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: Case Reports Panel - Low Vision Case Reports

Provider Name: KP c/o Dr. Leslie Purcell

☑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

ALREADY PAID

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY — GOVERNOR EDMUND G. BROWN JR.

OPTOMETRY

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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**
Case Reports Panel Low Vision Case Reports (2 hours: 4, 30 min. reports)	05/16/2016

Course Provider Contact Information

Provider Name

Leslie	Purcell	Jeanne
(First)	(Last)	(Middle)

Provider Mailing Address

Street 7248 Arpeggio Rd. **City** San Diego **State** CA **Zip** 92119

Provider Email Address leslie.j.purcell@kp.org

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

Joshua	Prager	D.
(First)	(Last)	(Middle)

License Number CA8916T	**License Type** Optometry
Phone Number (951) 353-4708	**Email Address** Joshua.D.Prager@kp.org

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.

Leslie J. Purcell, OD — 1/26/2017

Signature of Course Provider — ***Date***

Form CE-01, Rev. 5/16

ALREADY PAID

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Please type or print clearly.

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Case Reports Panel Low Vision Case Reports (2 hours: 4, 30 min reports)	05/16/2016

Course Provider Contact Information

Provider Name

Leslie (First) Purcell (Last) Jeanne (Middle)

Provider Mailing Address

Street 7248 Arpeggio **City** San Diego **State** CA **Zip** 92119

Provider Email Address Leslie.j.purcell@kp.org

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

Diana (First) Lee (Last) J. (Middle)

License Number CA 8268T	**License Type** ~~OD~~ Optometry
Phone Number (909) 724-2181	**Email Address** Diana.j.lee@kp.org

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.

Leslie J. Purcell, OD — *Signature of Course Provider*

1/26/2017 — *Date*

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Case Reports Panel) Low Vision Case Reports (2 hours – 4, 30 min. reports)	05/16/2016

Course Provider Contact Information

Provider Name

Leslie (First) Purcell (Last) Jeanne (Middle)

Provider Mailing Address

Street 7248 Arpeggio **City** San Diego **State** CA **Zip** 92119

Provider Email Address Leslie.j.purcell@kp.org

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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

Gary (First) Asano (Last) (Middle)

License Number CA 06394T	**License Type** Optometry
Phone Number (323) 783-4011	**Email Address** Gary.K.Asano@kp.org

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.

Leslie J. Purcell, OD — *Signature of Course Provider*

1/26/2017 — *Date*

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Provider Name

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Provider Mailing Address

Street 7248 Arpege Rd **City** San Diego **State** CA **Zip** 92119

Provider Email Address Leslie.j.purcell@kp.org

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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

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Instructor Name

Leslie (First) Purcell (Last) Jeanne (Middle)

License Number CA8685-TG	**License Type** Optometry
Phone Number (619) 516-7190	**Email Address** Leslie.j.purcell@kp.org

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.

Leslie J. Purcell, OD — *Signature of Course Provider*

1/26/2017 — *Date*

Course Title	Date(s) of Course	Instructor/Lecturer	CE Hours Requested	FOR BOARD USE ONLY		
				Approved	Disapproved	ID #
Low Vision Case Reports	5/16/16	J. Prager, OD. D. Lee, OD	2.0			
		G. Asaho, OD L. Purcell, OD.				
Panel Discussion: Electronic Technology Update for Low Vision Patients, Part I	5/16/16	North State Assistive Technology (C. Hanosh)	3.0			
		I-Zoom (L. Lake) HD Technology, Enhanced Vision (M. Stenzel)				
Panel Discussion: Electronic Technology Update For Low Vision Patients, Part II	5/16/16	Chadwick Optical (C. Sacarelli) ZoomText 10.1 (G. Elias)	2.0			
		Optelec Update (J. Chung) Freedom Scientific Update (J. Chung)				
		Total =	7.0			

COMMITTEE COMMENTS:

Kaiser Permanente LOW VISION REGIONAL CONFERENCE

May 16, 2016

Tustin/Santa Ana Kaiser Permanente

1900 E. 4th St., Santa Ana, CA 92705

8:00 – 10:00	Case Reports Panel: Josh Prager, Diana Lee, Gary Asano, Leslie Purcell
	BREAK
10:00 – 1:00	Panel Discussion: Electronic Technology Update for Low Vision Patients, Part I: North State Assistive Technology; I-Zoom; HD Technology and Enhanced Vision
12:00 – 1:00	LUNCH (through speakers)
1:00 – 3:00	Panel Discussion: Electronic Technology Update for Low Vision Patients, Part 2: Chadwick Optical; ZoomText 10.1; Optelec Update; Freedom Scien-Tific Update
3:00	End (set date for next Low Vision Regional Meeting)

LOW VISION REGIONAL CONFERENCE – COURSE #1: LOW VISION CASE REPORTS (2 hours)

1) Rod Monochromatism (J. Prager, O.D.)
2) Toxic Optic Neuropathy (D. Lee, O.D.)
3) IMT Teachings From the Trenches (L. Purcell, O.D.)
4) Telescope and IMT Considerations (G. Asano, O.D.)

(CV's and course outlines were included in original CE packet mailed to the State Board.)

The 4 case reports above are linked together as 1 2-hour CE course because they directly involve the instruction of advanced techniques for examination and care of Low Vision patients. Each case report lasted 30 minutes of detailed Low Vision case analysis including question and answer time for the attendees.

ROD MONOCHROMATISM: Description of the typical clinical picture presented in patient with this anomaly. Also, clinical findings in this particular case- the patient's goals and how they were accomplished through contact lens fitting and through telescope fitting for driving. (CV and course outline provided previously.)

TOXIC OPTIC NEUROPATHY: Detailed case presentation including description of patient's history leading up to his evaluation; findings that supported the diagnosis (including OCT and visual field interpretation); specific Low Vision accommodations which aided in his rehabilitation; his followup once treatment was initiated; and a review of the clinical picture of toxic optic neuropathy and possible causative agents. Further discussion about the difficulty in modifying existing behavior to eliminate the condition. (CV and course outline provided previously.)

IMT TEACHINGS FROM THE TRENCHES: Detailed description of followup care and rehabilitation of patient who underwent implantable telescope surgery. Discussed role of the Low Vision specialist in the rehabilitation team- testing techniques for initial and subsequent post-operative visits; triaging of Low Vision devices following surgery; how to educate and motivate patient (CV provided previously; course outline enclosed today.)

TELESCOPE AND IMT CONSIDERATIONS: As a subject expert, Dr. Asano further discussed his experiences with 3 post-operative IMT patients seen in his clinic- description of his challenges in post-operative rehabilitation and techniques employed in training patients how to effectively use their implanted telescope. Also discussed candidacy for IMT and reconciliation with bioptics for patients who elect not to pursue IMT surgery. Also discussed/compared logistics for care of IMT patients within the managed care setting. (CV and limited course notes provided previously; mostly Question and Answer session)

IMT TEACHINGS FROM THE TRENCHES:

First Low Vision exam is at ~6 wks because we are waiting for P/O dilation to decrease- pt will make faster progress when not dilated anymore.

Check with OT RE pt mobility, any depression. Pt is likely disappointed not seeing better.

Initially will need an intermediate ADD for near and meals; later will need higher ADD for closer reading tasks (ex. +5.00).

NEED LOW VISION EXPERTISE TO GUIDE THE REHABILITATION TEAM.

Pt has transition vision first 6 wks- meet with Low Vision OD; then OT q1-2wks.
Low Vision specialist sees pt q1mos during the active rehab period (which lasts about 4 months)

Transition Vision- refraction is fluctuating from big incision (usually superior); also PI (should be superior temporal so lid covers and no glare)

Optional- call pt to reinforce what is "normal" (During the transition period, how did the pt do?)

1) Usually they are an Intermittent Viewer (sees image sometimes)- large objects pop into view and then disappear
2) Or Superstar
3) Or Suppressor

Low Vision OD's job is to:

1) Assess visual function (clinical findings)
2) Improve vision (Rx'ing, glare, etc.)
3) Educate and motivate

This becomes the OD's job at EVERY VISIT as the pt progresses.

Visit #1:
Describe image- much larger? how much bigger? (i.e.. 2X, dimmer)
Switch occluder to compare images
If uncorrected refractive error, then pt may find it easier to suppress
Reduce glare
Acuity- making larger eye mvmts, not tracking well
ETDRS at 2 meters- isolate 1-2 lines- should get to 4th one (~25M) with TS; may have perceptual depression- may say foggy (dimmer, larger image)

With refraction:

- Cylinder may be induced from remaining sutures (ex. 2D of cyl may seem like 4-6D of cyl on retina)
- Retinoscopy (small reflex or keratometry as starting point) (auto refraction usually doesn't work well due to reflections off the TS)
- Be flexible- try different things if one approach not working
- Use trial frame- big lens changes (+/-2.00); no JCC (too slow)- start with 3-4D minus cyl (don't do JCC- use +2.00 -4.00 so spherically plano- try at each main axis; Refine with -2D cyl with +1.00 sphere. Pt can turn also for axis.
- If 1 line of improvement, go ahead and Rx it. Better to risk it and Rx it and to eliminate suppres- sion.
- Check acuity again at distance.
- Check nonIMT eye- don't need to refract
- Will probably improve in quality their VA in the fellow eye (cognitive remapping)- sometimes com- petes with the IMT eye
- Final Rx should be ss vision DV Rx for full field for TS view; no BF in fellow eye.

At near:
- Probably using OTC readers- did OT give pt readers? +2.00 for tabletop and food; hold off on iPAD for now (too challenging a task just yet)
- Check with OT: What are you currently working on? How can I help guide you?
- Be aware of any cognitive issues with instructions
- Make sure OT isn't bumping ADD faster to aid pt's progress

Check on glare: Make sure PI isn't getting in the way (should be sup-temporal; when positioned at 9 o'clock, too much glare and may impede image)

Educate and motivate: Pt at a delicate stage.
- Encourage and let them know if they are a superstar
- Glare sensitivity is normal but may decline
- Inquire RE mobility and safety
- Image is dimmer, so may give up easily

Starting with 1st Low Vision P/O visit, we are kicking off the rehab process now- OT should be report back (note: sometimes team dynamics can be dysfunctional)

<u>Visits 2, 3, and 4</u>:

Assess: Coordinate progress in rehab with Rx'ing
- Depth perception

- Binocular switching
- Developing eye-hand coordination
- Strategies for binocular viewing

To improve binocular dipl: Tape for suppression. Occlusion of eye with frosted tape; can use either eye. If TS eye is popping in too much, frosted tape superiorly with dominant TS eye (head tilt to occlude eye)

Refine near Rx's:
- Consider high near ADD (+5.00 for additional magnification; +6.00 or more is too much)
- Consider illuminated handheld magnifier for spotting 3-4X; don't want to limit fovea a lot

Improve: More magnification? Find out what OT is using.

Usually NOT TS over TS (image will be too dim) but sometimes MaxTV will work

Improve scotoma and PRL: Probably still will have 3-5 degree scotoma after surgery; mayweed more specific info for eccentric viewing training

<u>THE COMPLEX PATIENT</u>:
- "like looking through wax paper" or "veiled" (this is duet large central scotoma or TS image being
  dim)- moving eye quickly
- This is where Low Vision OD acts as a problem solver.

Image Use can be affected by:
- central scotoma
- scotoma pattern
- PC suppression

Also impacted by:
- personal
- environment
- refractive error
- DES
- PI placement
- AMD may have worsened

Scotoma pattern is most often the problem. Once work through this, pts will say "the fog has lifted".
Also, early cognitive decline can show up- for this, more simple goals throughout OT. Recommend
monthly Low Vision visits until OT discharge.

