



*"Give light and people will find the way."
– Ella Baker*



The original Santa Cruz Lighthouse was one of a number of California coastal lights funding by Congress in 1850, only 19 days after statehood.

Auroral Announcements

- Luxottica founder Leonardo Del Vecchio died on June 27th. He was Italy's second richest man and had built his product empire after growing up in an orphanage.
- Ray-Ban Stories are being heavily marketed on Facebook. While glasses with built-in cameras have been available for years, this is the first to be produced by a major frame distributor.



Pro Tip: save money **here** to afford **these**, and learn how to make more money **here**.

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Candent Community Calendar

- 7/16-7/17: [Monterey Scottish Games & Celtic Festival](#)
- 7/21-7/24: [Salinas Rodeo](#)
- 7/30: [Monterey Beer Festival](#)
- 8/05-8/07: [Watsonville Strawberry Festival](#)
- 8/12-8/21: [Monterey Car Week](#)
- 8/20-8/21: [Scotts Valley Art Wine & Beer Festival](#)
- 9/09-9/11: [Festa Italia Monterey](#)
- 9/14-9/18: [Santa Cruz County Fair](#)
- 9/23-9/25: [Monterey Jazz Festival](#)

Opalescent Optometry Occasions

On Sunday, 7/31, MBOS will host a scleral contact lens fitting workshop hosted by Valley Contax at Monterey Bay Eye Center. RSVP at <https://www.evite.com/event/0123HHGBNPC53Q2PQEP6BJ4QBUJVQ/>

FORWARD FOCUS: Scleral Contact Lenses

Scleral contact lenses have been one of the biggest additions to my practice in the past five years. They are great for the same issues corneal RGPs are used for, such as very high prescriptions (sphere, cylinder, or both), keratoconus, post-LASIK ectasia, corneal scars, and after corneal transplants.

Sclerals can also help with many dry eye conditions which corneal RGPs cannot, as there is a large reservoir of sodium chloride solution between the cornea and the contact lens. Sclerals can be a great treatment for recalcitrant dryness when even multiple drops and ointments do not provide relief.

In addition, there have been some cases where I simply could not get a patient to see adequately with corneal RGPs, even after multiple attempts, and after placing the first trial scleral contact lens on their eyes, they were instantly able to see better than had in years. I've had a few patients start to cry after trying a scleral contact lens because they thought they would never see "normally" again, and they suddenly had nearly 20/20 vision.

Speaking of crying / watering, one of the biggest benefits to sclerals is comfort. I tend to put a corneal RGP on one eye and a scleral contact lens on the other so the patient can see which they prefer, and I've not once had a patient prefer the RGP; the scleral lenses are far and away more comfortable.

I've found that sclerals are easier to fit than corneal RGPs, too. Toss a trial scleral on the eye, check the central, mid, limbal clearance and the landing zones, and you should be nearly perfect on the second trial lens. Rarely do I have to test a third or fourth scleral lens, whereas with RGPs I often feel like I get halfway through my fitting set before I find something acceptable, even when I start with the recommended parameters. Then again, for sclerals, you really do need to fit a trial lens or two to see what works, whereas with corneal RGPs, you can often simply get the parameters from the exam, call up your lab, and have them design the lens without you ever putting a lens on the patient's eye.

One other downside to sclerals is sometimes, no matter how well you fit them, they will fog up in the middle of the day for some patients due to debris between the cornea and the contact lens. This does not happen to the vast majority of scleral users, and the ones it does often have no problem taking them out, rinsing them, and re-inserting them once or twice throughout the day, although I have had one patient who went back to corneal RGPs after trying sclerals for a while because of this; his corneal RGPs stayed clear the entire day whereas his sclerals fogged often.

Also, most sclerals max out around +/- 20.00 D, and I have had a few patients who had such a high prescription they needed glasses over the top of the scleral contact lenses, even though with corneal RGPs, they did not. I'm not sure how or why the math works out like that, but for one patient, he saw clearly with a -17.00 D corneal RGPs, and with -20.00 sclerals, he still needed -5.00 glasses over the top. Even with that, though, the patient still greatly preferred the sclerals with glasses due to the comfort and dryness relief.

Sclerals are also more expensive than corneal RGPs, but in most cases, they should be at least partially covered by insurance as medically necessary.

While an OCT with anterior segment capabilities can be helpful in fitting sclerals, mostly to judge the exact central clearance and landing zones, it's not necessary, unlike, say, ortho-k, which essentially requires a topographer. A good slit lamp evaluation will tell you everything you need to know about how a scleral lens fits. In fact, with sclerals, topography is essentially meaningless, as you simply vault over the top of all of the cornea irregularities and focus on fitting the scleral landing area.

I never enjoyed fitting RGPs, from optometry school onwards, because it was a pain for me to fit them, and they were a pain for patients, literally. Whereas I love fitting sclerals because they are so much easier for me to fit, and patients love them as well for the amazing comfort and superior vision.

