is commonly associated with recurrent erosions. This should be referred to an ophthalmologist although the most common therapy is an over the counter non prescription treatment called Muro 128 in combination with a preservative free eye drop like Bion tears. Even though the optician does not make the recommendation at this point it is useful to know what the patient can expect.

Typical symptoms of dry eye include: Dryness, tired eyes, ocular discomfort, burning or stinging sensation, scratchiness, foreign body sensation, sensitivity to bright light, mucous secretions in the eye, contact lens intolerance.

A healthy tear film is made up of Mucin, Aqueous and Lipid layers. The Mucin layer closest to the eye and is produced by the Goblet cells. Mucin helps spread the tears and stabilize the tear film. A proper mucin layer helps extend the Tear Break up time.

Aqueous layer is a watery tear layer that sits on top of the mucin. The Aqueous is produced by the lacrimal gland.

The exterior Lipid layer is produced by the Meibomian Glands. If there is overproduction of Aqueous, referred to often as watery eyes this is often a symptom of Dry Eye. This can be induced by a defect or atrophy of the lacrimal gland. Blocked meibomian glands or a meibomian gland dystrophy can reduce lipid production and cause the aqueous to evaporate.

For symptomatic relief of mild dry eye, a good quality pharmaceutical grade lubricant eye drop can be used once or twice a day. If the patient can identify the cause of the dry eye: for instance extended computer use, I suggest preventative dry eye therapy by instilling drops prior to computer use. Systane Ultra is a good choice for this recommendation because the viscosity catalyst is sorbitol based and dissipates immediately upon contact with the tear film. The benefit to your customer is that there is almost no visual disruption or blurring caused by the tear film yet it is a long lasting drop that protects the cornea from damage during prolonged periods of reduced blinking. Other examples include just prior to long distance driving: the small environment of a car combined with heat or air conditioning blasting toward the face combined with prolonged periods of time staring at the horizon create dryness for most people regardless of a dry eye diagnosis. This symptomatic relief is a welcome suggestion. Opticians are trained with interview skills regarding eye wear selections. These same skills apply to dry eye. A happy client is a loyal client. I am not an advocate of samples for dry eye. As Opticians we already “give away” many of our skills in the name of customer service. I advise the approach of instilling the drops for the patient or supervising them while they demonstrate the instillation. I label my sample as “office sample do not remove”. The patient can instantly feel the benefit and is motivated to purchase. A new product that I am enjoying some success with is the Systane ultra Home and Away kit. It provides a purse size and a home size for one low price.

If a patient has a moderate or severe dry eye the treatment needs to be multi-faceted. A good quality lubricant is essential but this is only the beginning. I recommend proper cleaning of the eyelash margin with a single dose sterile towelette formulation like Lid Care from Novartis. By VERY gently exfoliating the skin cells at the base of the eyelash margin you help expose the meibomian glands and stimulate gland production. You also eliminate any barriers impeding the proper spreading and distribution of lipids. The mild soap needs to be gently and thoroughly rinsed away. It is important to note that eye tissue is very delicate and the cleaning regimen should suit the client's skin type. People with excessively dry skin types need to use this method sparingly. However they will find it beneficial if the dry skin is collecting at the base of the lashes. I also recommend warm compresses for about 5 minutes over the eyes, or a microwaveable bean bag found at many health food stores. (as a side note the cloth used for the compress should be clean and not washed with any abrasive detergents or fabric softeners)

In the case of severe dry eye I recommend clients ask their family doctor if they are candidates to take Omega 3 fatty acids. An oral dose up to 1000 mg a day can help alleviate dry eye syndrome. Combine this with long lasting dry eyedrops, warm compresses and a dry eye sleeping goggles prevent dehydration from incomplete lid closure during sleep.

As with any other aspect of health care and eye care compliance to treatment regimen will improve the patients success. It is important for the patient to inform their eye doctor of the dry eye treatment you have recommended. Similar to a pharmacist recommendations if symptoms persist consult your doctor.

