



**STATE BOARD OF OPTOMETRY**  
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834  
 P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



Continuing Education Course  
 Approval Checklist

Title:

Provider Name:

- Completed Application
  - Open to all Optometrists?  Yes  No
  - Maintain Record Agreement?  Yes  No
- Correct Application Fee
- Detailed Course Summary
- Detailed Course Outline
- PowerPoint and/or other Presentation Materials
- Advertising (optional)
- CV for EACH Course Instructor
- License Verification for Each Course Instructor
  - Disciplinary History?  Yes  No



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### CONTINUING EDUCATION COURSE APPROVAL APPLICATION

**\$50 Mandatory**

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule and topical outline of the subject matter. Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title <u>"Taste of the Islands CE II Blink and you'll miss it: Dry Eye in the Cosmetic Patient"</u>	Course Presentation Date <u>8am - 4:30 pm</u> 09/30/2017
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#### Course Provider Contact Information

Provider Name <u>Coastal Vision Medical Group</u> <u>Gina</u> (First) <u>Valdemar</u> (Last) _____ (Middle)
Provider Mailing Address Street <u>223 S. Main St. #100</u> City <u>Orange</u> State <u>CA</u> Zip <u>92860</u>
Provider Email Address <u>gina.valdemar@coastal-vision.com</u>
Will the proposed course be open to all California licensed optometrists? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

#### Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name <u>Jeffrey</u> (First) <u>Joseph</u> (Last) <u>M.</u> (Middle)		
License Number <u>117073</u>	License Type <u>MD</u>	
Phone Number <u>(714) 746-9679</u>	Email Address <u>gina.valdemar@coastal-vision.com</u>	

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Signature of Course Provider

Date

3-20-17



March 23, 2017

State Board of Optometry  
2450 Del Paso Road, Ste. 105  
Sacramento, CA 95834

RE: Late submission of CE course approval-Taste of the Islands 8 Hour CE-April 30, 2017:  
Five Retinal Diagnoses You Don't Want to Miss; Cataract Surgery in Patients with Corneal Pathology;  
Buried Treasure: Connecting the Dots to Treating Binocular Misalignment; Patient-reported  
Outcomes with Lasik: Interpreting the PROWL study; What We Know about Topography Guided  
Refractive Surgery: Case Studies in Clinical Practice; Do You See What I See?; Crosslinking for Corneal  
Ectasia: The Evolution of Sclera Lenses; Blink and You'll Miss It: Dry Eye in the Cosmetic Patient; Is the  
Symphony Toric Lens the Answer for Every Eye Condition; Should My Glaucoma Patient with a  
Cataract have a MIGS Surgery; Vitreous: Friend or Foe; Is it Cancer? The Optometrist Role in the  
Diagnosis and Management of Periocular Skin Cancer; Oral Presentations of Systemic Disease: Case  
Presentations; Glaucoma Management: What Should I do Next?

Dear Practice and Education committee,

I am writing this letter in regards to late submission for the multi-course symposium titled "Taste of the Islands CE" scheduled for presentation on 04/30/2017. We are short of the 45 day submission request, and wanted to include a letter for late submission with our CE approval application.

We continue to work diligently to get all required items to the board needed for CE approval in a timely manner. Due to multiple speakers at the upcoming CE, we had difficulty obtaining all the lectures to meet the submission requirement timeline and would appreciate your consideration of our continuing education approval request.

Please feel free to reach out to us with any other questions. We look forward to continued relations with the State Board of Optometry and the practice and education committee.

