



**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



**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](http://www.optometry.ca.gov)



## CONTINUING EDUCATION COURSE APPROVAL APPLICATION

**\$50 Mandatory Fee**

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, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

**Please type or print clearly.**

<b>Course Title</b> <u>Selected Cases of Optic Disc Edema</u>	<b>Course Presentation Date</b> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">5</span> <span style="border: 1px solid black; padding: 2px 5px;">/</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">5</span> <span style="border: 1px solid black; padding: 2px 5px;">/</span> <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> </div>
--	---

### Course Provider Contact Information

<b>Provider Name</b> <u>April</u> (First) <u>Weekley</u> (Last) <u>C</u> (Middle)	
<b>Provider Mailing Address</b> Street <u>9A Wild Horse loop</u> City <u>Rancho Santa Margarita</u> State <u>CA</u> Zip <u>92688</u>	
Provider Email Address <u>aweekley@retina2020.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.

<b>Instructor Name</b> <u>Jessica</u> (First) <u>Boeckmann</u> (Last) <u>M</u> (Middle)	
License Number <u>A 124361</u>	License Type <u>CA Medical</u>
Phone Number (A79) <u>466-6239</u>	Email Address <u>JBoeckmann@Retina2020.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.**

April Weekley  
 Signature of Course Provider

3/21/2017  
 Date



**Acuity Eye Specials & Retina Institute**

**CE Dinner May 15<sup>th</sup> 2017**

**Agenda**

Topic	Time	Speaker
OCT interpretation	6:30-7:30	Anthony Culotta(Retina)
Selected cases of Optic Disc Edema	7:30-8:30	Jessica Boeckmann

***Requesting 2 hour CE approval***

3/23/2017

Optic Disc Edema Continuing Education

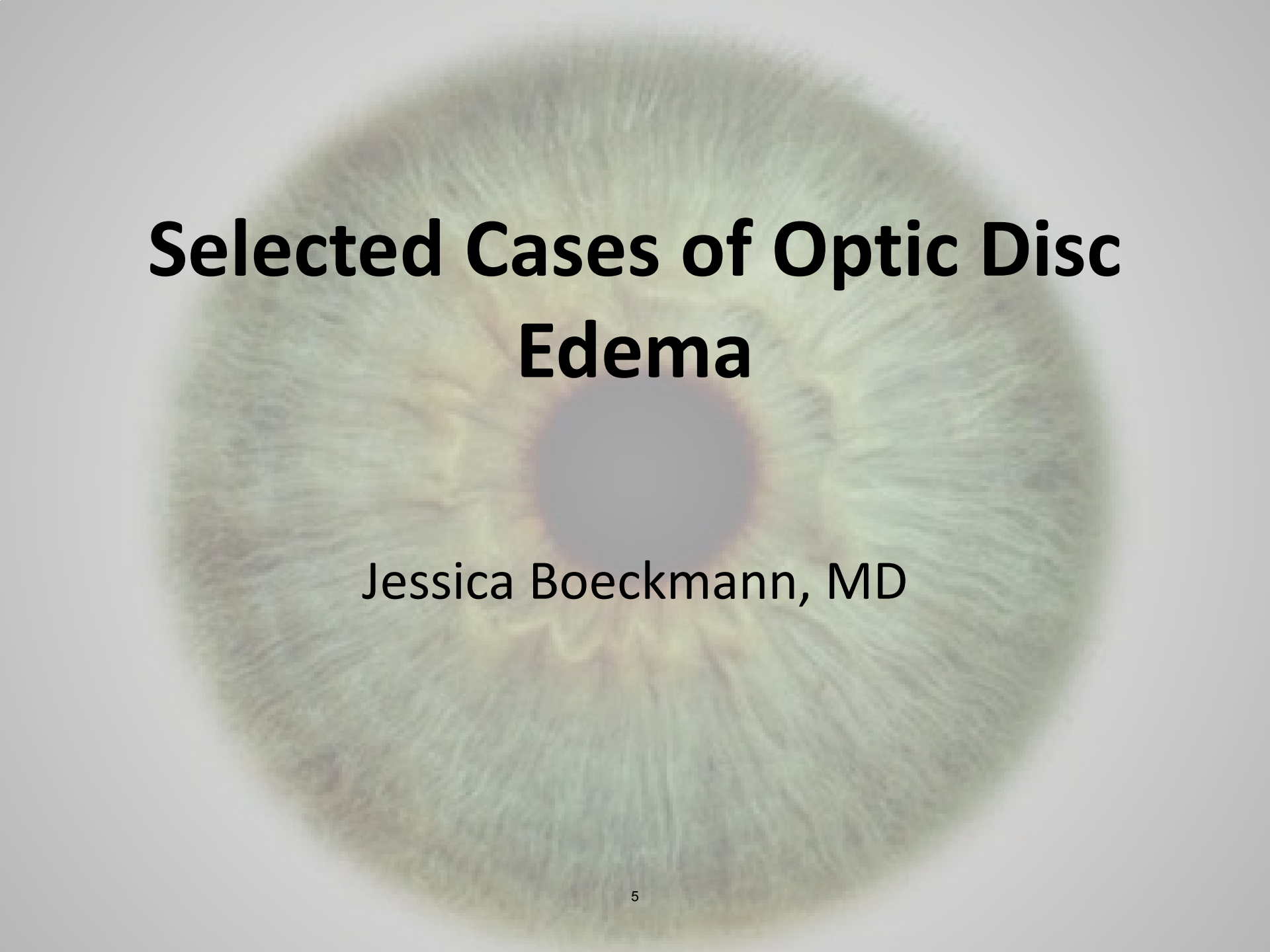
To discuss typical case presentations of three common causes of optic disc edema including giant cell arteritis, non-arteritic anterior ischemic optic neuropathy, pseudotumor cerebri. To discuss proper examination techniques and necessary steps to establish proper diagnosis. Once proper diagnosis is established, to determine necessary medical and when indicated surgical management.