TEAM REHABILITATION:

1) **Assess**
2) **Improve**
3) **Educate/motivate**

Give the pt perspective: Where have they come from since their last visit (praise their gains)

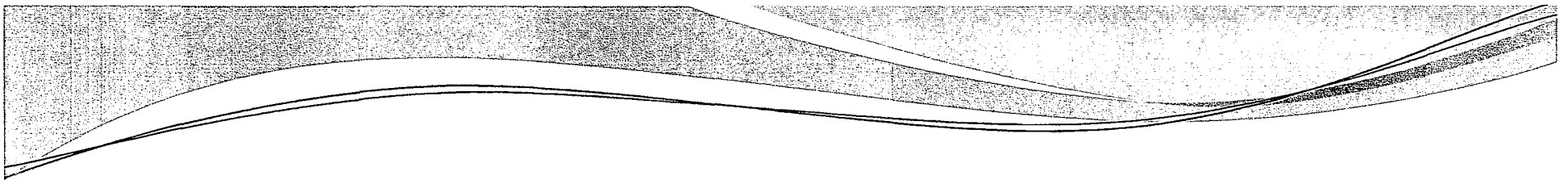
References:
For providers: Rebecca@visioncareinc.net (Rebecca Kammer, OD)
For patients: Rich McCue (Centravision) www.CentraSight.com

Josh Prager Outline : Case Report #1

IMT UPDATE

- THERE WERE 10 EVALUATIONS
- 3 OF THOSE WENT TO SURGERY
- 1 OF THOSE 3 IS NOW DECEASED
- 1 HAD TO BE EXPLANTED DUE TO A MALPOSITIONED IMT
- THE ONE THAT WAS EXPLANTED WAS THE SAME ONE THAT WAS RECOMMENDED THAT HE NOT PROCEED WITH THE SURGERY DUE TO INSUFFICIENT DILATION AND POSSIBILITY OF FLOPPY IRIS SYNDROME

- THE PATIENT THAT IS NOW DECEASED WE NEVER SAW IN OPTOMETRY POST SURGICALLY
- SHE WAS IN THE HOSPITAL AFTER BEING DIAGNOSED WITH END STAGE LUNG CANCER THAT HAD METASTASIZED TO HER LIVER AND UPPER ABDOMEN
- WITHIN A MONTH OR MONTH AND A HALF SHE HAD PASSED AWAY



- HER SURGERY WAS MAY 13, 2015
- REPORTS FROM OPHTHALMOLOGY VISITS WERE THAT ONE WEEK POST SURGICALLY SHE WAS ABLE TO SEE IMAGES RECOGNIZE FACES, AND SEE EYES. PRE SURGICALLY VA'S WERE 20/480 AND 20/160
- ABOUT TWO WEEKS POST SURGICALLY SHE SAID SHE COULD SEE TV, AND COULD PICK OUT IMAGES OF PEOPLE AND DISCRIMINATE GENDER, AND WHETHER IT WAS A CHILD OR ADULT. SHE FURTHER HAD SAID THAT PICKET FENCES APPEARED STRAIGHT INSTEAD OF TANGLED

- SHE REPORTED SEEING RANDOM IMAGES OF COLORED BALLS OF STRING
- LAST TIME SHE WAS ABLE TO SEE TV WAS 3 YEARS PREVIOUS
- LAST TIME SHE COULD SEE FAMILY MEMBERS FACES WAS 6 TO 7 YEARS AGO. SHE HAD 22 GREAT GRAND CHILDREN, THAT SHE HAD BEEN UNABLE TO SEE UNTIL THEN
- SHE WAS ABLE TO DO MORE COOKING WITHOUT SPILLING AS MUCH AND WAS ABLE TO DRIVE A GOLF CART AROUND THE NEIGHBORHOOD

- THE ONE THAT HAD TO BE EXPLANTED WAS SEEN PREVIOUSLY IN SAN DIEGO A FEW YEARS AGO
- SURGERY AT THAT TIME NOT RECOMMENDED DUE TO INSUFFICIENT DILATION AND THE POSSIBILITY OF FLOPPY IRIS SYNDROME AND POST OPERATIVE PIGMENT DISPERSION
- SEPTEMBER OF 2015 THE POSSIBILITY OF SURGERY WAS RE-VISITED
- STILL HAD POOR DILATION: ONLY WENT TO 7MM AND 8MM USING MULTIPLE SETS OF DILATING DROPS

- AFTER GIVING HIM THE BENEFITS AND THE RISKS, AND OBVIOUSLY CORNEAL SURGEON GAVE HIS FINAL OKAY THE PATIENT DECIDED TO GO AHEAD WITH THE SURGERY
- SURGERY DATE WAS DECEMBER 28, 2015.
- ONE DAY POST SURGICALLY IMT WAS MAL POSITIONED AND HAD TO BE EXPLANTED.
- A FEW WEEKS LATER, THE NON SURGICAL EYE HAD CATARACT SURGERY, MAKING THAT THE BETTER EYE NOW, SINCE THE OTHER EYE IS NOW APHAKIC

- THE THIRD OF THE THREE THAT WENT TO SURGERY, WE ARE STILL FOLLOWING NOW
- SURGERY WAS OCTOBER 15, 2015
- 4 DAYS POST-OP HE SAID HE COULD MAKE OUT FACES, AND AFTER 1 WEEK HE SAID HE COULD SEE COLORS AND TRAFFIC LIGHTS
- FIRST LV APPOINTMENT ABOUT 2 WEEKS POST OP WAS DIFFICULT WORKING WITH HIM BECAUSE HE WAS HAVING PROBLEMS ECCENTRICALLY FIXATING TO GET THE IMT IN POSITION
- ABOUT 3 WEEKS POST OP HE SAID HE WAS SEEING BETTER EVERY DAY AND COULD SEE LARGE PRINT
- LONG PERIOD OF TIME THAT HE WASN'T SEEN DUE TO BEING HOSPITALIZED FOR PNEUMONIA
- LAST APPOINTMENT WAS ON APRIL 20TH THIS YEAR. HE DID MUCH BETTER AND WE WERE ABLE TO GET A GROSS REFRACTION. IT DIDN'T CHANGE VISION MUCH BUT SUBJECTIVELY HE COULD SEE BETTER. VISION WAS 10/100, PRE SURGICALLY HE WAS 10/200

- THE 7 THAT WERE DISQUALIFIED WERE:
- 2 WHOSE VISION WAS TOO GOOD
- 2 WITH VISION TOO POOR
- 1 WITH MULTIPLE MEDICAL AND PSYCHOLOGICAL ISSUES, AND ANTERIOR SEGMENT ISSUES
- 1 WITH INSUFFICIENT DILATION
- 1 PATIENT NON COMPLIANT DIABETIC

Josh Prager Outline: Case Report # 2

- 17 year old Hispanic male patient
- Rod Monochromatism (non-progressive)
- Nystagmus
- ERG, OCT, Color Vision
- Eccentric fixation (inferior) secondary to small central scotoma
- Visual Acuity 20/150
- Extreme Photophobia
- Vision improves in dim light
- Inability to distinguish Colors

OPHTHALMOLOGY FINDINGS

OPHTHALMOLOGY FINDINGS

- Cycloplegic Refraction (retinoscopy)

  OD: +9.00 – 4.50 X 10

  OS: +9.00 – 4.50 X 170

Prescribed:

OD: +7.50 – 4.50 X 10	20/150 – 20/200
OS: +7.50 – 4.50 X 170	20/150

- Function in school normally – thinking of attending college in Meniffee (was in high school then getting ready to graduate)
- Wants to be able to drive

GOALS

- Best Refraction with glasses
- Contact lenses
- Telescopic solutions – information given on bioptic telescopes and specialized schools that would help him learn how to drive with the telescope

OPTICAL SOLUTIONS

- Keratometry:

OD: 46.12, 41.50 @ 14

OS: 46.75, 42.12 @ 180

FP-60 lenses were used

Lens Parameters:

OD: 8.11/+8.50/9.7/Brown *** should have tried red

OS: 8.01/+8.25/9.6/Brown same as above

Vision with lenses :

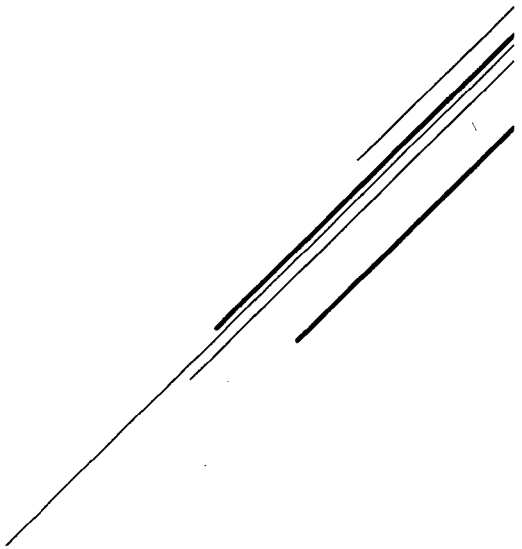
OD: 20/150 OS: 20/150

0.5mm inferior edge lift

Eccentric Viewing and Nystagmus: Poor lens fit, and discomfort, inability to keep the lens in place

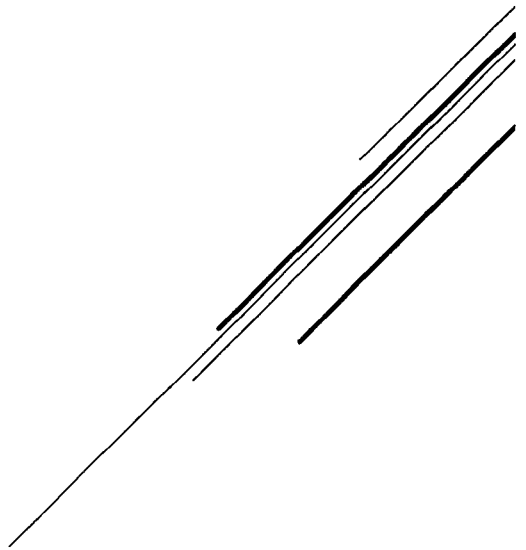
Patient was never successful, might have been good scleral lens candidate

RGP LENS FITTING



- At that time minimal low vision inventory
- Showed him the Ocutech brochure that included the autofocus model
- Gave him estimate of cost if we were to go through Designs For Vision
- Finances were an issue
- Patient enlisted help of Lyons Club to help fund his purchase: he decided on Ocutech Autofocus
- This was decided before he understood that this telescope is not compatible withdriving

TELESCOPE SOLUTIONS



- Pediatric OMD filled out DMV paper work for him
- Obtained driving permit (some how) from Hemet DMV and drove a limited amount with the Ocutech Telescope
- He drove with it for awhile before he decided it wasn't working and said the view was similar to being in "a bubble"
- Suggested he consider trading his services as a teaching patient at SCCO in exchange for reduced cost of purchasing a telescope. SCCO would group him with an experienced SCCO staff Optometrist, an intern (3rd or 4th year student) and an OT

TELESCOPE SOLOUTIONS

- Final Kaiser appointment in Health Connect in Orange County(La Palma) with Drs. Tse, and Tu
- Since RGP's did not work, he was going to try soft lenses
- Lenses Prescribed: Cooper Vision Proclear Toric

OD: 8.8/14.4/+8.50-4.25 20/150 well centered

OS: 8.8/14.4/+8.50-4.25 20/150 well centered

Eyeglass Prescription:

OD: +8.50 – 4.50 X 15 20/150+

OS: +8.50 – 4.50 X 160 20/150+

SOFT CONTACT LENS FITTING

Gary Asano Outline: Case Report

Low Vision Case Report

Kaiser Permanente Los Angeles Metro

Gary Asano, O.D.,FAAO

May 16, 2016 KP So. California Low Vision Regional Meeting

I. 81 y.o. Hispanic male- etiology of vision loss

   A. Probable dominant eye OD with worse V/A
   B. Recent tx. OS, recent care, determined to be stable
   C. Goals, Needs

II. Findings
   A. V/A
   B. Retinoscopy, Trial Frame refraction
   C. Filter enhancement
   D. Telescopic evaluation

III. Telescopic with Rx LVA Prescribed
   A. Dispensing planned, further LVA investigated
   B. Further disposition-referral for low vision rehab in Houston

Leslie Purcell Outline: Case Report - IMT Ft.

IMT Post-Op Pearls:

Initially, will need an intermediate ADD for near and seeing food; later will need higher ADD for closer reading (like +5.00)

First Low Vis exam is at ~6 wks b/c we are waiting for pt not to be dilated anymore

Check with the OT- Is the pt okay on mobility? Are they depressed? Probably pt is disappointed

Pt will make faster progress when they are not dilated anymore

NEED LOW VISION GUIDANCE TO GUIDE THE TEAM (assert self with Laura Nelson)

Pt has transition vision 1st 6 wks- meet with Low Vision OD; then OT q 1-2 wks

Low Vision OD sees pt q1mos during the active rehab period (which lasts about 4 months)

Transition Vision- refraction is fluctuating from big incision (usually superior); also PI (should be sup temporal so lid covers and no glare)

Optional: Call pt to reinforce "normal"

During transition period, how did pt do??

1) Usually they are an Intermittent Viewer (sees image sometimes)- large things pop into view and then disappear
2) Or Superstar
3) Or Suppressor

OD's job is to:

1) Assess visual function (Clinical findings)
2) Improve vision (Rx'ing, glare, etc.)
3) Educate and motivate

This becomes the OD job at every visit as pt progresses

Visit #1:

Describe image- Much larger? How much bigger? (ie. 2X, dimmer)

Switch occlude to compare images

If uncorrected refractive error, then pt may find it easier to suppress

Reduce glare

Acuity- making larger eye mvmts, not tracking well

ETDRS at 2 meters- isolate 1-2 lines- should get to 4th line (~25M) with TS; may have perceptual depression- may say foggy (dimmer, larger image)

With refraction:

- Cylinder may be induced from remaining sutures (ex. 2D of cyl may seem like 4-6D of cyl on retina)
- Retinoscopy (small reflex or keratometry as starting point) (autorefractor usually doesn't work well due to reflections off the telescope
- Be flexible- try different things if one approach not working
- Use trial frame- big lens changes (+/-2.00); no JCC (too slow)- start with 3-4D minus cyl (don't do JCC- use +2.00 -4.00 so spherically plano- try at each main axis. Refine with -2D cyl with +1.00 sphere. Pt can turn also for axis.
- If 1 line of improvement, go ahead and Rx it. Better to risk it and Rx it and to eliminate suppression
- Check acuity again at distance
- Check nonIMT eye- don't need to refract
- Will probably improve in quality their VA in the fellow eye (cognitive remapping)- sometimes competes with IMT eye
- Final Rx should be ss vision distance for full field for TS view; no BF in fellow eye

At near:

- Probably using OTC readers- did OT give her readers? +2.00 for tabletop and food; hold off on Ipad for now (too challenging a task just yet)
- Check with OT: What are you currently working on? How can I help guide you?
- Be aware of any cognitive issues with instructions
- Make sure OT isn't bumping ADD faster to aid pt's progress

Check on glare: Make sure PI isn't getting in way (should be sup-temporal; when positioned at 9 o'clock, too much glare and may impede image)

Educate and Motivate: Pt at a delicate stage.

- Encourage and let them know if they are a superstar
- Glare sensitivity is normal but may decline
- Inquire RE mobility and safety
- Image is dimmer, so may give up easily

Starting with 1st Low Vision P/O visit, we are kicking off the rehab process now- OT should be reporting back to me (Note: If I need help with this, Rich McCue can help with team dynamics if dysfunctional)

<u>Visits 2, 3, and 4</u>:

Assess: Coordinate progress in rehab with Rx'ing

- Depth perception
- Biocular switching
- Developing eye-hand coordination
- Strategies for binocular viewing

To improve binocular dipl:

Tape for suppression- occlusion of eye with frosted tape; can use for either eye.

