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: Systemic Urgencies and Emergencies

Provider Name: Dr. Joseph Pruitt

☑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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OPTOMETRY

Cashiering and Board Use Only			
Appl. Type	Vendor ID	Beneficiary ID	Amount
1-3323	4395914	4395914	50

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.

Course Title	**Course Presentation Date**
Systemic Urgencies and Emergencies	06/09/2017

Course Provider Contact Information

Provider Name

Joseph (First) Pruitt (Last) Allan (Middle)

Provider Mailing Address

Street 11980 Mt Vernon Ave. **City** Grand Terrace **State** CA **Zip** 92313

Provider Email Address pruitt.joseph@gmail.com

Will the proposed course be open to all California licensed optometrists?	☑ YES ☐ 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?	☑ YES ☐ 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

Joseph (First) Pruitt (Last) Allan (Middle)

License Number 13429	**License Type** TLG
Phone Number (909) 721-7751	**Email Address** pruitt.joseph@gmail.com

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* 3/13/2017

1 **SYSTEMIC URGENCIES AND EMERGENCIES**

Joseph A. Pruitt, OD, MBA, FAAO
Riverside-San Bernardino County Indian Health, Inc

2 **INTRODUCTION**

- Systemic emergencies are uncommon in the optometric setting
- BUT DO HAPPEN
- Essential to be able to identify such emergencies and act appropriately

3 **SYNCOPE**

- Also known as "fainting"
- Cause by cerebral anoxia or hypoxia
- Additionally caused by peripheral dilation without an increase in cardiac output
  - Results in a loss of consciousness

4 **SYNCOPE**

- In an ophthalmological examination setting could be the result of:
  - Extremely anxious patient
  - Response to medications
  - Ocular manipulation
    - e.g. Goldmann tonometry and/or gonioscopy

5 **SYNCOPE**

- Symptoms:
  - Lightheadedness
  - Nausea
  - Sweating
  - Dizziness
  - Blurred vision is possible
  - Generalized "just don't feel good"

6 **SYNCOPE**

- Signs
  - Pallor of neck/face
  - Clammy skin

- Cyanosis of the lips
- Eyes may roll up
- Tachycardia
- Blood pressure drop
- Loss of consciousness

7 **SYNCOPE**

- Management
  - Be careful to avoid injury to patient during episode
  - Lean patient forward with head below the knees or lower head back so feet or elevated
  - Loosen any constrictive clothing
  - Once patient is stable, SLOWLY raise chair and/or assist in standing
  - Use of smelling salts somewhat controversial
    - Counteracts vagal parasympathetic effects
  - Face slap, trapezius squeeze, supraorbital pressure, mandibular pressure and sternum rub are other options

8 **POSTURAL HYPOTENSION**

- Postural or orthostatic hypotension is one of the most common causes of transient unconsciousness
- Occurs as patient is raised from a sitting to standing position

9 **POSTURAL HYPOTENSION**

- Risk factors:
  - Prolonged recumbence
  - Old age
  - Physical exhaustion
  - Certain drugs
    - Anti-hypertensives
    - Some anti-depressives
    - Narcotics
  - Women in the final (3rd) trimester of pregnancy

10 **POSTURAL HYPOTENSION**

- Signs and Symptoms:

- Blurred vision
- Lightheadedness
- Dizziness
- Sweating
- Nausea
- Pallor
- Unconsciousness
- Hypotension

11 **POSTURAL HYPOTENSION**

- Management:
-
  - Place patient in supine position
  -
  - Lay flat to restore circulation
  -
  - May need to administer supplemental oxygen
  -
  - Referral to PCP/Internist advisable if etiology is unknown

12 **HYPERVENTILATION**

- Causes:
  - Emotional upset
  - Anxiety
  - Panic disorders
  -
- Rarely observed over the age of 40
  - Typical patient is between 14-40 (some sources say as high as 55) and female
  -
- Usually occurs with impaired consciousness with unconsciousness being rare

13 **HYPERVENTILATION**

- Symptoms:
-
  - Acute anxiety
  -
  - Faintness
  -
  - Palpitations
  -
  - Shortness of breath
  -
  - Paresthesias

14 **HYPERVENTILATION**

- Signs:
-
  - Tachycardia
  -
  - Tachypnea
  -
  - Carpopedal tetany
    - Flexion of ankles

- Muscular twitching
- Cramps
- convulsions

15 **HYPERVENTILATION**

- Management:
  - Terminate exam; pull equipment away
  - Position patient upright
    - Ensure comfort
  - Reassure patient
  - Instruct patient to breath slowly and deeply
  - Have patient breathe in a paper bag to control the amount of CO_2?
    - Remains controversial

16 **SEIZURES**

- There are 6 types of generalized seizures. Can you name them?

17 **SEIZURES**

18 **GRAND MAL SEIZURE**

- Also known as tonic-clonic
- Caused by abnormal neural discharge of the brain
  - Which could be the result of:
    - Head trauma
    - Space occupying lesion
    - CNS infection
    - Toxic agent exposure
    - Withdrawal
- Can be precipitated by sound or light

19 **GRAND MAL SEIZURE**

- Signs and Symptoms:
  - Jerking of body parts
  - Loss of consciousness
  - Possible incontinence
  - Can involve a single body part or repetitive acts of behavior
  - Can last from 30 seconds to several minutes

20 **GRAND MAL SEIZURE**

- ▶Management
  - ▶Ensure a safe environment for patient
    - ▶If possible lay to the floor on their side
    - ▶
  - ▶Loosen clothing around neck
  - ▶
  - ▶Keep airway open
  - ▶
  - ▶DO NOT USE:
    - ▶Fingers
    - ▶Soft object
    - ▶Wooden spoon etc.

