



*"Never fear shadows. They simply mean there's a light shining somewhere nearby." - Ruth E. Renkel*



The Point Pinos light was lit one hour before sunset and extinguished one hour after sunrise from 1855 to 1975. Afterwards, it was left on.

### Part-Time Associate Wanted in Seaside

Dr. David Nguyen is looking for a part-time associate to work one day a week at his growing practice inside Target Optical in Seaside, with plans to add a second day in the near future. Days and hours are very flexible. Compensation starting at \$450 per diem. Please email [davidnguyenod@gmail.com](mailto:davidnguyenod@gmail.com) if interested.

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### Upcoming Events

09/02: Oxervate webinar: [https://tallen-inc.zoom.us/meeting/register/tJAsduqspjouGtQHct1IG8vEYf-ccxE\\_D8](https://tallen-inc.zoom.us/meeting/register/tJAsduqspjouGtQHct1IG8vEYf-ccxE_D8)

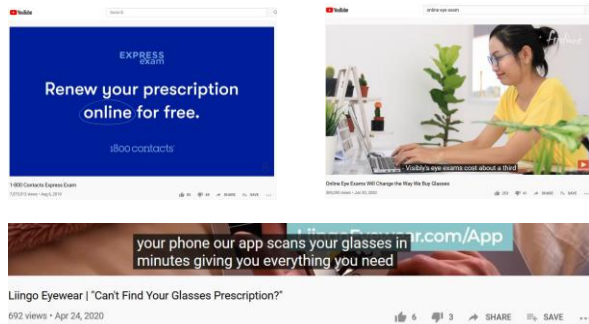
09/09 to 09/10: Virtual AOA on Capitol Hill  
<https://www.aoa.org/events/calendar-of-events/virtual-aoa-on-capitol-hill>

**October or November:** Healing California is looking for optometrists to volunteer for local vision clinics. They will supply all of the equipment and will make glasses for the patients. For more information or to volunteer, please email us at [montereybayoptometricsociety@gmail.com](mailto:montereybayoptometricsociety@gmail.com)

*"The voyage of discovery is not in seeking new landscapes but in having new eyes." - Marcel Proust*

# FORWARD FOCUS: Advocacy

My favorite CE presenters are Melton and Thomas. They're fun to listen to and they are open about disagreeing with each other on diagnoses and treatments on a patient. They spoke at the AOA Virtual Learning Livecast in June and mentioned how they believe refraction might soon no longer be performed exclusively by eye doctors in the US. They discussed how glasses prescriptions are written straight from autorefractors in other countries and how multiple online refraction platforms are currently being used and are attempting to become legal in the US. Because of this, they have transitioned to focusing on more medical exams, with over half of their exams being for glaucoma patients.



The history of optometry has seen a transition from a purely glasses-based profession to a much more medical one. This progression did not happen organically; it was always pushed forward by optometrists who believed they could better help their patients by being able to diagnose and treat ocular diseases themselves rather than requiring the patients to see ophthalmologists.

How we practice is controlled absolutely by state legislators. Legislators who are largely business owners, lawyers, and many other professions, but almost none of whom are doctors. They often therefore have a very poor understanding of how thoroughly optometrists are trained. Every single component of the eye exams you perform and every single treatment you provide is granted by them. If tomorrow the California state legislature decides that you cannot perform refractions and you cannot diagnose and treat eye diseases, you will no longer be able to perform your profession in California.

The advancements optometry has made were fought by organized medicine at every step, who argued patients would go blind by the thousands under the care of optometrists, and whose concerns have been proven unwarranted time and time again as optometrists successfully care for patients.

Ophthalmologists fire back that optometrists - who attend a four-year post-graduate optometry program but lack their eight years of medical school, internship and residency training - are sidestepping critical experience and education. "They want to practice medicine without going to medical school," says Dr. Daniel Briceland, a highly rated ophthalmologist in Sun City, Ariz., and secretary for state affairs with the American Academy of Ophthalmology. "This is how people get hurt."