If you're interested in fitting scleral contact lenses, RSVP for the MBOS scleral lens fitting workshop in Monterey on Sunday, July 31 at <https://www.evite.com/event/0123HHGBNPC53Q2PQEP6BJ4QBUJVQ>

EDUCATION EMANATION: Dr. Jay Wong, MD

On 6/21, Dr. Jay Wang, MD from Northern California Retina Vitreous Associates gave a presentation titled "A Case of Sudden Vision Loss - The world of OCT angiography" at Tarp's Roadhouse in Monterey. He first discussed a case, published with his colleagues, where a cilioretinal artery occlusion was the presenting manifestation of left atrial myxoma; an eye exam for vision loss led to the discovery of a rare tumor in the heart of a patient.



He then covered optical coherence tomography angiography, which is great for looking for choroidal neovascularization in a variety of diseases, including pigment epithelial detachments and high myopia, so the patient does not need a fluorescein angiography. Some drawbacks of OCT-A are a longer acquisition time compared to OCT and being prone to artifacts from floaters, motion, and segmentation. In addition, OCT-A cannot get far into the periphery, so FAs are still necessary to evaluate CNVs there.

At the same meeting, outgoing MBOS president Dr. Jonovan Ottenbacher, OD thanked Dr. David Farberow, OD by presenting him with a plaque for his years of service on the MBOS board, and presented new MBOS president Dr. Kasey Nakajima, OD with the MBOS flag to be taken to CE meetings and HOD.



Dr. Farberow receiving his plaque



Dr. Ottenbacher also thanked his past MBOS board members by presenting each of them with a landscape print he had photographed in California.



Monterey Wharf with poppies for Dr. Covie Gonzales, OD



Venice Beach for Dr. David Farberow, OD



Bixby Bridge in Big Sur for Dr. Maria Magana, OD



surfer at Natural Bridges, Santa Cruz for Dr. Sarah Rankin, OD



poppies in Lancaster for Dr. Jennifer Buell, OD



bioluminescence algae in Monterey for Dr. Kasey Nakajima, OD



field near Salinas for Dr. Sylvia Lee, OD



Joshua Trees in Joshua Tree for Dr. Trevor Fogg, OD



Dr. Farberow with his print

LEGISLATION LAMP: Leg Day



COA Leg Day was on Monday, 6/27 in Sacramento. Dr. Robert Theaker, OD and Dr. Jonovan Ottenbacher, OD from MBOS attended, along with over 100 other participants. The morning featured a discussion on how to talk to legislators by Assemblymember Evan Low, followed by an example featuring Dr. Theaker.

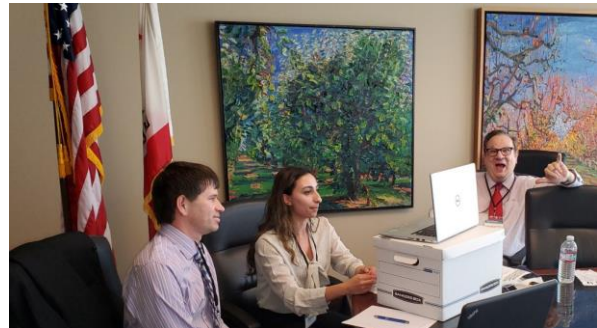
We then covered the various bills COA was sponsoring, and Dr. Ottenbacher won Key Person of the Year.



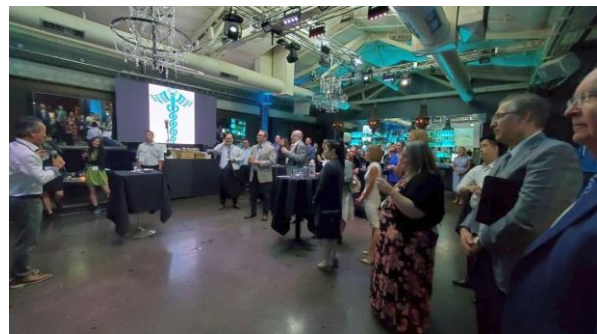
There was also a slit lamp set up to practice and demonstrate YAG capsulotomies, as that was one of the components of our scope of practice bill.



In the afternoon, we met with legislators. COA had three major bills: AB 2236, scope of practice, SB 1089, PIA lab choice, and SB 1237, military fee waiver. We also requested support for a Medi-Cal reimbursement rate increase next year through the budget.



Dr. Theaker, Dr. Ottenbacher, and Yvette Lakkis, a UCBSO 2024 student, had Zoom meetings with the staff of Assemblymember Mark Stone and Senator John Laird, and an in-person meeting with the staff of Assemblymember Robert Rivas.