Dry eye and the contact lens wearer is familiar territory to many opticians. One of the important thing to note is that every contact lens wearer brings unique circumstances as to why they are presenting with dry eye. So the conclusions drawn regarding one wearer's symptoms may not apply to another.

Considerations for determining the report of dry eye symptoms include:

1. Health of the ocular tissue including the lid conjunctiva – check for GPC often patient decides they have dry eye and continue to overwear their contacts. They need to discontinue use of their contacts and introduce a mast cell stabilizer. I find a 30 day supply of daily disposable lenses gets the patient through this annoyance. It is important for the patient to realize that their problem is not environmental but a symptom of overwear and improper cleaning.
- 1b) Allergic conjunctivitis can be treated with ocular antihistamines and the patient should be referred to an Ophthalmologist or Optometrist for a prescription and follow up. In the case of mild allergies where a diagnosis has already been made i.e. “I am allergic to cats”: Opcon A from Bausch and Lomb is a good drop to be used before or after contact lens use to alleviate the common symptoms of ocular tissue edema associated with mild allergic reactions. Remember contact lenses in situ can harbour allergens and highly sensitive people need to take extra care in handling and frequency of cleaning or replacement to be successful.
2. Use of medications (see list above)
3. Environmental factors (wind, smoke, dust – not necessarily allergies but still irritants)
4. Incomplete blink
5. Head position (Patients who regularly gaze up vs. a natural tilt downward)
6. Mixing of multiple dry eye therapies and vasoconstrictors – when a patient starts to experience the first mild symptoms of dry eye they often will try to solve the problem using OTC preparations that advertise dry eye relief. If one drop doesn't work, they move onto the next and so on. The next issue is

that they try different cleaning solutions and may or may not use them properly. I often see patients who have developed conjunctival toxicity. Basically the ocular tissue is so irritated from the casual use of eye drops that it is hard to figure out what came first and what the initial symptom was. The first thing is to eliminate all irritants including contact lenses. I always Fluorescein stain the cornea to make sure there are no infiltrates or other corneal disruptions. If the cornea is healthy but irritated then I book a follow up appointment. The second visit (about a week later) starts with an interview to make sure all the symptoms have dissipated. The interview also includes the above checklist to try and isolate one key factor promoting the discomfort associated with dry eye symptoms. After checking the anterior structures, TBUT and lacrimal lake at the base of the lid margin, I re-check the visual acuity. Based on good vision and good health I re-introduce contact lenses. If at any point during this process a physical symptom presents I refer to an Ophthalmologist or Optometrist as needed. I review the contact lens cleaning system and how to properly use it. I am a huge proponent of sticking to one solution and using it properly. It is important to make this recommendation to the patient. It eliminates a possible reason for the discomfort.

If the problem remains that the patient has a mild or moderate dry eye I recommend the following dry eye system. Both Novartis and Bausch and Lomb have combination therapy that work well. I combine a gel product such as Liposic gel (preserved with Cetrimide, pH adjusted with sodium hydroxide) as a nighttime treatment. I recommend the gel be applied to the lower lid margin and into the lower conjunctival meniscus, then use the lower lid to lift and spread the gel across the cornea. Blink to spread the gel across the rest of the eye. Advise your patients that the gel causes a slight disruption in vision due to its viscosity. In the morning follow up with a Gel drop such as liposic gel drops. The Novartis counterparts to these products are Genteal Gel and Genteal gel drops used in the same way.