Because of this pushback from organized medicine, optometrists must provide two critical resources to help the state legislators understand our positions. The first is time. Time to sit down with individual legislators and/or their staff members and explain how what we want will help patients or time to help individual legislators who believe in optometrists with their campaigns. This can be participating in Leg Day. It can be meeting individually with your legislators at their local offices, or even in your exam chair.



The second resource is money. The Political Action Committee of the American Optometric Association (AOA-PAC) uses money to create and run ad campaigns and to hire lobbyists to educate legislators for us. These can help legislators to understand not only our general qualifications but also specifics of bills we want passed or defeated. While we optometrists individually often focus on our state issues, AOA-PAC focuses on national issues. The COA also uses some of its funds to pay lobbyists to focus on more local concerns. In addition, you can personally contribute to the campaigns of individual legislators in your local area.



I have donated my time and money in all of these ways. In optometry school, I gave my time to walk blocks for a candidate the state optometric association supported. I also attended state leg days to talk with legislators. As a new graduate, I continued to give my time to personally talk to many separate legislators on various optometric issues. And now, as an established optometrist, I am able to also give money, which I had precious little of in school and as a new graduate. I contribute to the COA, I contribute to AOA-PAC, and I contribute to the campaigns of local legislators. And I still give my time to talk to local legislators and others at Leg Day.

While the diagnostic and therapeutic expansion of our profession was led by individual optometrists, it would never had succeeded at any point without the support of the local, state, and national organizations and the political action committee which allow us to educate and contribute to the campaigns of legislators as an organized front representing thousands of optometrists with a collective goal.

2019 California AOA-PAC contributors per AOA Focus

Visionary

- ➔ CALIFORNIA
- Dr. Hilary Hawthorne
- Dr. Jonovan Ottenbacher
- Dr. Steven Richlin
- Dr. Robert Theaker

Congressional

- ➔ CALIFORNIA
- Dr. Gary Asano
- Dr. Amy Brown
- Dr. Jeffery Calmere
- Dr. Stephen Chase
- Dr. Stephen Chinn
- Dr. Amanda Dexter
- Dr. Philip Dixon
- Dr. Fred Dubick
- Dr. John Fleming
- Dr. Rosario Flores
- Dr. Susan Gordon
- Dr. Linda Hur
- Dr. Scott Kamena
- Dr. Schrispher Kavanagh
- Dr. Michael Matthews
- Dr. L. Bruce Mebine
- Dr. Dawn Miller
- Dr. Jennifer Ong
- Dr. John Rosten
- Dr. Julie Schornack
- Dr. Kenneth Schwaderer
- Dr. Bruce Stamper
- Dr. Richard Tom
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- Dr. Ranjeet Bajwa
- Dr. Movses D'Janbatian
- Dr. Steven Hider
- Dr. William Howe
- Dr. Stevin Minie
- Dr. Judy Nguyen
- Dr. David Redman
- Dr. Bradley Richlin
- Dr. Steven Rocchi
- Dr. Ronald Seger
- Dr. Jason Tu
- Dr. Robert Turcios Jr.

If you care about the future of optometry, or even if you want to be able to continue practicing as you currently are, please help. Even simply talking with your local legislator during a lunch break could swing a vote and completely change how optometry is practiced in California. This is one area of politics where even a tiny effort on your part could have tremendous consequences across the state. You don't even need a specific bill to discuss; merely introducing yourself to them is a great start.

To find your local legislators, go to:  
<http://findyourrep.legislature.ca.gov/>

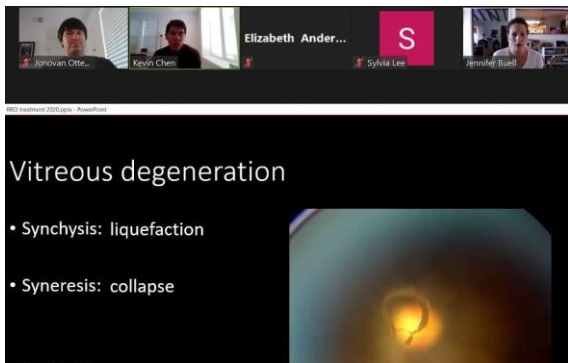
To donate to PAC, visit:  
<https://www.aoa.org/advocacy/federal/aoa-pac>

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*"Give light, and the darkness will disappear of itself." - Desiderius Erasmus*

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## EDUCATION EMANATION: Dr. Kevin Chen



Dr. Kevin Chen gave a virtual lecture for the May MBOS CE meeting on retinal detachment.