Sincerely,

Gina Valdemar  
Affiliate Relations and Education Director  
Coastal Vision Medical Group  
ginavaldemar@coastal-vision.com

## Schedule of Events:

7:00 am-7:50 am	Registration & Breakfast	
7:50 am-8:00 am	Dan B. Tran, MD	Welcome & Opening Remarks
8:00 am-8:25 am	Timothy You, MD	5 Retinal Diagnoses You Don't Want to Miss
8:25 am-8:50 am	Jennifer Lee Wu, MD	Cataract Surgery in Patients with Corneal Pathology
8:50 am-9:15 am	Gary Lovcik, OD	Buried Treasure: Connecting the Dots to Treating Binocular Misalignment
9:15 am-9:40 am	Elizabeth Hofmeister, MD, MC, USN	Patient-reported Outcomes with LASIK: Interpreting the PROWL Study
9:40 am-10:05 am	Dan B. Tran, MD	What We Know about Topography Guided Refractive Surgery: Case Studies in Clinical Practice
10:05 am-10:30 am	Madhu Agarwal, MD	Do You See What I See?
10:30 am-11:00 am	Break	
11:00 am-11:50 am	Jennifer Lee Wu, MD	Crosslinking for Corneal Ectasia
11:50 am-12:15 pm	Justin Kwan, OD, FAAO	The Evolution of Sclera Lenses
12:15 pm-12:40 pm	Jeffrey Joseph, MD	Blink and You'll Miss It: Dry Eye in the Cosmetic Patient
12:40 pm-1:50 pm	Lunch/Luau	
1:50 pm-2:15 pm	Dan B. Tran, MD	Is the Symphony Toric Lens the Answer for Every Eye Condition?
2:15 pm-2:40 pm	Betsy Nguyen, MD	Should My Glaucoma Patient with a Cataract have a MIGS Surgery?
2:40 pm-3:05 pm	Raj Rathod, MD, MBA	Vitreous: Friend or Foe
3:10 pm-3:35 pm	Jeffrey Joseph, MD	Is it Cancer? The Optometrist's Role in the Diagnosis and Management of Periocular Skin Cancer
3:35pm-3:40 pm	Lisa D. Garbutt, MD	Ocular Presentations of Systemic Disease: Case Presentations
4:00 pm-4:25 pm	Betsy Nguyen, MD	Glaucoma Management: What Should I Do Next?
4:25 pm-4:30 pm	Closing Remarks/Raffle	

\*At time of print, pending CA Board of Optometry approval. Topics and speakers are subject to change.

**Taste of the Islands 8 hour CE  
(9 of 15 lectures)**

**Course Title: Blink and You'll Miss it: Dry Eye in the Cosmetic Patient**

**Course Presentation date: 4/30/17**

**Speaker: Jeffrey Joseph, MD**

**Target Audience: This lecture is intended for optometrist seeking continuing education**

**Course Description:** Minimally invasive cosmetic procedures and **cosmetic surgery** are becoming more prevalent in our patient population and is often an over-looked contributor to dry eye and ocular surface disease. Lecture details some of the more common treatments and potential sequelae that can lead to these issues in the optometric patient.

**CE Credit: .50 CE Units**

- 1  **EYELID AND PERIOCCULAR LESIONS  
OPTOMETRIC EVALUATION AND MANAGEMENT**  
February 28, 2017
- 2  **BLINK AND YOU'LL MISS IT  
DRY EYE IN THE COSMETIC PATIENT**  
April 30, 2017
- 3  **Financial Disclosures**
  - Allergan: Consultant
- 4  **About Me**
  - My Practice
    - Exclusively dedicated to Aesthetic and Reconstructive Oculoplastic Surgery
    - Newport Beach, CA
  - Ophthalmic Plastic and Reconstructive Surgeon
    - Skin Cancer and Reconstructive Surgery Center
    - Appearance Center of Newport Beach
  - Assistant Professor - UC Irvine
    - Department of Ophthalmology
    - Gavin Herbert Eye Institute
- 5  **Medical Aesthetics**
  - Cosmetic Surgery
  - Minimally Invasive Cosmetic Procedures
    - Becoming increasingly popular (FOR YOUR PATIENTS)
      - Last year over 200,000 people in United States has cosmetic blepharoplasty
      - 6.5 million people had botulinum toxin (Botox) injections
      - 2.3 million people had soft tissue filler treatment.
        - Often are applied to the eyelids or periocular area.
  - To put this in perspective, Botox and filler treatments alone have increased 523% since the year 2000.
- 6
- 7  **Facial Injectables**
  - Neuromodulators (Botulinum Toxin)
    - Botox, Dysport, etc..
  - Facial Fillers
    - Hyaluronic Acid Gel – Juvederm, Restylane, etc..
    - Other- Radiesse, Sculptra, Bellafill
- 8  **Non Medical Treatments**

- Permanent Makeup
- Eyelash extensions
- Topical products/ makeup

9  **Dry Eye**

- Dry eye/ ocular surface disease can be caused due to disruption of the eyelid and periocular anatomy and its relationship to the ocular surface.

