Welcome to the American Academy of Optometry’s annual meeting in Chicago, Illinois. The Academy is returning to its roots this year by hosting the meeting in Chicago, a mainstay during the organization’s early years. Although the attendance numbers have soared since then, the Academy meeting is still the only place where you can engage in the cutting-edge of scientific discovery presented in a variety of formats and made relevant to you for your practice or continued research. The Academy is one of the only places where clinicians and vision scientists share information that ultimately improves clinical patient care.

The Lectures & Workshops and Scientific Program Committees have put in tireless hours preparing a phenomenal program for you here at Academy 2017 Chicago. The Academy’s motto, All CE, All the Time®, means that you can get credit for that poster session, paper session or lecture. The Academy submits the Scientific Program to each state that doesn’t automatically accept Academy education to ensure that you can get your scientific information the way you want it (within your state rules). Got 1.5 minutes to spare? Attend a paper or poster session and accrue credit! We are excited to announce that this year CE credit will be tracked through the scanning of badges instead of paper verification forms.

Also this year, we are providing complimentary shuttle service from the Academy’s contracted hotels to and from McCormick Place. Please see the attendee notebook insert or convention center signage for information.

If you’re looking for a way to discover all the meeting has to offer, be sure to download the Academy.17 app as your one-stop mobile event guide. We ask that you please remember to complete your education evaluations conveniently located in the app.

Today’s Plenary Session, “Today’s Research, Tomorrow’s Practice: The Eye as a Mirror,” will be held in the Arie Crown Theater from 10am to noon. Drs. Robert Sergott, Christopher Hudson and Marina Bedny will present their research on the role of the retina in brain diseases such as Parkinson’s, Alzheimer’s and multiple sclerosis. There will be a break today from noon to 1pm where you can purchase lunch at a variety of locations in the convention center.

The Academy is also honored to present two different symposia in partnership with other organizations. Thursday, join us for a joint educational program with the American Academy of Optometry and the Optometric Glaucoma Society: “What You May Be Missing,” moderated by Drs. Stephen Pligfelder and Barbara Caffery, with speakers Drs. Victor Perez, Ellen Shorter and Carolyn Begley. Also, today be sure to attend the Optometric Glaucoma Society and Academy joint symposium: “Perspectives in Glaucoma Management” from 8am to 10am in Lakeside E354A with speakers Drs. Richard Madonna, John Berdahl, Robert Fechtner and David Friedman.

Please join us tomorrow, 8am to 10am, in E253 A-D for the Monroe J. Hirsch Research Symposium to learn about “Precision Medicine and the Future of Healthcare.” Developments that have led to the National Institutes of Health’s Precision Medicine Initiative and what it may mean for the future treatment and prevention of eye disease will be presented. On Friday, 2pm to 4pm in E253 A-D, join us to hear “Ezell Fellows Present: Managing the Consequences of Abnormal Visual Development.” Drs. Susan Cotter, T. Rowan Candy and Heather Anderson will focus on the elements of normal and abnormal visual development with updates on treatment strategies for amblyopia and strabismus in young children, as well as strategies to maximize visual quality in patients with Down syndrome.

Join us in celebrating the innovators and leaders of the profession as we recognize their...
MEGA-3 FORTIFIES THE LIPID LAYER WHEN MGD PATIENTS SUFFER FROM DRY EYE.

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Papilledema in Your Practice? Don’t Panic

Looking to fit some neuro into your schedule? ODs can learn to confidently diagnose optic disc edema from elevated intracranial pressure at this afternoon’s session, “An Organized Approach to the Patient with Papilledema and Idiopathic Intracranial Hypertension” (IIH) by James Fanelli, OD, FAAO, Leonard Messner, OD, FAAO, and Lorraine Lombardi, PhD. “This lecture provides a means to evaluate the patient with papilledema and pseudotumor cerebri in an organized, logical fashion,” says Dr. Fanelli. “The three presenters cover topics specific to their area of expertise, and the entire course is devoted to giving those in attendance the tools they need to evaluate these patients.”

Dr. Lombardi will start things off by discussing the anatomy of the optic nerve and its relationship to the subarachnoid space and the cerebrospinal fluid of that area. “The physical mechanism of increasing pressure in the orbital portion of the optic nerve sheath and subarachnoid space causes compromise of the individual ganglion cells in the optic nerve, and Dr. Lombardi reviews that process,” explains Dr. Fanelli.