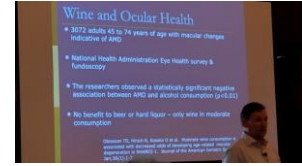


The scope of practice bill had a Senate Business and Professions Committee hearing that day, so we were able to listen to the discussion for and against and the committee's vote on the bill. Supporters of the bill pointed out that 10 other states already allow optometrists to perform minor laser surgeries, and there have been over 100,000 laser procedures by optometrists with no adverse outcomes. The bill passed out of the committee by a vote of 7-1, in a very exciting moment for the optometrists in attendance! It was a very productive day, and all of the legislators we met with were very supportive of optometry and our bills and future proposals.

SCINTILLATING SOCIETIES: SJOS and REOS CE

The San Joaquin Optometric Society had their 13th annual Spring Fling CE meeting on 5/22. There were lectures by local ophthalmologists on refractive surgery, macular degeneration, and glaucoma. Afterwards, participants and significant others could participate in a golf tournament or a wine tasting tour.

The Redwood Empire Optometric Society had their 6th Annual Wine Country CE meeting on 6/12. Dr. Paul Karpecki, OD spoke on ocular surface disease, new pharmaceuticals, anterior uveitis, and the ocular benefits of wine. Dr. Karpecki is also a master sommelier and discussed how to properly taste wine.



INTERNET INCANDESCENCE: Amazon

At the REOS CE, Dr. Karpecki mentioned the Karpecki debrider. I looked at various optometry product websites, and the Karpecki debrider, along with other expressors and forceps, were available on many.

There are multiple pieces I've procured on Amazon for a much lower price than through medical vendors. These include an Algerbrush and extra burrs, penlights, BIO bulbs, slit lamp bulbs, cell phone adapter mounts for taking anterior photos (I remember when these first came out for \$200 on medical supply sites; now they're \$10 on Amazon), instrument covers, Addi-Pak for scleral contact lenses, plungers for removing RGPs, N95 masks, exam stools, eye patches, screws and screwdrivers, acetone nail polish remover pads, and +6.00 OTC readers to dispense to high hyperopes for a temporary solution until their ordered glasses arrive.

However, the prices were \$100 to \$300, and when I checked on Amazon, there were similar devices for \$10 to \$20. The Amazon items are at times not quite as precise as the more expensive ones; I've bought a few tweezers on Amazon which didn't close tightly enough to grasp lashes well enough to epilate them. But many devices on Amazon work just as well.



Meibomian Gland Expressor, Rectangular
\$175.00

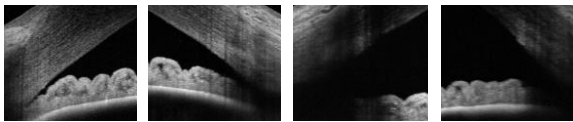


Premium Stainless Steel Arita Tauber Meibomian Gland Expressor Forceps Eyelid Massage Tweezers-Round Tip
★★★★☆ - 223
\$14.99

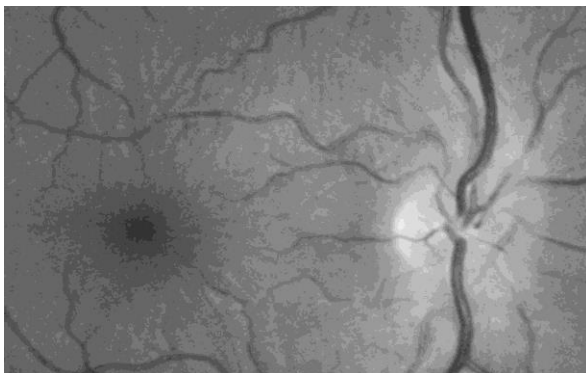
Items I haven't found on Amazon: large DMV vented scleral inserters (well, they are sometimes available, but they're two to three times the cost of the ones from optometry suppliers), diagnostic drops, tonometer prisms, diagnostic lenses, and tonometer calibration rods (although I've obtained the last two used on eBay for much less than new from the manufacturer). Search Amazon for not only general office supplies but even purchases such as these; you may save significantly.

ILLUMINATING INSTANCES: Hypotony Maculopathy

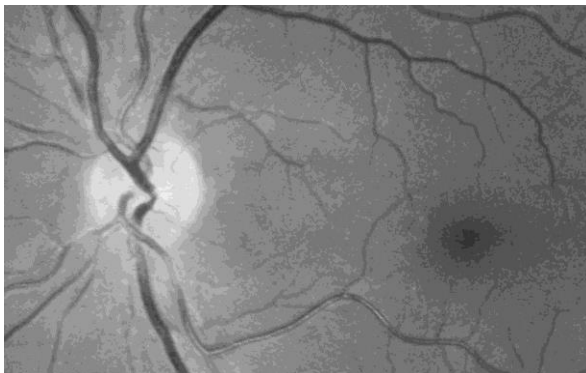
Case 1: A 30-year-old patient reported to the clinic around a week after having been punched in the right eye. His VA was counting fingers OD, 20/20 OS. His IOPs were 5 OD, 11 OS. He had a moderate subconjunctival hemorrhage in the right eye. His anterior chamber angles were nearly closed temporally more than nasally OD while OS they were open. He had a mild traumatic iritis OD. Posteriorly, his right macula had mild chorioretinal folds and his right optic disc was slightly swollen.