21 **GRAND MAL SEIZURE**

- ▶Management (continued)
- ▶
  - ▶Refer for evaluation/seek emergency help if:
    - ▶Patient stops breathing for longer than 30 seconds
    - ▶Lasts longer than 3 minutes
    - ▶This is the patient's 1st seizure OR if you do not know the patient has been diagnosed with epilepsy
    - ▶The patient is pregnant
    - ▶More than 1 seizure occurs within 24 hours
    - ▶Seizure occurs after a complaint of sudden and severe headache

22 **GRAND MAL SEIZURE**

- ▶Management (continued)
- ▶
  - ▶Refer for evaluation/seek emergency help if:
    - ▶Seizure occurs with signs of CVA
    - ▶Follows a head injury
    - ▶Patient with diabetes
      - ▶Can be the result of both hypoglycemia and hyperglycemia
    - ▶Seizure occurs after eating poison or breathing fumes
    - ▶Patient complains of severe pain after coming to
    - ▶Develops a fever within 24 hours of seizure

23 **GRAND MAL SEIZURE**

- ▶Management (continued)
- ▶
  - ▶Refer for evaluation/seek emergency help if:
    - ▶Patient does not respond normally within 1 hour after the seizure and/or displays any of the following:
      - ▶Reduced awareness and wakefulness or is not fully awake
      - ▶Confusion
      - ▶Nausea or vomiting
      - ▶Dizziness
      - ▶Inability to walk or stand
      - ▶Fever

24 **MYOCARDIAL INFARCTION**

- ▶
- ▶

- Leading cause of death in US
- Due to occluded coronary artery

25 **MYOCARDIAL INFARCTION**

- Risk factors include
  - Increasing age (50-70)
  - Family history
  - Cigarette smoking
  - Hypertension
  - Diabetes
  - Elevated cholesterol
  - Sedentary lifestyle

26 **MYOCARDIAL INFARCTION**

- Signs and Symptoms (very variable)
  - Mild to excruciate pain substernal that may radiate to arm, lasting 15 min. to several hours
  - Malaise
  - Weakness
  - Difficulty breathing
  - Vague nausea
  - Patient may be agitated or tired and quiet
  - Pulse may be weak

27 **MYOCARDIAL INFARCTION**

- Management
  - Call 9-1-1
  - If available, have patient slowly chew aspirin
    - Make sure there are no contraindications (e.g. ASA allergy)
  - Administer CPR if necessary until help arrives

28 **CEREBROVASCULAR ACCIDENT**

- Also know as "stroke"

- ▶
- ▶3rd leading cause of death in the US
- ▶
- ▶Cerebral infarction due to thrombosis is most prevalent cause
  - ▶Males 60-69
  - ▶
- ▶Second most common is hemorrhagic
  - ▶Age 50 or older
  - ▶
- ▶TIA's signal existence of CV disease
  - ▶25-35% have CVA within 5 years

29 **CEREBROVASCULAR ACCIDENT**

- ▶Symptoms:
- ▶
  - ▶Headache
  - ▶Dizziness
  - ▶Sweating and/or chills
  - ▶Unilateral paresthesia
  - ▶Unilateral weakness
  - ▶Slurred speech
  - ▶Vision loss
  - ▶Diplopia

30 **CEREBROVASCULAR ACCIDENT**

- ▶Signs:
- ▶
  - ▶Unilateral paralysis
  - ▶
  - ▶Visual field loss
  - ▶
  - ▶Pupil anomalies
  - ▶
  - ▶Convulsions
  - ▶
  - ▶Incontinence
  - ▶
  - ▶Possible loss of consciousness

31 **CEREBROVASCULAR ACCIDENT**

- ▶Management: Conscious patient
- ▶
  - ▶Make patient comfortable
  - ▶
  - ▶Check vital signs: pulse, BP, respiration
  - ▶
  - ▶Summon medical assistance if symptoms last >10 minutes
  - ▶
  - ▶Urgent/emergency referral is indicated

32 **CEREBROVASCULAR ACCIDENT**

- ▶Management: Unconscious patient
- ▶

- Lay patient in supine position
- Check vital signs
- If respiration, pulse and BP are absent, call 911 and begin CPR
- If heart is beating and BP is elevated, elevate head slightly, maintain open airway, monitor vital signs, and call 911

33 **SHOCK**

- Caused by:
  - Blood loss
  - Decreased cardiac output
  - Psychogenic factors
  - Anaphylaxis
  - Essentially anything decreasing blood supply to the brain
    - e.g. loss of large quantities of fluid from body can cause shock (i.e. hypovolemic shock)

34 **SHOCK**

- Symptoms:
  - Dizziness
  - Lightheadedness
  - Possible paresthesia
  - Hypothermia
  - Profuse sweating
  - Blurred vision possible
  - Nausea
  - Severe thirst possible

35 **SHOCK**

- Signs:
  - Gray pallor
  - Cyanosis of conjunctiva and lips
  - Hypotension
  - Thready pulse
    - Rapid and weak
  - Clammy skin
  - Pupil dilation is possible

- ▶
- ▶Loss of consciousness possible

36 **SHOCK**

- ▶Management:
- ▶
- ▶Lay patient flat or with legs slightly elevated
- ▶
- ▶Maintain body heat by covering patient
  - ▶Careful NOT to raise temperature
  - ▶
- ▶If the result of bleeding, attempt to control bleeding
- ▶
- ▶Call 911

37 **ALLERGIC REACTION**

- ▶An atypical or exaggerated antigen-antibody reaction causing release of histamine
  - ▶Insect bites
  - ▶Food
  - ▶Medication
  - ▶
- ▶Histamine causes increased capillary permeability and bronchiolar constriction
- ▶
- ▶Can range from mild to severe.

38 **ALLERGIC REACTION**

- ▶Symptoms
- ▶
  - ▶Pruritus
  - ▶
  - ▶Wheezing
  - ▶
  - ▶Acute anxiety
  - ▶
  - ▶Warm sensation
  - ▶
  - ▶Nausea or cramps possible
  - ▶

39 **ALLERGIC REACTION**

- ▶Signs:
- ▶
  - ▶Erythema
  - ▶Urticaria
  - ▶Angioedema
  - ▶Sweating
  - ▶Wheezing
  - ▶If severe:
    - ▶Pallor
    - ▶Laryngeal edema
    - ▶Loss of consciousness
  - ▶

40 **ALLERGIC REACTION**

- Management depends on the severity
-
  - Mild
    - Oral OTC antihistamines
    -
  - Moderate
    - Epinephrine inhaler, oxygen
    -
  - Severe
    - Epinephrine 0.3 ml of 1:1000 sol, SQ or IM
      - Epi-pen (much easier)
    - If airway remains obstructed an emergency cricothyrotomy may be necessary.