Next, Dr. Fanelli will start a discussion of how to differentiate true papilledema from pseudo-papilledema. This includes an overview of the clinical findings of each and, in particular, an overview of the OCT findings that can vary between the two. At that point, discussion will turn to the stages of papilledema, and Dr. Fanelli will present several cases highlighting the presentation of patients with suspected disc edema. This section will cover both short-term and long-term sequelae.

Next, Dr. Messner will outline the complications associated with increased intracranial pressure without an identifiable source in standard neuroimaging. “One of the causes of papilledema is centered on the drainage system of the cerebrospinal fluid into the cerebral venous system,” says Dr. Fanelli. “Disruptions of the normal mechanism here can cause increased intracranial pressure, and, consequently, papilledema. This is the situation that exists in IIH and pseudotumor cerebri.”

After an initial discussion of the specific criteria for diagnosing IIH, Dr. Messner will outline the process of how to differentiate true papilledema from pseudo-papilledema. This includes an overview of the clinical findings of each and, in particular, an overview of the OCT findings that can vary between the two.

At the point, discussion will turn to the stages of papilledema, and Dr. Fanelli will present several cases highlighting the presentation of patients with suspected disc edema. This section will cover both short-term and long-term sequelae.

This afternoon’s session will give attendees greater confidence in diagnosis of optic disc edema.
Military ODs Converge on Chicago

AFOS meeting packs in stellar CE this year, ranging from glaucoma and uveitis to the opioid crisis.

The Armed Forces Optometric Society (AFOS) kicked off Monday evening with a comprehensive update on glaucoma care, presented by Andrew Rixon, OD, FAAO. Dr. Rixon delivered an exhaustive review of glaucoma topics, such as its impact, epidemiology, anatomy, the role of the macula, RNFL and intraocular pressure (IOP), testing and public health concerns. He also focused on patient perception, complete with images depicting a glaucoma patient’s vision.

After a late night in the trenches of glaucoma care, Tuesday morning attendees were grateful for the coffee and breakfast before diving into a full day of CE. The first session of the morning, “Anterior Uveitis: Beyond the Drops,” was presented by Brandon Runyon, OD, FAAO, who treats a significant number of uveitis patients among the Navajo population at Chinle Comprehensive Health Care Facility.

“Do not make a false diagnosis,” Runyon said. “Do not make a false diagnosis. You have to think about uveitis from the chronic standpoint with this population,” Dr. Runyon said. “We can comanage with internists and rheumatologists, and this is where optometry really needs to step up.”

Dr. Runyon provided a close look at the treatment pyramid, including cellular changes that make each medication effective. “You treat a patient with chronic uveitis and you see improvement, write that treatment approach down,” he suggested. “That is patient’s specific cocktail. Every patient will be different, and it’s helpful to know what worked in the past when you see that patient for another flare-up.”

One treatment approach that raised some eyebrows was Q2H dosing for Durezol (Alcon/Novartis). “I know that seems aggressive, but the recommended QID dosing is based on studies of only grade one and two uveits. No studies included severe cases,” Dr. Runyon said. “Dosing every two hours can be safe and very effective, you just have to monitor the IOP and keep an eye out for keratitis.”

He wrapped up the session with a look at several cases, all of which highlighted the importance of obtaining a detailed patient history and dilation, not to mention the benefits of oral prednisone, subconjunctival Kenalog injections and newer biologics.

Blues, Blurs and Brains

Next, Bill Hefner, OD, MEd, FAAO, discussed blue light. While it can have health benefits such as regulating the circadian rhythm and treating dermatological issues, too much of it—and the wrong type—can be bad. Diabetes, cancer, depression and sleep disorders top the list of systemic consequences, but Dr. Hefner focused on the main ocular concern: macular degeneration. “Remember, the giant fireball in the sky is significantly more intense than that computer screen,” Dr. Hefner said.

“So when we get all spun up about the ills of whatever device we are using today, most of the blue light, and the intensity, comes from the sun.” ODs can recommend patients use sun protection in addition to using today, most of the blue light, and the intensity, comes from the sun. “ODs can recommend patients use sun protection in addition to blocking blue light when using digital devices.”