OD temporal and nasal angles OS nasal and temporal angles



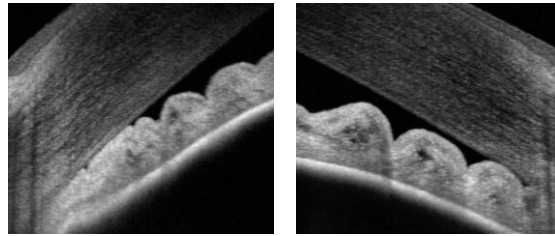
OD macular chorioretinal folds and optic disc swelling



OS normal optic disc and macula

Pred Forte, 1 gtt OD qid was prescribed, and the patient was referred urgently to ophthalmology.

A week later, the patient still had not gone to ophthalmology. The visual acuity in his right eye had slightly improved to 20/400 and his IOP was 6 (16 OS). The angles in his right eye had closed down even more to essentially being closed.



OD temporal angle

OD nasal angle

A week after that, the patient was seen by ophthalmology. His VA in his right eye again slightly improved 20/200, and his IOP was 7. The ophthalmologist continued the Pred Forte OD qid and recommended the patient return in 1 week for a YAG laser peripheral iridotomy in the right eye.

One week later, the patient's VA was 20/300 in his right eye, and his IOP was 9 (15 OS). A YAG laser peripheral iridotomy was performed OD temporally.

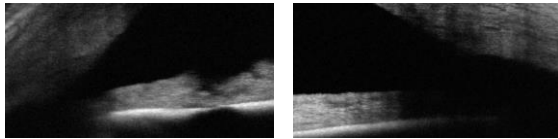
A month later, the OD VA was 20/100, and IOPs were 6 and 14. The ophthalmologist recommended the patient see optometry for glasses.

Three months later, the patient was seen by optometry. His VA was 20/400 but corrected to 20/40 with a mild myopic correction. His IOP was 10. The angles in his right eye were still narrow, but the LPI was patent.

Six months later, the patient went to the ophthalmologist emergently due to severe pain and loss of vision. His VA was counting fingers and his IOP was 74. He had an acute angle closure in his right eye despite the previous PI, possibly due to inflammation. Another PI was done OD, superiorly this time. Pred forte, pilocarpine, and latanoprost were prescribed. *(continued on next page...)*

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A month later, the patient was seen by optometry as he stated the prescription in his right eye had again changed. He was now very slightly hyperopic in his right eye, which corrected to 20/30. His IOP was 16. Both LPs were patent, and his angle was wider now, although he was still taking the pilocarpine.



OD temporal angle OD nasal angle
(the LPI in the iris is patent; the scan was not through the center)

Case 2: A 20-year-old patient came in for new glasses. With a moderate myopic correction, he was 20/20 in each eye. His IOPs were 12 OD, 27 OS. His CCTs were 525 OD, 519 OS, and his C/Ds were 0.5 OD and 0.6 OS. On gonioscopy, his left angle was recessed superior and temporally. History revealed the patient had been shot with a paintball in his left eye a few years prior; his eye had been red for a bit afterwards but then the redness went away. An OCT showed normal GCL and RNFL in both eyes, and the patient was scheduled for a follow-up for visual fields.

Three months later, the patient returned. His IOPs were 14 OD, 34 OS. His GCL and RNFL were normal and approximately stable to the last exam. Visual fields were clear in the right eye and has a few small far superior and far inferior defects in the left eye. The patient was started on latanoprost in his left eye. The patient was referred to ophthalmology.

Five months later, the patient returned to optometry. He had not gone to ophthalmology and he was not using his drops. His IOPs were 12 OD, 26 OS. OCT and VF both revealed progression in his left eye. While the pattern deviation on the VF was essentially clear, the total deviation had much greater defects, especially superior-nasally and inferior-nasally. Drop compliance was stressed to the patient, and he was again referred to ophthalmology.

Visit	OCT aRNFL:	VF MD:
#1	110 / 108	not performed
#2	109 / 107	-0.50 / -2.25
#3	109 / 96	-0.93 / -4.17

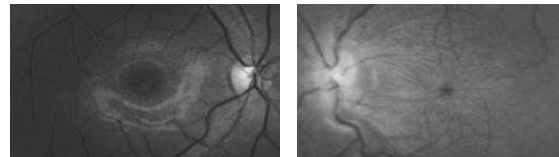
Three months later, the patient was seen by ophthalmology. His IOPs were now 17 OD, 44 OS. Timolol and Rhopressa were added OS.