If a patient has a PVD, there is a 15% chance he or she also has a retinal tear. Even if there is no initial tear, there is a 5% risk of a tear in the following week, so follow-up appointments are important.

He recommends observing asymptomatic operculated and round holes in addition to lattice with or without atrophic holes. However, any symptomatic, horseshoe, or dialysis tears should be treated.

## LEGISLATION LAMP: New Laws in 2020

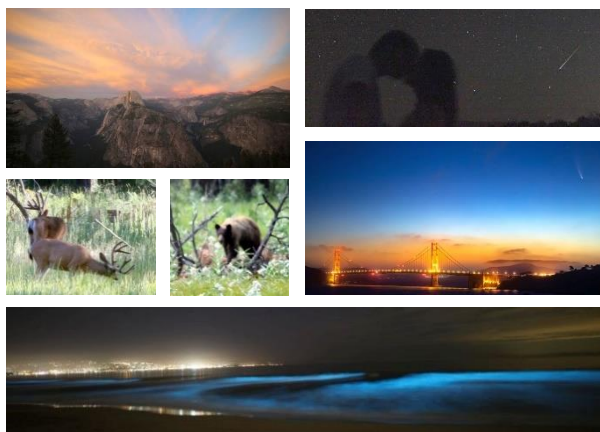
In 2009, Medi-Cal coverage of glasses for adults was cut during the recession, along with other services, including podiatry and speech therapy. On January 1, 2020, those benefits were restored.

AB 5 changed how independent contractors are classified. The recent AB 2257 will make it easier for health care providers to form a separate business to perform independent contracting if it passes.

AB 458 allows optometrists to see patients in their home if those patients are unable to come to an office. However, optometrists must first obtain a home residence permit from the California Board of Optometry, which will be available once the board finalizes regulations.

The FTC's updated Contact Lens Rule now requires you to get a patient-signed acknowledgement of receipt for every contact lens prescription.

## OPALESCENT OCCASIONS: Natural Events



While all of the local fairs and festivals have been cancelled due to COVID-19, nature has provided many beautiful alternatives the past few months. When work was slow, we visited Yosemite for a week, seeing many beautiful vistas and animals. Comet NEOWISE flew across the skies, as did the Perseid meteors. Bioluminescent algae lit up the waters around Santa Cruz and Monterey. Obtaining the required Day-Use Reservations to enter Yosemite requires a bit of luck, as they sell out in seconds, but all of the others required merely going outside and looking up, down, and around in our amazing region.

## ILLUMINATING INSTANCES: Salinas Specialties 1

One infection common to our area but unheard of in most other locations is coccidioidomycosis, also known as (San Joaquin) valley fever.

While most patients have no symptoms, in others the fungus can spread throughout the body and cause many problems, the most serious of which is fatal pneumonia. It can also infect the eyes. Here it can cause vitritis, vasculitis, and even serous retinal detachment in the acute phase. It can also create spherical granulomas in the choroid.

I saw one 45-year-old patient with some of these ocular signs. He was complaining of blurred vision in his left eye for the past few months. His BCVA was 20/20 OD and 20/25 OS. When I looked in the back of his eyes, I saw numerous hypopigmented spots in both eyes and also a color change and mild elevation in the macula of his left eye.



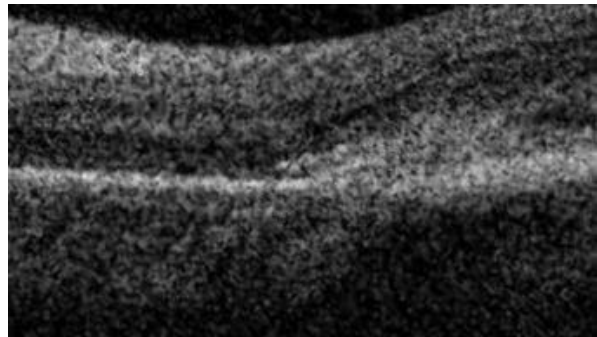
*Retinal photo of granulomas and macular changes*

I referred him to the retinal specialist, who diagnosed him with inactive ocular coccidioidomycosis and a choroidal neovascular membrane in his left eye. Avastin was injected OS.