If TS eye is popping in too much, frosted tape superiorly with dominant TS eye (head tilt to occlude eye)

Refine near Rx's

- Consider high near Add (+5.00 for additional magnification; +6.00 or more is too much)
- Consider illuminated handheld magnifier for spotting (3-4X)- don't want to limit fovea a lot

Improve: More magnification? Find out what OT is using

Usually NOT TS over TS (image will be too dim)- but sometimes MaxTV will work

Improve scotoma and PRL: Probably still will have 3-5 degree scotoma after surgery; may need more specific info for eccentric viewing training.

"THE COMPLEX PATIENT"

- "Like looking through wax paper" or "veiled" (this is due to large central scotoma or TS image being dim)- moving eye quickly

This is where OD acts as problem solver.

Image Use can be affected by:

- Central scotoma
- Scotoma pattern
- PC suppression

Also impacted by:

-personal

-environment

-refractive error

-DES

-PI placement

-AMD may have worsened

Scotoma pattern is most often the problem

Once work through this, pts will say "the fog has lifted"

Also, early cognitive decline can show up- for this, more simple goals throughout OT

Recommend monthly Low Vision visits until OT discharge

TEAM REHABILITATION

1) Assess
2) Improve
3) Educate/Motivate

Give the pt perspective:

- Where have they come from since their last visit (tell them their gains)

Rebecca@visioncareinc.net

Cell) (714) 728-1575

Sprimo@emory.edu

(404) 778-3317

For patients-

www.CentraSight.com

Rich McCue (in Temecula)

(951) 553-0209

LOW VISION PRESENTATION

Joshua Prager OD

Kaiser Permanente

Riverside Medical Center

Opthalmology Findings

- Rod Monochromatism (non – progressive)
- Nystagmus
- ERG, OCT, Color Vision
- Eccentric Fixation(inferior) secondary to small central scotoma
- Visual Acuity 20/150
- Extreme Photophobia
- Vision improves in dim light
- Inability to distinguish colors

Ophthalmology Findings

- Cycloplegic Retinoscopy
- OD: +9.00 – 4.50 X 10

  OS: +9.00 – 4.50 X 170

Prescribed:

OD: +7.50 – 4.50 X 10 20/150-20/200

OS: +7.50 – 4.50 X 170 20/150

Chief Complaint

- Poor Vision that has never been able to be corrected any better
- Difficulty managing seeing in school
- Photophobia
- Poor color vision

Goals

- Function in school normally – thinking of attending college in Meniffee (was in high school then)
- Driving

Optical Solutions

- Best Refraction with glasses
- Contact Lenses
- Telescope Soloutions – Information given on bioptic telescopes and specialized schools that would help him learn how to drive with the bioptic telescope

RGP Lens Fitting

- Keratometry:

OD: 46.12, 41.50 @ 14

OS: 46.75, 42.12 @ 180

FP – 60 lenses were used

Lens Parameters:

OD: 8.11/+8.50/9.7/ Brown *** should have been red

OS: 8.01/+8.25/9.6/Brown *** should have been red

Vision with lenses: 20/150 OD and OS

0.5mm inferior edge lift

Eccentric Viewing and Nystagmus: Poor lens fit, and discomfort, inability to keep the lens in place

Patient was never successful with RGP's

Telescope Solutions

- At that time minimal low vision/telescopic inventory
- Ocutech brochure that included the autofocus model
- Gave estimate of cost if we were to go through Designs For Vision
- Finances were an issue
- Patient enlisted help of Lyons Club to help fund his purchase: he decided on Ocutech Autofocus
- This was decided before he understood that this telescope not compatible with driving

Telescope Solutions

- Pediatric OMD filled out DMV paper work for him
- Obtained driving permit from Hemet DMV and drove a limited amount with the Ocutech telescope
- He drove with it for awhile before he decided it wasn't working and found view similar to being in a bubble
- Suggested he consider trading his services as a teaching patient at SCCO in exchange for reduced cost of purchasing a telescope. SCCO would group him with an experienced SCCO staff Optometrist, an intern (3rd or 4th year student) and an OT

Soft Contact Lens Visits

- Final Kaiser appointment in Health Connect in Orange County(La Palma) with Drs. Tse, and Tu
- Since RGP's did not work, he was going to try Soft Lenses this time
- Lenses prescribed: Cooper Vision Proclear Toric (Trial Lenses)
- OD: 8.8/14.4/+8.50-4.25 20/150 well centered
- OS: 8.8/14.4/+8.50-4.25 20/150 well centered
- Eyeglass Prescription Given:

OD: +8.00 – 4.50 X 15 20/150+

OS: +8.00 – 4.50 X 160 20/150+

TOXIC OPTIC NEUROPATHY

by

Diana Lee, OD

May 16, 2016

I. CASE-40 Y MALE

- hospitalized 5/15-26/11 delirium tremens and had tingling in legs from waist down(diagnosed peripheral neuropathy).

- Before he went to the hospital he noticed white spot in center of vision. Saw Walmart OD dx alcohol toxicity

  - Drinks pint of whiskey daily since Christmas 2010 and smokes 1 pack daily.

6-06-11 F/U after hospital with primary Dr.

HX:

Bilateral leg pain with leg cramps like a Charley horse and his feet are numb which have wakened him at night. Pt denies depression. Patient complains of heartburn.

Took 1 drink of half a fifth of vodka on 6-1-11

Has only peripheral vision, central vision obscured by white spot

Assessment: Neuropathy, alcoholic

Plan:

- Given Baclofen –leg cramps
- Limit tea as the diuretic effect could contribute to symptoms
- Advised to continue multivitamin, Vitamin b-6 and folate.
- Advised to F/U with ophthalmology.
- Given tx for GERD and helicobacter Pylori infection
- Pt advised to get psychiatric help but pt declined.

6-2-11 OPHTHALMOLOGY FINDINGS

CC: white spot in vision since being in the hospital, no drink since 5/14/11

Meds: B-12 , folate

Visual acuity: OD sc CF PH NI

OS sc CF PH NI

Tonometry: tonopen OD 12 mmHg, 16 mmHg at 9:23AM

Slit lamp: lids, cornea, ant ch wnl

DFE : CD 0.3 with mild temporal pallor ou

Assessment: Toxic alcoholic/ tobacco amblyopia/optic neuropathy

PLAN: OCT optic nerves,

MRI sella turcica to r/o any mass

F/U after MRI

VISUAL FIELDS

SINGLE FIELD ANALYSIS

EYE: RIGHT

NAME: [redacted]

ID: [redacted]

DOB: 10-02-1970

CENTRAL 24-2 THRESHOLD TEST

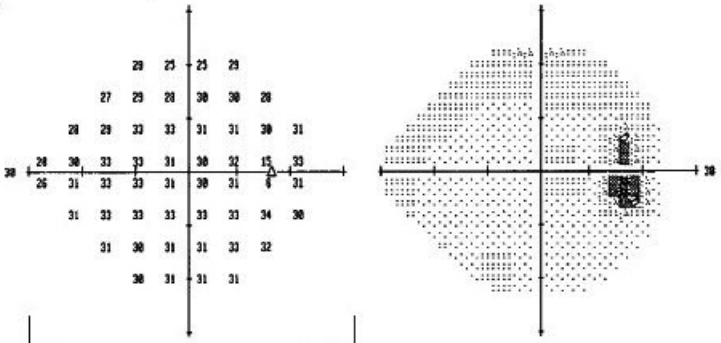
FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 0/14
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 4 %
TEST DURATION: 05:03

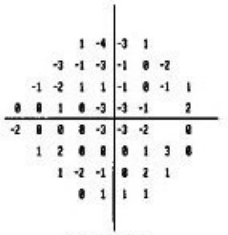
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD

PUPIL DIAMETER: 3.9 MM
VISUAL ACUITY:
RX: +1.50 DS OC X

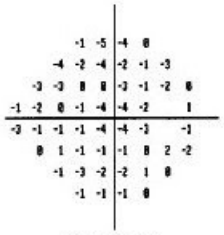
DATE: 07-08-2011
TIME: 11:12 AM
AGE: 40

FOVEA: OFF





TOTAL DEVIATION



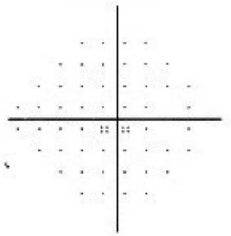
PATTERN DEVIATION

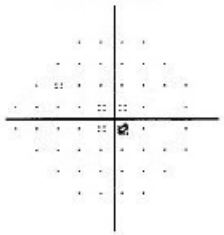
GHT
WITHIN NORMAL LIMITS

VFI 98%

MD -0.47 DB

PSD 1.53 DB





:: < 5%
∠ < 2%
▩ < 1%
■ < 0.5%

KAISER PERMANENTE
9985 SIERRA AVENUE
FONTANA CA 92335
OPHTHALMOLOGY

FIXATION-VERY GOOD OK!

SINGLE FIELD ANALYSIS

EYE: LEFT

[redacted]

DOB: 10-02-1970

CENTRAL 24-2 THRESHOLD TEST

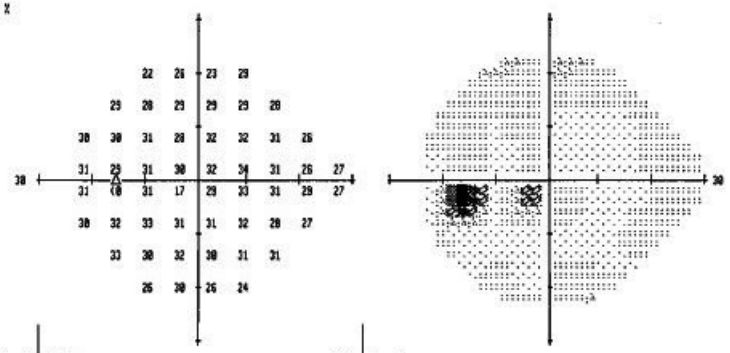
FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 0/14
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 7 %
TEST DURATION: 04:58

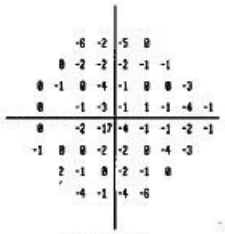
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD

PUPIL DIAMETER: 3.5 MM
VISUAL ACUITY:
RX: +1.50 DS OC X

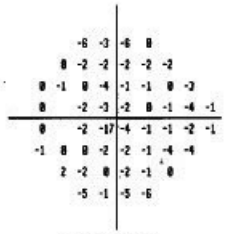
DATE: 07-08-2011
TIME: 11:21 AM
AGE: 40

FOVEA: OFF





TOTAL DEVIATION



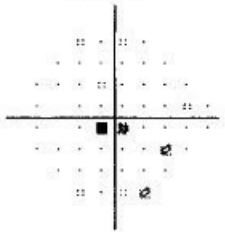
PATTERN DEVIATION

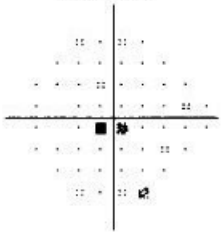
GHT
OUTSIDE NORMAL LIMITS

VFI 94%

MD -1.88 DB P < 10%

PSD 3.15 DB P < 1%





:: < 5%
∠ < 2%
▩ < 1%
■ < 0.5%

KAISER PERMANENTE
9985 SIERRA AVENUE
FONTANA CA 92335
OPHTHALMOLOGY

7-8-11 F/U WITH MD

Pt feels vision is the same with hole in the center of vision

MRI- unremarkable with no pituitary mass

Distance VA: OD sc CF ph NI

OS sc CF ph NI

Pupils: equal, reactive , no APD

Ishihara: OD 12/16, OS 14/16

Visual Field : mild central scotoma OS>OD

Plan: low vision consult

F/U 6 weeks HVF

ON photos

8-11-11 OPHTHALMOLOGY VISIT

Hx: pt feels vision not getting any better, has decreased smoking to ½ pack daily, no drink since 5/11/11. feels vision stable. Taking vitamins (folate, multivitamins, B1)