One month later, he was again seen by ophthalmology. His IOPs were 20 OD, 34 OS. Diamox was added. A glaucoma shunt was recommended.

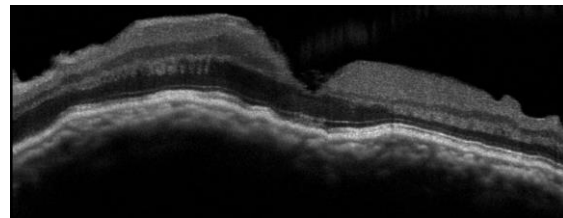
Three months later, the patient went to a different ophthalmologist for a second opinion. His IOPs were 18 OD, 35 OS. A shunt was again recommended.

One month later, the ophthalmologist implanted a glaucoma shunt in the left eye.

One month later, the patient returned to optometry due to severe blur in his left eye. His OS VA was counting fingers, and his IOPs were 14 OD, 3 OS. A dilated fundus exam revealed hypotony maculopathy OS, with chorioretinal folds and a swollen optic disc. The patient was referred urgently to ophthalmology.



OD macula and disc OS macula and disc



OS macula, resulting in a visual acuity of counting fingers

Three days later, the ophthalmologist measured the patient's IOPs as 14 OD, 4 OS. The ophthalmologist recommended the glaucoma shunt be removed.

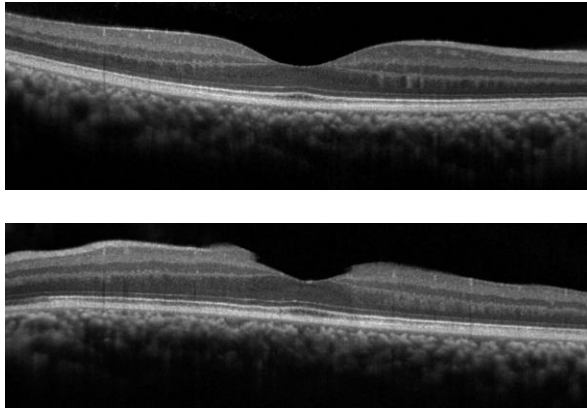
Three days later, the ophthalmologist removed the glaucoma shunt. A few days later, the patient's IOPs were 16 OD, 10 OS. A few days after that, they were 17 OD, 13 OS. Latanoprost OS was prescribed.

A month later, the patient's OS VA had improved to 20/60 and his IOPs were 12 OD, 22 OS. Timolol was added OS.

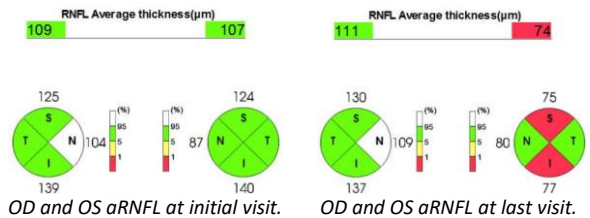
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A month later, the patient's IOPs were 13 OD, 14 OS. His OS VA was still 20/60, and now a mild epiretinal membrane had developed in that eye, so the patient was referred to retina. The patient was subsequently lost to follow-up. As the following OCT and VF results show, the patient had glaucomatous progression, although how much of the VF loss is from glaucoma versus macular damage is difficult to assess.

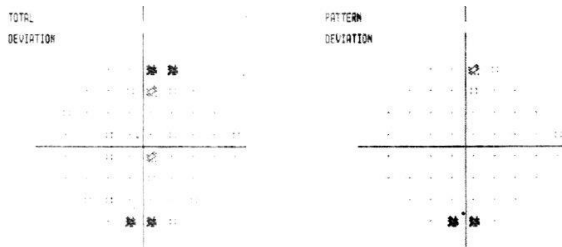


Right (upper) and left (lower) macula at the patient's last visit.

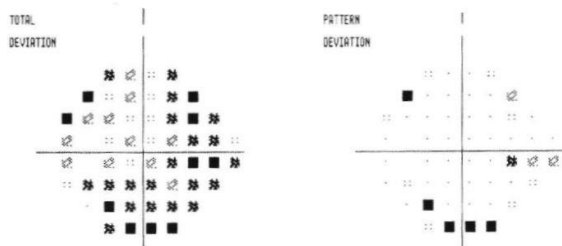


OD and OS aRNFL at initial visit.

OD and OS aRNFL at last visit.

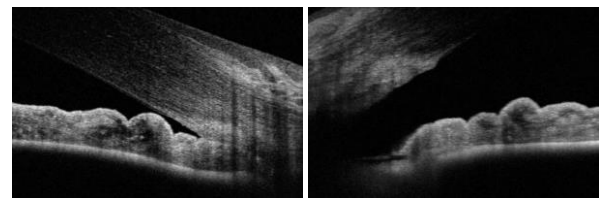


OS visual field at the initial visit.