He followed with another one-hour session focused on clinical cases from a family practice. He opened with a reminder that no one is perfect. Nikkki, a 24-year-old female, had blurred disc margins and obscured vessels—something Dr. Hefner realized had been present on imaging for the past six years and he didn’t catch it. He then detailed the case of a 62-year-old who had a slowly progressing lesion on his optic nerve, but was continually lost to follow-up and imaging, despite several referrals over the years. Sometimes, that’s all you can do, Dr. Hefner said. “His vision was fine, so he didn’t follow up, even when he saw the fundus photos of the lesion growing.”

Finally, Dr. Hefner relayed an ominous case of Parker, a 9-year-old girl who presented with suspicious extracocular motility restriction. After referring her to the pediatrician and recommending an MRI, it took the mother’s insistence to have the pediatrician follow through. “I got a call a week later, and the doctor said, ‘I’m sorry, I was wrong. Your patient has diffuse intrinsic pontine glioma.’” While thinking of emotion, Dr. Hefner briefed the room on brain cancer before dealing the final blow: Parker lost her battle in July. “That’s why this is so hard sometimes. You are in family practice, and you are a part of their lives. Parker will always be a part of my family.”

On that sobering note, conference-goers headed out to lunch to mingle with colleagues and unpack the morning’s sessions. By 1:30pm, everyone was back for a lively grand rounds. Chris Alferez, OD, FAAO, discussed traumatic iritis and Berlin’s edema, Nicole Riese, OD, shared a case of scleritis coupled with rheumatoid arthritis and a case of glaucoma surgery, Derek Gresko, OD, talked about a complex scleral lens fit, Emily Thompson, OD, discussed epithelial ingrowth as a LASIK complication and John Koehler, OD, FAAO, wrapped up with scleral lens management for a patient with granular corneal dystrophy after bilateral keratectomy.

The day of education wrapped up with “The Opioid Epidemic and Drug Diversion” by Chris Cordes, OD, FAAO, the United States Public Health Services Commander. Dr. Cordes highlighted the growing opioid epidemic in this country, starting with a review of the historical background of the events leading to the epidemic. “More Americans use opioids than tobacco products today,” he said. He also discussed the surge in opioid-related overdose deaths and the national campaign to turn the tide against opioid addiction.

After a total of 11 possible CE hours, attendees were happy to kick back and enjoy the evening’s joint services forum and awards and membership reception.
SAVE THE DATE

SAN ANTONIO
NOVEMBER 7-10, 2018
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Learn to Master Ocular Lumps and Bumps

Prowess in identifying and removing ocular lesions is imperative in preserving patient vision and well-being.

Effective and efficient management of ocular “lumps and bumps” can have a huge impact on your patients’ vision, and it could even save their lives. This process, which requires proficiency in lesion recognition, evaluation and removal, is the subject of a two-hour Friday evening lecture by Nathan Lighthizer, OD, FAAO: “Lumps & Bumps: A Practical Guide to Evaluation and Removal Techniques.” ODs interested in upping their skill level in this area need look no further.

“This interactive course will help attendees look at lumps and bumps in numerous different ways,” says Dr. Lighthizer. “It will discuss the features of eyelid lumps and bumps that help to determine which bumps are more likely benign and which are more likely malignant.”

A Real-World Perspective

The first hour of the lecture will review eyelid anatomy and how it relates to successful removal of lid lumps and bumps, as well as traits of benign and malignant ocular lesions. After that, focus will shift to techniques for removal of benign lesions, such as use of Westcott scissors and radio frequency surgery. Dr. Lighthizer will present some examples of these techniques through actual patient videos to give attendees added real-life practice perspective.

“We will also take the management of these bumps to the next level and discuss proper benign lesion removal technique for ODs who can do this in many states,” says Dr. Lighthizer. “We will discuss and show numerous videos of benign lesion removals via various techniques performed by ODs.”

The lecture will also address various questions from the referring OD’s perspective. Some examples of these include, “Do I need to refer this bump?” and “Can I just monitor this bump?”

Interactive

Another intriguing aspect of this lecture will be its interactive nature. During the session, attendees will be given remote controls, allowing them to individually delve deeper into the course material. As a part of a “Name That Lesion” game, attendees will be shown between six and eight case examples of lumps and bumps. Here, participants will be able to put their new lumps and bumps identification skills to the test by providing their own answers to the cases.

