



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 **Explanation letter attached**

Advertising (optional)

CV for EACH Course Instructor

License Verification for Each Course Instructor

Disciplinary History? Yes No

Course Title	Date(s) of Course	Instructor(s)/Lecturer(s)	CE Hours Requested	FOR BOARD USE ONLY		
				Approved	Disapproved	ID #
Toric IOL's	01/18/2017	KEITH LIANG, MD	2			
Corneal Cross-Linking	03/15/2017	KEITH LIANG, MD	2			
Review of Eye Drops: Prostaglandins	05/17/2017	KEITH LIANG, MD	2			
Aspheric vs. Non-Aspheric: Night Time Vision	07/19/2017	KEITH LIANG, MD	2			
Tecnis, Symphony & Crystalens AO	09/13/2017	KEITH LIANG, MD	2			
Wavefront Technology: Topography Guided Laser	11/15/2017	KEITH LIANG, MD	2			
Treatments for Macular Degeneration	05/07/2017	KEITH LIANG, MD	2			
Glaucoma: Decisions & Choices	05/07/2017	KEITH LIANG, MD	2			
Ocular Hypertension	11/12/2017	KEITH LIANG, MD	2			
Optical Coherence Tomography of Macula & Optic	11/12/2017	KEITH LIANG, MD	2			
COMMITTEE COMMENTS:						

February 23, 2017

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

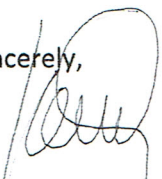
Dear Boards of Optometry,

Thank you for considering my request for CE approval. I was recently informed by Kristina Eklund that I need to provide a letter to explain why I am not able to provide presentation materials for the scheduled events in 2017. I feel that providing current information to our network of optometrist is very important. I gather presentation information from a variety of information sources- mainly current ophthalmic studies (articles) and ophthalmic meetings that I attend periodically through the year. The Power Point presentations are created from information gathered from ASCRS held in May and AAO conferences held in November; this ensures that the information provided is not only current, but the newest technology that we can offer in the United States.

I have prided myself in the ability to deliver quality information to my optometric network and I have been working with the Board of Optometry for many years to provide CE's. I ask that you strongly consider issuing Continuing Education credits for 2017 as I have many Optometrists who depend on what is offered at my office.

Thank you so much for your consideration.

Sincerely,



Keith Liang, MD
Ophthalmologist



(916) 446-2020 • Fax: (916) 446-3128
3160 J Street • Sacramento • CA • 95816-4403

COURSE SUBJECT MATTER

Toric IOL's **Instructor:** Keith Liang, MD

Event Date: January 18, 2017

Toric IOL Staar and Alcon have added a new dimension to cataract surgery to correct Astigmatism. It has allowed for greater post operative satisfaction from patients. Review the preoperative criteria required for successful implantation of the lens. The surgical steps required for successful implantation of the lens in the correct axis.

Corneal Cross-Linking **Instructor:** Keith Liang, MD

Event Date: March 15, 2017

Corneal Cross-Linking (CXL) has been used to treat issues like keratoconus and corneal ectasia after LASIK surgery since 1997. *Keratoconus* is a vision disorder that occurs when the normally round cornea (the front part of the eye) becomes thin and irregular (cone) shaped. This abnormal shape prevents the light entering the eye from being focused correctly on the retina and causes distortion of vision. The goal is to educate the physical signs to manage these patients pre-operatively and post operatively.

Review of Eye Drops: Prostaglandins **Instructor:** Keith Liang, MD

Event Date: May 17, 2017

Travatan, Lumigan and Xalatan drops are the family of eye drops that are the primary treatment for glaucoma. The difference will be reviewed and indications for use in the ocular hypertensive and glaucoma patients will be discussed.

Aspheric versus Non-Aspheric: Night-time Vision **Instructor:** Keith Liang, MD

Event Date: July 19, 2017

The wavefront modified IOL that affect spherical aberration will be reviewed. The latest medical discussion on the lenses affect on improved night time vision will be discussed. Wavefront data both pre and post operatively will be reviewed.

ResTor , Symphony & Crvstalens **Instructor:** Keith Liang, MD

Event Date: September 13, 2017

Premium IOL is gaining greater acceptance in the cataract population. How does an optometrist council his or her patients on these latest advances in IOL surgery. The ideal candidate for each type of lens will be reviewed. How to manage post operative expectations will be a key factor the success of these lenes.

Wavefront Technology: Topography Guided Laser: **Instructor:** Keith Liang, MD

Event Date: November 15, 2017

Nidek laser from Japan has the obly FDA approved topography guided excimer ablation in the United States. The CATZ sofeware and Final Fit program will be reviewed on problematic patient discussions.

