



"My very earliest memories are of watching my father study — he had his stack of law books on the kitchen table while I sat across from him with my stack of coloring books." - Ketanji Brown Jackson



The Walton Lighthouse was built to withstand a quarter million pounds of wave energy.

Auroral Announcement

Lastacraft (by Allergan) is now available OTC as of 3/15/22.

Ignited Index

Forward Focus: [President's Council](#)
Education Emanation: [Dr. Shelby Potkin](#)
Internet Incandescence: [Facebook Groups](#)
Legislation Lamp: [House of Delegates](#)
Illuminating Instances: [Bilateral IN Quadrantanopia](#)
Scintillating Societies: [Upcoming CE Seminars](#)
Luminous Locations: [Monterey Zoo](#)
Gleaming Gear: [Katena 4-Mirror Gonio Lens](#)
Vespertine Veneration: [Dr. Benjamin Kohn](#)

Candent Community Calendar

5/5, 5/7: [Monterey Peninsula Voices](#) (Carmel, Salinas)
5/7: [Tannery Arts Center spring art market](#) (Santa Cruz)
5/12-5/15: [Salinas Valley Fair](#) (King City)
5/13-5/15: [27th Carmel Art Festival](#) (Carmel)
5/21, 5/22: [Carmina Burana by Santa Cruz Symphony](#)
5/26-5/29: [California Roots](#) (Monterey)
6/4-6/5: [Redwood Mountain Faire](#) (Felton)
6/11-6/12: [Artichoke Festival](#) (Monterey)
6/18: [Garlic City Car Show](#) (Gilroy)

Opalescent Optometry Occasions

5/16: CE x COA - A Day in the Life of a Clinical Educator: Updates on COVID and the Eye - Judy Tong, OD, FAAO
6/27: Leg Day in Sacramento
7/18: CE x COA - TBA

FORWARD FOCUS: President’s Council

Dr. Kasey Nakajima attended President’s Council and had two major takeaways:

1. VSP Global rebranded to VSP Vision, which is the same organization but with a new name and logo. Healthy Eyes Advantage (HEA) had acquired Professional Eye Care Associates of America (PECAA).

2. The spring survey indicated that the biggest concerns for ODs right now are staffing, healthcare, and retirement plans. COA is going to try to advocate that some solutions to these types of issues are actually provided as member benefits. The survey also indicated that cost/perceived benefit of membership was the biggest factor in not joining COA.

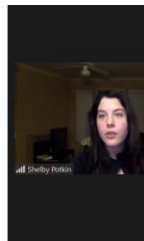
EDUCATION EMANATION: Dr. Shelby Potkin

For the March MBOS virtual CE, Dr. Shelby Potkin discussed eyelid lesions. She covered a wide variety, with a focus on which may be or become malignant.

If a bump has been stable, it’s usually OK to photograph it and monitor for change, but if it is growing fast, refer to an ophthalmologist for a biopsy.

Features suspicious for malignancy

- Ulceration, chronic non-healing
- Bleeding, crusting, drainage
- Local destruction
- Madarosis
- Heaped up, pearly lesions with central ulceration
- Feeder vessels
- Firm, fixed lymph nodes



(Interestingly, I had seen this patient with a Goldenhar cyst around the time of Dr. Potkin’s lecture. I sure didn’t remember that from optometry school, and had never seen one before, but Dr. Potkin had mentioned it during her lecture. What a timely coincidence.)



INTERNET INCANDESCENCE: Facebook Groups

While ODs on Facebook has grown to be a massive group, even sponsoring Vision Expo events, there are many other smaller Facebook groups for almost any subspecialty of optometry you might be interested in. I’m currently a member of some scleral contact lens and OCT groups where members post cases, questions, and general info which is often very helpful.

Zenlens Club

Private group · 751 members



OCT Connect

Private group · 8.5K members



They can be a great resource, and I actually prefer the smaller groups so my feed isn’t overrun with their posts (I still like to see what my friends are up to).

LEGISLATION LAMP: House of Delegates

This year’s House of Delegates was held virtually and was attended by Dr. Kasey Nakajima, Dr. Jonovan Ottenbacher, Dr. Trevor Fogg, and Dr. Robert Theaker of the Monterey Bay Optometric Society.