What’s the AAOOF?

The American Academy of Optometry Foundation (AAOF) is one of optometry’s largest sources of scholarships, fellowships, residency support, and grants. Through private endowments, donors, and our corporate partners, last year the AAOF gave more than $450,000 to optometry’s youngest and brightest. Be an active participant in advancing optometry’s future, support the AAOF.

How Can You Help?

Donations made through registration and lecture honoraria, at the AAOOF booth, reception events, Silent Auction, and the annual Celebration Luncheon provide support for optometric research and education in vision and eye health to improve clinical patient care.

AAOF SILENT AUCTION AT BOOTH #539

Be sure to stop by the AAOOF booth in the exhibit hall to view and bid on an array of exciting Silent Auction items! Thank you for your participation in advancing optometry’s future.
TODAY: 10AM TO NOON  ARIE CROWN THEATER

Plenary Preview: Connecting the Eye and Brain

This year’s Plenary Session features an in-depth exploration of the connections between the ocular system and neurological diseases, including neurodegenerative disease. Until recently, doctors relied on lumbar punctures and neuroimaging, such as computed tomography, magnetic resonance imaging and angiography and positron emission tomography to glean diagnostic insight into diseases such as Alzheimer’s and Parkinson’s. Now, research shows the eye can be the gateway to the noninvasive detection of myriad neurological diseases, with implications for early interventions.

“The researchers will highlight the importance of the retina in neurodegenerative diseases,” says Barbara Caffery, OD, PhD, FAAO, the session’s moderator. “Attendees can expect a thorough discussion of the functioning of the brain in sight and blindness, the importance of the nerve fiber layer and the retina in neurodegenerative diseases.”

Marina Bedny, PhD, assistant professor at Johns Hopkins University’s department of psychological and brain sciences, will discuss how blindness affects the development of the brain, how the visual cortex re-purposes, and differences in the brains of those suffering from congenital blindness, acquired blindness and rare sight recovery cases. The takeaways for attendees include the importance of early visual experience for development of the visual system, as well as how blind individuals adapt, including Braille literacy, mobility instruction and the social organization of the blind community.

Christopher Hudson, PhD, MCOptom, associate director of research at the University of Waterloo’s school of optometry and vision science and co-lead investigator with the Ontario Neuro-Degenerative Research Initiative (ONDRI) study, will present the results of the ONDRI study, which show how the eye changes in stroke, Alzheimer’s, Parkinson’s, Lou Gehrig’s disease and temporal dementia.

Bob Sergott, MD, director of the neuro-ophthalmology service at Wills Eye Hospital, will present a case-oriented discussion of the workup to determine diagnosis in neurodegenerative diseases that affect the eyes, brain or both.

The ocular system is becoming increasingly relevant to detect neurological diseases that are poised to cause a significant societal burden as the population ages. As researchers predict an increase in their incidence, and as technological and scientific advancements begin to shape early diagnosis, ODs are destined to play a pivotal role. This year’s Plenary Session will help to prime optometrists for just these temtes of success in a burgeoning field, which focuses on the interface between the eye and brain, and between distinct—but related—professions and specialties.

TODAY: 5PM – 7PM
Reception
Student Welcome

STUDENT EVENTS
Student Welcome Reception
TODAY, 5PM – 7PM
S406, MCCORMICK PLACE SOUTH
Generously sponsored by: Allergan, Essilor, VSP
Co-hosted by the American Optometric Student Association
Kick-off the annual meeting at this students-only reception featuring a guest DJ. Be sure to arrive at 4PM in S404 to pick up your two free drink tickets at the reception kick-off in S404 to pick up your two free drink tickets at the reception kick-off, including a guest DJ.

Special Student Focus Exhibit Hall Hour
THURSDAY, 10AM-11:30AM
Students will have a special opportunity to meet and network with over 200 exhibitors in attendance. While you’re there, stop by the Academy membership booth (#551) in the Exhibit Hall to find a fellow any questions you have about membership or the Academy.