OUTLINE

Symfony, ResTor & Crystalens: By Keith Liang, MD

1. There are several types of multifocal IOL lenses available: Symfony and ResTor. Both of these lenses offer different ring-shaped zones so patients can clearly see both objects near and far.
 - a. Symfony: 1-Piece intraocular lenses are indicated for primary implantation for the visual correction of aphakia in adult patients with and without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire near, intermediate, and distance vision with increased spectacle independence. The intraocular lenses are intended to be placed in the capsular bag
 - b. ResTor: IOL has a very fine pattern of concentric rings that distribute light for near, far and intermediate vision. Occasional patients may still benefit from an enhancement of their results with Laser Vision Correction
2. The advantage of a multifocal IOL is the ability to be less dependent on reading glasses for near activities.
3. Many people have presbyopia, or the loss of the eye's ability to zoom from an object in the distance to near objects, such as a newspaper, and this condition will start to bother them. Multifocal IOL's offer a better alternative to many people who are frustrated by their dependence on reading glasses.
4. The Accommodative IOL is a surgical procedure involves implanting a lens into the eye to function similarly to the natural lens of the eye. Patient can focus on objects both near and far. Patients with presbyopia will benefit most from the Accommodative IOL. Instead of receiving a fixed lens after cataract surgery, patients can have an Accommodative IOL, which may reduce or eliminate the need for glasses after surgery.
 - a. Crystalens: The Accommodative IOL is made with tiny hinges allowing the eye muscles to change the position of the lens (similar to how the natural lens flexes) bringing into focus objects both near and far

KEITH LIANG M.D.

CORNEAL, CATARACT, GLAUCOMA AND REFRACTIVE SURGEON

3160 J STREET

SACRAMENTO, CA 95816-4403

(916) 446-2020

kliang@liangvision.com

PRIVATE PRACTICE

**CENTER FOR SIGHT CLINIC AND
LASER CENTER 1995 – Present**

SACRAMENTO EYE SURGICENTER

Medical Director 1999 – Present

3150 J Street

Sacramento, CA 95816

EDUCATION

CHIEF RESIDENCY

LSU – Lions Eye Center 1993 – 1994

Cornea and Refractive Surgery

New Orleans, Louisiana

RESIDENCY

Louisiana State Univ. Medical Center

1990 – 1994

New Orleans, Louisiana

INTENRSHIP

University of Southern California-

Los Angeles County Medical Center

1989 – 1990

Los Angeles, California

MEDICAL SCHOOL

University of Southern California-

Keck School of Medicine

1985 – 1989

Los Angeles, California

UNDERGRADUATE

University of California at Los Angeles

1982 – 1985

Los Angeles, California

MEMBERSHIPS

American Academy of Ophthalmology
American Board of Ophthalmology
American Society of Cataract and Refractive Surgery
International Society of Refractive Surgery
New Orleans Academy of Ophthalmology
Association for Research in Vision and Ophthalmology

PAPERS

“Introduction to the 13th NIDEK International Refractive Symposium: Cyberspace”
Journal of Refractive Surgery, Volume 25, January (Suppl) 2009

“Vision Quest” – By Reed Parsell/photography by 521Productions.com
Sacramento Magazine, 174, 176–177, September 2007

“New NSAID Speeds Resolution of Corneal Ulcer”
Ophthalmology Management 49–50, January 2006

“Acrysof Restor IOL Presbyopic lens removal and exchange”
Cataract & Refractive Surgery Today Volume 6, No. 4: 66–69, April 2006

“Wavefront–Adjusted Treatments on the Nidek EC–5000”
Cataract & Refractive Surgery Today 82–84, August 2004

“Cohesive viscoelastic offers predictable protection – Surgeon depends on high-viscosity agent for 95% of cataract cases” – By Lynda Charters, Reviewed by Keith Liang, M.D.
Ophthalmology Times 34, February 15, 2003

“A Comparison of the Nidek EC-5000, Visx S2 and Summit Apex Lasers”
Review of Ophthalmology Part 3 of 3: 6–7, July 2001

“Fungal Keratitis from Nylon Lawn Trimmers”
American Journal of Ophthalmology 114:437–440, October 1992

“Browns Superior Oblique Tendon syndrome After Baerveldt Implant”
Archives of Ophthalmology 110:1368, 1992

CLINICAL TRIALS

CRS – NIDEK Clinical treatment of Astigmatism IDE 1999 – 2000
CLARITY Holos-On going study to develop intraoperative aberrometry for Cataract Surgery.