41 **HYPERGLYCEMIA**

-
-
-
- Due to a decrease in insulin uptake or increase in food intake
-
- Resultant elevated glucose level and begin to use fat for energy

42 **HYPERGLYCEMIA**

- Signs and Symptoms:
-
  - Dry feeling
  -
  - Thirsty
  -
  - Pain and vomiting
  -
  - Heavy respirations
  -
  - Sweet smell to breath
    - Bonus: in the same vein, do you know how diabetes was diagnosed pre-laboratory workup days?
      - Taste the patient's urine

43 **HYPERGLYCEMIA**

- Management:
-
  - Check patients blood sugar (if possible)
  -
  - Arrange for immediate care
  -
  - Patient may need insulin

44 **HYPOGLYCEMIA**

- Increase insulin intake or insufficient nutritional intake
-
- Serum glucose level is decreased
-
- Reduced sugar level available to brain

- ▶
- ▶Result is unconsciousness and possible brain damage

45 **HYPOGLYCEMIA**

- ▶Signs and Symptoms:
- ▶
  - ▶Headache
  - ▶
  - ▶Dizziness
  - ▶
  - ▶Syncope
  - ▶
  - ▶Extreme hunger
  - ▶
  - ▶Salivation
  - ▶
  - ▶Weakness

46 **HYPOGLYCEMIA**

- ▶Management
- ▶
- ▶
  - ▶Check blood sugar
    - ▶If shown to be hypoglycemic intake of sugar needed
      - ▶Orange juice
      - ▶Sublingual tablets

47 **OVERALL...**

- ▶REMAIN CALM!!!!
- ▶
- ▶Call 911 if needed
- ▶
- ▶Always protect the safety of the patient
- ▶
- ▶Do not leave patient alone
- ▶
- ▶Stay up to date on BLS/CPR training
- ▶
- ▶Have emergency numbers available and staff trained for emergencies

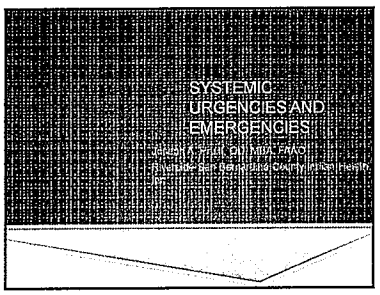
48 **MINNEAPOLIS VA HCS CODES**

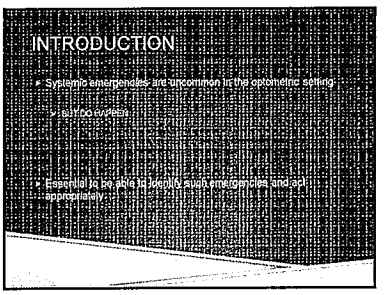
- ▶Tornado/Thunderstorm
  - ▶Notification:
    - ▶Over-head page of severe thunderstorm or a tornado warning
  - ▶Response:
    - ▶Move patients away from windows
    - ▶
    - ▶Patients unable to be moved covered with extra blankets, sheets, pillow etc.
    - ▶
    - ▶Personnel return to their department and find shelter in an interior room
    - ▶
    - ▶VA Police will evacuate Bldg. 68 into Bldg. 70
    - ▶

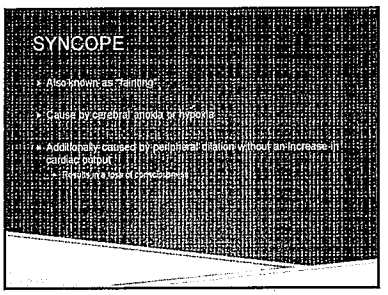
▶Radiology will assist in the evacuation of Child Care Center

▶

49 **MINNEAPOLIS VA HCS CODES**


SYSTEMIC
URGENCIES AND
EMERGENCIES


INTRODUCTION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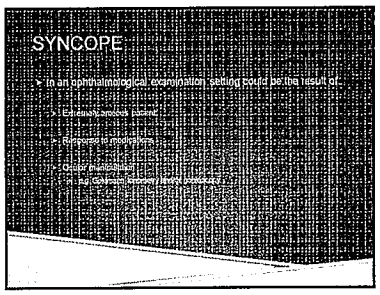
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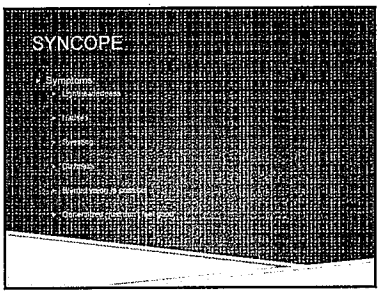
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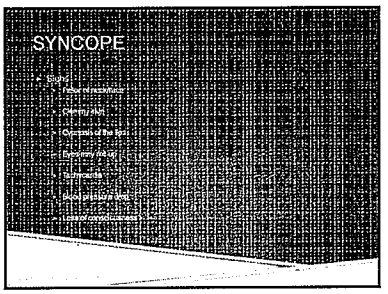
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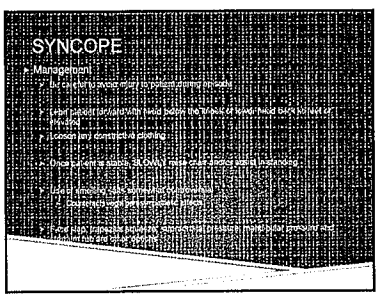
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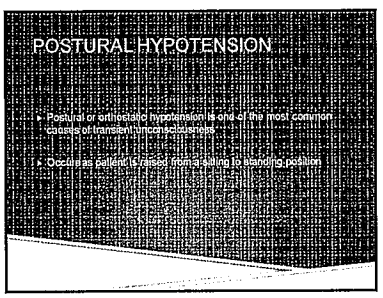
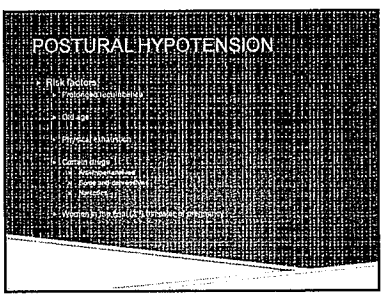