The meeting opened with a review of the many virtual events held in 2021, followed by a history of COA, starting in 1945 when there were only two staff.



A treasury report by Dr. Candi Kimura informed us that revenue had increased, and while dues-paying membership grew 3%, there are 38 fewer members paying dues as there are more life/retired members. Mercer and HEA are major COA partners, and the COA building was sold for \$1.75 million as the staff has been working from home effectively for 2 years.



Kristine Shultz, the COA executive director, informed us that the COA plans to work on communication, connection, and value in 2022.

This was followed by questions for the board of trustees candidates covering membership growth, scope legislation, telehealth and AI in eyecare, and the greatest challenge and opportunity facing COA.

2022 ADVOCACY PRIORITIES



01. Scope of practice expansion
02. Medi-Cal reimbursement rates
03. OD choice outside of the PIA for Medi-Cal eyeglasses
04. Waive licensing fees for all active duty ODs

Dr. Dave Redmond, chair of the advocacy group, mentioned that all 3 bills sponsored by COA last year passed. He encourages you to create relationships with your legislators and educate them on optometry in general and issues we care about by following them on social media, attending events they have, and volunteering on boards they are involved in.

Dr. Steve Minie discussed the AOA PAC board and the federal relations committee with a focus on peer-to-peer contact and raising funds.

Kristy Nguyen and Biviana Lie reviewed the COA Young Advocate Program, and then the 2021 COA awards were presented, which included Dr. Stevin Minie winning OD of the Year.

On the second day, a presentation on diversity was given. Shara Murphy, executive director of the California State Board of Optometry, educated us on their plans for the year. Dr. Robert Layman, AOA President, talked about nationwide advancements, Dr. John Rosten chaired the annual meeting of the Public Vision League, and Oriana John asked for volunteers for Healing California. The meeting closed with the installation of new officers and a COA President address by Dr. Amanda Dexter.

PRESIDENT: AMANDA DEXTER, OD, FAAO
PRESIDENT-ELECT: CANDI KIMURA, OD
SECRETARY-TREASURER: CHRIS GEE, OD
TRUSTEES:
DR. CHRIS FISHER
DR. RACHELLE LIN
DR. MICHAEL MENDOZA

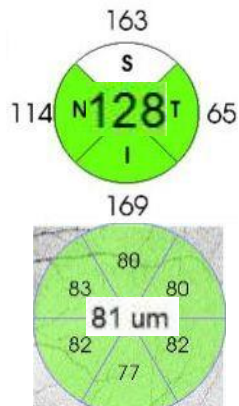
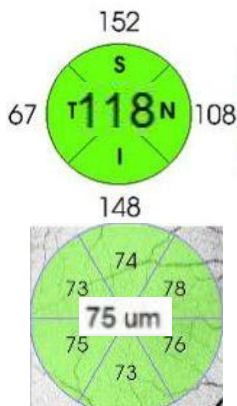
ILLUMINATING INSTANCES: Bilateral IN Quadrantanopia

This 60-year-old male patient had been using drops for glaucoma for over a decade before I saw him. However, a dilated fundus exam revealed what appeared to me to be physiological, not glaucomatous, cupping, which seemed to be confirmed by the OCT results. His IOPs on drops were in the low teens, and his CCTs were around 530 OU.

Right optic disc, RNFL, and GCL



Left optic disc, RNFL, and GCL

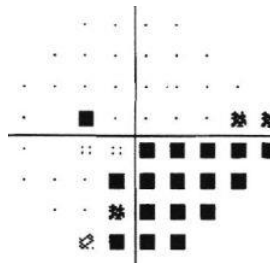


The confounding factor was his visual fields, which, in reviewing his past results, revealed a stable bilateral inferior-nasal quadrantanopia. However, the totality and both horizontal and vertical midline respect seemed unlikely for glaucoma. A past MRI of the brain to rule out a CVA or mass was negative (a past doctor was also rather suspicious of the unusual VFs). I referred him to ophthalmology for a second opinion.