10  **What to look for**

Changes in eyelid and periocular anatomy and physiology are dependent on the treatment area, modality, and technique. The position of the lids (in relation to the globe and to one another) plays a vital role in one's ability to properly protect and lubricate the ocular surface. An often under-recognized sequela of cosmetic treatment and surgery in the periocular area is a disruption of these normal relationships.

11  **What to look for**

- Both the static position and dynamic excursion of the eyelids can be affected. While overt lid malposition may occur, these pathologies are routinely recognized during a routine ophthalmic examination. Subtle changes lead to often missed issues that can lead to chronic dry eye, poorly responsive to traditional topical therapy are as important patients are often significantly symptomatic, but clinical signs and the effect on the ocular surface are often subtle and require a high clinical suspicion to diagnose.

12  **Botulinum Toxin (Botox)**

- Neuromodulator
- Transiently interrupts nerve signal to muscle effectively weakening muscle

13

14  **Elevator/Depressors/Abductors of Brows**

15  **Crow's Feet (Female)**

16  **Crow's Feet (Male)**

17  **Medial/lateral Brow + Forehead + Crow's Feet**

- 18  **Jelly Roll (Pretarsal Orbicularis)**
- 19  **Botulinum Toxin (Botox)**
- Orbicularis oculi treatment is very common
  - Can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition
- 20  **DERMAL FILLERS**
- 21  **Tear Troughs**
- 22  **Upper Lids**
- 23  **Cosmetic Surgery**
- Facelift
    - Dissection near the facial nerve can lead to weakening (transient vs. permanent) than can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition
- 24  **Facial Nerve (7<sup>th</sup> Cranial Nerve)**
- 25  **Cosmetic Surgery**
- Upper Blepharoplasty/ Brow Lift
    - Aggressive surgery can lead to a shortage of skin and scarring that can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition
- 26  **Cosmetic Surgery**
- Lower Blepharoplasty
    - Aggressive surgery can lead to a shortage of skin and scarring that can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition
    - Weakened canthal tendon attachment leads to fish mouthing
- 27  **Lower eyelid retraction**
- Lower eyelid position is very sensitive to and can be significantly altered as a result of most periocular procedures and surgeries. Eyelid retraction, ectropion, entropion can all occur and cause significant ocular surface issues, however it is the eyelid retraction that can be more difficult to identify.
  - 
  - Lower eyelid retraction most commonly occurs after lower eyelid blepharoplasty (particularly from a transcutaneous approach). The retraction occurs for 3 main reasons: 1) persistent or uncorrected eyelid laxity, 2) over-excision of skin, and 3) a "middle lamellar scar.



28  **Lower eyelid retraction**29  **Blink Lagophthalmos**

Changes in the dynamic function of the lids and the normal anatomic relationship of the lids and ocular surface during closure and/ or blinking are commonly overlooked in the dry eye patient. I commonly see this issue in my practice in patients who develop dry eye symptoms after a cosmetic surgery or treatment.

Structural alteration in the lid anatomy as well as weakening of pretarsal orbicularis can be to blame. Watching a series of involuntary blinks at the slit lamp, looking for incomplete closure is vital to diagnosis.

30  **Blink Lagophthalmos**31  **Summary**

- Proper diagnosis and treatment for your dry eye patients requires a comprehensive evaluation of their risk factors and causative pathology.
- In my cosmetic practice, I too commonly see patients in which prior cosmetic procedures and surgery of the eyelids and periocular area has been overlooked.
- Due to the anatomic nature of their dry eye symptoms, they often poorly respond to conservative, topical treatment.

