



"Your path is illuminated by the light, yet darkness lets the stars shine bright." - J.L.W. Brooks



In 1852, the Secretary of the Treasury ordered the building of seven beacons along the California coast, including at Point Pinos.

Announcement

Green Valley Optometry in Watsonville has an opening for an optometrist. Fill-in as well as full-time permanent potential. Please call Adam Lofgran, OD at 435-680-0055 or email AJL@pacificu.edu to discuss the opportunity.

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Calendar of Upcoming Area Events

Santa Cruz Holiday Lights, December 4-27 weekends:
<https://www.eventbrite.com/e/127244759501>

Light displays farther north: <https://redtri.com/san-francisco/the-best-bay-area-holiday-lights/>

Geminid meteor shower, peaks December 12-13:
<https://www.timeanddate.com/astronomy/meteor-shower/geminids.html>

"Sometimes just looking up and seeing the light is enough." - Terri Guillemets

FORWARD FOCUS: Give Thanks

I cannot believe how lucky we as optometrists have been in 2020. Not compared to previous years, as 2020 was absolutely horrific in that regard, but compared to your average person. This was largely in part because many organizations stepped up to help.

The national government provided a \$1200 stimulus check to lower earners, increased funding to develop vaccines at a rapid rate with Operation Warp Speed, created the Families First Coronavirus Response Act to assist employees with emergency paid medical leave, and enacted the Coronavirus Aid, Relief, and Economic Security Act to authorize the Small Business Administration to administer the Payment Protection Program and state governments to implement the Emergency Pandemic Unemployment Compensation to provide for an additional \$600 weekly for people who lost their jobs. Emergency grants of Economic Injury Disaster Loans were also made available.

Unfortunately for many Americans, both as employees and as small business owners, these benefits were and will be not enough. Some aid was only a single payment, some ran out in July, and others will end in December. Millions of employees have lost their jobs and nearly 100,000 small businesses have permanently closed. While at first there was hope many of these would only be temporary, studies indicate over half of small businesses closed due to COVID will not reopen. Without these businesses to hire them, it could take some time for these employees to find jobs even after social distancing restrictions are lifted. With cases of COVID likely to increase during the holiday season, this is unlikely to happen any time soon.

The temporary halt in residential evictions are expiring in December nationwide and in January in California. With no jobs nor extended unemployment benefits to pay rent, many people could be without homes soon, unless benefits or eviction prohibitions are extended. Then there is the question of back rent, estimated at nearly \$2 billion in California alone. Will that burden fall on renters, or will landlords be left with the bill, many then unable to pay mortgages on those same houses and apartment buildings?

This is why I say we as optometrists are lucky. As health care providers, most optometrists have been able to keep working this entire year and will be able to continue to do so for the foreseeable future. There were a few months where we were only seeing patients on an emergency basis, but we were soon back to seeing patients for routine exams, albeit at a slower pace and after spending some time and money on creating a safe environment for patients and staff.

We also had assistance not available to the average employee or business owner.

The National Emergencies Act relaxed HIPAA requirements, allowing doctors to implement telehealth in a wider variety of situations, and implemented the Medicare Accelerated and Advanced Payment to assist with cash flow deficits.

The American Optometric Association and the California Optometric Association provided amazing guidance on properly securing all of these benefits and how to reopen our offices safely. The California State Board of Optometry relaxed continuing education requirements to allow virtual CE to count as live CE while ensuring the quality is not degraded.

A variety of ophthalmic businesses also provided great support by donating money, assisting with distribution of products, and directly supplying Personal Protective Equipment to doctors.

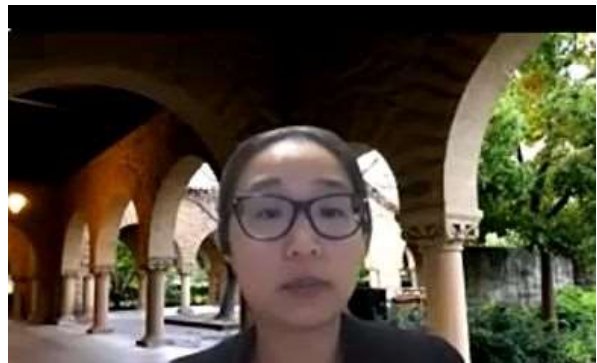
All in all, optometrist came through this pandemic amazingly well. Some of us had the terrible cost of losing family members, and our above-average incomes were dented a bit, but overall, we largely kept our jobs and our homes, unlike a huge number of our fellow Americans, for many of whom the worst is yet to come as government programs expire. Give thanks that you are in this wonderful profession.