POSTURAL HYPOTENSION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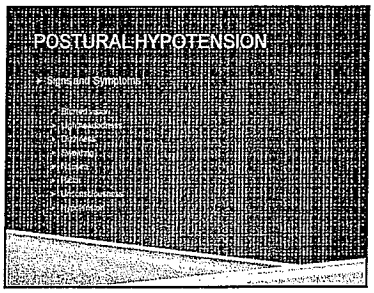
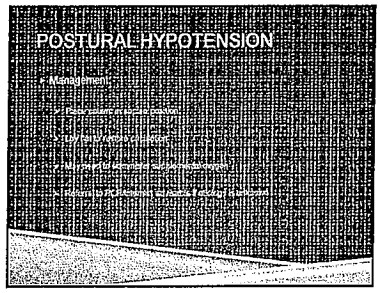
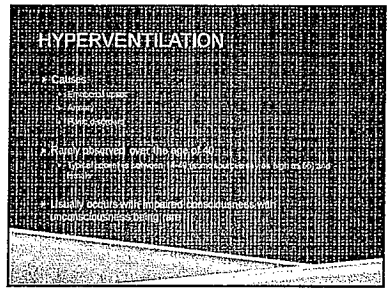
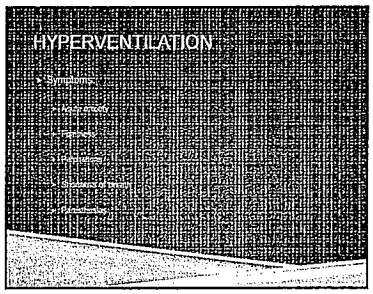
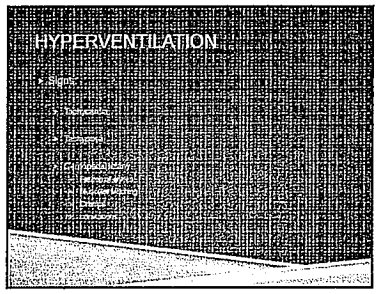

POSTURAL HYPOTENSION
Signs and Symptoms


POSTURAL HYPOTENSION
Management


HYPERVENTILATION


HYPERVENTILATION
Symptoms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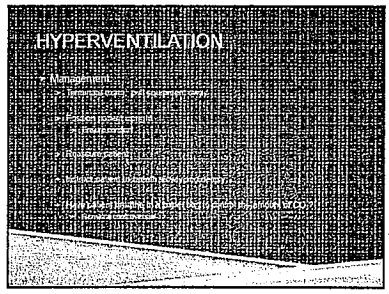
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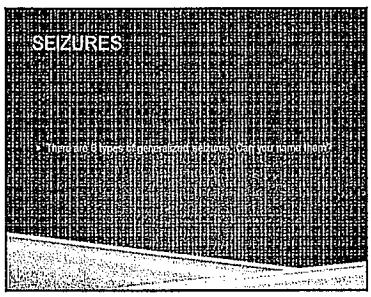
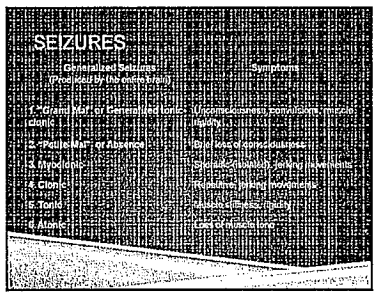
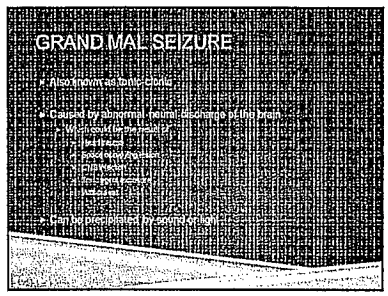
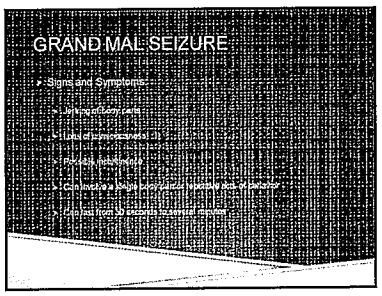
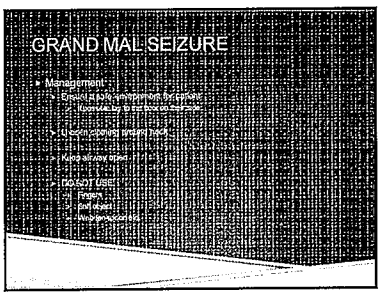
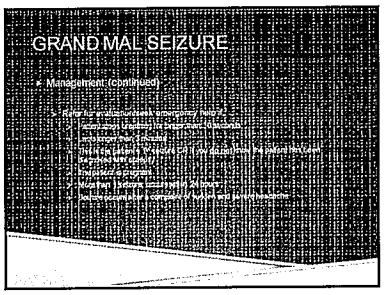

SEIZURES

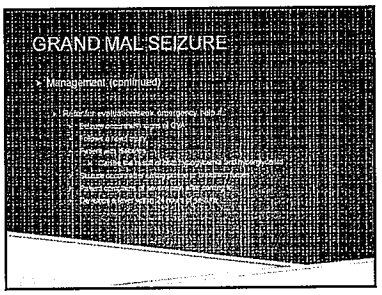

SEIZURES
Generalized Seizures
Symptoms

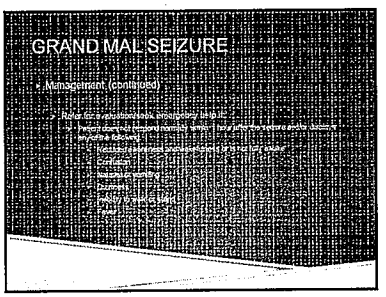

GRAND MAL SEIZURE

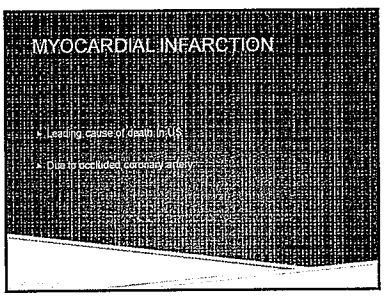

GRAND MAL SEIZURE
Signs and Symptoms

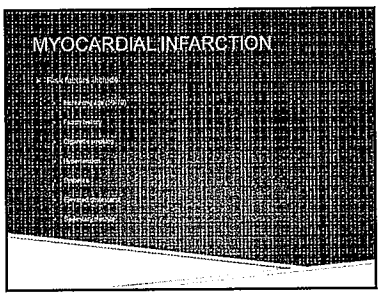

GRAND MAL SEIZURE
Management

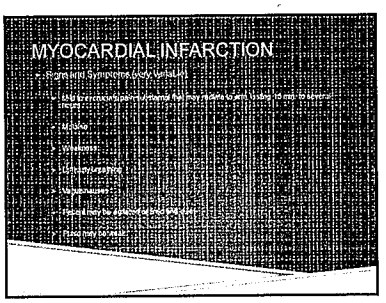

GRAND MAL SEIZURE
Management (continued)