Jessica Boeckmann, M.D.

## **“Selected Cases of Optic Disc Edema”**

Jessica Boeckmann, MD

- 1) Optic Nerve Swelling
- 2) Diverse group of disorders
- 3) Distinct clinical entities
- 4) Proper diagnosis is essential to rule out potentially life or sight threatening entities
- 5) Optic Nerve Swelling
- 6) Correct terminology
  - a) Optic Disc Edema
    - i) Swollen appearing optic nerve
  - b) Papilledema
    - i) Optic disc edema secondarily to increased intracranial pressure
- 7) Other Causes of Optic Disc Swelling
- 8) Optic Neuritis
- 9) Diabetic Papillitis
- 10) Malignant Hypertension
- 11) Optic Disc Drusen (pseudopapilledema)
- 12) Conclusion
  - a) Always important to rule-out increased intracranial pressure as cause of optic nerve swelling



# **Selected Cases of Optic Disc Edema**

Jessica Boeckmann, MD

# Optic Nerve Swelling

- Diverse group of disorders
- Distinct clinical entities
- Proper diagnosis is essential to rule out potentially life or sight threatening entities

# Optic Nerve Swelling

- Correct terminology
  - Optic Disc Edema
    - Swollen appearing optic nerve
  - Papilledema
    - Optic disc edema secondarily to increased intracranial pressure