Student and Residents Events at Academy 2017 Chicago

Student and Residents Awards Luncheon
THURSDAY, 11:30AM-12:30PM
S406, MCCORMICK PLACE SOUTH
Students and residents receiving Academy awards and student travel fellowship will be recognized at this lunch event. Attendance at this event is required for those participating in the Student Fellowship program.

Student Networking Luncheon
FRIDAY, NOON-1:30PM
S406, MCCORMICK PLACE SOUTH
Generously co-sponsored by Johnson & Johnson Vision & VSP Global
Meet and network with students from other schools. Staff from residency programs will be available to answer any questions.

RESIDENT EVENTS
Resident and Practitioner Networking Event
THURSDAY, 4PM-5:30PM
EMPIRE ROOM, PALMER HOUSE LOBBY
Generously sponsored by Allergan and Johnson & Johnson Vision
Network with practitioners from across the country and abroad who are looking to hire residency-trained ODs. RSVP required.

Residents Day Presentations SATURDAY
Generously sponsored by Alcon
Current residents will present papers from 8am to noon and posters from 1:30pm to 3:30pm in Lakeside E134B.

Residents Day Luncheon SATURDAY, 12PM-1:15PM
LAKESIDE CAFE, LAKESIDE CENTER, MCCORMICK PLACE
Take a break from the papers and poster presentations of Resident’s Day to continue the conversation.

Residents Day Reception SATURDAY, 3:30PM-4:30PM
LAKESIDE CAFE, LAKESIDE CENTER, MCCORMICK PLACE

AAOF Student Giving Matching Travel Grants
The American Academy of Optometry Foundation (AAOF) wants to create a culture of students giving back to the profession and promote involvement in Academy student clubs at North American schools and colleges of optometry. In addition, the AAOF wants to encourage Academy membership and AAOF participation at the annual meeting by offering Student Giving Matching Travel Grants to attend the Academy’s annual meeting. Students are challenged to raise, either through gifts by fellow students or by fundraising initiatives, $750. The AAOF will match that amount, and the Academy student chapter will provide the opportunity for two students to attend the next Academy meeting. The goal can be achieved through a variety of fundraising activities. Groups should work in consultation with their institution’s Student Liaison.
2018 MEETINGS

FEBRUARY 16-20, 2018
Winter Ophthalmic Conference
ASPEN, CO
Westin Snowmass Conference Center
Program Chairs: Murray Fingeret, OD & Leo Semes, OD

APRIL 6-8, 2018
NASHVILLE, TN
Nashville Marriott at Vanderbilt
Program Chair: Paul Karpecki, OD

APRIL 26-29, 2018
SAN DIEGO, CA**
San Diego Marriott Del Mar
Program Chair: Paul Karpecki, OD

MAY 17-20, 2018
ORLANDO, FL
Disney’s Yacht & Beach Club
Program Chair: Paul Karpecki, OD

NOVEMBER 2-4, 2018
ARLINGTON, VA
The Westin Arlington Gateway
Program Chair: Paul Karpecki, OD

Visit our website for the latest information:
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*Approval pending

**15th Annual Education Symposium
Joint Meeting with NT&T in Eye Care

Review of Optometry® partners with Salus University for those ODs who are licensed in states that require university credit.
See Review website for any meeting schedule changes or updates.
AAO Exhibits

The Academy 2017 Chicago exhibit hall is the perfect place to experience cutting-edge products and services. Remember, badges are required for admission to the exhibit hall.

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Exhibit Hall Happy Hour — Tonight only!

We invite you to join us for refreshments (5pm-7pm) and to meet face-to-face with our optometric industry partners who are ready to demonstrate their latest products, equipment, supplies and services for your practice.

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<th>Company Name</th>
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<td>ACADEMY 2017 CHICAGO</td>
<td>REVIEW OF OPTOMETRY</td>
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CONTINUING EDUCATION WITH EXAMINATION (CEE) CREDITS AT ACADEMY 2017 CHICAGO

The courses listed below will be presented with an option to take an exam, administered by the University of Houston College of Optometry. All CEE exams are offered by mail or online. All are welcome to attend the courses without taking the exam. Instructions to request the exams are available at the Education Desk.