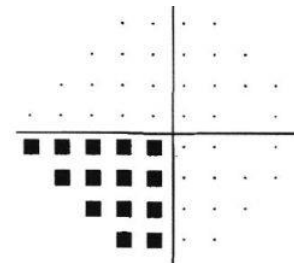


Spelling bee: I'm pretty sure I was taught "quadrantanopsia" in optometry school, but if you Google that, Google asks you if you meant "quadrantanopia." The version without the "s" gives 60,000 results versus 40,000 with, and PubMed, Review of Ophthalmology, and Review of Optometry follow that same approximate trend, favoring no "s" by 3:2 to 2:1.

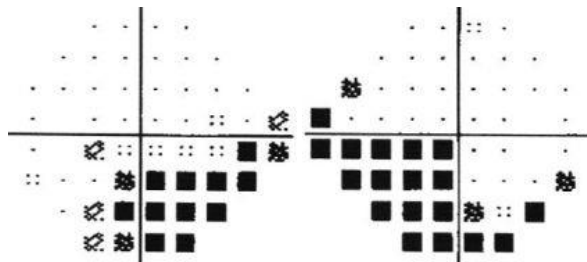
Left visual field



Right visual field

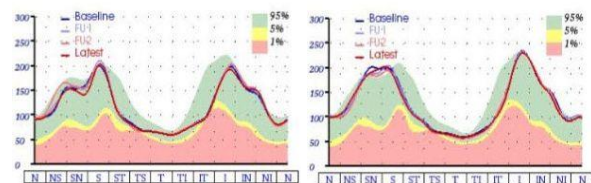


A few years later (multiple VFs were largely stable over the years)



The ophthalmologist thought the visual fields suggested a chiasmal compression and referred the patient for another brain MRI, along with stopping the glaucoma drops. The brain MRI was again negative. The patient's IOPs have remained in the low teens off drops, and his OCTs and visual fields have remained stable for multiple years now.

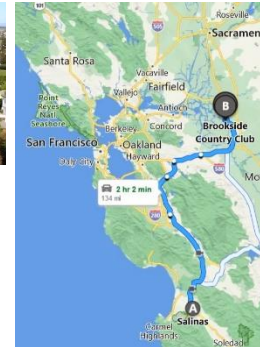
OCT non-progression over four years, right and left eye



After seeing several optometrists, ophthalmologists, and neurologists over 10 years, we still don't know the cause of the patient's visual field loss. An online search revealed similar results after pseudotumor cerebri or hypoxia, but this patient denies a history of either. So for now, we are monitoring the patient with OCTs and visual fields but without any drops.

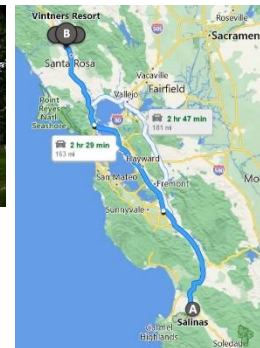
SCINTILLATING SOCIETIES: Upcoming CE Seminars

Spring Fling by the **San Joaquin Optometric Society**
6 hours of CE followed by either **wine tasting or golf**
Sunday, May 22 in **Brookside Country Club** in **Stockton, CA**
Breakfast, lunch, and wine tasting or golf included
 CE schedule:



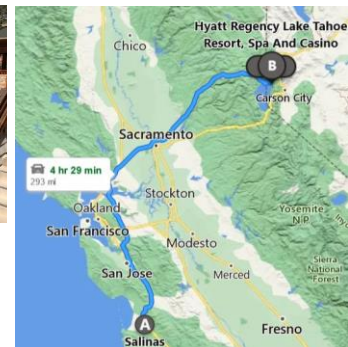
Refractive Surgery Update by Dr. Julio Narvaez, MD
Emerging Therapies for Macular Degeneration by Dr. Tony Tsai, MD
New Treatment Paradigms in Glaucoma by Dr. Daniel Choi, MD
A Primer on OCT in the Glaucoma Clinic by Dr. Daniel Choi, MD
 Register at <https://sjos.org/ce/>

Wine Country CE by the **Redwood Empire Optometric Society**
6 hours of CE with **wine tasting**
Sunday, June 12 at **Vintners Resort** in **Santa Rosa, CA**
Breakfast, lunch, and wine tasting included
 CE schedule (by Dr. Paul Karpecki, OD):



What's New in Ocular Surface Disease
The Seven Habits of Highly Successful Anterior Uveitis Management
New Pharmaceuticals and Their Clinical Applications
Ocular Health, Nutrition and Wine
 Register at <https://www.reosvision.com/wine-country-ce>