# Case 1

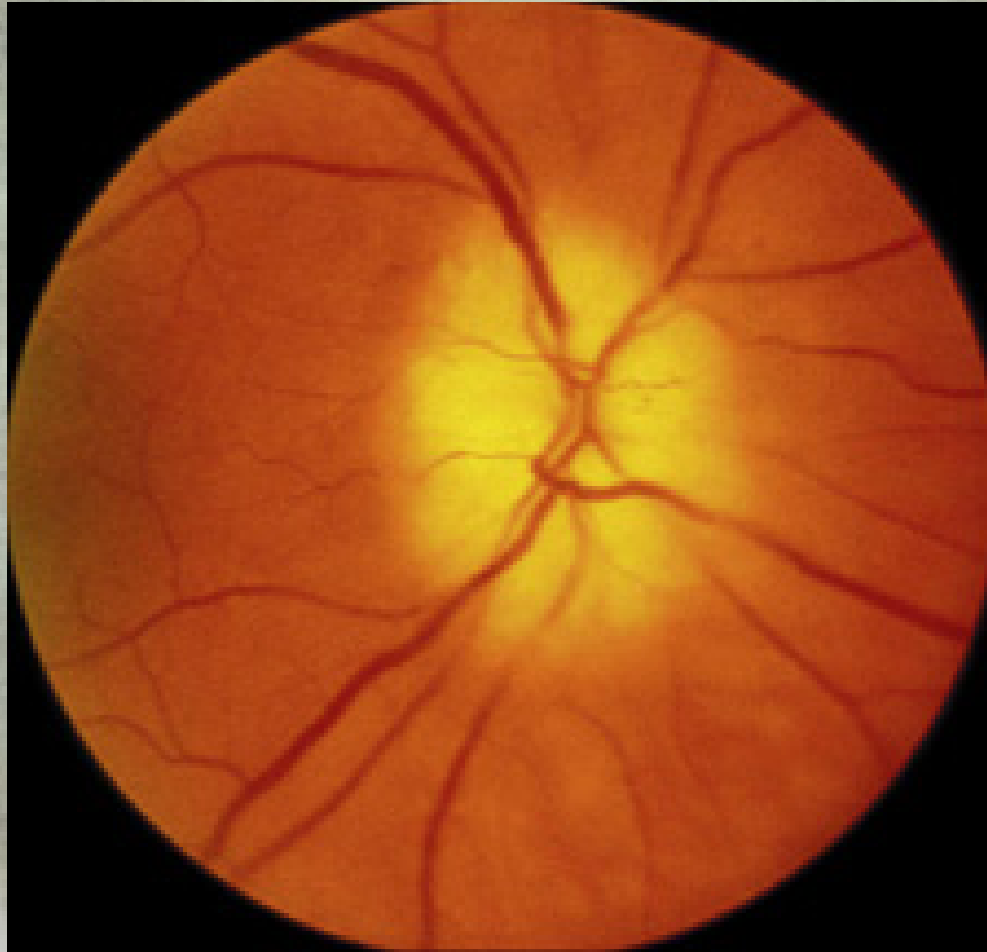
- 93 year old white female complains of decreased vision in her right eye



# Case 1: Exam

- VA:
  - OD: 20/400
  - OS: 20/30
- Ta:
  - 16 od, 17 os
- Pupils:
  - ++RAPD od
- SLE:
  - pciol ou
- DFE OS: wnl

# Case 1: DFE OD



# Case 1: Review of Systems

- Pain with chewing
- Weakness when standing from a chair
- Temporal tenderness to palpation
- Fatigue
- Weight loss