*OCT scan of a peripheral granuloma in the choroid*

A month later IVFA indicated no leakage and his vision was 20/20 in each eye. Unfortunately, a few months later, the patient's vision in his left eye deteriorated. The patient also noted wavy lines in the central area of his vision in that eye. His BCVA had decreased to 20/70 due to a new macula hemorrhage and macular edema. Avastin was again injected OS, and these injections were continued monthly for six months. Unfortunately, the patient's BCVA in his left eye still has not improved better than 20/40, and at times has worsened to 20/70. Currently, the patient's care with the retinal specialist is ongoing, as are consults to rheumatology to help control the general infection.



*OCT scan of macular neovascular membrane with BCVA of 20/25*

While the ocular complications are rare, a thorough retinal exam should be performed on any patient with valley fever. The hypopigmented granulomas are the easiest sign to perceive, but they seem fairly benign. The macular complications, however, have the potential to cause permanent vision loss.

## ILLUMINATING INSTANCES: Salinas Specialties 2

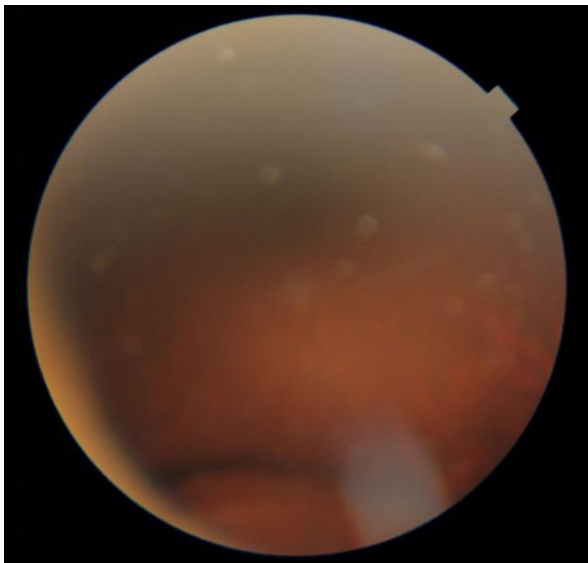
The Salinas area has a great number of field workers. A favorite pastime of many of them is soccer. In fact, on many late Sunday mornings, on our way to a small family farm to pick up fresh fruit and vegetables, we drive past multiple soccer fields just to the west of Patriot Park in Greenfield.



*Soccer fields west of Greenfield*

This hobby came into play in a 50-year old patient I saw. He had been playing soccer a few days earlier and noticed the vision in his left eye had instantly become very blurry. A day afterwards he had his head upside down while looking for something under his bed, and his vision had cleared for a few seconds before becoming blurry again. Approximately 15 years ago, he had undergone cataract surgery in his left eye, resulting in great vision.

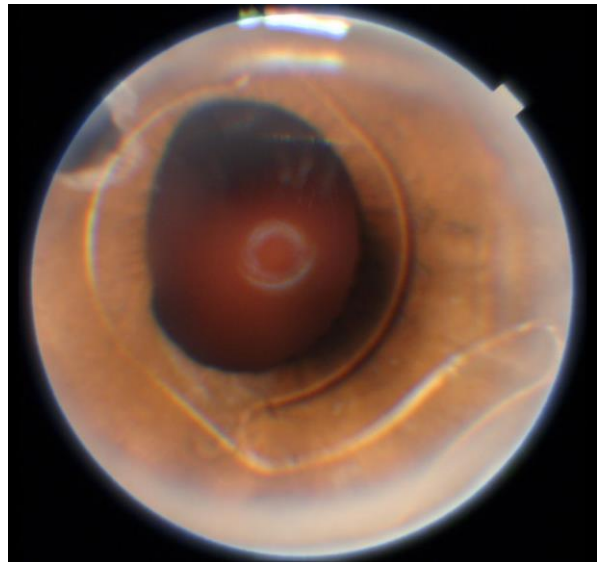
During the exam, his visual acuities were 20/20 OD and counting fingers OS. With a refraction of +13.00 DS OS, his BCVA in his left eye was 20/20. Slit lamp examination revealed an aphakic left eye with a torn capsular bag. An IOL floating in the inferior periphery of his left eye was seen on a dilated fundus exam.