Wednesday, October 11

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<td>Systemic Medications Affecting Your Eye Examination</td>
<td>Michelle Marciniak, Megan Hunter</td>
<td>54012-PH</td>
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<tr>
<td>1pm</td>
<td>Current Topics in Glaucoma</td>
<td>Joseph Sokwa</td>
<td>51859-SL</td>
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<tr>
<td>3pm</td>
<td>An Organized Approach to the Patient with Papilledema and idiopathic intracranial hypertension</td>
<td>James Fanelli, Leonard Messner, Lorraine Lombardi</td>
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Thursday, October 12

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<td>8am</td>
<td>Glaucoma Progression</td>
<td>Murray Fingeret</td>
<td>53996-SL</td>
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<tr>
<td>10am</td>
<td>Technology for the Posterior Segment</td>
<td>Mahammad Rafeerty, Steven Ferrucci, Leo Sernes</td>
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<tr>
<td>1pm</td>
<td>From Retina to Nervus</td>
<td>Kelly Malloy, Carlo Pelino</td>
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Friday, October 13

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<td>Wake Up - Sleep Disorders and Eye Care</td>
<td>Stuart Richer, Alexander Golbin</td>
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<td>8am</td>
<td>Lab Testing in Optometric Practice: The Basics</td>
<td>Blair Lumberry</td>
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<td>Evaluation and Management of Special Populations</td>
<td>Catherine Heyman</td>
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<td>Innovations in Ocular Drug Delivery Systems</td>
<td>Justin Schweitzer, Walter Whitley, Derek Cunningham</td>
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<td>2pm</td>
<td>Anatomical Considerations in Neuro-ophthalmic Management</td>
<td>Kelly Malloy, Lorraine Lombardi</td>
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<td>3pm</td>
<td>Optical Coherence Tomography (OCT): Posterior Segment Applications</td>
<td>Nancy Wong, Nicholas Beaufayre</td>
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<td>Case Based Approach to Ophthalmic ultrasound</td>
<td>Peter Russo, Charles Kinnaird</td>
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Saturday, October 14

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<td>Contemporary Retinal Care: Evidence-Based vs. Real World</td>
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<td>My Doc Told Me to Get an Eye Exam Because...</td>
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<td>The Herpes Group</td>
<td>Joseph Shovlin, Craig Caldwell, Michael Defalcois, Andrew Mick</td>
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SECTION ON CORNEA, CONTACT LENSES AND REFRACTIVE TECHNOLOGIES AWARDS AND MAX SCHAPEIRO LECTURE

Please join us today from 4 to 5 PM to hear the Section on Cornea, Contact Lenses and Refractive Technologies Awards and Max Schapero Lecture in Room E351.

Max Schapero Memorial Lecture — Suzanne M.J. Fleiszig, OD, PhD, FAAO, The Pathogenesis of Contact Lens-Related Infectious Keratitis

FELLOWS DOING RESEARCH SPECIAL INTEREST GROUP “BOTTOMS UP IOP” STUDY

For the last several years the Fellows Doing Research Special Interest Group (FDR SIG) has partnered with another Section or SIG to perform a study in the exhibit hall at the Academy meeting. This year the group is partnering with the Glaucoma Section in the “Bottoms Up IOP” booth to examine the degree of intraocular pressure elevation when inverted and its association with optic nerve head characteristics. Please plan to stop by Booth #761 in Chicago to participate in this study and to learn more about the FDR SIG.
Scleral lenses were the earliest type of contact lenses manufactured, and after falling out of favor, recent years have been particularly kind to them. The category is currently experiencing a resurgence of interest from clinicians and industry alike. While early versions had some issues, today’s sclerals can help patients obtain good vision thanks to many design improvements and advanced practitioner fitting ability. Because scleral lenses have opened up a new realm of possibilities for ODs to provide patients with improved vision correction and relief for dryness, it’s no surprise interest in them is booming.

For ODs looking to get started with sclerals, it is important to know what new lens design and fitting technique options are out there. A Friday morning course, “Advanced Scleral Lens Fitting Techniques and Designs,” can help. The course, taught by Greg DeNaeyer, OD, FAAO, and Melanie Frogozo, OD, FAAO, covers innovative techniques for scleral lens fitting and some of the most up-to-date designs aimed at improving scleral fitting efficiency and success.

Drs. DeNaeyer, co-founder and past president of the Scleral Lens Education Society (SLS), and Frogozo, an SLS fellow, bring their experience in scleral lens fitting to the table to give attendees a portrait of scleral lens fitting success in today’s optometric practice.