VA: OD sc CF ph NI

OS sc 20/400 ph NI but notes show 20/200 seen eccentrically

Pachymetry: OD 0.567, OS 0.567

Slit lamp: unremarkable

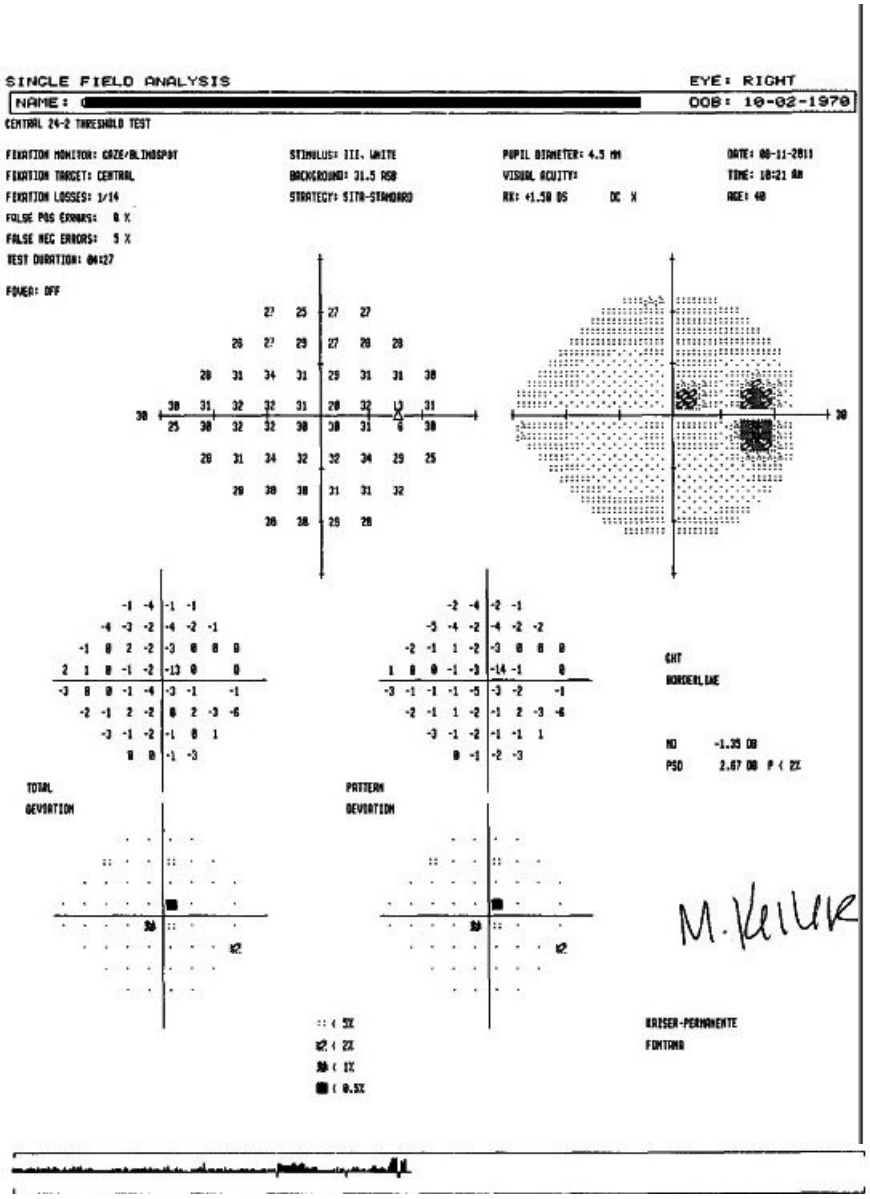
Pupils: equal, reactive no APD

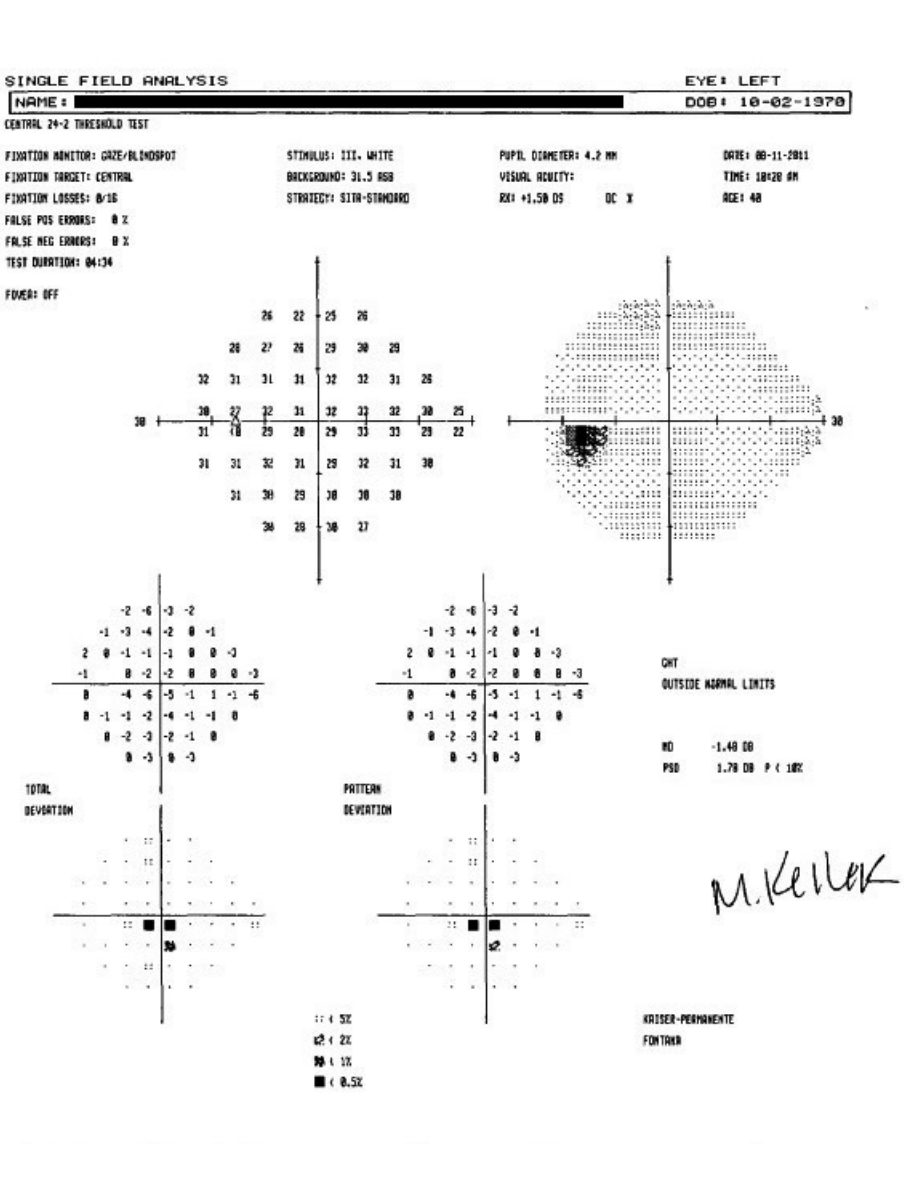
ISHIHARA: OD 12/16, OS 14/16

NDFE: optic nerves flat and still shade of temporal pallor

HVF24-2: pattern deviation still central scotoma OU not changed from 7-08-11 with OD denser centrally

Plan: F/U 6-8 weeks


SINGLE FIELD ANALYSIS
EYE: RIGHT
NAME: [redacted]
DOB: 10-02-1970
CENTRAL 24-2 THRESHOLD TEST
FIXATION MONITOR: GAZE/BLINDSPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 1/14
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 5 %
TEST DURATION: 04:27
FOVEA: OFF
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD
PUPIL DIAMETER: 4.5 mm
VISUAL ACUITY:
RX: +1.50 DS OC X
DATE: 08-11-2011
TIME: 10:21 AM
AGE: 48
GHT
BORDERLINE
MD -1.35 DB
PSD 2.67 DB P < 2%
TOTAL DEVIATION
PATTERN DEVIATION
KAISER-PERMANENTE
FONTANA


SINGLE FIELD ANALYSIS
EYE: LEFT
NAME: [redacted]
DOB: 10-02-1970
CENTRAL 24-2 THRESHOLD TEST
FIXATION MONITOR: GAZE/BLINDSPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 0/16
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 0 %
TEST DURATION: 04:34
FOVEA: OFF
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD
PUPIL DIAMETER: 4.2 mm
VISUAL ACUITY:
RX: +1.50 DS OC X
DATE: 08-11-2011
TIME: 10:20 AM
AGE: 48
GHT
OUTSIDE NORMAL LIMITS
MD -1.48 DB
PSD 1.78 DB P < 10%
TOTAL DEVIATION
PATTERN DEVIATION
KAISER-PERMANENTE
FONTANA

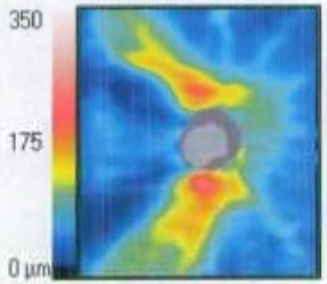
Gender: Male Technician: Operator, Cirrus

Doctor: Signal Strength: 8/10 8/10

RNFL and ONH:Optic Disc Cube 200x200

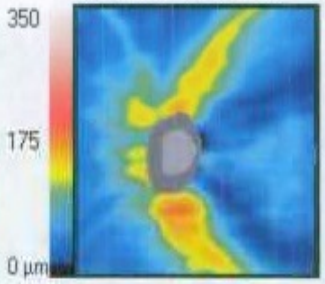
OD ● | ● OS

RNFL Thickness Map

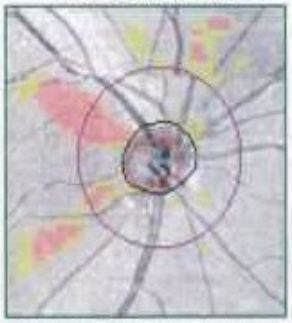


	OD	OS
Average RNFL Thickness	81 µm	82 µm
RNFL Symmetry	85%	
Rim Area	0.87 mm²	1.27 mm²
Disc Area	1.76 mm²	2.01 mm²
Average C/D Ratio	0.69	0.60
Vertical C/D Ratio	0.70	0.57
Cup Volume	0.275 mm³	0.136 mm³

RNFL Thickness Map



RNFL Deviation Map

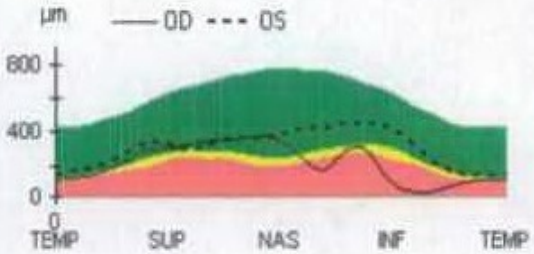


Disc Center (0.27,0.09) mm

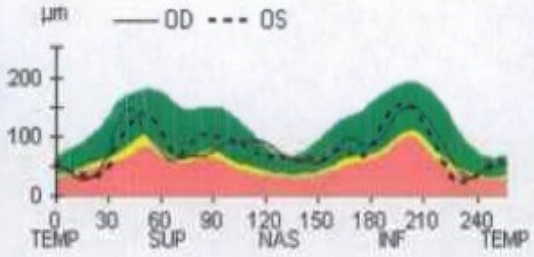
Extracted Horizontal Tomogram

Extracted Vertical Tomogram

Neuro-retinal Rim Thickness

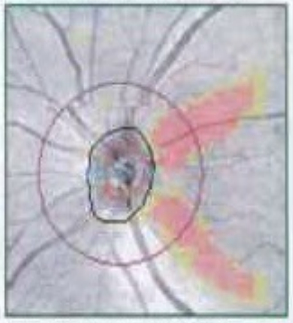


RNFL Thickness



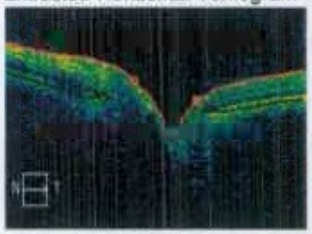
91 Distribution of Normals 103

RNFL Deviation Map



Disc Center (-0.57,-0.24) mm

Extracted Horizontal Tomogram



Extracted Vertical Tomogram

TOXIC OPTIC NEUROPATHY

Bilateral progressive and symmetrical loss of vision

TOXIC OPTIC NEUROPATHY

Bilateral progressive and symmetrical loss of vision

Characterized by papillomacular bundle damage, central or centrocecal scotoma and reduced color vision

TOXIC OPTIC NEUROPATHY

Bilateral progressive and symmetrical loss of vision

Characterized by papillomacular bundle damage, central or centrocecal scotoma and reduced color vision

Mild, bilateral disc swelling may be present, and normal in early stages along with temporal optic disc atrophy

TOXIC OPTIC NEUROPATHY

Nutritional optic neuropathy involves deficiencies:

- **Vitamin B-2 (colbalamine)**
- **Vitamin B-12 (Thiamine)**
- **Vitamin B-2 (riboflavin)**
- **Folic Acid**

- **These deficiencies have been reported in**
- **Strict vegan patients**
- **Gastric bypass patients**
- **Hx of partial or complete stomach or ileum removal**
- **Common among tobacco and alcohol abusers**
- **Most common metabolic impairment due to ethambutol**

AGENTS ASSOCIATED WITH TOXIC OPTIC NEUROPATHY

Alpha-interferon 2b

Amiodarone

Carbon Monoxide

Carboplatin

Chloramphenicol

Chloroquine

Cimetidine

Cisplatin

Cyclosporine

Dapsone

Digitalis

Disulfiram

Ethambutol

5-Fluorouracil

Isoniazid

Lead

Linezolid

Melatonin

Methanol

Perchloroethylene

Quinine

Sertraline

Streptomycin

Tacrolimus

Toluene

Vincristine

TOXIC OPTIC NEUROPATHY

Detailed hx and Ocular exam needed:

- **-Testing for Serum B12 and folate levels essential in diagnosis**
- **-Field testing**
- **-Color vision**
- **-VEP and OCT helpful**
- **-MRI necessary to r/o compressive neuropathy**

TOXIC OPTIC NEUROPATHY

In differentiating causes of optic neuropathy:

1. **Look at age of patient:**
   - **< 40y look for signs of typical optic neuritis**
   - **> 40y , suspect AION**

2. **If no signs consistent with typical optic neuritis or AION, do neuroimaging, serologic testing or lumbar puncture to r/o compressive, infiltrative, infectious or inflammatory optic neuritis**

3. **Examine for hx of past or current uveitis for inflammatory or infectious cause.**

LOW VISION EVALUATION 8-23-11

Active problem list: Depression, Delirium tremens, Pancreatitis

Occupation: store manager

Distance VA w Feinbloom: OD 10’/80 right ecc fix

OS 10’/100 left ecc fix

No current rx

Autorefraction: OD +0.25-0.50 x 70

OS PLO -0.50 x 85

Subjective: OD +0.25-0.50 x 70 10’/80 right ecc

OS PLO-0.50 x 85 10’/100 left ecc

Near low vision Coil 7x LED hand magnifier VA 0.63M on near logarithmic Chart

Noir shown but seemed to prefer yellow solar shields

PLAN:

No spec rx, RX 7x COIL above

Given Info on free directory assistance and large print phone through state of CA

Given info on CCTV, Zoomtext 9.1 and sample program for computer

Referred for ILS classes at braille to help with immediate ADL activities.