*Poor-quality retinal photograph of the displaced IOL in the vitreous*

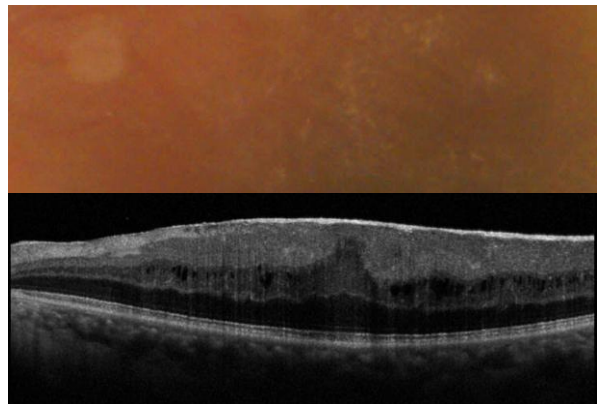
I referred the patient to a retina specialist. After retrieving the displaced IOL, the surgeon replaced it with an ACIOL due to the poor capsular support.

After surgery, the patient's uncorrected visual acuity in his left eye improved to 20/50, and his BCVA was 20/20 with a moderate astigmatic correction.



*Anterior chamber intraocular lens*

A year later, an epiretinal membrane and macular edema developed, resulting in BCVA worsening to 20/200. The patient is currently awaiting a vitrectomy and membrane peel. While the initial lens retrieval surgery was a success, the displaced IOL can create latent sequelae, so monitoring is required.

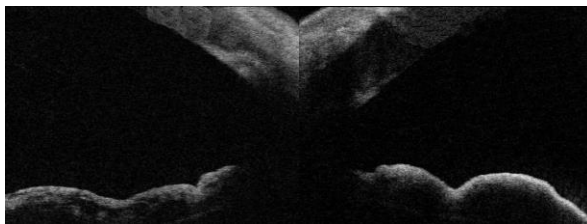


*Epiretinal membrane and macular edema*

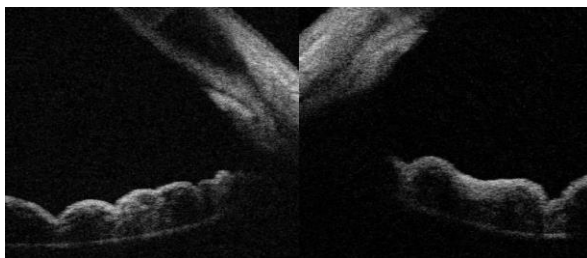
## REFLECTIVE RESEARCH: OCT Anterior Angles

While the Van Herick technique is a quick and easy method to determine the depth of the anterior chamber angle, it lacks precision. Gonioscopy is the gold standard for evaluation of this structure but is often disliked by patients. Anterior OCT is much less invasive and can be performed by a technician. However, how accurate is it?

Let's start with deepest first: angle recession. In theory, a posteriorly-displaced iris root would indicate recession; in my experience, that was often rather indiscernible from a physiologically deep angle on OCT. Perhaps part of the problem is that angle recession tends to often be radially limited, and the anterior OCT only scans a very narrow area. However, studies indicate that recession generally must occur across greater than 180 degrees to increase glaucoma risk, and a nasal and temporal OCT scan should cover that. There were a few patients where perhaps the angle appeared recessed, but I surely would not consider the OCT definitive.

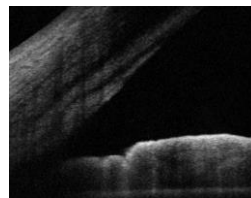


Recessed angle on left; deep angle on right. Look the same to me.