# Case 1: Diagnosis

- Giant Cell Arteritis

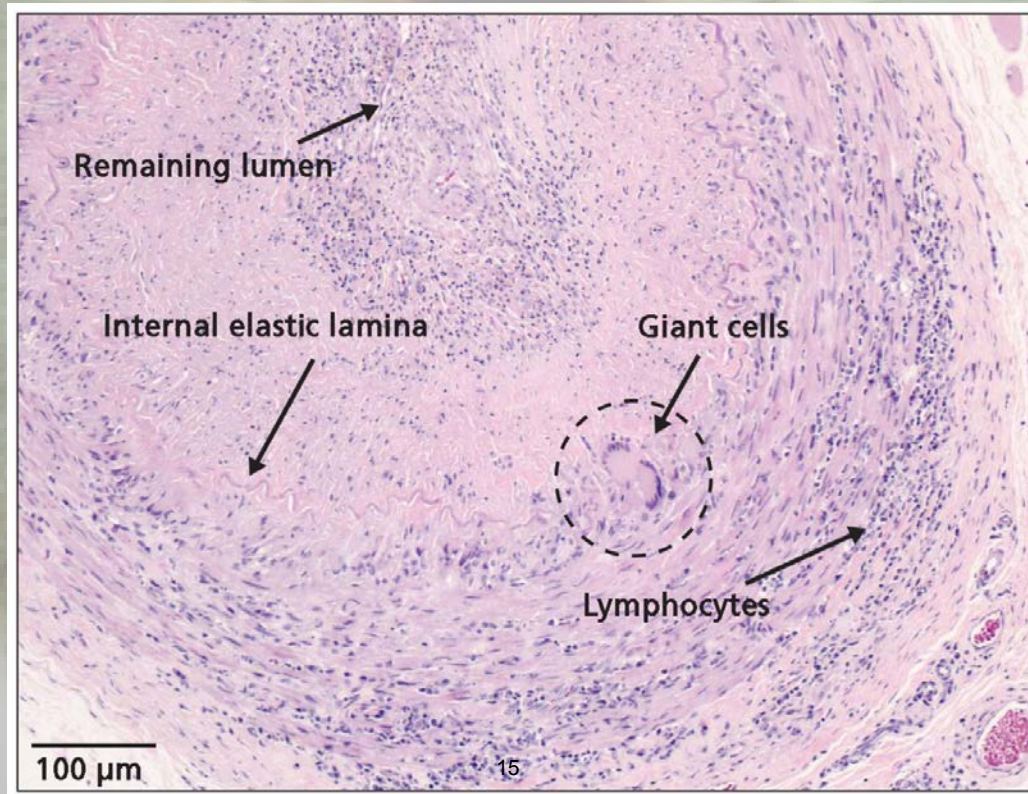


# Giant Cell Arteritis

- Inflammatory condition of large and medium arteries
- Systemic symptoms are usually present
  - Jaw claudication, weight loss, fever, malaise
- Vision loss is typically severe
  - $<20/200$
- Disc edema is typically pale
  - “Chalky-white” disc edema

# Giant Cell Arteritis

- Diagnosis is confirmed by obtaining a temporal artery biopsy







# Giant Cell Arteritis

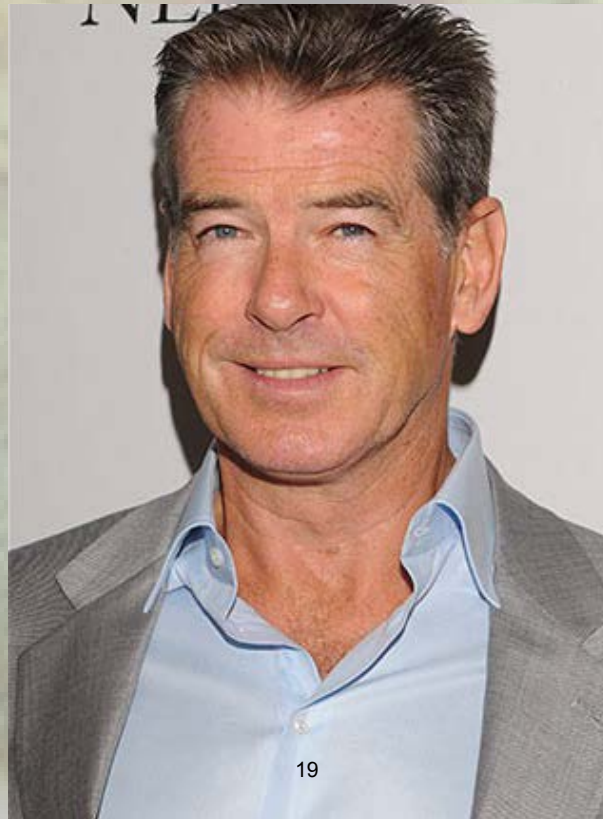
- Treatment with steroids
  - IV methylprednisolone 1 gram/day for 3-5 days
  - Followed by oral prednisone tapered slowly over 3-12 mos
  - Often managed in conjunction with a rheumatologist

# Giant Cell Arteritis

- Prognosis is poor in affected eye
- Major objective of treatment is to prevent vision loss in the contralateral eye
  - Untreated, the fellow eye becomes involved in 95% of cases

## Case 2

- 62 year old white male presents with decreased vision in his left eye



# Case 2: Exam

- VA: 20/20 od, 20/70 os
- Tp: 14 ou
- Pupils: RAPD os
- SLE
  - 1+ nsc ou

# Case 2: DFE



## Case 2: ROS

- Denies any changes to his current state of good health
- No pain with eye movement
- No personal or family history of neurological disease

# Case 2: Medical History

- Hypertension
  - Controlled on two separate oral medications
- Hypercholesterolemia



# Case 2: Diagnosis

- Nonarteritic Anterior Ischemic Optic Neuropathy (NAION)

# NAION

- More common than AAION
- Occurs in a younger age group
  - Mean age of 60
- Vision loss is less severe than AAION
- The optic disc in the contralateral eye is typically small in diameter
  - “Disc at Risk”

# NAION

- Risk Factors
  - Structural crowding of the disc
  - Systemic HTN
  - Sleep Apnea
  - Use of phosphodiesterase inhibitors
    - Viagra
  - Nocturnal hypotension
  - Obstructive Sleep Apnea
- No proven prophylaxis for NAION
  - Unclear role of aspirin