“We will devote a significant amount of the lecture to the measurement of scleral shape and how to use these measurements to optimize scleral lens fitting efficiency and success,” says Dr. DeNaeyer. “Dr. Frogozo and I will discuss how to best fit and use front and back surface scleral toricity, quadrant-specific designs, notches, edge vaults, multifocal optics and the future of wavefront-guided corrected scleral lenses.”

Attendees will learn about novel fitting techniques and measurements that can be used to improve scleral lens fitting, how to determine when advanced designs are needed and how to implement innovative techniques and designs in practice.

Things will start off with a look at the importance of the contour of the eye for scleral fitting. This will include a detailed review of how to evaluate the eye’s contour through things like diagnostic lenses, corneo-scleral imaging and physical impression and molding. From there, Drs. DeNaeyer and Frogozo will delve into various design topics including haptics, front surface optics, lens notching and microvaults.

For each section of the course, real-life case examples will be presented for the purpose of giving attendees an authentic perspective.
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Leo Semes, OD, FAAO

SPEAKERS:
Robert Fechtner, MD
Andrew Morgenstern, OD, FAAO
Jack Schaeffer, OD
Amilia Schrier, MD
Edward Smith, MD, OD

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OGS Sleuths Hunt Glaucoma Origins

Optometrists delve deep into the literature to improve early diagnosis and, ultimately, prognosis.

The Optometric Glaucoma Society’s (OGS) affiliate meeting Tuesday centered around a theme of research—specifically, the community’s current understanding of the development and diagnosis of the disease. “The OGS meeting is known for its dialogue, discussion and discourse,” said Michael Chaglasian, OD, FAAO, president of the OGS, in his opening remarks of the group’s 16th annual meeting. The morning was full of lively conversation, questions and even debate between Society members and the invited presenters—some that lasted well over the allotted time.

A few of the speakers will reprise their presentations this morning at the OGS/AAO Joint Symposium, 8am-10am, in room E34A.

Crunching the “Big Data”
The morning’s first presenter, Jack Phu, BOptom, FAAO, a PhD candidate from the University of New South Wales in Australia, spoke on research he presented at this year’s Association for Research in Vision and Ophthalmology (ARVO) meeting. His talk, “Spatial Summation for Research in Vision and Ophthalmology,” walked attendees through his team’s investigations of improved diagnostics and their ultimate conclusion: a method of manipulating stimulus parameters to reveal a more accurate picture of visual field loss.

While Dr. Phu examined testing modalities, the second speaker, Lyne Racette, PhD, zeroed in on a personalized approach for each patient highlighted in her presentation, “Early Detection of Glaucoma Progression Using a Novel Individualized Approach.”

Dr. Friedman reviewed the take-home points from major glaucoma research in the President’s Lecture, “Big Glaucoma Clinical Trials and Their Key Lessons” at the OGS annual meeting Tuesday morning. The first step to developing an earlier detection method, she argued, is realizing “glaucoma does not progress in the same manner in all patients.” In some, she said, “glaucoma is best detected using a structural test. In another person, perhaps, progression is detected first using a functional test. If we use the same methods for everybody, we may not be as sensitive as we’d like.” Thus, in her research, “for each patient we used the first seven visits and ran 2,000 permutations of those seven visits on both structure and function” using standard automated perimetry and frequency-doubling technology as the functional parameter and rim area and retinal nerve fiber layer thickness as a structural parameter. Using this data, her team developed a system to flag for progression with greater sensitivity.

David Friedman, MD, MPH, PhD, of Wilmer Eye at Johns Hopkins in Baltimore, took the stage to present the “President’s Lecture” on big-name glaucoma research—such as OHTS, EAGLE, EMGT, CIGTS—conducted over the last several decades and what lessons from each study doctors can incorporate into their own clinics. As Dr. Chaglasian predicted, the presentation led to much dialogue, discussion and discourse, including input from such luminaries in the field as Murray Fingeret, OD, FAAO—who speculated about the studies’ methodologies—and Robert Fechtner, MD, who wondered about complications associated with laser iridotomies.