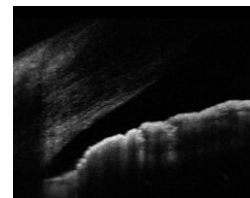


Deep angle on left; recessed angle on right. They look quite similar.

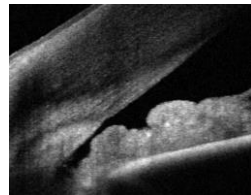
On the other hand, anterior OCT seemed to be more valuable for finding narrow angles. There were a few angles that appeared rather narrow on OCT but open on gonioscopy, but the vast majority which were graded as narrow using one method appeared narrow on the other as well.



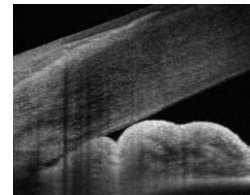
Open.



Open / not narrow.

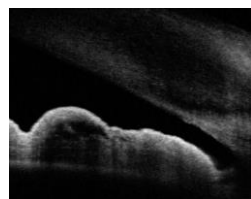


Narrow.

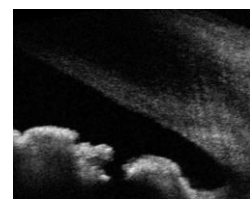


Very narrow / closed.

The patency of an LPI can be confirmed with OCT:

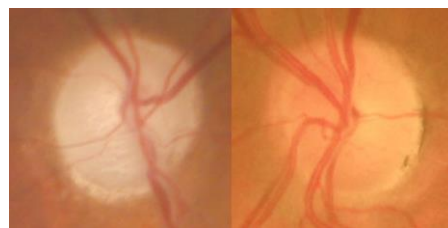


Before LPI.

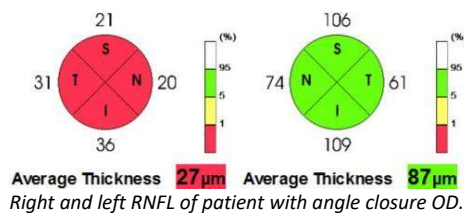


After LPI.

One 60-year-old man came in complaining of blur in his right eye. His visual acuity was 20/20, but his angle was closed and his IOP was 50 mmHg. He was sent emergently to ophthalmology, where he received an ExPress shunt. If his angles had been screened at an earlier point in time, perhaps his peripheral vision could have been saved.



Right and left optic nerves of patient with angle closure OD.