Tahoe Summit CE by the **Sacramento Valley Optometric Society**
12 hours of CE
Friday, July 22 – Sunday, July 24 at the **Hyatt Regency Lake Tahoe Resort and Spa** in **Lake Tahoe, CA**
Breakfast and lunch included
 CE schedule:



Ophthalmic Trauma Tips by Dr. Bozung
Orbital Disease by Dr. Bozung
The Eye ER: Nothing's Off Limits by Dr. Bozung
Cornea Update by Dr. Lee
Inherited Retinal Disease by Dr. Bhakhri
Ischemic Optic Neuropathy Pearls by Dr. Bhakhri
Cases from Urgent Care by Dr. Bhakhri
Glaucoma: Then and Now by Drs. Eng and Assar
 Register at <http://www.svos.info>

LUMINOUS LOCATIONS: Monterey Zoo

While most people think of zoos as massive locations with thousands of animals, The Monterey Zoo, on River Road south of Salinas, is a smaller one with more personal experiences. It also has an interesting back story, as it started as a company to rent animals to the film industry, evolved into an educational enterprise, and finally became open to the public.



While you can pay for general admission to walk around on your own, and there is a nice variety of over 100 animals to see, the special encounters are what really set this location apart. These include personal tours to get up close with a variety of species, Crunch Time, where you feed tigers, and Butch's Bedtime, where you feed elephants.



There is also Vision Quest Ranch, a bed and breakfast, with multiple bungalows. Included in the stay is breakfast and a meet and greet with various animals in the morning hosted by a zoo ambassador. You can hear the lions and tigers roaring at night from the safety of your bed, and there are special observation decks to watch the animals during the day.



We especially enjoyed feeding the animals, which was a very unique experience. The zoo is in a never-ending process of updating and expanding, so various animals and activities might or might not be available at any given time (as of now, all elephant encounters are suspended), but their website lists what is currently offered. Visit <https://montereyzoo.org/> and <https://www.visionquestranch.com/> to learn more.

"Beware of looking for goals: look for a way of life. Decide how you want to live and then see what you can do to make a living within that way of life. But you say, 'I don't know where to look; I don't know what to look for.' And there's the crux. Is it worth giving up what I have to look for something better? I don't know — is it? Who can make that decision but you? But even by deciding to look, you go a long way toward making the choice." - Hunter S Thompson

GLEAMING GEAR: Katena 4-Mirror Gonio Lens

I was never very good at gonioscopy. I only recall practicing it once or twice in optometry school, maybe kind of getting a view, and having it checked off by the professor. For my first few years of private practice, I didn't see many glaucoma patients, either, as I saw mostly children and younger adults. The older patients I saw were mainly healthy other than the occasional diabetic. The few patients I suspected of having glaucoma, I referred to other doctors. I don't believe I performed gonioscopy even once on a single patient for years.

After changing modes of practice, I started seeing many glaucoma patients. I realized I had to learn gonioscopy as only using the Van Herick technique to estimate the angle wasn't going to cut it.

However, I was horrible. Not just in trying to figure out what I was looking at, but simply trying to look at the angle. I couldn't get the lens placed properly even after attempting it on multiple patients and watching several online videos on gonioscopy.

I even went to a gonioscopy workshop at SCCO in an attempt to get some one-on-one tips during the practice time, but I still wasn't getting good views; it just seemed like the lens wasn't lining up properly.

I was using a Volk 4-mirror, which seems to be the most common lens (I always hated having to twist the 3-mirror lenses), when I came across an ad for a Katena 4-mirror gonio lens. In desperation, I purchased it, and the first time I tried it, it was like magic; the angles popped into view.



Katena has reusable and even single-use 3- and 4-mirror gonio lens.

It still took me a while to figure out what structures I was looking at and I still occasionally have difficulty with certain views, but it was vastly easier than using the Volk lens. I'm not sure exactly why; I think the ring you hold the Katena lens with is slightly larger, which made it a bit more comfortable, and the lens is slightly longer, which meant I didn't have to try to fit my hand quite as far into the limited space between the slit lamp and the patient's socket. But whatever the reason was, the Katena lens made gonioscopy much easier for me.