# Case 3

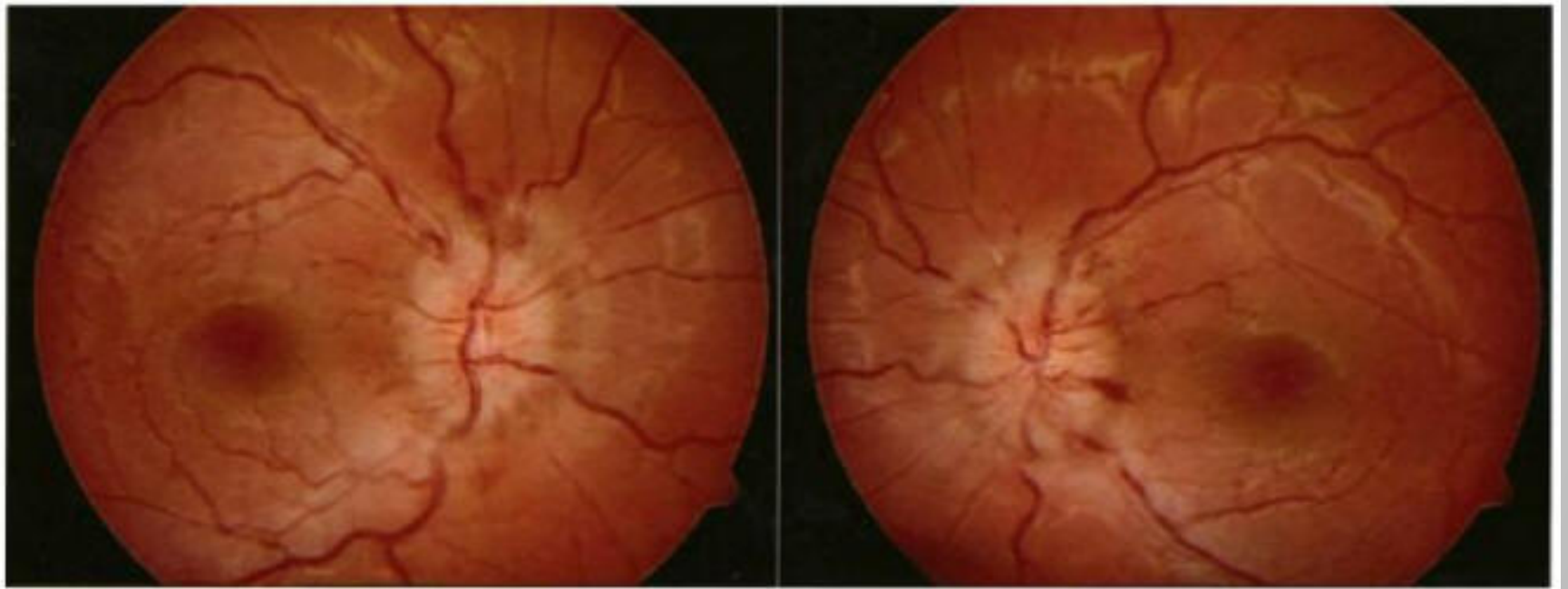
- 16 year old African American female complains of decreased vision in both eyes and a headache



# Case 3: Exam

- VA: 20/30 ou
- Tp: 18 ou
- Pupils: 4+, 1+ reaction, no RAPD
- SLE: wnl

# Case 3: DFE



# Case 3: Review of Systems

- Pulsatile tinnitus
- Headaches that wake her from sleep
- Nausea and vomiting associated with headaches
- Denies OCP use
- No acne medications or tetracyclines

# Case 3

- Concern for elevated intracranial pressure



# Case 3: Additional Studies

- MRI Brain and Orbits
  - With and without contrast
- MRV
- Lumbar Puncture in lateral decubitus position
  - Opening pressure
  - CSF studies

# Case 3: Results of Studies

- MRI: normal MRI of the brain and orbits
- MRV: no evidence of thromboembolism
- Lumbar Puncture
  - Normal CSF studies
  - Opening Pressure was 30 mmHg

# Case 3: Diagnosis

- Pseudotumor Cerebri
  - AKA Idiopathic Intracranial Hypertension (IIH)