If eyelid hygiene is an issue for example athletic patients who perspire excessively or use a lot of make up Lidcare really improves sensation of discomfort often thought to be dry eye. If everything looks good, no real apparent dry eye, the patient has had a full oculo-visual exam so you are confident there is no underlying medical issue, lid care really helps improve comfort. Sometimes a mild blepharitis or can be hard to detect. If persistent the patient will report dry eye even though none is present. An obvious blepharitis, can be treated with Lid care and warm compresses. If the lids don't start healing referral to family doctor or optometrist (after TPA's are passed for the OD's)

There are so many symptoms and so little time. If you have any contributions I welcome your comments and tips to fellow Opticians. Lastly it's important to note that I charge \$45 for consulta-

tion and \$20 for follow up visits. The visits typically last about 10 minutes. I have a detailed form I use to prevent getting off track in the "interview" with the patient. These consults are by appointment only especially the follow up visits. Opticians have a range of skills that are underutilized. With the perpetuation of online contact lens sales it is important to establish our role in eye care and provide value for service.

The OOA is pleased to offer you this Con-Ed Accreditation Essay. Please contact the OOA to obtain the corresponding Questionnaire. Once completed you must mail or fax it back in order to receive your accreditation.

May-July OOA Membership Drive

Now more than ever it is important for Ontario Opticians to be represented by a strong association. HPRAC has been asked by The Minister Of Health and Long-Term Care to study and advise on issues in the eyecare sector. Other professions have been able to increase their scope of practice.

For the OOA to be fully effective and for our lobbying to have maximum impact we have set a new membership target. Increasing membership is a team effort. We need you on the team. As Opticians who have already made the decision to support the OOA you can play a very important role. We value your commitment to the Ontario Opticians Association.

During this membership drive we ask you to sign up one new member. We all know opticians who are not members. On the back page is a membership application. Print it and keep it folded up in your pocket. Make it easy for your friends and colleagues to join. Fill out the form for them if you have to and then fax it to our office.

As an incentive for your efforts you will receive a \$20.00 discount on the next renewal invoice. For the first member you sign up it's \$20 discount and each consecutive member it's \$10.00 discount. Good luck and thank you for being an Ambassador for your Association.

MAY–JULY 2009 OOA MEMBERSHIP DRIVE

Name: _____ Reg # _____

Prefer to have mail sent to:

Home Business

Home Address:

Street _____

Suite _____ City _____

Province _____ PC _____

Home Phone () _____ Fax () _____

Presently dispensing:

Full Time Part Time

What do you dispense?

Eyeglasses Contact Lenses

LVAs Safety Glasses

Business Name: _____

Street _____

Unit _____ City _____

Province _____ PC _____

Business Phone () _____ Fax () _____

Cell () _____

Email: _____

DUAL ASSOCIATION MEMBERSHIP FEES:

<input type="checkbox"/> Dispensing Optician	\$ 160.00	Membership Amount	\$ _____
<input type="checkbox"/> Optical Industry Affiliate (Non-Dispensing)	\$ 160.00	GST on Membership (5%)	\$ _____
<input type="checkbox"/> Student, Second Year or More (S G)	\$ 25.00	Insurance (\$75 or \$90)	\$ _____
<input type="checkbox"/> Student, First Year (Circle College: S G)	Free	PST on Insurance (8%)	\$ _____
<input type="checkbox"/> Professional Liability Insurance \$3 million	\$ 75.00	Spectrum Magazine	\$ _____
<input type="checkbox"/> Professional Liability Insurance \$5 million	\$ 90.00		
<input type="checkbox"/> Contact Lens Spectrum Magazine Subscription	\$ 50.00	Total	\$ _____

PAYMENT OPTIONS: 1) Cheque enclosed or 2) Credit Card: MasterCard VISA

Credit Card # _____ Expiry Date _____

Cardholder Name _____ Signature _____

Did a OOA member encourage you to take out membership? If so please list their contact information.

Name of the OOA member referral: _____

CO #: _____

Bus #: _____

DECLARATION: I declare that I will support the OOA/OAC, their objects and goals and that I am not, and will not, so long as I am a member, be involved in any enterprise which is in conflict or competition with the OOA/OAC

Signature _____ **Date** _____