32  **Summary**

- As a cosmetic and reconstructive oculoplastic surgeon, I offer a full array of minimally invasive and surgical, eyelid based therapy for your patients.
- Please don't hesitate to contact me with questions regarding a particular patient in your practice or to refer your patient for a full oculoplastic assessment.

33  **Thank You**

- Tel: 949-424-3524
- Email: [jmjoseph@occuloplastic.com](mailto:jmjoseph@occuloplastic.com)



### Financial Disclosures

- Allergan: Consultant

### About Me

- My Practice
  - Exclusively dedicated to Aesthetic and Reconstructive **Oculoplastic Surgery**
  - Newport Beach, CA
- **Ophthalmic Plastic and Reconstructive Surgeon**
  - Skin Cancer and Reconstructive Surgery Center
  - Appearance Center of Newport Beach
- **Assistant Professor - UC Irvine**
  - Department of Ophthalmology
  - Gavin Herbert Eye Institute

### Medical Aesthetics

- Cosmetic Surgery
- Minimally Invasive Cosmetic Procedures
  - Becoming increasingly popular (FOR YOUR PATIENTS)
    - Last year over 200,000 people in United States has cosmetic blepharoplasty
    - 6.5 million people had botulinum toxin (Botox) injections
    - 2.3 million people had soft tissue filler treatment.
      - Often are applied to the eyelids or periorcular area.
- To put this in perspective, Botox and filler treatments alone have increased **523%** since the year 2000.

### Cosmetic Surgery

- Blepharoplasty
- Cheek Lift
- Forehead or Brow Lift
- Facelift

### Facial Injectables

- Neuromodulators (Botulinum Toxin)
  - Botox, Dysport, etc..
- Facial Fillers
  - Hyaluronic Acid Gel – Juvederm, Restylane, etc..
  - Other- Radiesse, Sculptra, Bellafill

### Non Medical Treatments

- Permanent Makeup
- Eyelash extensions
- Topical products/ makeup

### Dry Eye

- Dry eye/ ocular surface disease can be caused due to disruption of the eyelid and periocular anatomy and its relationship to the ocular surface.



### What to look for

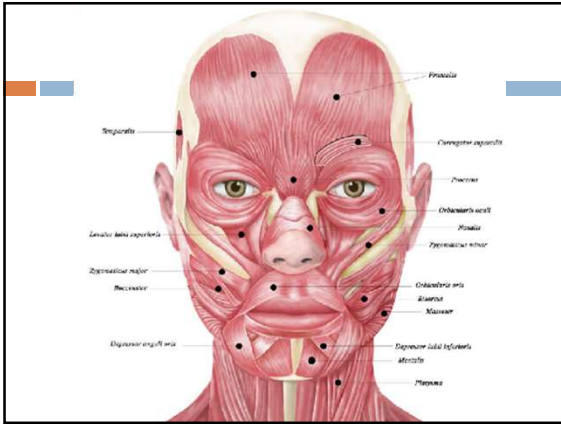
Changes in eyelid and periocular anatomy and physiology are dependent on the treatment area, modality, and technique. The position of the lids (in relation to the globe and to one another) plays a vital role in one’s ability to properly protect and lubricate the ocular surface. An often under-recognized sequela of cosmetic treatment and surgery in the periocular area is a disruption of these normal relationships.

### What to look for

- Both the static position and dynamic excursion of the eyelids can be affected. While overt lid malposition may occur, these pathologies are routinely recognized during a routine ophthalmic examination. Subtle changes lead to often missed issues that can lead to **chronic dry eye, poorly responsive to traditional topical therapy** are as important patients are often significantly symptomatic, but clinical signs and the effect on the ocular surface are often subtle and require a high clinical suspicion to diagnose.

### Botulinum Toxin (Botox)

- Neuromodulator
- Transiently interrupts nerve signal to muscle effectively weakening muscle



### Elevator/Depressors/Abductors of Brows

Adapted with permission, Fedok FG. Advances in minimally invasive facial rejuvenation. Curr Opin Otolaryngol Head Neck Surg. 2008;16(4):359-368.