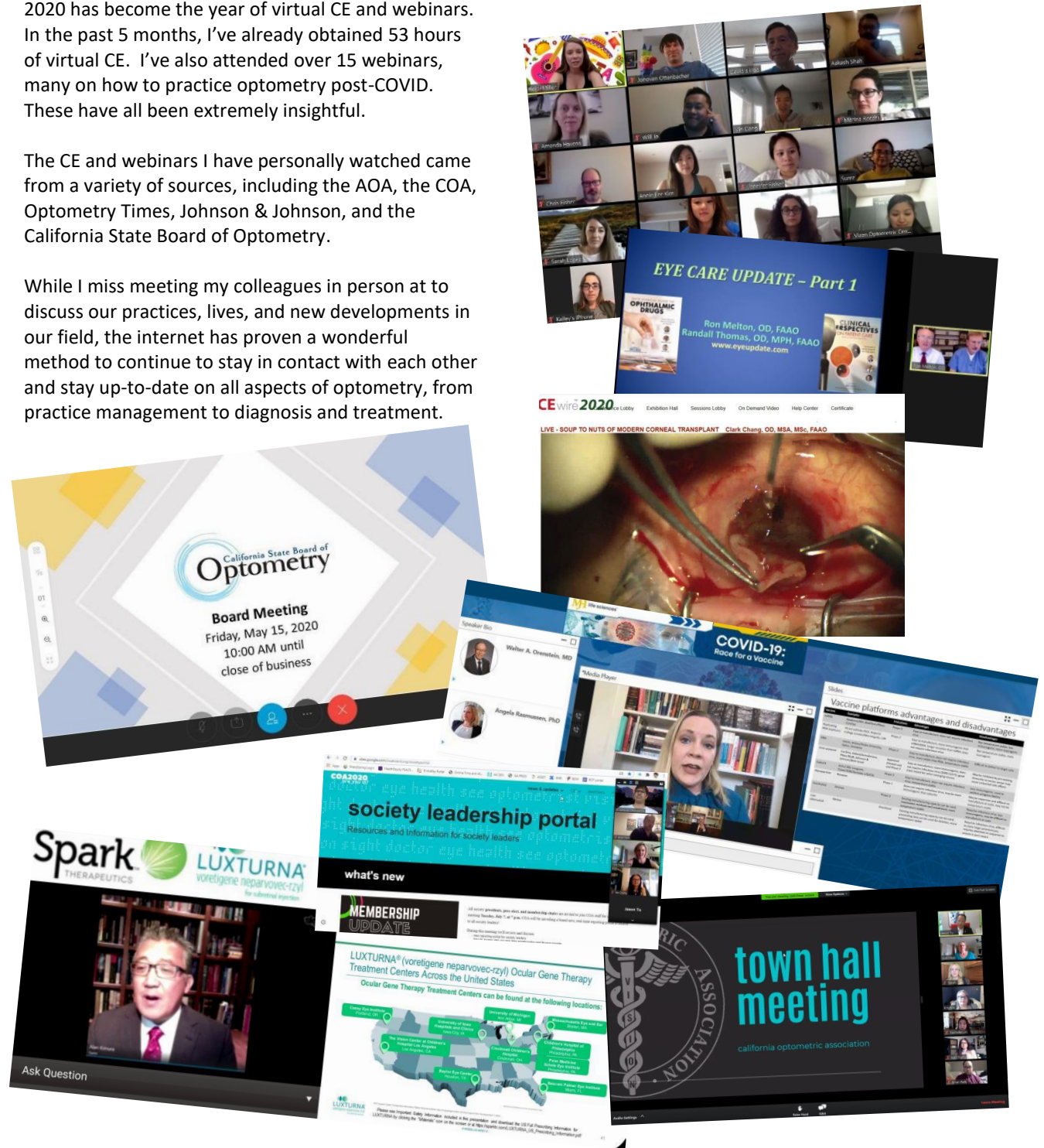
Right and left RNFL of patient with angle closure OD.

# INTERNET INCANDESCENCE: Virtual CEs and Webinars

2020 has become the year of virtual CE and webinars. In the past 5 months, I've already obtained 53 hours of virtual CE. I've also attended over 15 webinars, many on how to practice optometry post-COVID. These have all been extremely insightful.

The CE and webinars I have personally watched came from a variety of sources, including the AOA, the COA, Optometry Times, Johnson & Johnson, and the California State Board of Optometry.

While I miss meeting my colleagues in person at to discuss our practices, lives, and new developments in our field, the internet has proven a wonderful method to continue to stay in contact with each other and stay up-to-date on all aspects of optometry, from practice management to diagnosis and treatment.





## SPONSOR SPOTLIGHT: Johnson & Johnson

Thanks to Johnson & Johnson for sponsoring our May CE meeting. J&J’s immediate and thorough response to the COVID crisis has been incredible as well. J&J has sponsored many webinars educating doctors, including *Incorporating Telehealth into Your Practice* with Dr. Dierker and *Optometry’s Role in Telehealth* with Dr. Ryan Ames, both of which were filled with immediately-usable material.

**Example 1**

**Diagnoses** Bacterial conjunctivitis, left eye  
**Management** Begin ofloxacin 1 GT QID OS x 5 days  
**Options** F/U in not improved

Number of Diagnoses	1
Number of Management Option	1
<b>Total</b>	<b>2</b>

1 = Minimal    2-3 = Limited    4-5 = Multiple    6+ = Extensive

Amount and Complexity of Data	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High
Minimal	One self limiting or minor problem			
Low	Two or more self limiting or minor illnesses; One stable or chronic illness; One acute illness or injury; Uncomplicated injury or illness			
Moderate	One chronic illness with mild complication(s); Two stable chronic illnesses; An undiagnosed new problem (uncertain prognosis); Acute illness with systemic symptoms; Acute complicated injury			
High	One or more chronic illnesses with severe complications; Acute or chronic illnesses or injuries posing a threat to life; An abrupt change in neurological status			