OS visual field at the last visit.

Case 3: I'll keep this one a little shorter, as I only saw the patient a few times between multiple ophthalmology visits. The patient had fallen and hit his head and eye. This caused OD papilledema (VA 20/60, IOP 12). There was subsequent posterior cyclitis and an epiretinal membrane, and later chorioretinal folds when his IOP fell to 7, likely due to ciliary body shutdown from the inflammation. Pred Forte and atropine were prescribed, and even on those, his IOP continued to decline to 3 and even 1. This caused a closed angle, and an LPI was done. When I saw him, everything was basically the same, and his IOP was around 3-4.

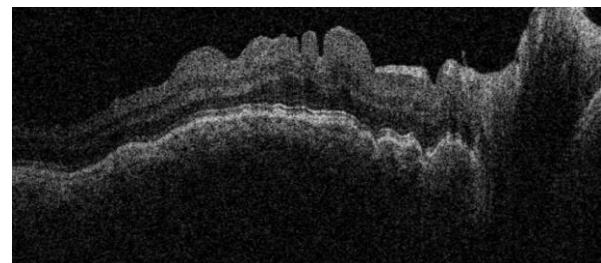


Right nasal angle

Left nasal angle



OD retinal photo of chorioretinal folds and optic disc edema

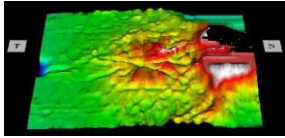


OD macular OCT scan

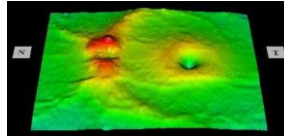
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Over the course of his previous ophthalmology visits, his VA has fluctuated between 20/60 to 20/400. Interestingly, at one point, an ophthalmologist has diagnosed him with phthisis bulbi, said the eye had poor visual potential, and recommended palliative care. Thankfully his eye was not eviscerated, as is often the case in phthisis, as even with such a horribly irregular macula, I was able to get him to 20/30 with a fairly hyperopic refraction a few years after that.



Right macula and optic disc



Left macula and optic disc

Discussion: Hypotony maculopathy occurs when intraocular pressure falls so low as to result in vision loss. Common findings are chorioretinal folds in the macula, optic disc edema, and vessel tortuosity.

Hypotony maculopathy can be caused by increased outflow, such as from a cyclodialysis cleft after trauma or a bleb leak or overfiltration after glaucoma surgery, or from decreased aqueous production, from inflammation of the ciliary body.

As the eye shortens, chorioretinal folds develop and a hyperopic shift can occur. Bowing of the lamina cribosa restricts axoplasmic flow and results in disc swelling. Treatment focuses on fixing the underlying cause, from changing drops to surgery.

*"Inspiration is that state in which mind and heart are connected. When you feel inspired you find yourself thrust into a world where ordinary objects and events are full of light, as if illuminated from within. This inner light is truth, and when you suddenly see the truth, we gain insight, clarity, and joy." -
Deepak Chopra*

REFLECTIVE RESEARCH: Prison Inmate Glasses Prices

On 3/1/19, the California Department of Corrections and Rehabilitation stopped charging inmates for medical devices, which included glasses. Before then, the price for a pair of single-vision glasses was \$47.85.

Inmates typically make between \$0.38 and \$1.00 per hour, depending on their job. If that is averaged that to \$0.70 cents per hour, inmates would have to work 68 hours to afford a pair of single-vision glasses.

The California minimum wage in 2019 was \$11 per hour. If someone worked in California for 68 hours at minimum wage, they would earn \$748.

Of course, non-inmates must pay taxes and for food and housing and all of the other costs of living, but it's interesting that after working for 68 hours, inmates could only afford \$50 glasses, while someone making minimum wages could afford \$700 glasses.

ACUVUE® OASYS MULTIFOCAL WITH PUPIL OPTIMIZED DESIGN

A Solution for a Growing Issue: Innovative Multifocal Contact Lenses for Patients with Presbyopia



You know the vision changes presbyopia brings, but do your patients understand what they're experiencing? While you know multifocal contact lenses are a great vision-correcting option, patients have low awareness of the condition of presbyopia and even lower knowledge of their options. They don't know to ask you about those options, and the impact is real: over 50% of wearers over the age of 45 will discontinue use of contact lenses within the first year of wear as they develop presbyopia!¹

Performance and comfort with a quick and easy fit is within reach with ACUVUE® OASYS MULTIFOCAL with PUPIL OPTIMIZED DESIGN. This 2-week reusable contact lens is a unique fusion of three technologies designed to deliver crisp, clear, reliable vision. Pupil Optimized Design is the ONLY technology that uniquely optimizes the optical design to the pupil size according to age AND refractive power, making the optics the right size.² The hybrid back curve design includes an aspheric center to keep the complex front-surface optics in the right shape, and a spherical periphery to keep optics in the right place.² Plus, patients get all the comfort you'd expect from the ACUVUE® OASYS Brand family, which has never been beaten in comfort across 25 clinical studies.*

"When patients struggle with ocular discomfort and need multifocal correction, we rely on ACUVUE® technology... the material really makes a difference," shared Shane Kannarr,^A O.D. and owner of Kannarr Eye Care in Pittsburg, Kansas.