*"What is to give light must endure
the burning." - Viktor Frankl*

EDUCATION EMANATION: Dr. Ann Shue

For the MBOS October CE meeting, Dr. Ann Shue gave a virtual lecture on adult strabismus.

She mentioned that neurological issues such as intracranial tumors should be ruled out for most binocular issues, cataract surgery should be done promptly for deprivation tropia even in older children as they can rapidly lose fusion, and that TEPEZZA was FDA approved in 2020 for thyroid eye disease.



LEGISLATION LAMP: PC, Eye-to-Eye, Vision Screening

President’s Council was virtual this year. We discussed HOD being virtual this upcoming year, COA working on their new website, and COA postponing its large-scale member survey until after COVID. We then had multiple small-group breakout sessions to discuss issues such as creating value to members, member engagement, COA governance, dues, vision plans, and potential bylaw amendments and policy resolutions. Some great ideas were generated.



It provided an opportunity for students to connect with the various societies in the areas in which they hope to pursue the rest of their optometric careers after graduation. We discussed with the students our societies and what it's like to work in our areas.

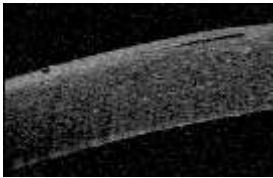
At our October CE meeting, Elizabeth Semmelmann gave a presentation on how she will use the PlusOptix Vision Referral Tool at Santa Rita USD, with cooperation of MBOS, to screen and refer children with possible vision problems.

In October, I also participated in Eye-To-Eye, a virtual seminar created by SCCO in collaboration with UC Berkeley and Western. It featured a Q&A video chat session featuring board member doctors representing various societies across California and was open to students at the three optometric schools in California.



ILLUMINATING INSTANCES: EBMD

A 50-year old man came in with a chief complaint of red, irritated eyes, which artificial tears did not relieve. Anterior and posterior findings were all normal except for a moderately-sized area of negative staining on his right inferior-temporal cornea. Anterior OCT showed an area of epithelium elevated away from the stroma and microcystic areas. He was diagnosed as having a recurrent corneal erosion (RCE) likely due to epithelial basement membrane dystrophy (EBMD), also called map-dot-fingerprint dystrophy, and prescribed Muro 128.



Detached epithelium

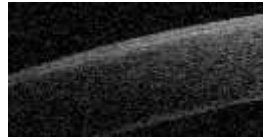


Elevations (negative staining)

At a one-week follow-up, the patient reported no more pain nor redness. The same corneal area still exhibited negative staining and anterior OCT indicated the epithelium was still detached from the stroma. He was told to continue the Muro 128 and additionally prescribed Lacri-Lube.

At a one-month follow-up, the patient again reported no pain nor redness. The same corneal area still exhibited negative staining, but the anterior OCT indicated the epithelium was now attached to the stroma. Lacri-Lube was discontinued as the patient did not like using it, while the Muro 128 was continued, along with artificial tears.

At a three-month follow-up, the patient said his eye felt a bit more dry but still had no pain. The cornea still exhibited negative staining, and anterior OCT now showed an area of epithelium which had grown thicker. Muro 128 was discontinued as the patient was no longer using it, and artificial tears were continued. The patient was instructed to return if his eye became red, painful, or blurry.

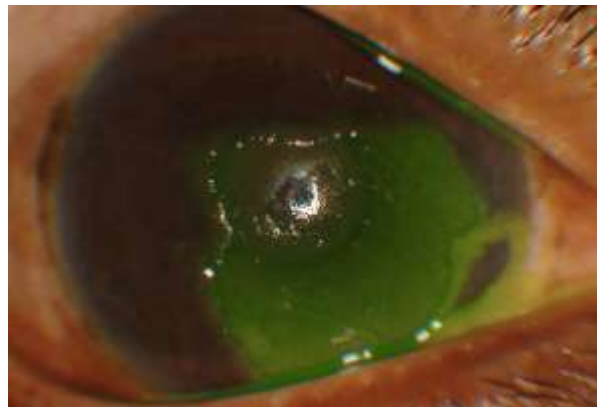
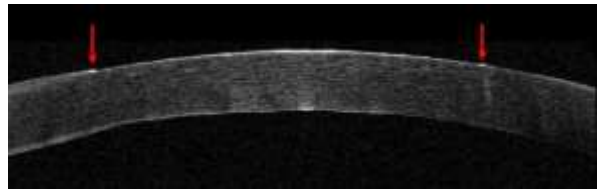


1-mo attached epithelium



3-mo thickened epithelium

Approximately three months later, the patient returned with a complaint of severe pain in his right eye after accidentally poking it with his finger the previous night. His vision, previously 20/20 sc, was now 20/100 sc, and he had a very large corneal abrasion. A bandage contact lens was placed on his right eye, and he was prescribed antibiotic drops.