Req. 2 of 3	Straightwad	Low Complexity	Moderate Complexity	High Complexity
Dx/Mgt Options	Minimal	Limited	Multiple	Extensive
Amount/Complexity	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High

J&J implemented many other changes to assist both patients and doctors. They simplified the patient rebate submission process, created virtual meetings for optometrists to discuss ideas with their peers, and created a website for remote contact lens I&R training, found at [www.acuvue.com/lensassist](http://www.acuvue.com/lensassist)

J&J also donated \$320,000 to the American Academy of Optometry foundation to support their efforts in procuring and distributing masks to practitioners and to the American Optometric Association to provide financial support to practitioners uniquely impacted by COVID-19.

Furthermore, J&J increased their investment by \$50,000,000 for immediate COVID-19 response focused on supporting frontline health workers.

If you have any questions about J&J products or programs, please contact Laurie Hartsfield, Senior Territory Account Manager of Vision Care, at [Lhartsfi@its.jnj.com](mailto:Lhartsfi@its.jnj.com).

*"My eyes are an ocean in which my dreams are reflected." - Anna M. Uhlich*

## MATUTINAL MENTION: Dr. Krupa Tailor

Krupa Tailor, OD graduated from Illinois College of Optometry. She was born and raised in Chicago and recently moved to San Jose. She has experience in retail and private practice optometry. In Chicago, she practiced alongside an ophthalmologist specializing in cataract surgery and glaucoma.

She is currently seeing patients at Watsonville Eye Care. In her free time, Dr. Tailor enjoys traveling, cooking and enjoying the outdoors with her husband. She likes to remain active and appreciates spending quality time with her family and friends.



## VESPERTINE VENERATION: Dr. Marc Shaw



I recall John Daly, OD at one of my earliest meetings, who complained about VSP to no end. I couldn't understand his problems with VSP since, in our office, people would bring in a form (no Internet then) and have coverage for exam and glasses or contacts! Now that I've been in practice for a long time, I understand much more completely what irked John.

I also recall Larry Betchel, OD from Watsonville, who was president of the society, called the Central Coast Optometric Society at that time, who talked me into being the PAC for the society in the 80's. I had no legislative experience (and I still don't), but Larry was a great guy who saw something in me, or maybe I was just the first one who didn't say, "No." We could use Larry right now with all that is happening for his even keel attitude and always having a smile on his face. He died suddenly of an aneurysm many years ago. His father, Laverne Betchel, was also an optometrist in Watsonville long ago.

I recall Bob Loggins, OD as well. Bob was into health food long before it was trendy even in Santa Cruz but had a hereditary heart condition. His brother was Kenny Loggins, the rocker, as well. He belonged to the Santa Cruz Track Club and was a skilled middle distance runner. However, he died of that heart condition as a relatively young man while running.

I also recall David Brezel, OD who had set up a part-time office in his west side garage. He had taught in a school of optometry back east before retiring to the west coast.

I can't leave out Barry Zwerling, OD who had an old office on the Pacific Garden Mall for many years since the late 1940's and was still in that location when we had the earthquake of 1989. His building collapsed but he was not in it at the time and he moved his office into his garage after the building gave way. The original location was not far from where Plaza Lane Optometry now is, I believe.

In our office, I'm embarrassed to say we've had way too many front desk staff to recall but only a few opticians over the years. In practice, a good optician is more helpful than all but a good optometrist! We've been in the same location in Ben Lomond since 1982 and optometry has been very, very good to us over all these years.

I recall the political fights that COA had over DPA's and then TPA's starting back in the 1970's. Our class of 1979 was the first to graduate able to dilate a person's eyes without having to go back to school to pass a course. The changes in the scope of our profession are boggling over the past 38 years. Glaucoma comes to mind. I assume there will be more to come as well if we stay organized and ready to continue to fight the good fight.

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*"Dare to reach out your hand into the darkness, to pull another hand into the light." - Norman B. Rice*

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