# Idiopathic Intracranial Hypertension

- Patients present with signs and symptoms of elevated increased intracranial pressure
  - Headache, nausea, vomiting
- Other symptoms
  - Transient visual obscurations
    - Papilledema
  - Diplopia
    - Abducens (CN VI) palsy

# Idiopathic Intracranial Hypertension

- VA is most often normal
- Visual Field testing may show an enlarged blind spot
  - Long-standing papilledema may cause optic nerve deterioration
  - Constricted VF loss with central field involvement as a late finding

# Idiopathic Intracranial Hypertension

- Incidence peaks in the third decade of life
- Most common in obese females
- Associated with the use of some medications
  - Vitamin A, tetracycline, OCPs, cyclosporine
- Pathogenesis remains obscure
- Impaired absorption of CSF across the arachnoid granulations into the dural venous sinuses

# IIH: Diagnosis

- Remains a diagnosis of exclusion
- MRI
  - Rule out: Tumor, hydrocephalus, meningeal lesion
- MRV
  - Rule out: Venous sinus occlusion
- LP
  - Confirm elevated ICP and rule out a meningeal process

# IIH: Treatment

- Long-term follow-up is essential to make sure papilledema resolves
- Weight loss
  - 10% of current body weight
- Medication
  - Diamox, Topamax, Lasix
  - Short-term, high dose IV steroid with acute, fulminant papilledema with severe vision loss
- Surgery
  - Lumboperitoneal or ventriculoperitoneal shunting
  - Optic Nerve Sheath Decompression



# Other Causes of Optic Disc Swelling

- Optic Neuritis
- Diabetic Papillitis
- Malignant Hypertension
- Optic Disc Drusen (pseudopapilledema)

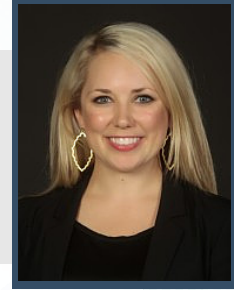
# Conclusion

- Always important to rule-out increased intracranial pressure as cause of optic nerve swelling
- Can be life and vision threatening

Thank You!

## **Jessica Boeckmann, MD**

### **Acuity Eye Specialists Surgeon**



Dr. Boeckmann is a comprehensive ophthalmologist who specializes in cataract surgery, glaucoma therapy, dry eyes, and medically treating diseases of the retina. She received her bachelor of arts degree in Arkansas at Hendrix College and her medical degree at the University of Arkansas for Medical Science (UAMS) in Little Rock, Arkansas. She completed her internship year in internal medicine also at UAMS. Her ophthalmology residency program was completed at Jones Eye Institute in Little Rock. She is an active member of the American Academy of Ophthalmology.

Dr. Boeckmann believes in the importance of being an active member of the community. Serving in Junior League in Arkansas, she participated in activities to support the potential of women and children. She opted to join the Orange County Junior League and continues to engage in leadership as a trained volunteer.

During residency, Dr. Boeckmann was elected by her peers to be vice president of the UAMS Residency Counsel. She worked with hospital administration to promote and improve patient safety as well as the interests of resident physicians.

As a newcomer to Southern California, Dr. Boeckmann has enthusiastically embraced the healthy Southern California lifestyle. A collegiate soccer player and avid runner, she is enjoying the availability of fun, healthy activities and the abundant availability of fresh local produce. Her interests include spinning, barre, and yoga as well as beach cycling and boating. In her free time, she enjoys traveling and spending time with family.

**888-884-3805**

**[www.acuityspecialists.com](http://www.acuityspecialists.com)**

**ACUITY**  
EYE SPECIALISTS

**Education**

2005 | Bachelor of Arts, Hendrix College,  
Conway, AR

2009 | Doctor of Medicine, University of Arkansas  
for Medical Sciences, Little Rock, AR

**Professional  
Training**

2010 | Internship, Internal Medicine, University of  
Arkansas, Medical Sciences, Little Rock, AR

2013 | Residency of Ophthalmology,  
University of Arkansas for  
Medical Sciences, Little Rock, AR

**Professional  
Affiliations**

American Academy of Ophthalmology  
Arkansas Ophthalmological Society  
American Medical Association  
American Medical Women's Association  
Orange County Ophthalmological Society

**Awards &  
Honors**

Residents' Council Committee, University of  
Arkansas for Medical Sciences

**888-884-3805**

**[www.acuityspecialists.com](http://www.acuityspecialists.com)**

