

OPTOMETRIC CLINICAL
PRACTICE GUIDELINE

Care of the Patient with
Amblyopia



1994 Optometric Clinical Practice Guideline
on Amblyopia.

ERRATUM: "I" TO EYE – 66 YEARS OF OPTOMETRY THROUGH THE EYES OF A CLINICIAN, EDUCATOR, ADMINISTRATOR, CONSULTANT AND PUBLIC HEALTH OPTOMETRIST

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Editor's Note: *The last page of Dr. Caplan's article in the January, 2017 issue of Hindsight was inadvertently omitted in the final version published in Hindsight. The last page is presented here starting from the heading on the previous page. Our apologies to Dr. Caplan for this omission.*

The Profession 1994-2013 –

Changes in Optometry during these years were not nearly as dramatic as those which had occurred over the previous 45 years, but there were still some major transformations. The number of women going into the profession grew substantially. When I was in optometry school, there were 3 women in my class and over 250 men. By the late 90's, women had outnumbered men in many of the schools of optometry and within another generation or two, there will be more female optometrists than male. The introduction of new high tech, sophisticated diagnostic instruments, which started back in the 70's with the auto-refractors and programmed perimeters continued at a rapid pace. Retinal imaging and corneal topography instruments became the latest tools for improved diagnosis, treatment and management of ocular anomalies. The solo practice mode, the keystone of the practice of optometry when I started in 1950

was gradually fading from the scene. The cost of furnishing, equipping and running a solo practice had become so astronomical that it was no longer feasible to be a solo practitioner. Many private practices were purchased by ophthalmology and optometry group practices, referral centers and multi-disciplinary practices. Optometry school graduates now had multitude choices of employment, very few of which were available in the earlier days. A good percentage of graduates choose to pursue a one-year residency for post-graduate work in primary and specialty areas in optometry. This placed them in a much more favorable position for employment in optometric education, or for positions in the Veterans Administration and Referral Centers. The V.A., the Military, and the Indian Health Service offered career oriented opportunities, with good pay and excellent fringe benefits. Commercial entities offered high paying positions and opportunities to work part-time, especially for the many whose priorities, while they are still young, were raising a family.

In 1994, the AOA published the first series of Optometric Clinical Practice Guidelines (OCPGs). They combined the best available current scientific evidence and research with expert clinical opinion to recommend appropriate steps in the diagnosis, management, and treatment of patients with various eye and vision conditions. A total of 20 OCPGs were published over the next couple of

years. Dr. John Amos, as Chair of the Clinical Guidelines Coordinating Committee, was the guiding force behind this major endeavor. Review with revisions are continuous.

Four new schools of optometry opened their doors in the twenty-first century: Western University of Health Sciences School of Optometry, Midwestern University of Health Sciences College of Optometry, University of the Incarnate Word Rosenberg School of Optometry (UIWRSO) in 2010, and the Massachusetts College of Pharmacy and Health Sciences College of Optometry. Midwestern University will be opening a College of Optometry at its Downers Grove campus in 2016 and new colleges of optometry are expected to open in Kentucky and West Virginia in the next couple of years. On July 1, 2008, PCO became Salus University, consisting of four colleges: Pennsylvania College of Optometry; George S. Osborne College of Audiology; College of Education and Rehabilitation; and College of Health Sciences. In 2013, at the 109-year-old Southern California College of Optometry, Marshall B. Ketchum University was established and named in Ketchum's honor to recognize his dedication to developing inter-professional education. The first program to be added was the School of Physician Assistant Studies, which opened in 2014.

Conclusion. Before ending this 66-year journey of my years in Optometry, I would like to close with a tribute to those who made Optometry what it is today. This is my personal opinion and does not take into account those individuals whose equally important contributions to the profession, either took place before I became actively involved in the profession or



The Kentucky College of Optometry at the University of Pikeville welcomed its first class in the fall of 2016.

after I was actively involved, or those whom I never had the opportunity to get to know on a more personal level. So for those whom I failed to list, I do apologize, as I am sure their contributions are as significant as the many whom I have mentioned.

My four leading “game changers” for Optometry in the past 66 years are Dr. Henry B. Peters, Dr. A. Norman Haffner, Dr. Irvin Borish and internationally, Dr. Brien Holden.

The following are those whom I was fortunate to interact with in one way or another and whom I consider the “other great ones” who made a difference in my life and for our profession. The names are without the Dr. title or their degrees since I wanted them listed as they are or were known to me. John Amos, Arol Augsburger, Bill Baldwin, Jimmy Bartlett, Irv Bennett, Jim Boucher, Joan Exford, Ron Fair, Dave Hansen, Michael Harris, Dick Hopping, Don Korb, Richard Lippman, Jerry Lowther, Bob Mandell, Ed Marshall, Charlie Mullen, Bob Newcomb, Al Rosenbloom, Jack Runinger, Mel Shipp, Mort Silverman,

Rod Tahrán, John Townsend, Satya Verma, Rick Weisbarth, John Whitener, Brad Wild, Siu Wong, and Stan Yamane.

References

1. Caplan L. Early History of the Association of Optometric Contact Lens Educators 1974 – 1998. AOCLE Newsletter 1997, 1998.