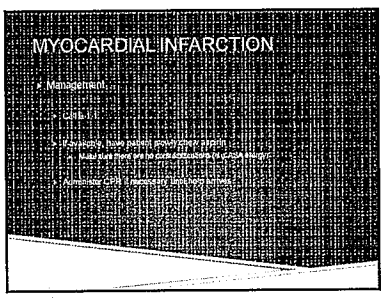

GRAND MAL SEIZURE
Management (continued)

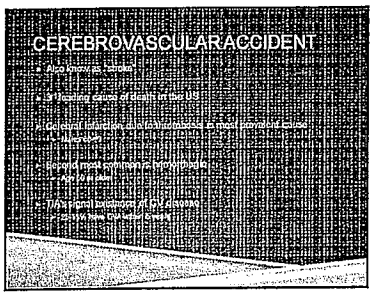

GRAND MAL SEIZURE
Management (continued)

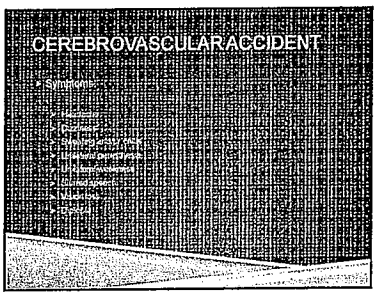

MYOCARDIAL INFARCTION
Leading cause of death in US

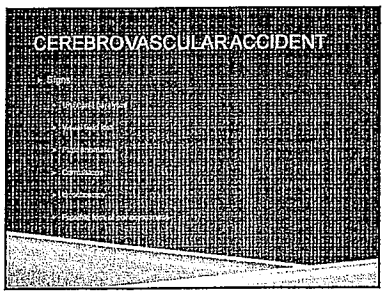

MYOCARDIAL INFARCTION


MYOCARDIAL INFARCTION


MYOCARDIAL INFARCTION
Management


CEREBROVASCULARACCIDENT


CEREBROVASCULARACCIDENT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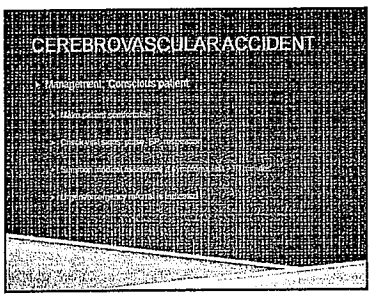
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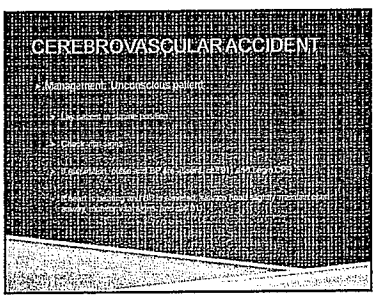
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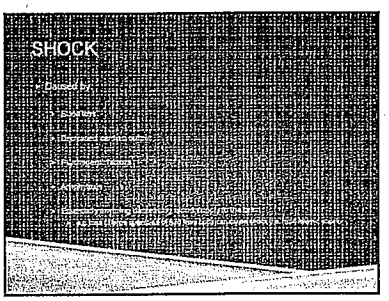
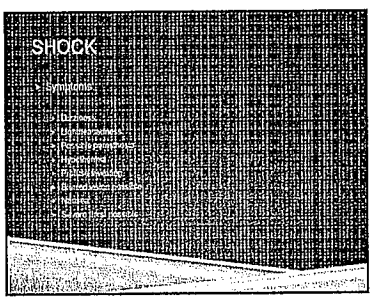
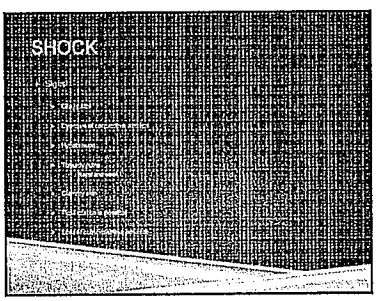
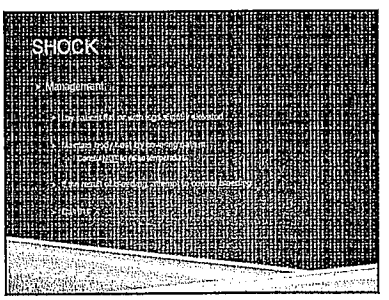
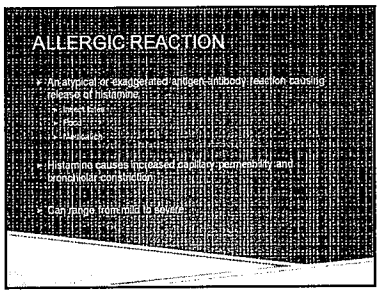
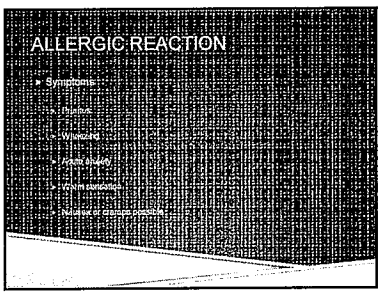

SHOCK

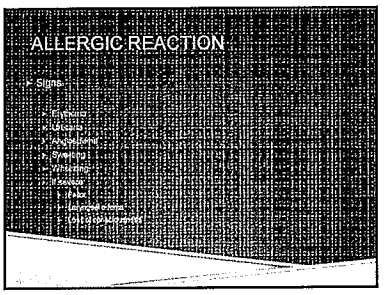

SHOCK

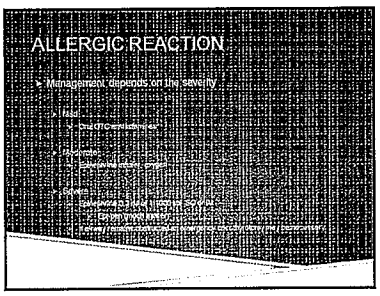

SHOCK

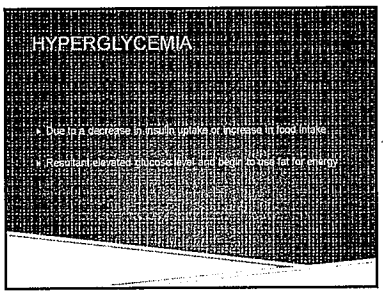

SHOCK

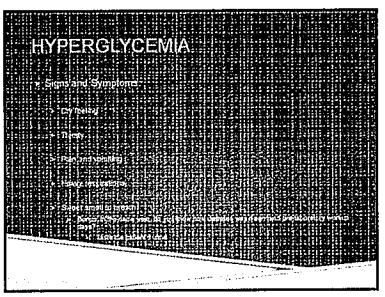

ALLERGIC REACTION
An atypical or exaggerated antigen-antibody reaction causing release of histamine
Can range from mild to severe