Katena vs Volk 4-mirror gonioscopy lenses (this Volk happens to have a flange, but the no-flange version is similar; the ring to hold the lens is a bit skinnier and the lens is bit shorter than the Katena).

An anterior OCT is a nice complement to gonioscopy as well. It can give a great view of the angle, and I like to use it as a backup when I'm a little unsure of exactly what I'm looking at and also simply as a reference point for future comparison if I have reason to believe a patient's angle is going to widen or narrow for a variety of reasons. But it's only a single slice through a very narrow part of the angle, and it won't let you see neovascularization, synechiae, pigment, angle recession, cyclodialysis cleft, or even tumors, and you obviously cannot perform indentation gonioscopy with it.

Now that I've gotten much better at gonioscopy, I'm actually quite proficient with the Volk 4-mirror as well, although I still feel more comfortable with the Katena lens. If you have any difficulty with gonioscopy, and you've only used the Volk lens, it's definitely worth trying the Katena or even another brand of lens; it might make a world of difference.

VESPERTINE VENERATION: Dr. Benjamin Kohn



It's interesting how one thing can lead to another, and another...

When I was in elementary school and beginning to become myopic, my ahead-of-her time holistic-thinking mother signed me up for vision therapy (VT) in an effort to stop/reduce the myopic trend and reduce my need for glasses.

While this goal was ultimately unachievable (my unusual anisometric/ myopic/astigmatic refractive error became almost a carbon-copy of her own), the VT itself I found fascinating, and I was intrigued that the guiding optometrists were working with something in addition to refractions. By the time I was in high school, I'd pretty well decided I wanted to become an optometrist working with vision therapy.

Fast-forward to post O.D. graduation and job hunting. I was at one of the local vision expos mentioning my interest in VT, and it was suggested I contact Stan Kaseno, O.D. who had a vision therapy program at a juvenile hall in Southern California. Fascinating! I contacted Stan and was soon working part-time at the juvenile hall, supervising interns as an associate professor, and honing my VT diagnostic and prescribing skills. This was a great opportunity personally, as well as for the juveniles, who had the improvement / remediation of their learning-related visual dysfunctions integrated into their rehabilitation program, with the goals of improving their success in the community upon their release and reducing recidivism.

I worked with Stan in his office as well as the juvenile hall, then had the opportunity to buy my own VT practice. The early years of this were a struggle as they can be. Having gained some level of comfort working with an incarcerated population at the juvenile hall, I found I was able to supplement my office income by providing primary optometric care within several prisons that were in need of help. These opportunities provided some financial cushion while I became established in the private office.

The practice grew and I concluded working in the prisons. Practice building included vision screenings in the community, working with and training Head Start personnel on the importance of vision and vision development in young children, in-services with schools and medical groups, and classroom tours of the office to show children what optometry is all about. Professional networking included editing the printed local society bulletin, including photos with the new-fangled technology of 0.5 megapixel digital photography. Early on, I cold-called a local pediatrician who was especially interested in child development. We connected well, studied and debated together, and became life-long friends.

The years went by and my personal life expanded to include my wife and two children. The practice was doing well, but Southern California was becoming uncomfortably hot and smoggy for the family. We searched around the state for a cooler, cleaner environment; Santa Cruz was always picture-perfect every time we came through. So, the Santa Cruz area was elected to become our new home. After much searching, a house was found and we settled in. After more searching and dabbling professionally here and there, a comfortable professional home was found at Insight Optometry in Capitola. After several years there, an additional home was found with the wonderful doctors and staff at EyeQ in Santa Cruz. I practiced happily at these practices until COVID and some unexpected concurrent health issues demanded I take an extended leave.

It's hard to believe that 35+ years have gone by since optometric graduation. The time went slowly at first with those initial difficult years, then seemed to have flown by. I'm grateful for all the experiences, the patients, the lives I was able to positively impact, and the friends I've made along the way. All from that initial VT experience as a child. Thanks, mom!

"What you see, you become." – The Vedas

BOARD MEMBERS

President



Kasey Nakajima, OD

Past President



Jonovan Ottenbacher, OD

Treasurer



Jennifer Buell, OD

Education



Sylvia Lee, OD

Political Action



Trevor Fogg, OD

Senior Advisor



David Farberow, OD