ACOES Cross linking investigation- evaluate efficacy of cornea collagen crosslinking in Keratoconus and Ectasia eyes

CRS/ISRS – LASIK Clinical investigation: Evaluate the efficacy of LASIK and submit data to FDA Device Committee 1996 – 1998

CRS/ISRS – VISX Clinical treatment of Astigmatism and high myopia IDE 1996 – 1997

NIDEK PRK Study Site – worked under supervision of Marguerite McDonald M.D. in New Orleans, LA – 1994

AUTONOMOUS – Preliminary monkey treatments at Tulane vivarium under the direction of Marguerite McDonald M.D. – 1994

PRESENTATIONS

AAO Intraoperative Aberrometry –HOLOS for refractive cataract surgery. IOL Predictor 2016

ASCRS Intraoperative Aberrometry –HOLOS for refractive cataract surgery 2015

ASCRS- Topography guided laser- How to use the CATZ and OATZ software to achieve optimal results- NIDEK 2014

AAO – Laser assisted Cataract Surgery- Femto LRI incisions with Lensar laser 2013

OPTOMETRIC – Semi-annual half-day lectures to local Optometrists regarding various topics in Ophthalmology – 1995 – 2009 – Sacramento, CA

OPTOMETRIC – Bi-monthly dinner lectures to local Optometrists regarding various topics in Ophthalmology – 1995 – 2009 – Sacramento, CA

CRS – How to remove a multifocal lens – December, 2007 – Las Vegas, NV

ASCRS – Akahoshi technique with the millennium system. Bausch & Lomb – 2005 Washington, D.C.

ASCRS – Nidek wavefront adjusted myopic treatments utilizing 6.5/7.5 zones compared to non-wavefront treatments – 2004 San Diego, CA

ASCRS – Combination Akahoshi pre-chop and flip technique for cataract surgery – 2001

ASCRS – LASIK Video Grand Rounds: Complications and Management-panel member – 1999 – 2001

AAO – LASIK Video Grand Rounds: Complications and Management-panel member – 1999 – 2001

ASCRS – Comparison of NIDEK, VISX and Summit Lasers for the LASIK treatment of myopic astigmatism – 2000

ASCRS – Initial clinical pearls for the insertion of Starr Posterior ICL – a beginning surgeon’s experience – 2000

ASCRS – Results of Mobile VISX Laser in the LASIK treatment of myopic astigmatism – 1999

FDA DEVICE PANEL – Gaithersburg, Maryland - presented LASIK data for FDA approval of LASIK procedure – 1998

LSU- New Orleans Academy- Pigmentary Dispersion Glaucoma- Laser Peripheral Iridectomy- clinical trial of P.I. in myopic patients with posterior bowing of iris plane 1992

ARVO- Fluorescein angiographic Histopathological Correlation of Dihematoporphyrin/Argon Laser Treated Vasculature & Subretina Neovascularization 1988

CERTIFICATION

2016- ALLEGRETTO WAVE EYE-Q 400HZ

2015 – HOLOS ABERROMETRY FOR CATARACT SURGERY

2014- ZIEMER S FEMTO LDV CRYSTALLINE-BLADE FREE

2013 – Glaucoma- ISTENT IMPLANT

2012 – LENSAR FEMTOSECOND LASER

2008 – Glaucoma – TRABECUTOME SURGERY

2007 – STAAR INTRAOCULAR CONTACT LENS

2007 – MULTIFOCAL REZOOM LENS

2007 – ASTIGMATISM LENS TORIC

2006 – MULTIFOCAL RESTORE LENS

2006 – VERISYSE INTRAOCULAR CONTACT LENS

2005 – Glaucoma – SELECTIVE LASER TRABECULOPLASY

2004 – ALLEGRETTO EXCIMER LASER SYSTEM

2004 – CRYSTALENS

2000 – LADAR VISION EXCIMER LASER SYSTEM
1999 – NIDEK EXCIMER LASER SYSTEM
1996 – VISX EXCIMER LASER SYSTEM
1995 – SUMMIT EXCIMER LASER SYSTEM

OUTLINE

Symfony, ResTor & Crystalens: By Keith Liang, MD

1. There are several types of multifocal IOL lenses available: Symfony and ResTor. Both of these lenses offer different ring-shaped zones so patients can clearly see both objects near and far.
 - a. Symfony: 1-Piece intraocular lenses are indicated for primary implantation for the visual correction of aphakia in adult patients with and without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire near, intermediate, and distance vision with increased spectacle independence. The intraocular lenses are intended to be placed in the capsular bag
 - b. ResTor: IOL has a very fine pattern of concentric rings that distribute light for near, far and intermediate vision. Occasional patients may still benefit from an enhancement of their results with Laser Vision Correction
2. The advantage of a multifocal IOL is the ability to be less dependent on reading glasses for near activities.
3. Many people have presbyopia, or the loss of the eye's ability to zoom from an object in the distance to near objects, such as a newspaper, and this condition will start to bother them. Multifocal IOL's offer a better alternative to many people who are frustrated by their dependence on reading glasses.
4. The Accommodative IOL is a surgical procedure involves implanting a lens into the eye to function similarly to the natural lens of the eye. Patient can focus on objects both near and far. Patients with presbyopia will benefit most from the Accommodative IOL. Instead of receiving a fixed lens after cataract surgery, patients can have an Accommodative IOL, which may reduce or eliminate the need for glasses after surgery.
 - a. Crystalens: The Accommodative IOL is made with tiny hinges allowing the eye muscles to change the position of the lens (similar to how the natural lens flexes) bringing into focus objects both near and far