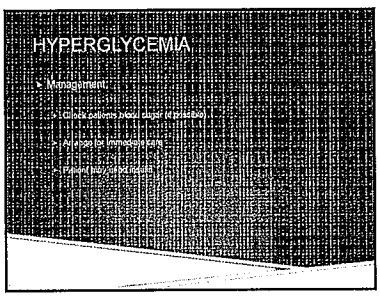

ALLERGIC REACTION
Symptoms

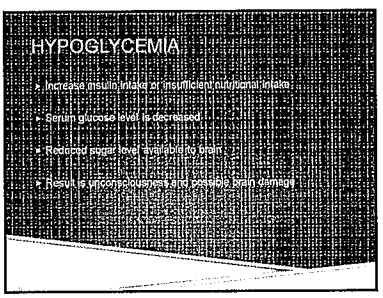

ALLERGIC REACTION
Signs

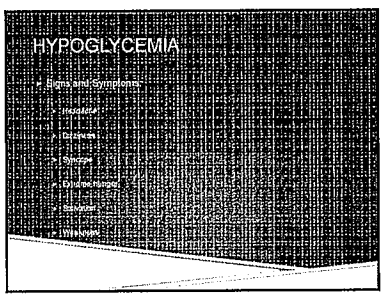

ALLERGIC REACTION

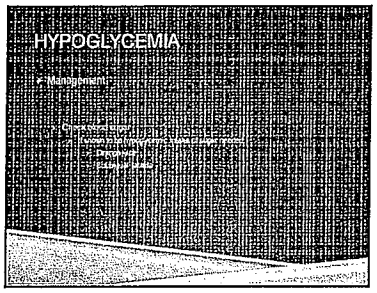

HYPERGLYCEMIA
Due to a decrease in insulin intake or increase in food intake
Resultant elevated glucose level as body attempts to use fat for energy

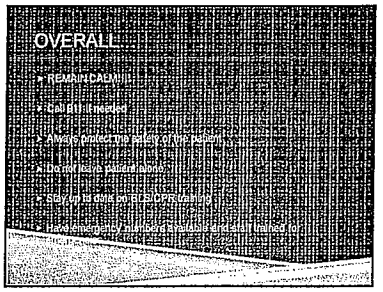

HYPERGLYCEMIA
Signs and Symptoms

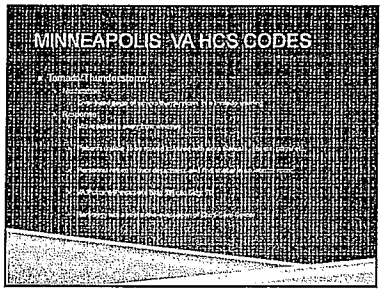

HYPERGLYCEMIA

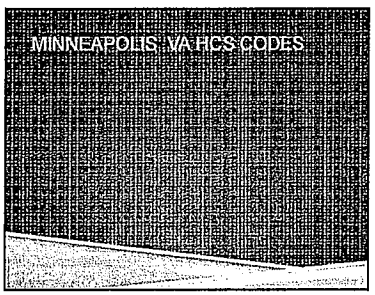

HYPOGLYCEMIA
Increase insulin intake or insufficient nutritional intake
Reduced blood level available to brain
Results in unconsciousness and possible brain damage


HYPOGLYCEMIA
Signs and Symptoms


HYPOGLYCEMIA


OVERALL


MINNEAPOLIS VA HCS CODES


MINNEAPOLIS VA HCS CODES

Work: (951) 654-0803 x 2280
jpruitt@rsbclhl.org
Cell: (909) 721-7751
pruitt.joseph@gmail.com

Joseph A. Pruitt, O.D., M.B.A., FAAO

Objective:

Education:

Nova Southeastern University, Fort Lauderdale-Davie, Florida — 2008-2011
Master of Business Administration, 2011

West Los Angeles Veteran Affairs Healthcare Center, Los Angeles, California — 2007-2008
Residency Certificate, Geriatric/Primary Care, 2008

Illinois College of Optometry, Chicago, Illinois — 2003-2007
Doctor of Optometry, 2007

California State Polytechnic University, Pomona, California — 2000-2003
Bachelor of Science, Biology, 2003

University of Memphis, Memphis, Tennessee — 1999-2000
Major in Biology

Licenses:

Tennessee #2753 — Date of Issue: July 10, 2007
- Active
- Injectible Certification
- Therapeutic Certification

California #13429T — Date of Issue: Sept. 28, 2007
- Active
- Therapeutic and Pharmaceutical Agent + Lacrimal Irrigation and Dilation + Glaucoma (TLG) Certified

Georgia #OPT002454 — Date of Issue: June 12, 2008
- Active
- Diagnostic and Therapeutic Pharmaceutical Agent Certified

Minnesota #3130 — Date of Issue: June 17, 2008
- Active
- Diagnostic Pharmaceutical Agent (DPA) Certified
- Therapeutic Pharmaceutical Agent (TPA) Certified

Board Certification:

American Board of Certification in Medical Optometry — Date of recertification: Feb 2018
- Board certified

Certifications:

Drug Enforcement Agency (DEA) Certified — Date of Expiration: Mar 2020

Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED) — Recommended Renewal: Mar 2017

Bausch & Lomb Overnight Orthokeratology — Date of Issue/Completion: April 6, 2006
- Certification Number: 20060406002

Paragon Corneal Refractive Therapy (CRT) — Date of Issue/Completion: Dec. 28, 2007
- Certification Number: 161000

Advance Competence in Medical Optometry (ACMO) — Date Taken: June 13, 2008
- Administered by the National Board of Examiners in Optometry (NBEO)
- Examination only made available to candidates meeting specific clinical experience requirements/pre-requisites
- Passed examination

Employment:

Riverside San Bernardino County Indian Health, Inc (RSBCIHI) — Oct. 2014- present
- Director of Eye Care
- Staff Optometrist

Riverside San Bernardino County Indian Health, Inc (RSBCIHI) — July 2014- Oct. 2014
- Staff Optometrist