### Crow's Feet (Female)

**Before**

**After (smiling)**

45 U abobotulinumtoxinA

### Crow's Feet (Male)

**Before**

**After**

● = 3.5 U of onabotulinumtoxinA per injection site; 10.5 U per side

### Medial/lateral Brow + Forehead + Crow's Feet

**Before**

**After**

● = 4 U per injection site  
 ✕ = 2 U per injection site  
 64 U onabotulinumtoxinA

### Jelly Roll (Pretarsal Orbicularis)

**Before**

**After**


● = 2.5 U onabotulinumtoxinA per side


### Botulinum Toxin (Botox)

- Orbicularis oculi treatment is very common
- Can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition

### DERMAL FILLERS

### Tear Troughs

Before 

After 

### Upper Lids


Before 

After 

### Cosmetic Surgery

- Facelift
  - Dissection near the facial nerve can lead to weakening (transient vs. permanent) than can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition

### Facial Nerve (7<sup>th</sup> Cranial Nerve)



### Cosmetic Surgery

- Upper Blepharoplasty/ Brow Lift
  - Aggressive surgery can lead to a shortage of skin and scarring that can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition

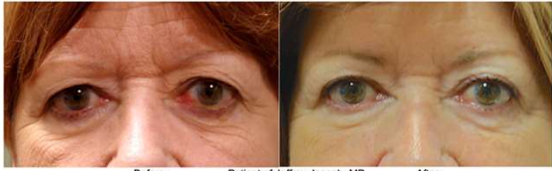
### Cosmetic Surgery

- Lower Blepharoplasty
  - Aggressive surgery can lead to a shortage of skin and scarring that can lead to altered blink dynamics and/ or overt lagophthalmos or lid malposition
  - Weakened canthal tendon attachment leads to fish mouthing

### Lower eyelid retraction

- Lower eyelid position is very sensitive to and can be significantly altered as a result of most periorcular procedures and surgeries. Eyelid retraction, ectropion, entropion can all occur and cause significant ocular surface issues, however it is the eyelid retraction that can be more difficult to identify.
- Lower eyelid retraction most commonly occurs after lower eyelid blepharoplasty (particularly from a transcutaneous approach). The retraction occurs for 3 main reasons: 1) persistent or uncorrected eyelid laxity, 2) over-excision of skin, and 3) a "middle lamellar scar."

### Lower eyelid retraction




Before Patient of Jeffrey Joseph, MD After

Minimally invasive repair of lower eyelid retraction with a 1-2mm improvement in lower lid position, but significant improvement in ocular surface symptoms (notice improved conjunctival injection).

### Blink Lagophthalmos

- Changes in the dynamic function of the lids and the normal anatomic relationship of the lids and ocular surface during closure and/ or blinking are commonly overlooked in the dry eye patient. I commonly see this issue in my practice in patients who develop dry eye symptoms after a cosmetic surgery or treatment.
- Structural alteration in the lid anatomy as well as weakening of pretarsal orbicularis can be to blame. Watching a series of involuntary blinks at the slit lamp, looking for incomplete closure is vital to diagnosis.

### Blink Lagophthalmos



Lateral lower eyelid retraction and blink lagophthalmos 10 years after her 2<sup>nd</sup> cosmetic upper and lower blepharoplasty.

Her dry eye has been inadequately controlled on topical therapy since then.

## Summary

- Proper diagnosis and treatment for your dry eye patients requires a comprehensive evaluation of their risk factors and causative pathology.
- In my cosmetic practice, I too commonly see patients in which **prior cosmetic procedures and surgery of the eyelids and periorcular area has been overlooked.**
- Due to the anatomic nature of their dry eye symptoms, they often poorly respond to conservative, topical treatment.

## Summary

- As a cosmetic and reconstructive oculoplastic surgeon, I offer a full array of minimally invasive and surgical, eyelid based therapy for your patients.
- Please don't hesitate to contact me with questions regarding a particular patient in your practice or to refer your patient for a full oculoplastic assessment.