Large corneal abrasion

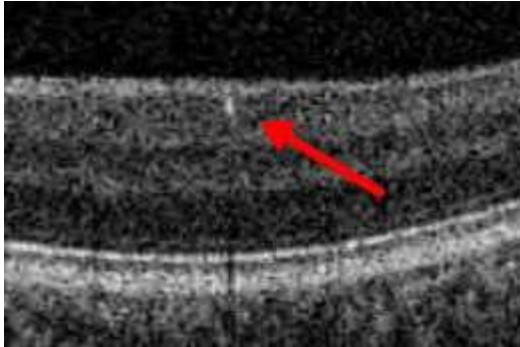
Five days later, the corneal abrasion was healed and the bandage contact lens was removed.

The patient deferred epithelial debridement / superficial keratectomy with a diamond burr or excimer laser (phototherapeutic keratectomy; PTK), anterior stromal puncture, or an amniotic membrane, and prefers to continue only with artificial tears.

"The eyes indicate the antiquity of the soul." - Ralph Waldo Emerson

ILLUMINATING INSTANCES: Talc Retinopathy

A 60-year-old man came in for an eye exam to obtain new glasses. His exam was normal except for several small, white reflective points in vessels around the macula in both eyes which were confirmed with retinal photography and OCT. The patient admitted to IV heroin use many years ago.



He was diagnosed with talc retinopathy and advised to return annually for routine eye exams to monitor for ischemia from vascular occlusion, sooner if he noticed vision changes.

REFLECTIVE RESEARCH: GAT Without Fluorescein

One of my professors from optometry school at UHCO, Dr. Quintero, preferred not using fluorescein when performing Goldmann applanation tonometry.¹ This was mainly due to excessive fluorescein causing huge mires and therefore inaccurate results. I've found that I generally have to wait five to ten minutes after instilling fluorescein when using a drop; any earlier and the mires are simply too thick to obtain an accurate result.

Using strips, I can lessen the amount of fluorescein to decrease this waiting period, but I prefer drops as they are faster and easier. I've adapted my exam flow so this waiting period occurs naturally now, but when fluorescein was in very short supply in 2018, both in a drop or on a paper strip, I tried performing GAT with only an anesthetic and white light. I found it worked quite well, with a few caveats.

First, while the mires are much crisper without fluorescein, sometimes it can be a bit difficult to discern them, although usually they are easy to see.

Second, the pressure tends to be a bit lower. A 1981 study claimed the difference was 7 mm Hg,² while a 2004 study found the difference was 0.5 mm Hg³ and a 2014 study concluded 1.4 mm Hg.⁴ I didn't rigorously test how much lower my results were, but I'd estimate it was in the 1-3 mm Hg range based on the past histories of my patients' IOP measurements. This seems like a factor you could compensate for without too much trouble.

If you are ever short of fluorescein or simply don't like dealing with it to measure IOP for whatever reason, it might be worth considering forgoing it and seeing what kind of results you get using only anesthetic and white light, while keeping the drawbacks in mind.

- 1:<https://www.reviewofoptometry.com/article/ro0417-tonometry-to-dye-for>
- 2:<https://pubmed.ncbi.nlm.nih.gov/7325201/>
- 3:<https://iovs.arvojournals.org/article.aspx?articleid=2410014>
- 4:<https://pubmed.ncbi.nlm.nih.gov/23604252/>

INTERNET INCANDESCENCE: Podcasts

I listened to multiple podcasts while driving. Here are some of my favorite optometry-related ones:

The Power Hour, practice management
<https://www.powerpractice.com/the-power-hour/listen-to-the-show/>

Try Not to Blink, various topics
<https://www.trynot2blink.com/>

Eyetrepreneur, practice management
<https://eyetrepreneur.com/>

Dynamic Duo, vision therapy
<https://dynamicvisiontherapy.com/feed/podcast>

And some good ophthalmology podcasts as well:

Straight From the Cutter's Mouth, retinal surgery
<http://www.retinapodcast.com/>

Eyes for Ears, general ophthalmology
www.eyes4ears.com

Ophthalmology Off the Grid, various topics
<https://eyetube.net/podcasts/ophthalmology-off-the-grid/>

There are many more optometry-related podcasts as well, so if you enjoy these, you can search for others which come from multiple sources.