Hold off on any telescopic devices until see if VA improves

10-5-11 with MD

Hx: pt feels central white spot same - about the **size of a 20 inch TV 15 feet away**.
Bought magnifier, can work on his car now. Off work still due to vision.

Distance VA OD with Correction 20/200 PH NI
OS with Correction 20/100-1 PH NI

Slit lamp and fundus: unremarkable

Assess: Toxic neuropathy appears to be improving and pt adapting to ADLs.

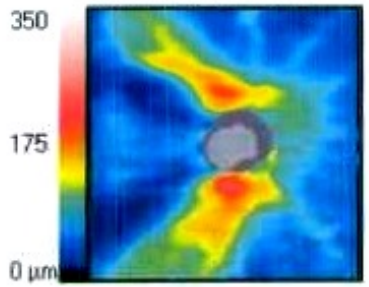
Plan: F/U 1 m for HVF and OCT recheck

Gender: Male Technician: Operator, Cirrus
Doctor: Signal Strength: 8/10 8/10

RNFL and ONH:Optic Disc Cube 200x200

OD ● | ● OS

RNFL Thickness Map



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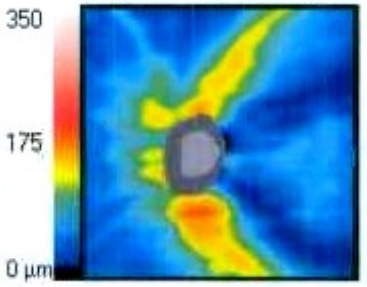
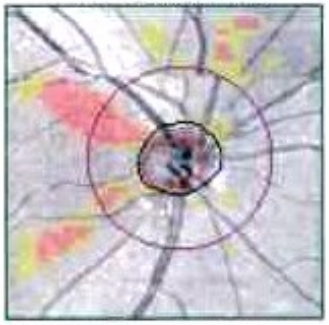
Average C/D Ratio	0.69	0.60
Vertical C/D Ratio	0.70	0.57
Cup Volume	0.275 mm³	0.136 mm³

RNFL Thickness Map

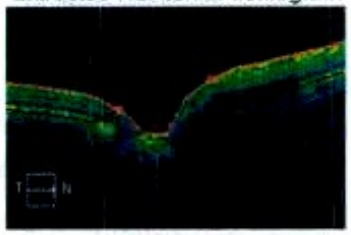


RNFL Deviation Map



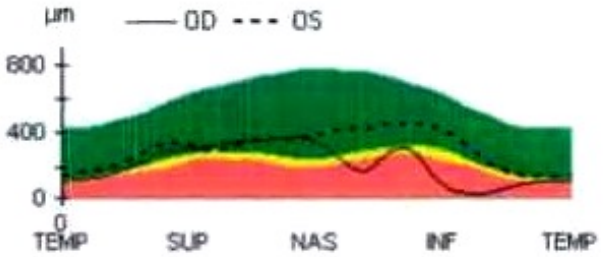
Disc Center (0.27,0.09) mm

Extracted Horizontal Tomogram

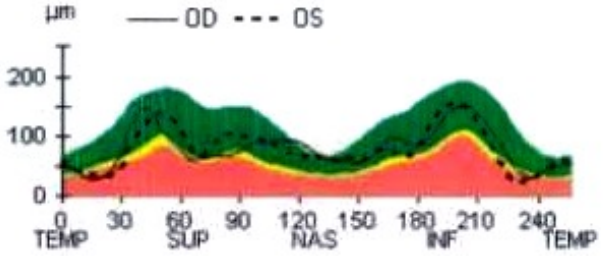


Extracted Vertical Tomogram

Neuro-retinal Rim Thickness

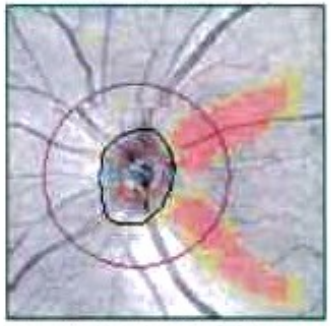


RNFL Thickness



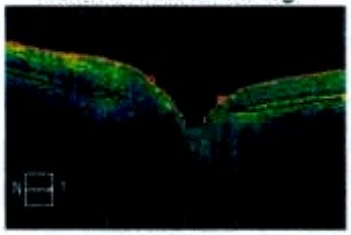
91 Distribution of Normals 103

RNFL Deviation Map

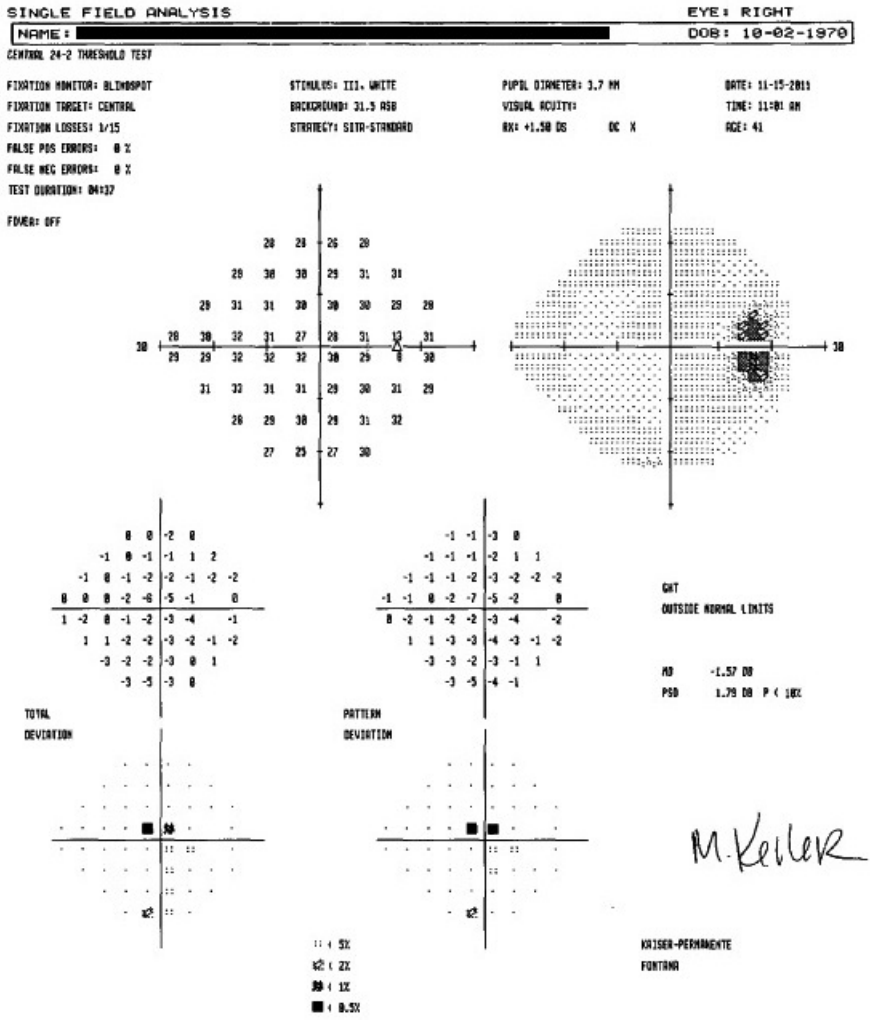


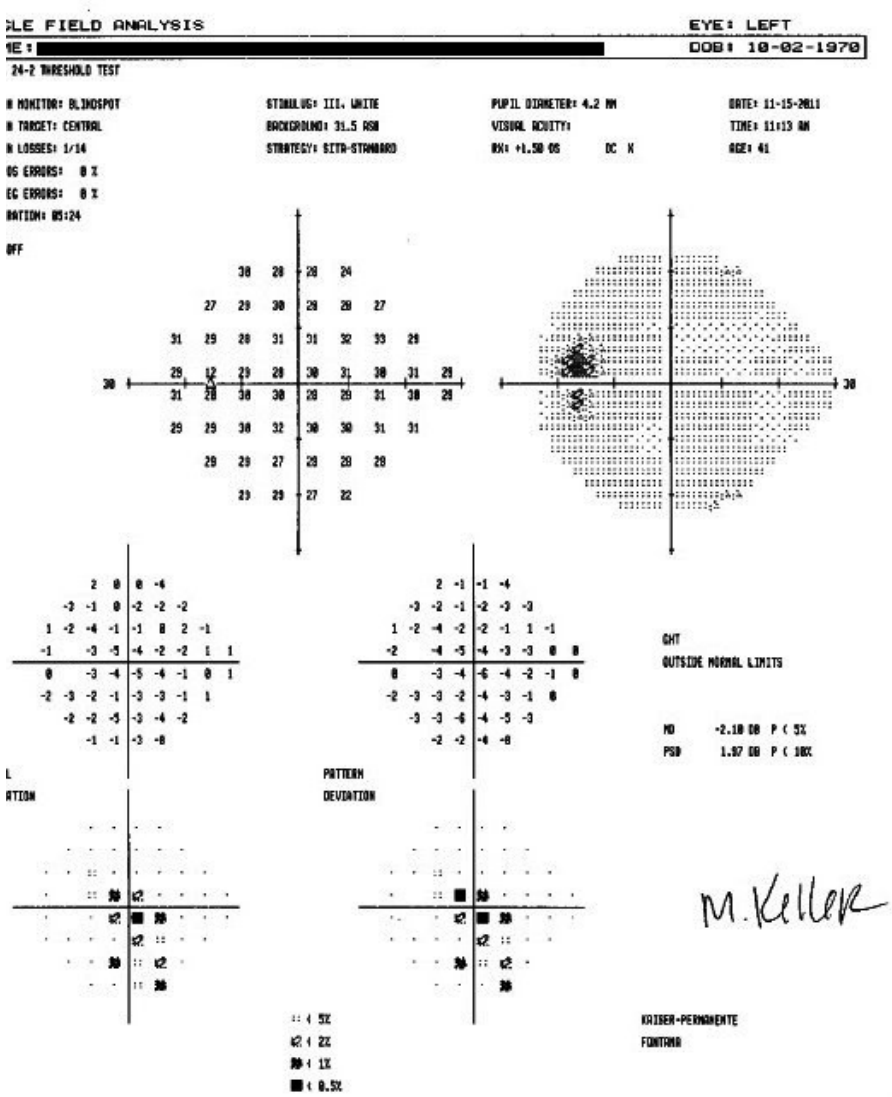
Disc Center (-0.57,-0.24) mm

Extracted Horizontal Tomogram



Extracted Vertical Tomogram


SINGLE FIELD ANALYSIS
EYE: RIGHT
NAME:
DOB: 10-02-1970
CENTRAL 24-2 THRESHOLD TEST
FIXATION MONITOR: BLINDSPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 1/15
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 0 %
TEST DURATION: 04:37
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD
PUPIL DIAMETER: 3.7 MM
VISUAL ACUITY:
RX: +1.50 DS
DC X
DATE: 11-15-2011
TIME: 11:01 AM
AGE: 41
FOVEA: OFF
GHT
OUTSIDE NORMAL LIMITS
MD -1.57 DB
PSD 1.79 DB P < 10%
TOTAL DEVIATION
PATTERN DEVIATION
M. Keller
KAISER-PERMANENTE
FONTANA


SLE FIELD ANALYSIS
EYE: LEFT
DOB: 10-02-1970
24-2 THRESHOLD TEST
PUPIL DIAMETER: 4.2 MM
VISUAL ACUITY:
DATE: 11-15-2011
TIME: 11:13 AM
AGE: 41
GHT
OUTSIDE NORMAL LIMITS
MD -2.18 DB P < 5%
PSD 1.97 DB P < 10%
PATTERN DEVIATION
M. Keller
KAISER-PERMANENTE
FONTANA

2-28-12 ophthalmology visit

HX: pt feels vision not significantly better but feels the whiteness of blind spot is less and he can see through it more.