## Thank You



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- Email: [jmjoseph@occuloplastic.com](mailto:jmjoseph@occuloplastic.com)

# JEFFREY JOSEPH, MD

## ACADEMIC AND PRACTICE AFFILIATIONS

### **Ophthalmic Plastic and Reconstructive Surgeon**

Skin Cancer and Reconstructive Surgery Center

Appearance Center of Newport Beach

### **Assistant Professor**

#### **UC Irvine**

Department of Ophthalmology

Gavin Herbert Eye Institute

### **Ophthalmic Plastic and Reconstructive Surgeon**

#### **Inland Eye Specialists**

## EDUCATION

### **UC San Diego**

Degree: General Biology (pre-med focus)

Minor: Health Care and Social Issues

### **Boston University School of Medicine**

Degree: Medical Doctorate

Honors: Alpha Omega Alpha Honor Society

Pathology Honor Society

### **Post Graduate**

#### **Internship:**

St. Vincent's Hospital Manhattan- Transitional Intern



**Residency in Ophthalmology:**

NYU School of Medicine – Manhattan Eye, Ear, & Throat Hospital

**Chief Resident:** 2010-2011

**Fellowship, Ophthalmic Plastic and Reconstructive Surgery:**

University of California, Irvine – Gavin Herbert Eye Institute

**RESEARCH & PUBLICATIONS**

**Textbook Contributions:**

Enucleation

Jeffrey M. Joseph MD, Gary J. Lelli, Jr. MD, Christopher I. Zoumalan MD

Encyclopedic Reference of Ophthalmology

Springer Publishing; New York, NY USA

*In Press*

Evisceration

Jeffrey M. Joseph MD, Gary J. Lelli, Jr. MD, Christopher I. Zoumalan MD

Encyclopedic Reference of Ophthalmology

Springer Publishing; New York, NY USA

*In Press*

Orbital Implants

Jeffrey M. Joseph MD, Robert Peralta MD, Gary J. Lelli, Jr. MD, Christopher I. Zoumalan MD

Encyclopedic Reference of Ophthalmology

Springer Publishing; New York, NY USA

*In Press*

Ophthalmic Plastic Surgery; Essential Concepts

Joseph JM, Echegoyen J, Morgan P, Tao JP;

Ophthalmic Microsurgery: Principles, Techniques, and Applications;

Slack; Thorofare, NJ USA.

*In press*

### **Online Review Contributions:**

Joseph JM, Zoumalan CI.

Lacrimal System Probing and Irrigation.

Medscape Reference. Updated July 25, 2011.

Available at: <http://emedicine.medscape.com/article/1844121-overview>.

Joseph JM, Solomon JM.

Retrobulbar Block

Medscape Reference. Updated October 7, 2011.

Available at: <http://emedicine.medscape.com/article/2000744-overview>

### **Journal Publications:**

External versus Endoscopic Dacryocystorhinostomy for Acquired Nasolacrimal Duct  
Obstruction in a Tertiary Referral Center.

Ophthalmology, Volume 112, Issue 8, Pages 1463 – 1468

G. Ben Simon, J. Joseph, S. Lee, R. Schwarcz, J. McCann, R. Goldberg

August 2005.

Oculocardiac reflex associated with a large orbital floor fracture.

Ophthalmic Plastic and Reconstructive Surgery. Volume 25, Issue 6, Pages 496 – 498

Jeffrey M. Joseph, Caroline Rosenberg, Christopher I. Zoumalan, Richard A. Zoumalan, W. M.  
White, Richard D. Lisman.

November 2009.

Orbital Fractures: A Review

Clinical Ophthalmology, Volume 2011:5, Pages 95 – 100

Jeffrey M. Joseph, Ioannis P. Glavas,

January 2011

When A Pink Eye Is Not “Pink Eye”- The Low Flow Carotid-Cavernous Fistula

Eyenet

Jeffrey M. Joseph, Floyd A. Warren.

January 2011

Evaluation of the canalicular entrance into the lacrimal sac: An anatomic study.

Ophthalmic Plastic and Reconstructive Surgery. Volume 27, Issue 4, Pages 298-303

C.I. Zoumalan, J.M. Joseph, G.J. Lelli, Jr., K.L. Segal, A. Adeleye, M. Kazim, R.D. Lisman.

July 2011

Antibacterial analysis of surgical adhesives.