Pupil Optimized Technology is available on both the #1 selling daily disposable and reusable contact lens brands in the world – 1-DAY ACUVUE® MOIST and ACUVUE® OASYS 2-Week – with the same simple fit process across both brands.[†] Just use the **ACUVUE® MULTIFOCAL Fit Guide** to achieve over a 94% success rate in two pairs of lenses of less!^{§,3,4}

"We want success early in fitting multifocal lenses and we see swift success with ACUVUE® products and their tools, such as the multifocal fit guide and digital fit calculator,[‡] which lets us find what works for the patient quicker," Dr. Kannarr continued.

Using the calculator for a quick and easy fit and having the option of daily disposable or reusable modalities enables providers to prescribe according to the patient's needs. **You can fit the multifocal lens to the patient, since 100% of parameters are tailored to pupil size variations across age and refraction vs. <2% for the leading competitor.**^{**2}

"It's easier to have those conversations when I have a lens that my OASYS 2-Week patients can more easily graduate into. This is a better option for my price-sensitive patients that should satisfy the majority of their vision-correction needs long-term," finished Dr. Kannarr.

* www.clinicaltrials.gov is a website maintained by the NIH. The 25 clinical studies evaluated subjective comfort as a primary or secondary endpoint for ACUVUE® OASYS Brand 2-week and ACUVUE® OASYS with Transitions™ Light Intelligent Technology™. Review conducted as of October 29, 2021.

¹ Euromonitor International. Eyewear 2022 Edition. Value sales at RSP; all retail channels, 2020 data.

[†] Euromonitor International Limited, based on research conducted in August 2020. "world" and "globally" represent markets accounting for 76% of total daily disposable contact lenses in 2019 (retail sales).

[‡] Four total lenses.

[§] Disclaimer: The Calculator is provided to clinicians for educational and convenience purposes only, in conjunction with the labeling for 1-DAY ACUVUE® MOIST and ACUVUE® OASYS MULTIFOCALS. Johnson & Johnson Vision Care, Inc. does not engage in the practice of prescribing and this Calculator is not a substitute for appropriate professional education and training or for the exercise of independent professional judgement. Johnson & Johnson Vision Care, Inc. cannot warrant the accuracy or completeness of information that this Calculator provides. Each clinical situation should be considered unique to each patient, and all treatments individualized accordingly. Johnson & Johnson Vision Care, Inc. does not endorse or recommend any particular technique beyond what is contained in the product labeling, and other techniques may be appropriate in a clinician's judgement.

^{**} Compared to leading competitors' designs; technology optimized for both the parameters of refractive error and ADD power.

^A Dr. Kannarr is a paid consultant of Johnson & Johnson Vision.

¹ J.V. Data on File 2018. Growth Levers analysis based on IFSOS Global Incidence Tracker, retail outlet consumption data and national census population data covering the United States, United Kingdom, Russia, Japan, South Korea and China.

² J.V. Data on File 2020. ACUVUE® PUPIL OPTIMIZED DESIGN TECHNOLOGY. J.V.C. Contact Lenses, Design Features, and Associated Benefits.

³ J.V. Data on File 2020. ACUVUE® OASYS MULTIFOCAL Fit and Performance Claims.

⁴ J.V. Data on File 2015. 1-DAY ACUVUE® MOIST MULTIFOCAL Fit and Performance.

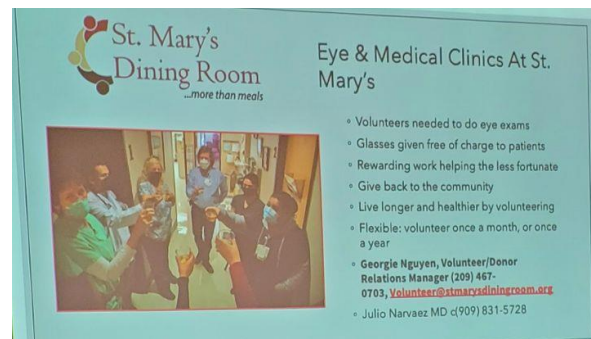
Important Safety Information: ACUVUE® Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from Johnson & Johnson Vision Care, Inc. by calling 1-800-843-2020, or by visiting JNJVISIONPRO.com.