VA sc OD 20/50-1 ph NI

OS 20/40-2 ph NI still has to move head to see target

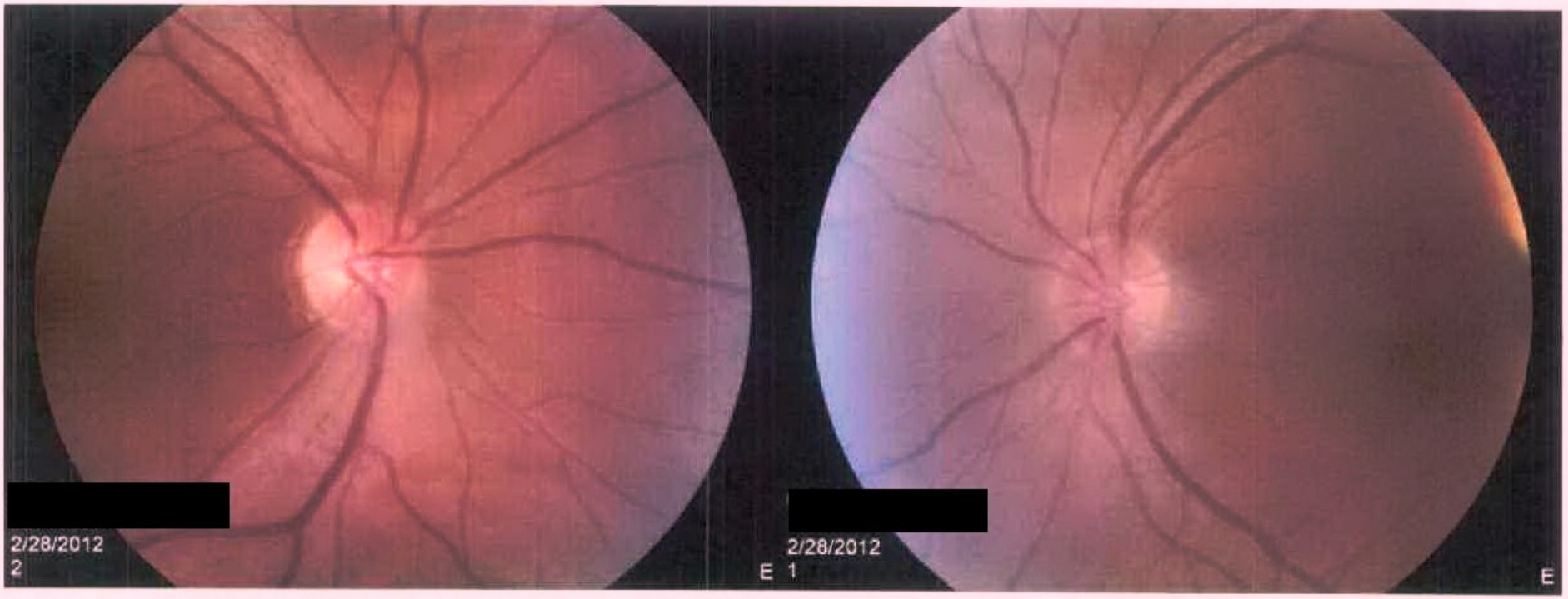
HVF 24-2 improved OU with smaller central scotoma OS on pattern dev, OD better

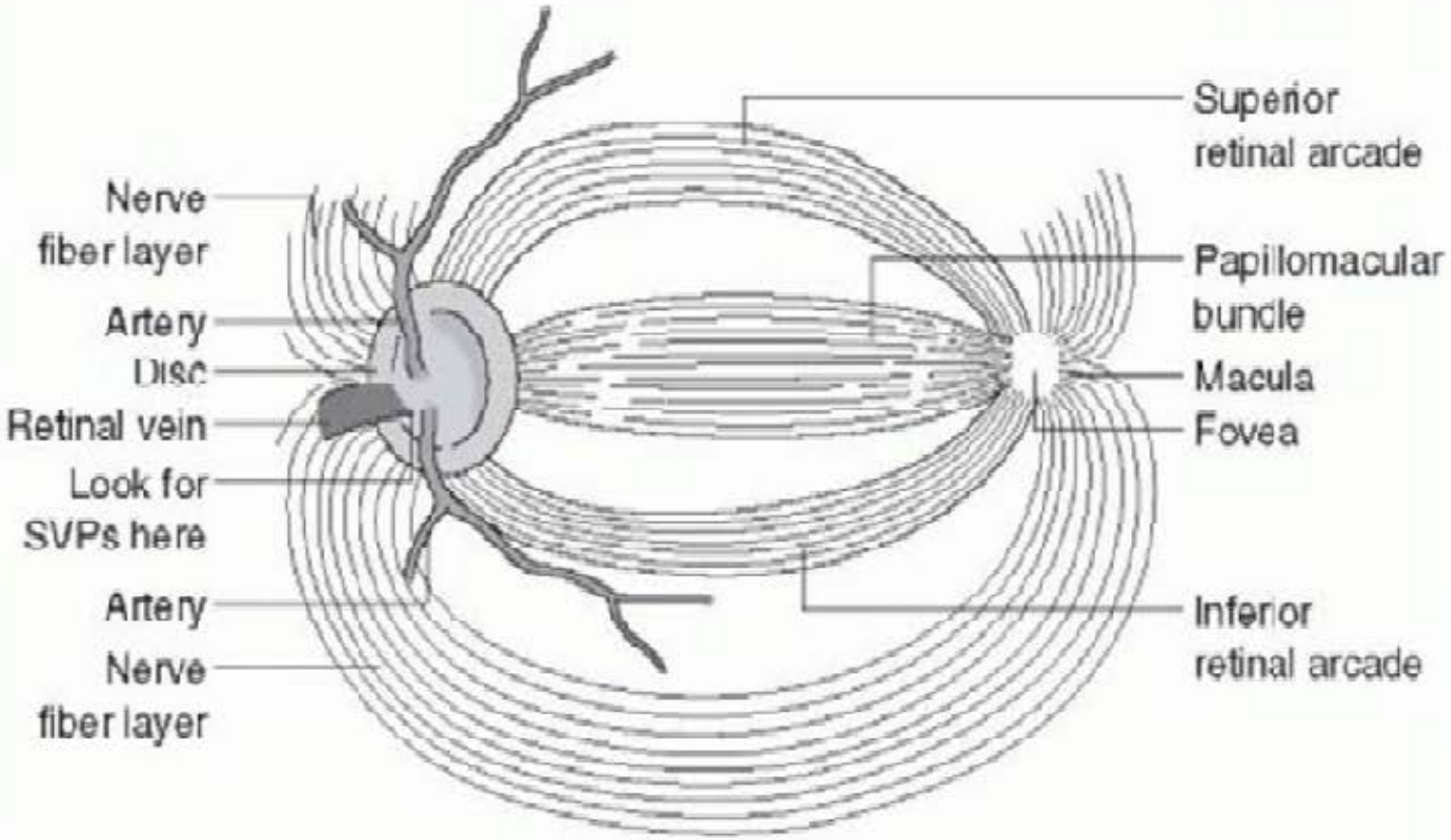
City color test 8/10 OU

Slit lamp: unremarkable

Plan: Fundus photos OU F/U 3 m

2-28-12





De Jong's The Neurologic examination

5-29-12 OPHTHALMOLOGY VISIT

RFV: No new ocular complaints

VA sc OD 20/50-2 PH NI

sc OS 20/40 PH NI

City color test OD 9/10 OS 8/10

AR: OD PLO-0.25 x 68

OS +0.25-0.50x 83 no improvement in VA

Medications : Multivitamin daily

Folic Acid 1 mg daily

Thiamin (vitamin B-1)100mg daily

Assessment: VA about the same for toxic optic neuropathy

Plan: HVF 24-2, OCT nerves, OU and Fundus photos OU

SINGLE FIELD ANALYSIS

EYE: RIGHT

NAME [redacted]

ID:

DOB: 10-02-1970

CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 3/14 XX
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 2 %
TEST DURATION: 04:39

STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD

PUPIL DIAMETER: 3.6 MM
VISUAL ACUITY:
RX: OS OC X

DATE: [redacted]
TIME: 4:26 AM
AGE: 18

POWER: OFF

+++ LOW TEST RELIABILITY +++

GHT
WITHIN NORMAL LIMITS

VFI 97%

MD -0.57 DB
PSD 1.87 DB P < 10%

TOTAL DEVIATION

PATTERN DEVIATION

:: < 5%
:: < 2%
:: < 1%
:: < 0.5%

KAISER-FONTANA
WF3R

SINGLE FIELD ANALYSIS

EYE: LEFT

NAME [redacted]

ID:

DOB: 10-02-1970

CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 2/15
FALSE POS ERRORS: 0 %
FALSE NEG ERRORS: 4 %
TEST DURATION: 05:00

STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD

PUPIL DIAMETER: 3.4 MM
VISUAL ACUITY:
RX: OS OC X

DATE: [redacted]
TIME: 4:32 AM
AGE: 18

POWER: OFF

GHT
BORDERLINE

VFI 96%

MD -1.84 DB P < 10%
PSD 2.02 DB P < 5%

TOTAL DEVIATION

PATTERN DEVIATION

:: < 5%
:: < 2%
:: < 1%
:: < 0.5%

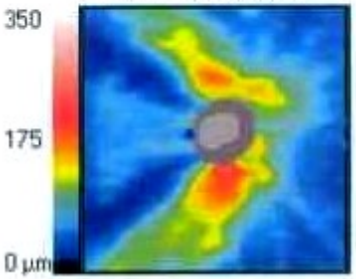
KAISER-FONTANA
WF3R

			OD	OS	
Name:	[redacted]				OCT
ID:		Exam Date:	5/29/2012	5/29/2012	CZMI
DOB:	10/2/1970	Exam Time:	12:19 PM	12:20 PM	
Gender:	Male	Technician:	Operator, Cirrus		
Doctor:		Signal Strength:	8/10	8/10	

RNFL and ONH:Optic Disc Cube 200x200

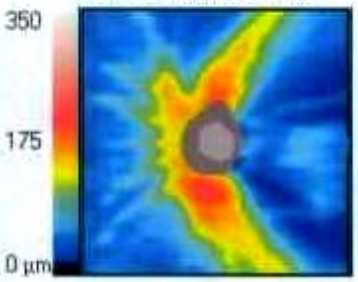
OD ● | ● OS

RNFL Thickness Map

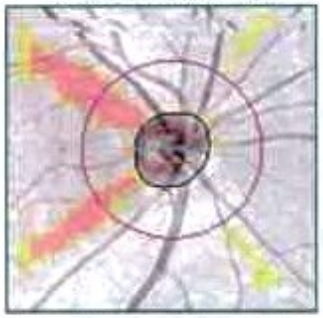


	OD	OS
Average RNFL Thickness	83 µm	87 µm
RNFL Symmetry	90%	
Rim Area	1.05 mm²	1.19 mm²
Disc Area	1.71 mm²	1.78 mm²
Average C/D Ratio	0.61	0.56
Vertical C/D Ratio	0.62	0.53
Cup Volume	0.175 mm³	0.116 mm³

RNFL Thickness Map

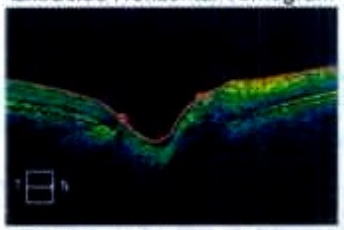


RNFL Deviation Map



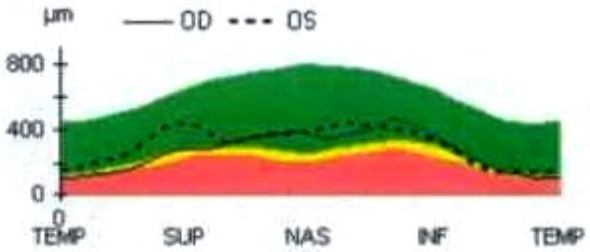
Disc Center (0.18,0.21) mm

Extracted Horizontal Tomogram

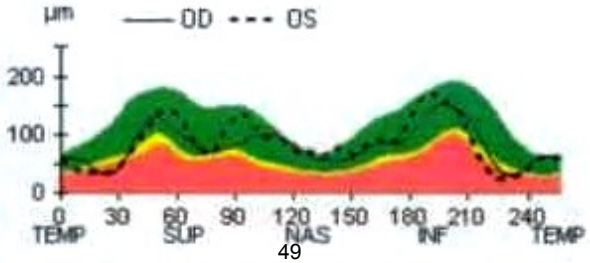


Extracted Vertical Tomogram

Neuro-retinal Rim Thickness



RNFL Thickness



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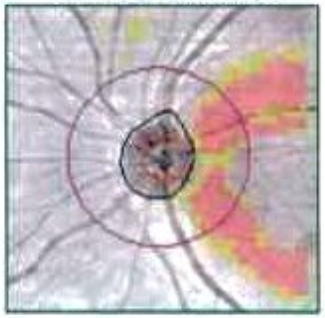
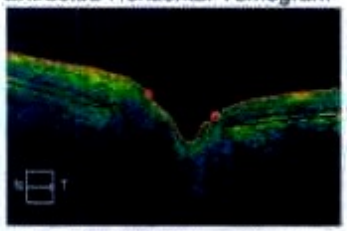
RNFL Deviation Map