Plastic and Reconstructive Surgery, Volume 129, Issue 2, Pages 402e-404e

JM. Joseph, A. Voldman, CI. Zoumalan, RD. Lisman, NM. Iovine

February 2012

Periorbital fat grafting and its effect on upper eyelid height

The American Journal of Cosmetic Surgery, Volume 29, No. 3

JM Joseph, BJ Lissauer, AN Kornstein

September, 2012

Needle decompression of acute orbital emphysema: case report with video

British Journal of Ophthalmology, Volume 96, Issue 10, Pages 1346-1347

G Chak, JM Joseph, JP Tao

October, 2012

A positive sentinel lymph node in periocular invasive squamous cell carcinoma: a case series.

Ophthalmic Plastic and Reconstructive Surgery. Volume 29, Issue 1, Pages 6-10

Garrick Chak MD, Payam V Morgan MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS.

January, 2013

The Efficacy of a Midfacial Seal Drape in Reducing Oculofacial Surgical Field Fire Risk

Ophthalmic Plastic and Reconstructive Surgery. Volume 29, Issue 2, Pages 109-112

Jeremiah P. Tao MD, FACS, Kristin E. Hirabayashi BA, Brian T. Kim MD, Feilin A. Zhu MD,

Jeffrey M. Joseph, MD, William Nunery MD, FACS

March, 2013

Repair of eyelid retraction due to a trabeculectomy bleb: case series and review of the literature

Ophthalmic Plastic and Reconstructive Surgery.

Ann Shue MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS.

*In Press*

The Efficacy of a Novel Mobile Phone Application for Goldmann Ptosis Visual Field

Interpretation

Ophthalmic Plastic and Reconstructive Surgery.

Robi N. Maamari, BS, Michael V. D'ambrosio, Ph.D, Jeffrey M. Joseph, MD, Jeremiah P. Tao,

MD, FACS.

*Submitted*

Massive Silicone-induced Orbital Granuloma: Case report and literature review.

Ophthalmic Plastic and Reconstructive Surgery.

Ann Shue, MD, Jeffrey M. Joseph, MD; Jeremiah P. Tao, MD, FACS,

Donald S. Minckler, MD, MS

*Submitted*

**Lectures:**

Trabeculectomy Bleb-Induced Eyelid Retraction Repair: Case Series and Review of the Literature

Ann Shue MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS.

ASOPRS 43rd Annual Fall Scientific Symposium on  
Friday, November 9, 2012, Chicago, IL

Effect of Eyelash Ptosis on Visual Field

Tiffany S Liu MD, Jeffrey M Joseph MD, Jeremiah P Tao MD, FACS.

ASOPRS 43rd Annual Fall Scientific Symposium on  
Thursday, November 8, 2012, Chicago, IL

**Abstract Publications:**

Oculocardiac reflex associated with a large orbital floor fracture: a case report.

Second International Orbital Society Symposium.

Jeffrey M. Joseph, Caroline Rosenberg, Christopher I. Zoumalan, Richard A. Zoumalan, W. Matthew White, Richard D. Lisman.

New York, NY. September 26 and 27, 2008.

Evaluation of the Canalicular System: An Anatomic Study.

Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting.

J.M. Joseph, C.I. Zoumalan, D. Howard, R.D. Lisman.

Fort Lauderdale, FL. May 3 to May 7, 2009

Evaluation of the Canalicular System and Lacrimal Sac: An Anatomic Study.

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) Fall Scientific Symposium

Jeffrey M. Joseph MD, Christopher Zoumalan MD, Gary Lelli, Jr. MD, David Howard MD, Michael Kazim MD, Richard Lisman MD.

San Francisco, CA. October 21-22, 2009

Antibacterial Analysis of Surgical Adhesives.

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) Fall Scientific Symposium.

J.M. Joseph, A. Voldman, C.I. Zoumalan, N. Iovine, R.D. Lisman.

Chicago, IL. October 13-14, 2010.

Podcasting And Its Effect On Traditional Resident Education

Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting.

J.M. Joseph, J. Young.

Fort Lauderdale, FL. May 1 to May 5, 2011