VOLUNTEERING VIEW: St. Mary's Dining Room

One of the lecturers at the SJOS CE mentioned that he volunteers at St. Mary's Dining Room in Stockton, CA. They need volunteers to perform eye exams. They have clinics once a month and give glasses to patients for free. For more information, you can visit their website at <https://www.stmarysdiningroom.org/>

You can also contact Georgie Nguyen, volunteer relations manager, by phone at 609-467-0703, or by email at volunteer@stmarysdiningroom.org



VESPERTINE VENERATION: Dr. Daniel Shen, OD



The experience of getting glasses and then PMMA lenses, as well as being interested in photography and optics, made me interested in optometry. Not being the greatest student, I didn't know if I could even get in to UCBSO. I attended UCB after high school, thinking that would be the best path. Luckily, things worked out, and I graduated from UCBSO in 1989.

I didn't know where or how I was going to practice. I was most interested in private practice, but didn't have any leads. During a road trip in 1988, one of my classmates told me about joining the USAF. I had never entertained that idea, having skipped the lunch meetings that the Air Force, Army, and Navy set up for us. Though I didn't know it, one of our Saturday clinic instructors, Dr. Simpson, was the chief of all ODs in the USAF. He was a really nice guy, and I liked him. I spoke with him about issues I had, and he told me about his personal experiences. He convinced me to apply, knowing I could accept or refuse any assignment.

Soon after graduation, I started my career at the hospital at Travis AFB (Fairfield), where Dr. Simpson was stationed. He was a great boss and mentor. He started me out with eight patients a day (a lot more than we saw in school!), working up to the full schedule of 16 exams per day. It was a brand-new hospital with excellent equipment, and we saw a full range of patients from young children to older retirees. The initial assignment of three years turned to five years. I worked with a lot of great professionals, spent two months in No. England during Desert Storm, and worked at Misawa AFB in Japan for two months. Although I had some great experiences, I knew I didn't want to be in the service my whole career.

I found a job working for Dr. Sonnleitner in Scotts Valley. A college friend was living in Santa Cruz, and she thought I'd like it here. I gradually transitioned by working M-Th at the hospital, then taking one vacation day each week to work in Scotts Valley Fridays and Saturdays for six months. Somehow working six days a week with that long commute was manageable. What you can do when you're young! Moving to Santa Cruz was great, and is the longest place I've ever lived by far. Partnership opportunities, however, never fully materialized, so after five years I left to start a new practice. *(cont...)*

(... cont) Just in passing, I happened to meet Noel and Stephanie Krok. I had spoken with a few other local ODs about starting a practice together, but things didn't pan out till meeting the Kroks. None of us had any real business experience, so it was the blind leading the blind(!). We spent almost a year planning our new practice. Our goal was to open a really great practice with great customer service. In the meantime, we all "moonlighted" at the optometry department in JC Penney in Salinas. It was interesting, doing everything ourselves and collecting payment personally. The fellow store staff and store manager were all very nice and welcoming. It was nice and simple, not dealing with insurance, and earning essentially whatever we brought in.

After months of painting, setting up furniture, hiring staff, etc., we finally opened our practice June, 2000, just as the dot-com boom was tanking. We expected to start slowly anyways, so perhaps we didn't know whether the bad economy made any difference. We three ODs split up the business "chores" and spent lots of extra evenings and weekends keeping up, often not sure how to run a business properly. We still relied on our income from JC Penney.



In order to try to grow our practice, we opened seven days a week, with only the three of us ODs and four staff. So when we weren't seeing patients, we were answering the phone, greeting patients, trying our best to be opticians, and anything else that needed doing. Fortunately, we did grow fairly quickly. We were happy to find that many of the patients we had been seeing at our old practices found their way back to us. Gradually we built up staffing, some with experience and some we trained in-house. We wanted a manager, but it was difficult figuring out who we could trust enough to run our practice. By sheer luck, one of our opticians suggested our office to his former manager. The interview went well, and little by little, he became our full-fledged office manager. He has been fantastic for us, and we are very fortunate to have such a smart and wonderful manager. Since then, we ODs have been able to mostly concentrate on patient care, and we love it.

Although I still think I'm young (unless I see myself...) and don't feel mature or "grown-up" yet, I realize I'm closer to the end of my career than the beginning. I still plan on working another 10 years at least, but more part-time - as long as I have time to enjoy my morning coffee and go for a long run. I still enjoy seeing patients, and I'm amazed that I've been seeing some (and their children) for almost 30 years. I realize that I've been very fortunate to have great partners, a great manager, great staff, and a great place to live: Santa Cruz.

"Each day brings new opportunities, allowing you to constantly live with love, be there for others, bring a little light into someone's day. Be grateful and live each day to the fullest." – Roy T. Bennett

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