Brain Matters
John Berdahl, MD, a cataract, refractive, glaucoma and corneal surgeon with Vance Thompson Vision, and Brian Samuels, MD, PhD, associate professor of Ophthalmology at the University of Alabama in Birmingham, wrapped up the morning discussing glaucoma’s relationship with intracranial pressure and the central nervous system as a whole.

“I personally suspect glaucoma is an axonal disease, not a vascular disease,” Dr. Berdahl said, explaining that research shows patients with glaucoma have a lower cerebrospinal fluid pressure.

Dr. Samuels’ research shows that in the 1940s, 50s and 60s, investigators believed eye pressure was “controlled by the brain.” Dr. Samuels said. “I admire how much they were able to do with minimal techniques. They didn’t have CRISPR, they didn’t have molecular biology.” Those studies focused on a part of the diencephalon (known as the “old brain”) called the hypothalamus. It turns out that those historic researchers were more accurate than they may have known, as current research shows stimulating this area can evoke increased intraocular and intracranial pressures.

Dr. Berdahl returned in the afternoon to discuss minimally invasive glaucoma surgeries (MIGS).

“It’s incumbent upon us to make sure that our patients know what their options are with glaucoma surgery,” Dr. Berdahl opined.

DIVE IN TO THE DIPLOMATE PROCESS

“Diplomate of the American Academy of Optometry” is the highest academic distinction awarded by the group. The eight sections all share common features of being intensive, demanding and focusing on advanced education of the candidate. Dr. Michael Sullivan-Mee, OD, FAAO, a Diplomate with the glaucoma section, credits the process with helping him strengthen his grasp of glaucoma, as well as improving his clinical acumen overall.

“Although I felt reasonably confident in my glaucoma knowledge prior to initiating my candidacy for the AAO diplomate program in glaucoma approximately 15 years ago, the program continues to profoundly impact my clinical abilities, approach and understanding of both glaucoma and vision,” Dr. Sullivan-Mee says. “The amplified confidence that I gained through the diplomate process, which is primarily built on review of evidence in the peer-reviewed literature, resulted in a level of clinical performance that was otherwise unattainable. Further, the diplomate program’s benefits have not just been limited to the field of glaucoma; the proficiencies extend to all aspects of professional life.” For those seeking this professional growth, consider taking the plunge and becoming a diplomat. Visit the Academy website at www.aaopt.org/fellows/diplomates for more information on diplomate sections and their respective processes.
Because retinal disease and neuro-ophthalmic disease often overlap, it can sometimes be difficult to determine if a patient’s signs and symptoms are related to a retinal or a neuro process. Those who would like to learn more about how to differentiate between the two should make room in their Thursday afternoon schedules to attend “From Retina to Neuro.”

The course, taught by Kelly Malloy, OD, FAAO, and Carlo Pelino, OD, FAAO, will take a case-based approach to show attendees when to refer a patient for retina service, when to refer for neuro service and when to refer for both.

“We want to show that when you’re looking at the retina, you’re looking at the brain indirectly,” says Dr. Pelino. “Even though they are two separate entities, sometimes you can’t separate them.”

Drs. Malloy and Pelino will start things off by establishing the connection between retina and neuro processes with a discussion of the eye as an extension of the brain. “Through anatomy and physiology, we will show how similar the retina is to the brain,” says Dr. Pelino.

After that, the session will turn to some key differences between retinal-based issues and neuro-based ones. This section will highlight potential causes of unexplained vision loss, optic disc edema, vascular sheathing and hemes or cotton wool spots. From there, focus will turn to case examples that bring the session full circle. These cases will include full history reports, clinical assessments, diagnoses, treatment plans, follow-ups and subsequent adjustments.

“We put together five cases that started out being looked at as retina and ended up being neuro or having a neuro component,” says Dr. Pelino. “We will also show the lab work and how the retinal and brain findings indicate the right findings to reach a diagnosis.”

Retina cases aren’t always straightforward, and often the brain can be the true culprit. Tomorrow’s session will present several real-world examples.
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REFERENCES: 1. Data on file. Bausch & Lomb Incorporated. Rochester, NY; 2012. 2. Results from a 7-investigator, multi-site study of Biotrue® ONEday for Astigmatism on 123 current non-daily disposable toric soft contact lens wearers. Lenses were worn on a daily wear basis for 1 week.

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