VESPERTINE VENERATION: Dr. Curt Simmons

My office, Plaza Lane Optometry, began in 1995 in partnership with my good friend David Farberow, O.D. We came together following an opportunity that was presented after the disaster of the 1989 earthquake, which shook much of downtown Santa Cruz to the ground. An old building which housed a business known as United Cigar was demolished and hauled away, leaving a vacant lot adjacent to a walkway known as Plaza Lane. It was a couple of blocks from my existing practice but way across town from David's. Downtown was in shambles and on life support. Many stores were relocated into tents, and the streets were completely torn up. But with the help of additional partners, David and I built a new office building and occupied the street level suite. Our new home was created amidst Downtown's chaos.

As Downtown slowly came back to life, so did our practice grow and thrive. I was reminded of those post-earthquake days this past spring when our Downtown once again turned into a ghost town with mandated business shutdowns and closures.

We are again slowly coming back, but it is sad to see many storefront vacancies. Amidst the pandemic, Plaza Lane Optometry continues to thrive. Within the last five years we have added a partner, Dr. Jennifer Buell, and an associate, Dr. Brittany Heyano. To my utter surprise, we are busier than ever while frantically trying to maintain COVID protocol.

Overall, Santa Cruz has been a great place to practice optometry and raise a family. Having always been an outdoor person, I knew that I needed to live in a place with clean air and natural beauty. Other than the smoke from our California wildfires, I have not been disappointed here for the past 34 years.

And as I wind down my career, I feel lucky that optometry is a profession that allows a flexible, reduced work schedule. I don't think I'd like total retirement with the current COVID safety precautions in place. No traveling, no theater, no live music, no social gathering. That sounds kind of boring. So Plaza Lane, you're stuck with me for the time being.

VESPERTINE VENERATION: Dr. David Farberow

Imagine summarizing the last 40 years of your life. Rather challenging, huh? Just as difficult when attempting to do that for a career. Nevertheless, I will share some highlights.

When I graduated in 1980, California optometry had only recently passed a diagnostic pharmaceutical law allowing us to dilate and utilize Goldmann tonometry. Forty years later and so much has changed. It's hard to fathom how much our education, laws and technology have evolved. Patient care includes so much more now than "which is better, 1 or 2!"

Getting to this point has been a challenging and yet rewarding ride. When I graduated, jobs in Santa Cruz were few and far between. I worked at a few mall settings, and I also drove the hill (Hwy 17), just to get by and pay bills. Originally, I hadn't really planned on having my own practice but realized early on there had to be a better way. My good friend, Marc Shaw, gave me a tip about a local practice for sale which I was lucky enough to purchase. Finally, I was in a "professional" setting in a busy commercial zone. Only problem was, I was stuck inside a building with no windows and no signage.

Fast forward to 1989, and I was a month away from moving to a more suitable location. BAM!!! The Loma Prieta earthquake struck the bay area and I was told my new location was not to be. I had been in the planning stages for a year so I was extremely bummed. Turns out the earthquake was the best thing that ever happened to me. It took a while but a new opportunity opened up to be part of the rebuilding of downtown Santa Cruz. Being involved with our local MBOS society had provided new friendships and relationships. Curt Simmons and I had enjoyed our society interactions and decided to take a chance on partnering in a new building and office venture. To say it worked out well is a major understatement.

While we had the many trials and tribulations of any business venture, Curt and I had great respect and patience with each other, with very few real conflicts.



Dr. Curt Simmons and Dr. David Farberow

Fast forward many years and the timing was finally right to add an associate to our practice. We made another really smart decision and hired Jen Buell. By this time I have been practicing more than 30 years and was beginning to think about the next phase of my life and career. Jen had always wanted to be a business owner and eventually I was ready to sell. She (and Curt) are now my bosses, as I have gone full circle to being an employee again. And I am loving it much more this time around!!!

I would like to add one caveat to my summary: some of my favorite relationships have come from being a part of our local society. I decided early on that being part of a grand profession should include doing my part to make it better. I decided to become part of the local board and eventually even became society president. I had been attending COA's HOA (House of Delegates) which was a real "eye opener" and taught me to appreciate our profession more than I had ever imagined. Now I am back serving on the board again as "senior advisor." I feel like it's important to do my part and encourage all our local docs to get involved in some way. I have received so much more than what I gave, so I know I am really fortunate, but my recommendation is "GET INVOLVED!"

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