Minneapolis Veteran Affairs Health Care System — Nov 2008- June 2014
- Low Vision/Staff Optometrist
- Optometric Residency Coordinator
  - Spearheaded and implemented program
- Student Externship Coordinator
  - Spearheaded and implemented program

Wal-Mart Vision Center (Red Wing & Rochester, MN) — Jul 2008- Nov 2008
- Associate Optometrist

EyExam of California — Oct 2007- June 2008
- On-call/Fill-in Optometrist

Faculty Appointments:

Western University of Health Science / College of Optometry, Pomona, California — Jan 2015 - present
- Clinical Assistant Professor of Optometry
- RSBCIHI Externship Site Program Director
  - As part of being RSBCIHI Eye Care Director

University of the Incarnate Word-Rosenberg School of Optometry, San Antonio, Texas — May 2012- June 2014
- Clinical Assistant Professor
- Minneapolis VA HCS Externship Site Program Director

Midwestern University-Arizona College of Optometry, Glendale, Arizona — May 2012- June 2014
- Adjunct Clinical Assistant Professor
- Minneapolis VA HCS Externship Site Program Director

Southern College of Optometry, Memphis, Tennessee — Dec 2010- June 2014
- Adjunct Faculty
- Minneapolis VA HCS Externship Site Program Director

University of Missouri, St. Louis College of Optometry, St. Louis, Missouri — Jul 2009- June 2014
- Adjunct Assistant Professor
- Minneapolis VA HCS Externship Site Program Director

Experience:

Riverside-San Bernardino Indian Health, Inc — Oct 2014 - present
- Director of Eye Care
  - Oversee all organizational Eye Care activities

- Staff Optometrist

Riverside-San Bernardino Indian Health, Inc — Jul 2014 – Oct 2014
- Staff Optometrist

Minneapolis Veteran Affairs Medical Center — Nov 2008- June 2014
- Staff Optometrist
  - Primary Eye Care
  - Low Vision
    - Sole low vision eye care provider
  - Polytrauma/Traumatic Brain Injury (TBI) Ocular Health & Vision Assessments

- VISN 23 Low Vision Continuum of Care Conference (May 2009)
  - Faculty
  - Planning committee

- Established Associated Health Education Affiliation Agreement with University of Missouri, St. Louis College of Optometry, Ferris State University Michigan College of Optometry, & Southern College of Optometry for the optometric externship program
  - Externship program director

- Established Associated Health Education Affiliation Agreement with the Illinois College of Optometry for the optometry residency program
  - Residency in Primary Care/Brain Injury and Vision Rehabilitation
  - Residency program director
    - Designed the program's curriculum
    - Secured all necessary approvals and funding
    - After the initial site visit, program received full ACOE accreditation

Wal-Mart Vision Center (Red Wing & Rochester, MN) — Jul 2008- Nov 2008
- Associate Optometrist

Residency:

West Los Angeles Veteran Affairs Healthcare Center — Jul 2007- June 2008
- Geriatrics/Primary Care
  - Primary Care including Diabetic exams
  - Low Vision evaluations/exams
  - Nursing home/in-patient exams
  - Medically justified specialty contact lenses exams/fittings
  - Lecture Internal Medicine's and Endocrinology's Residents & Interns on Diabetic Retinopathy
    - Given during Chief Resident rotation
  - Precept Southern California College of Optometry's interns

Optometric Externships:

Atlantic Eye Institute, Jacksonville Beach, FL — Feb-May 2007
- OD/MD private practice with an emphasis on Contact Lenses and Primary Care
- Observed multiple surgical procedures:
  - Cataract Extraction
  - Blepharoplasty
  - Strabismus recession and resection

Memphis Veterans Affairs Medical Center (VAMC), Memphis, TN — Nov 2006-Feb 2007
- Emphasis on Primary Care
- Assisted in direct care in a high patient volume

medical optometric eye clinic
- Assisted in optometric injections and fluorescence angiographies procedures

Illinois Eye Institute (IEI), Chicago, IL — Aug-Nov 2006
- Emphasis on Pediatrics/Binocular Vision, Advance Care, and Low Vision
- Performed comprehensive eye exams on pediatric patients (infants-11yrs of age)
- Performed comprehensive eye exams on "at risk/2nd chance" children one day a week at Maryville Academy
- Constructed, tailored and performed successful binocular vision/vision therapy treatments to 4 children over a 10 week period
- Assisted in the treatment of advance glaucoma with attending University of Chicago ophthalmologist
- Performed problem specific examinations one day per week in IEI's Emergency/Urgent Care/Walk-in clinic
- Performed full Low Vision examinations including Low Vision device selection and training

Body of Christ Optometry Clinic, Tegucigalpa, Honduras — May-Aug 2006
- Emphasis on Primary and Advance Care
- Performed full-scope optometric care in a high patient volume medical clinic geared towards the underprivileged
- Also worked closely with a local ophthalmologist
  - Observed and assisted in Cataract Extraction and Incision and Curettage procedures
  - Provided pre and post-surgical care

Primary Care Clinical Education
Illinois Eye Institute, Chicago, IL — Aug 2005-May 2006

Volunteer Optometric Assistant
Body of Christ Optometry Clinic, Tegucigalpa, Honduras — Jun-Aug 2004
- Assisted staff optometrist in direct patient care in the clinic and multiple remote satellite outreach locations

Professional Affiliations/Memberships:
- Accreditation Council on Optometric Education
  - Consultant, 2014-present
- American Academy of Optometry (AAO)
  - Fellow; Class of 2009
- American Optometric Association (AOA)
- Armed Forces Optometric Society (AFOS)
- European Academy of Optometry and Optics (EAOO)
  - Candidate for Fellowship
- Fellowship of Christian Optometrists (FCO)
- Minneapolis VAMC Medical Staff Association
  - Steering Committee, member 2010-2014
- National Association of Veteran Affairs Optometrists (NAVAO)
  - Newsletter Committee, member 2010-2014
- National Optometric Association (NOA)
  - Minnesota's NOA State Representative 2010-2012
  - National Optometric Student Association (NOSA)
    - NOSA National Vice-President: 2006-2007
    - NOSA-ICO President: 2005-2006
    - NOSA-ICO Vice-President: 2004-2005

- Volunteer Optometric Service to Humanity (VOSH)
- Journal of Rehabilitation Research and Development
  - Peer Reviewer, 2013-2014

Activities:

- VOSH Medical Mission Trip, Bamenda, Cameroon (May 2010)
- Mayo Medical School/Brighter Tomorrow's Winter Warmth Festival (Jan 2009 & Jan 2010)
  - Fun day of activities for children battling cancer and their families
  - Volunteer
- Veteran Affairs Disaster Emergency Medical Personnel System (DEMPS)
  - Volunteer (Aug 2009-present)
- FCO Optometry Mission Trip, Port Au Prince, Haiti (Feb 2007)
- SVOSH Medical Mission Trip, Addis Addaba, Ethiopia (Mar-Apr 2006)
- FCO Optometry Mission Trip, Tegucigalpa, Honduras (Apr 2003 & Nov 2004)

Honors/Rewards:

- Recognition of Excellence in Teaching as Clinical Assistant Professor, Western University Health Sciences/College of Optometry (2015-2016 Academic Year)
- Nomination for Medical Staff Clinical Excellence Award (2012 & 2013)
- Recognition for Outstanding Dedication and Service as Adjunct Assistant Professor, University of Missouri – St. Louis (2010-2011 Academic Year)
- Journal of the American Optometric Association: Optometry's Eagle Award (Nov 2010)
- Certificate of Appreciation (July 2009)
  - Department of Veterans Affairs – VISN 23
    - Awarded for participation in VISN 23 Blind and Low Vision Continuum of Care Conference
- Recognition for Clinical Excellence (May 2007)
- Derald Taylor Low Vision Award (May 2007)
- Clinical Dean's List (summer 2005; summer & fall 2006, winter & spring 2007)
- Academic Dean's List (fall 2004)
- Wildermuth Leadership Award/Scholarship (Aug 2006)
- Vistakon Acuvue Eye Health Advisor Citizenship Scholarship (Jan 2006)
- NOSA Service Award/Scholarship (Aug 2004)

Publications:

Pruitt JA. The Management of Homonymous Hemianopsia Secondary to Hemispheric Ischemic Cerebral Vascular Accident. Accepted for publication by Review Optometry (July 2010)

Rittenbach TL, Pruitt JA. A Roundup of Recently Approved Ophthalmic Drugs (and their Use in Practice.) Rev Optom. 2014. 151(2):22-28.

Pruitt JA. Management strategies for patients with AION. Rev Optom. 2011. 148(6):57-65.

Pruitt JA. Neuro-Optometric Rehabilitation Association Program Summary. Optimum VA: The Official Newsletter of the National Association of VA Optometrists Summer 2010.

Pruitt JA, Ilsen P. On the frontline: What an optometrist needs to know about myasthenia gravis. Optometry 81(9): 454-460.

Pruitt JA, Sokol T, Maino D. Fragile X Syndrome and the Fragile X-associated Tremor/Ataxia Syndrome. Eye Care Review: Ophthalmology, Optometry, Opticianry 4(2): 17-23

Posters/Presentations

Pruitt JA. The Curious Case of the Functionally Legally Blind Patient with 20/25 (6/7.5) Visual Acuity. *Accepted into American Optometric Association Annual Meeting: Optometry's Meeting (2012) Poster Session.*

Pruitt JA, Prussing N. Successfully Treated Horizontal Diplopia Returns with Subsequent Traumatic Brain Injury. *Accepted into American Optometric Association Annual Meeting: Optometry's Meeting (2012) Poster Session.*

Pruitt JA, Prussing N. The Curious Case of the Functionally Legally Blind Patient with 20/25 (6/7.5) Visual Acuity. European Academy of Optometry and Optics Annual Meeting (2012) Poster Session.

Pruitt JA, Prussing N. Successfully Treated Horizontal Diplopia Returns with Subsequent Traumatic Brain Injury. European Academy of Optometry and Optics Annual Meeting (2012) Case Presentation Session.

Pruitt JA, Prussing N. Traumatic Brain Injury Resulting in Horizontal Diplopia Resolved 5 Years Later with 12 Weeks of Vision Therapy. Minnesota Optometric Association Annual Meeting (2012) Poster Session.

Pruitt JA, Wiley LM. Overcoming Mental Barriers in Visual Rehabilitation. American Optometric Association Annual Meeting: Optometry's Meeting (2011) Poster Session.

Pruitt JA, Prussing N. Traumatic Brain Injury Resulting in Horizontal Diplopia Resolved 5 Years Later with 12 Weeks of Vision Therapy. European Academy of Optometry and Optics Annual Meeting (2011) Poster Session.

Pruitt JA. Overcoming Mental Barriers in Visual Rehabilitation. European Academy of Optometry and Optics Annual Meeting (2011) Case Presentation Session.

Pruitt JA, Wiley LM. Overcoming Mental Barriers in Visual Rehabilitation. Minnesota Optometric Association Annual Meeting's (2011) Poster Session

Pruitt JA, Ilsen P, Yeung C. Ptosis Crutch: Success Treating Myogenic Ptosis Secondary to Myasthenia Gravis. American Optometric Association (AOA) 2008 Optometry Meeting Poster Session

Pruitt JA, Ilsen P. Ptosis Crutch: Success Treating Myogenic Ptosis Secondary To Myasthenia Gravis. Southeastern Congress of Optometry (SECO) 2008 Multimedia Poster Session

Lectures and Other:

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (Nov 2016)
- Ptosis Crutch: Success Treating Myogenic Ptosis Secndary to Myasthenia Gravis
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (Sept 2016)
- Visual Fields
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (July 2016)
- Ethical Concerns with Short-term Mission Trips
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (July 2016)
- Systemic Urgencies and Emergencies
- CA Board of Optometry-approved CE

Riverside-San Bernardino County Indian Health, Inc.: Eye Care Rounds (Mar 2016)
- Episcleritis, Scleritis, and Iritis
- CA Board of Optometry-approved CE

Illinois College of Optometry: Practice Opportunities Symposium (Mar 2011)
- Represented and presented on VA Optometry
- Participated in panel discussion on "Residency-trained Optometrists"

University of Minnesota: Pre-Optometry Club (Oct. 2010)

- Presentation on the profession of Optometry
- Presented and represented VA Optometry and NOA

Illinois College of Optometry: Capstone Ceremony (May 2010)

- Represented and presented on VA Optometry

Illinois College of Optometry: Practice Opportunities Symposium (Mar 2010)

- Participant in Residency-trained Speaker's Panel
- Represented and presented on VA Optometry

Illinois College of Optometry: White Coat Ceremony/Smart Business Program (Sept 2009)

- Participant on Recent Graduate Speaker's Panel