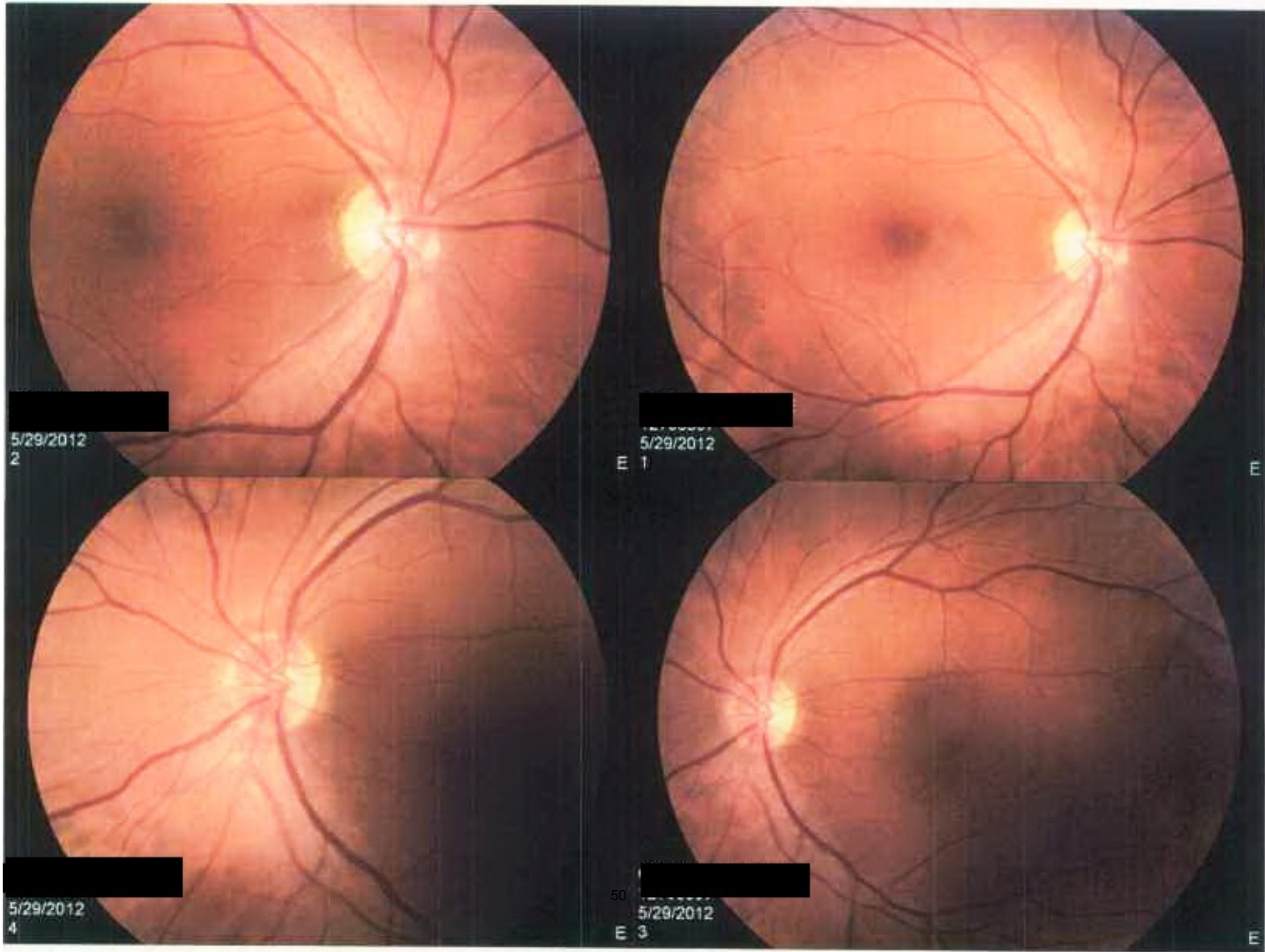


Disc Center (-0.09,0.06) mm

Extracted Horizontal Tomogram



Extracted Vertical Tomogram


5/29/2012
2
5/29/2012
E 1
E
5/29/2012
4
5/29/2012
E 3
E

1YEAR LOW VISION FOLLOW-UP

CC: Be able to read better, has HH mag has readers +5.00, out of work for 1 yr due to vision

Unaided Distance VA: OD 20/20, OS 20/20

Subjective: OD PLO 20/20

OS PLO 20/20 near 20/20 slow

Near low vision aids tried:

4x stand LI 9524W

6x LI9527W both resulted in 20/30 slow VA

- +4.00 and +6.00 ½ eye prism readers all gave 20/30 slow VA with not much improvement

Final rx: +1.25 in SV readers with option for +1.75 in progressives.

Summary: permanent central loss affecting near VA

What else could have been done for the patient?

Curriculum Vitae

Joshua Prager O.D.

Kaiser Permanente Riverside Medical Center

Department of Optometry, 5th Floor MOB 2

10800 Magnolia Avenue

Riverside, CA 92505

March of 2014 – Present: Partnered with CentraSight and Kaiser Riverside Ophthalmology Team in evaluating patients for consideration in implanting miniature telescopes in patients with Macular Degeneration (both pre and post operatively)

March 1, 1998 – Present: Optometrist with specialty in Low Vision (Kaiser Permanente Riverside Medical Center)

February 29, 1988 – February 27, 1989: Optometrist with specialty in Low Vision (Kaiser Permanente Fontana Medical Center)

December 1987 – February 1988 Optometrist at For Eyes Optical (Commercial Optometry Establishment) at several different locations in Southern California

July 1, 1986 – June 30, 1987 – Low Vision/Rehabilitative Optometry Residency at the West Haven, CT Veterans Hospital (Eastern Blind Rehabilitation Center)

August 1982 – May 1986 – Student at the Southern California College of Optometry (now called Marshall B Ketchum University) in Fullerton, CA

DIANA J. LEE, OD

1249 Athens Ave., Placentia, CA

Experience

1996- Present Southern California Permanente Medical Group
Walnut, CA

Worked in Fontana and Ontario Medical clinics:
Did general optometry as well as Low Vision, served
As local Kpasco optometry representative, Coordinator for
Low vision regional meetings

1993-1995 FHP Incorporated, Cerritos, CA

Per Diem optometrist on call at various facilities in Los Angeles and Orange Counties. Performed comprehensive dilated exams.

1993-1996 Dr. Alan Cooperman, Riverside, CA

Part-time optometrist at Locations in Riverside and Laguna Beach.

1993-1994 Drs. John Nelson and Phillip Endicott

Rowland Heights, CA

Part-time optometrist

1992-1993 Iris Kaufman, MD, Orange, CA

Supervised all aspects of the Contact lens Department, from examinations and training to ordering supplies, evaluating fees, polishing lenses, and dealing with distributors. Performed routine dilated exams.

1992-1993 Drs. William Coleman and Lawrence Young

Fontana, CA

1986-1992 Charles Jansen, OD, INC., Riverside, CA

Primary care optometry with emphasis in contact lenses including fitting of toric and bifocal contacts. Developed a patient base and name recognition among new and current patients. Initiated use of various low vision aids into the office. Assisted in training of contact lens technicians and handling of contact lens orders. Performed exams in Spanish. Handled overall services of dispensing and repair.

1985-1987 Jack C. Melmed, OD, South Gate, CA

Conducted exams in Spanish.

Education

OD, Optometry 1985
Southern California College Of Optometry

B.S., Cum Laude, Visual Sciences 1982
Southern California College of Optometry

B.A. , Biology, Minor Chemistry 1978
California State University, Fresno
Fresno, CA

Professional Activities, Awards and Affiliations:

California Optometric Association member 1985-1996

Fellowship of Christian Optometrists, 1990-1994

Clinical Associate, Optometric Extension Program, 1983-1990

Co-President, Christian Optometric Society, SCCO 1981-1985

Treasurer, Toastmaster's International, SCCO, April 1985

Skeffington-Alexander Award, Second Place, April 1985 for Senior research, " Bifocal Add Determination Using lens Generated Fixation Disparity Curve"

Licensure:

Licensed Registered Optometrist, California Opt 8266
TMOD August , 1992
Glaucoma Certification, October 2014

CURRICULUM VITAE OF GARY W. ASANO, O.D.,F.A.A.O.

EDUCATION

B.S. Biological Sciences, University of Southern California, 1974

O.D. Southern California College of Optometry, 1978

PROFESSIONAL DISTINCTIONS

ORGANIZATION/LEADERSHIP

Chief of Optometric Services, Center for the Partially Sighted, 1987-91

Coordinator, Career Access for the Partially Sighted Program, Center for the Partially Sighted, 1992-99

Chairperson, California Low Vision Rehabilitation Task Force, 2000-06 (held 8 meetings of Low Vision ODs in So CA, up to 18 in attendance)

Alumni Association Area Representative, SCCO/South Bay Optometric Society, 2005-09

Vice Chair, Region IV American Academy of Optometry Fellow Admittance Committee, 2007-08

Organizer of proposed COA Low Vision Rehabilitation Section Optometric Interest Meetings- San Diego (March, 2007), Los Angeles (April, 2007), Berkeley (June, 2007)- total 26 in attendance

Organizer of COA Low Vision Rehabilitation Section Prospective Membership OD listing (65 ODs), presented to COA Board of Trustees, September, 2008

Principal organizer of Proposed state Low Vision Symposium @Western University of Health Sciences, August, 2009 (cancelled by COA)

Organizer of proposed Low Vision Rehabilitation Section telephone conference calls (2) in January, 2010

Chair, Low Vision Rehabilitation Section, California Optometric Association, 2010-2014

Chaired First Annual Meeting of the Low Vision Rehabilitation Section, COA in Ontario, CA- 1/29/2010

Organizer of Low Vision Rehabilitation Section Meetings, COA @ Indian Wells and Western University of Health Sciences-4/9-4/10/2010

Organizer of proposed Low Vision Rehabilitation Section column in CA Optometry for 2011 publication year- October, 2010

Organizer of Low Vision Rehabilitation practitioner meeting @ American Academy of Optometry, San Francisco- 11/19/2010

Chaired Second Annual Meeting of the Low Vision Rehabilitation Section, COA in Visalia, CA- 2/4/2011

Co-Organizer and Faculty for First Annual So. CA Kaiser Permanente Low Vision Optician Workshop-2/21/2011

Chaired Third Annual Meeting of the Low Vision Rehabilitation Section, COA, in Sacramento, CA-2/10/2012

Organizer of Ocutech Low Vision workshop-Sacramento, CA 2/10/2012 and City of Industry, CA 6/2/2012

Organizer of Designs for Vision workshop-Tustin, CA 11/4/2012

Chaired Fourth Annual Meeting of the Low Vision Rehabilitation Section, COA, in Universal City, CA-2/8/2013

Organizer of Presentations by Younger Lens Optics, Enchroma, Jasper Ridge Co. - Universal City 2/9/2013

Co-Organizer and Faculty for Second Annual So CA Kaiser Permanente Low Vision Optician Workshop- 2/20/2013

Organizer of Presentations by Centrasight, Humanware and California Telephone Access- Chatsworth, CA-10/13/2013

Organizer of Optelec & Low Vision Brainstorming idea Workshop-Pasadena, CA-03/02/2014

Chaired Fifth Annual Meeting of the Low Vision Rehabilitation Section, COA , in Indian Wells 4/4/2014

Co-organizer of Presentations by Humanware, Berryessa Designs, Oculus Instruments, Jasper Ridge, Inc.-Newport Beach, CA 6/22/14

Coordinating Council, American Optometric Association Vision Rehabilitation Section, Member at Large October, 2014-present

Co-Organizer of Presentations by Designs for Vision, Centrasight, Driving Fitness Evaluations- City of industry, CA 11/02/14

Member-At-Large, Council of the Vision Rehabilitation Section, American Optometric Association, October, 2014- present

Co-Organizer of Presentations by Enhanced Vision, Adaptive Voice, Designs for Vision- Huntington Beach, CA 3/8/15

FACULTY/TEACHING ASPECTS

Expert Examiner, California State Board of Optometry, 1985-86

Adjunct Clinical Faculty, Southern California College of Optometry, 1992-present. SCCO Residency and Internship Faculty

Co-Preceptor of Low Vision Residency, Center for the Partially Sighted, 1992-present

Adjunct Clinical Faculty, Clerkship Preceptor Program, Western University of Health Sciences, College of Optometry, 2009-2011, 2014

So. CA Kaiser Permanente ad hoc low vision instructor to staff ODs starting new low vision clinical services, 2008-present

Part-time Optometric Lab (PPO5) Instructor, Western University of Health Sciences, College of Optometry, January-March, 2011

Assistant Professor, Southern California College of Optometry, 2011- present.

Low Vision Coordinator at University Eye Center of Los Angeles, 2011-May, 2014

Coordinator of SCCO 4th year Externship Program, Center for the Partially Sighted, 2011-present

AWARDS

Bartley Optical Developmental Vision Award, Southern California College of Optometry, 1978

Recipient, Los Angeles County Volunteer of the Year Award, 1991

Grant awardee research on "Farnsworth D-15, CPF and Maculopathies-from the CA Chapter of the American Academy of Optometry- Nov., 1994

Mentor of the Year Award, University of Southern California Asian-Pacific Association of Students Connections Program- 2004

California Optometric Association "Presidential Citation" presented at COA House of Delegates for Chair of Low Vision Rehabilitation Section- Feb. 2010, Feb. 2011, Feb. 2012, Feb. 2013

Neuro-Optometric Rehabilitation Association Recognition Certificate- April, 2013

LECTURES/PRESENTATIONS

Clinical Paper presented the American Academy of Optometry, Vision Science Section, "Use of the Farnsworth D-15 and CPF Lenses in Diabetic Retinal Edema, Denver, CO-December, 1987

Lectures on Low Vision Optometric Services at the Center for the Partially Sighted to University of California, Los Angeles, Jules Stein Eye Institute ophthalmological residents, 1983-1993

Lecture at Discovery '97'"Low Vision Care for the Neglected Working Age Population", Chicago, IL-October, 1997

Lecture at 1998 International Conference on Technology and Persons With Disabilities on Low Vision, Los Angeles, CA- March, 1998

Co-Lecturer at 1999 Intenational Low Vision Symposium, New York City-July,1999

Lectures on Low Vision at 1999 Sensory Access Conference, Palo Alto, CA-September, 1999

Lecture on Low Vision to South Bay Optometric Society-October, 1999

Lecture at Optowest California Optometric Association- "Low Vision Rehabilitation", Long Beach, CA-March, 2000

Lecture at Jules Stein Eye Institute, Univ. of California, Los Angeles Grand Rounds-Featured Speaker-"Low Vision Care", Los Angeles-October, 2003

Presentation, Author of Resolution for California Association House of Delegates as member of South Bay Optometric Society (requesting recognition of the American Academy of Optometry)-passed February,2006

Presentations to Low Vision Rehabilitation Study Group (Don Fletcher, M.D. moderator)- Feb. 2006, 2007, 2008, 2010, 2012, 2013, 2014

Presentation, Author of Resolution to California Optometric Association House of Delegates as member of South Bay Optometric Society (requesting recognition and formation of state low vision committee)- passed- February, 2007

Lecture on Spectacle Reading Telescopes to So. CA Kaiser Permanente Low Vision Optometric Meeting-Feb., 2007

Panel Speaker- University of California, Los Angeles, Pre-Optometry Club Career Day, March, 2007

Presentation, Author of Resolution proposing formation of Low Vision Rehabilitation Section-presented to California Optometric Association President's Council, passed-October, 2007

Lecture on Corning CPF filters in Prescribing Regimen to So. CA Kaiser Permanente Low Vision Optometric Meeting-October, 2007

Lecture- "Low Vision Care for the Primary Care O.D."-Inland Empire Optometric Society, Ontario, CA-October, 2008

Guest Speaker-University of California, Los Angeles, Pre-Optometry Club- May, 2007, March, 2008 and February, 2009

Requested Low Vision Lecturer- California Optometric Association Monterey Symposium- March, 2008

Presentation, Author of California Optometric Association House of Delegates, Bylaws Amendment/Policy Resolution to form Low Vision Rehabilitation Section, unanimous passage- January, 2009

Lecture at Envision 2009, "Fields, Filters & Fitting the Prescribing Regimen to the Low Vision Patient", San Antonio, TX-Sept, 2009

Lecture on Low Vision Spectacle Prescribing to So. CA Kaiser Permanente Low Vision Optometric Meeting- October, 2009

Requested Low Vision Lecturer-California Optometric Association Monterey Symposium 2009, Optowest 2010

Lecture at So. CA Kaiser Permanente Inaugural Low Vision Optician Workshop on "Low Vision prescribing aspects"- Feb. 21, 2011

Lecture at Optowest, California Optometric Association- "Innovative lenses Applied to Low Vision Care"- April, 2011 "Introduction to Technological Advances in Low Vision Care"- April, 2011 "Fields, Filters & Fitting the Prescribing Regimen to the Low Vision Patient"-April, 2011

Lecture on Individual prescribing utilizing fields and filters to So. CA Kaiser Permanente Low Vision Optometric Meeting-May, 2011

Lecture on "Introduction to Low Vision Care" to SCCO Private Practice Club students- Mar. 6, 2012

Accepted lectures (4 hrs.) for Envision 2012-St. Louis, MO., March, 2012

Lecture "Mainstream Lenses in Low Vision Care"-South Bay Optometric Society Dinner Meeting, August, 2012

Lecture at Western University of Health Sciences College of Optometry-"Low Vision as a Practice and Profession Builder"-Private Practice Club, September, 2012

Lecture "Practical Aspects of Low Vision Care"- Southern California College of Optometry 'World Sight Day', October, 2012

Lectures at Kaiser Permanente Low Vision Optician Workshop, Feb., 2013

Lecture at Envision 2013 "How do Fields and Filters Help Prescribe in Low Vision Care"- Minneapolis, MN, September 2013

Lecture at Envision 2013 "How Do Mainstream Lenses Have a Low Vision Application"- Minneapolis, MN, September 2013

Lecture at UC Berkeley School of Optometry student meetng- "Low Vision as a Practice Builder and Profession Builder"- under auspices of California Optometric Assoc. (50 students attending) September, 2013

Filming of Video on Low Vision at UC Berkeley School of Optometry-California Optometric Association Communications Division September, 2013

Lecture at Southern California College of Optometry 'Clinical Topics, 2013'- Utilizing Mainstream Lenses in Low Vision Rehabilitative Care" November, 2013

Requested lecturer for Ophthalmology, 2014 in Baltimore, MD, July 2014

Lecture at Western University of Health Sciences, College of Optometry students- "Introduction to the COA Low Vision Rehabilitation Section Student Membership" (98 students attending) February, 2014

Lectures for Envision Conference 2014, "Are We Really Doing the Best for our Patients"-September, 2014

Lecture for Envision Conference 2014, "How Do Mainstream Lenses Have A Low Vision Application"-Sept.,2014

Lecture for American Academy of Optometry Annual Meeting "Why Mainstream Lenses Have An Application to Low Vision"-November, 2014

PUBLICATIONS

"Heredity of Congenital Esotropia", Journal of the American Optometric Association, April,1979

Low Vision Poster at American Academy of Optometry, Seattle, WA-December, 1998

Low Vision Poster at American Academy of Optometry, Philadelphia, PA-December, 2001

Collaboration with Elizabeth Brutvan, Ed.D, Executive Director of COA on "The Back Page" article urging the formation of the Low Vision Rehabilitation Section- CA Optometry, November/December, 2008

Contributor, California Optometric Association Low Vision Rehabilitation Section Newsletter, 2009-present

"A Day in the Life"-author of CA Optometry Low Vision Rehabilitation Section column article- Jan./Feb., 2011

California Council of Low Vision Impairment textbook article contributor, "Filters for Low Vision Patients"-March, 2011

"Mainstream Lenses for Low Vision Care"-author of CA Optometry Low Vision Rehabilitation Section article-Jan./Feb., 2012

"The Case of the Suddenly Monocular Patient"-author of CA Optometry CE@Home article-March/April, 2013

Author of AOA Vision Rehabilitation Section Newsletter CA State Report-Feb., 2012 June, 2012, Dec., 2012, May 2013, October 2013, March, 2014 issues

"When is a tint not just for sunglasses?"-author of CA Optometry Low Vision

Rehabilitation Section aricle-March/April, 2014

RESEARCH

FDA Contact Lens Clinical Investigator, Boston II RGP, 1984-85; Optacryl F RGP, 1986-88

FDA Phase IIIb Investigator-Implantable Miniature Telescope IMT-002C, Los Angeles, CA clinical site, 2006

Optometric advisor for prototype reading lens system "MacVision" for macular degeneration patients-Select University Technologies, Irvine, CA and University of New Mexico Dept. of Astronomy, 2007-10

VisionCare Technologies Centrasight Implantable Miniature Telescope Clinical Site Optometry Panel, Center for the Partially Sighted, 2010-present

Prototype development of low vision testing devices, Richmond Products, Albuquerqe, NM- 2010-present

Study of color filters/etiologies in conjunction with Berryessa Designs Co. "Junior" LED desk lamp, 2011-present

COMMITTEES

Southern CA Association of Student Health Professionals 1976-78

Fellow Admittance Committee, Region IVB, American Academy of Optometry, 2001-09

So. CA Kaiser Permanente Low Vision Planning Subcommittee, 2009-present

COA Low Vision Rehabilitation Section, Communications/PR Committee 2010

Envision Conference Clinical Education Peer Review Committee for Envision University-2013, 2014, 2015

VOLUNTEERISM

University of Southern California- USC Tutorial Project-underprivileged elementary school volunteer tutor, 1972-74

University of Southern California-Asian American Tutorial Project-underprivileged elementary school volunteer tutor, 1971-73; high school volunteer tutor, 1973-74; Coordinator of Dental Hygiene Clinic program, 1973-74; Coordinator of Keiro

Convalescent Hospital volunteer program, 1973-74; Founder & organizer of Los Angeles Chinatown elementary school student optometric screening program in affiliation with Project Concern, So. CA College of Optometry, 1973-75; Founder and coordinator of optometric care of above tutees at the Optometric Center of Los Angeles, SCCO, 1973-75

Volunteer for numerous Lion's Eyemobile Screenings- 1994-present locations-Redondo Beach Senior Health Fair, Harbor College, Simi Valley, Lomita, Torrance, Hermosa Beach, Santa Monica, Long Beach

Mentor, University of So. California Asian-Pacific Alliance for Student Services, 2001-present

Volunteer for Los Angeles County Optometric Society Diabetic Vision Screening at Olvera Street Diabetic Health Fair, i.e.,American Diabetes Association Feria de Salud, November- 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2014

Volunteer for San Gabriel Valley Asian Multiply Handicapped Children's Health Fair-October, 2007

Volunteer at Regional Access Medical (RAM) Health Clinic-Los Angeles, CA, April-May, 2010 (23 hours) (ad-hoc SCCO, WUHSCO student preceptor)

Volunteer at Care Now Health Clinic-Los Angeles, CA October, 2011 (10 hrs.)

Volunteer at Care Harbor Clinic-Los Angeles, CA September, 2012 (17 hrs.)

Volunteer at Care Harbor Clinic-Los Angeles, CA, November, 2013 (14 hrs.)

Interviewer of Western University of Health Sciences, College of Optometry applicants-for classes of 2013, 2014, 2015, 2016, 2017

Interviewer of Southern California College of Optometry applicants-class of 2016, 2017

ATTENDANCE AT PROFESSIONAL MEETINGS

California Optometric Association Low Vision/Vision Therapy Conferences, San Jose, 1979-1991

Southern California Behavioral Vision Forum 1978-87

American Academy of Optometry Annual Meeting-1979,1984,1987, 1991, 1999-2010, 2012, 2014

California Optometric Association Optowest 1979-present (various years)

Southern California Low Vision Consultants quarterly meetings, 1979-83

California Optometric Association Monterey Symposium, 1991-present (various yrs.)

California Optometric Association House of Delegates-1992,1999,2006-present (South Bay Optometric Section Delegate, Low Vision Rehabilitation Section Delegate)

American Optometric Association Low Vision Section State Affiliate representative meetings-2002, 2004

California Optometric Association Keyperson/Legislative Day, Sacramento, 2004-present

Low Vision Rehabilitation Study Group (Don Fletcher, M.D.), San Francisco, 2006-08, 2010, 2012-14

So. CA Kaiser Permanente Low Vision OD Meetings, 2006-present (semi-annual)

Western University of Health Sciences, College of Optometry Preceptor Day, 2010

PROFESSIONAL MEMBERSHIPS

American Optometric Association, 1978-present

California Optometric Association, 1978-present

Los Angeles County Optometric Society, 1978-1980

South Bay Optometric Society, 1980-present (executive board 1981-84)

Lion's Club of Harbor City-Lomita, 1980-2012

American Academy of Optometry Fellow, 1987-present

AOA Multidisciplinary Practice Section, 1981-99

AOA Contact Lens Section, 1983-2007

Charter Member Low Vision/Vision Rehabilitation Section, 1983-present

American Public Health Association, Vision Care Section, 1981-94

International Society of Low Vision Rehabilitation, 2000-08

Asian American Optometric Society, 1978-present (executive board 1979-85)

Low Vision Rehabilitation Section, California Optometric Association, 2009-present (Chair, 2010-2014, Vice Chair-present)

PROFESSIONAL HISTORY

Associate Practice with Rodger Kame, O.D.,FAAO, 1978-1980

Associate Practice with Ernest Nankas, O.D, 1978-1981

Associate Practice (convalescent hosp, home visits) with Myron Levine, O.D., 1978-1986

Solo Private Practice, Torrance, 1980-1994

Shared Overhead Private Practice with Albert Chun, O.D, FCOVD, Torrance, 1994-2006

Staff Low Vision Rehabilitation-Center for the Partially Sighted, 1981-present

Staff Low Vision Rehabilitation, Los Alamitos Hospital, 1985-87

Staff Optometrist- Kaiser Permanente, LA Metro, Oct., 2006-present

Staff Optometrist- Kaiser Permanente, Bellflower, Oct., 2007-2014

Therapeutic Management of Ocular Disease Certification Course-So CA College of Optometry-1997

Treatment and Management of Glaucoma Certification Course-SCCO 2004; Case Management of Glaucoma Certification Course-SCCO 2012

Associate Private Practice with Avani Patel, O.D.,FAAO- Los Alamitos, 2006-2011

Employer of associate ODs- T. Namba, O.D., P. Woo, O.D., D. Goya, O.D.,.S. Smithsuvan, O.D., N. Ng, O.D.,1983-1994

PROFESSIONAL LICENSURES

California, license #06394T, September, 1978-present

Washington, license #1192, September, 1978-February, 2005

CPR, First Aid Certified

Birthplace: Los Angeles, CA

Date of Birth: Feb. 6, 1953

United States of America citizen

Residence: 1809 Manzanita Lane
Manhattan Beach, CA 90266

Telephone: (cell): (310) 966-7573 (home): (310) 545-7119

E-mail: g.asano@verizon.net

References on request

Leslie J. Purcell
7248 Arpege Road
San Diego, CA 92119
(619)464-5020

Professional Experience:

- Southern California Permanente Medical Group

  4405 Vandever Ave. San Diego, CA 92120
  Full time staff optometrist, Low Vision provider, Continuing Education Coordinator. Full-scope primary care optometry, low vision, treatment and diagnosis of ocular disease, binocular vision disorders in a high volume, multidisciplinary setting.
  July 1989 to present.

- Naval Hospital San Diego Optometry Clinic

  San Diego, CA 92134-5000
  Full time staff optometrist, Director of Low Vision program, Clinical Supervisor to optometric externs, and Staff Continuing Education Coordinator. Full-scope primary care, routine and specialty contact lens fitting, low vision and limited vision therapy.
  October 1986 to July 1989.

- Southern California College of Optometry

  2575 Yorba Linda Blvd., Fullerton, CA 92631
  University Outreach Program adjunct faculty advisor.
  Academic year beginning Fall 1988 to July 1989.

- Drs. Farkas, Kassalow and Farkas, P.C.
  30 East 60th St., New York, NY
  Contact lens technician
  September 1983 to July 1985.

- CVS Pharmacy
  253 Main Street, Johnson City, NY
  March 1982 to September 1982.

Education:

- State University of New York College of Optometry
  100 East 24th St., New York, NY 10010
  Graduated May 1986 with a Doctorate of Optometry

- State University of New York at Binghamton
  Binghamton, New York
  Graduated with Honors, May 1982 with a B.S. in Biochemistry
  Phi Beta Kappa

Professional Licensure:

- California #8685-T, G

- New York #T004763