

EDITORIAL

CHANGING REALITIES

There are some issues that are never solved. They ebb and flow and have a life of their own. One such issue is that not all optometrists ascribe to a functional/behavioral model of vision. This is frequently a topic of discussion between and among optometrists who actively apply the philosophy to clinical practice.

The issue recently resurfaced via electronic conversations on the VTOD List Serve based at Indiana University. It started with the story of a patient who had a blatant binocular dysfunction that had either been missed by previous practitioners, or had never been considered. The optometrist who started the discussion, examined the patient and pointed to the consequent and unnecessary difficulties the patient had encountered in his academic career. This set off a lively discussion with other optometrists who had experienced the same type of situation.

The next phase of discussion was finger pointing and yet again, the schools and colleges of optometry were deemed the culprits. So, exchanges of optometric educational institution bashing ensued. The title of the initial messages was *The Barn Burning Around Us* but as the discussions continued, someone correctly changed it to *Preaching To The Choir*.

Dr. David Goss waited until most of the electronic conversations were over, and then made some observations from the perspective of his distinguished career as an optometric educator. Some of them follow:

- The traditional and unique aspects of optometry are not held to be as important as ocular disease diagnosis and treatment.

- Prospective optometry students are often told that optometry is a good field now that optometrists can prescribe drugs.
- Many optometrists seek to emulate ophthalmology rather than recognizing and celebrating the unique strengths of optometry.

Nevertheless, Dr. Goss pointed out that there are pockets of students with interest in vision therapy (VT), and these individuals need encouragement, not only from faculty, but from private practitioners.

These observations present the reality of the position that VT occupies in the optometric curriculum. It is also important to realize that as the profession necessarily increased its scope of practice, other areas, e.g., optics, low vision and contact lenses, have received less emphasis too. However, there is another reality that needs to be considered.

In the best of all worlds, all optometrists would include vigorous consideration of the diagnosis and treatment of accommodative, binocular and visually related perceptual conditions in their concept of full scope optometry. The reality is that this has never been the case. Even in the days before the profession was granted the privileges of using diagnostic and therapeutic pharmaceutical agents, only a minority of optometrists seriously embraced a behavioral and functional regimen of practice. I propose that this was, and continues to be, a consequence of what is required to seriously practice in this manner. The optometrist must make a commitment to the patient that goes beyond the usual bounds of diagnosis and therapy; he or she frequently becomes very involved with patients'

teachers, psychologists, physical and occupational therapists, and more recently, physiatrists. These relationships require significant report writing, phone conversations and inclusion at joint team meetings with the patient's other involved professionals. It is quite different from the model of health care that can be characterized by "I have done my particular job, and the rest is up to others."

If there is a wish to change these realities, the least effective manner is to engage in finger pointing. This involves a sequence where: practitioners blame faculty; faculty blames administration; administration blames the profession for increasingly requiring more courses to be given in the area of ocular disease diagnosis and therapy.

On a more positive note, it is important to realize that some actions are taking place to change the present realities. The Optometric Extension Program Foundation (OEPF) has initiated a program where optometry students receive kits containing VT devices; the College

Irwin B. Suchoff, O.D., D.O.S.

of Optometrists in Vision Development (COVD) has engaged in a public relations program focusing on the benefits

Continued on page 16

EDITORIAL continued

of VT. Both organizations also offer optometry students special considerations in terms of educational meetings and print material.

Undoubtedly, these organizational actions are having a positive impact. However, an additional group, namely, private practitioners, can have provide a further impetus. A program that is already in effect involves establishing one's office as an externship site for 4th year optometry students. There is a new reality for students who experience the effective and efficient application of VT in the "real world". This is often not possible in an academic setting; here, one must deal with curricular as well as institutional constraints. Another method is for private practitioners to inform their non-VT optometric colleagues about recent advances in the field. This can be done with presentations to office staffs, by updates on research, and by lunch and dinner conversations. While the present non-VT practitioners will probably not include that intervention into their practices, it can alert them to visual problems that can be treated by VT. I know that some of our readers are already engaged in this type of activity.

Both of these methods require the private practitioner to expend significant time and effort. However, if the present realities are to change, these efforts are necessary.

GUEST EDITORIAL

THE VALUE OF THE PEN

George E. Foster, O.D.

As a private practitioner for 29 years, I was always in awe of those who could compile data and experiences for publication. The effort to organize a paper into a coherent and cohesive form that resulted in a readable article or publication is overwhelming to me. Private practitioners generally believe that the “academician” has some superior brain function; that it takes a special research type person to generate publications. In the seven years I have served as the Dean of the Northeastern State University Oklahoma College of Optometry, I have found my preconceived perceptions of “academia” were certainly skewed. Faculty members, in general, are no different from their private practitioner colleagues. Many optometrists, no matter where they serve, feel intimidated by the writing process.

There is the common thread throughout the profession to share knowledge. The need to share is a calling; a calling to be of service to our fellow man. The optometric slogan of “Next to life itself, God’s most precious gift is vision” permeates this great optometric profession. Likewise, all of us have a professional curiosity that begins with a “Why?” or a “What if?” or a “What about?” One does not need to have superior intelligence to study or write. One only needs the curiosity to search for the answers to “why,” “what if,” or “what about.”

Northeastern State University Oklahoma College of Optometry is very much indebted to Dr. Irwin Suchoff, the

editor-in-chief of the *Journal of Behavioral Optometry*. He came here during January of this year as a Visiting Scholar. After he recovered from the fact that we talk differently than he does (but not that much of a difference since he moved to Georgia), that we have no tall buildings to act as landmarks, that we have clean quiet air and no traffic jams in Tahlequah, he was able to fulfill his teaching duties to our students, faculty and residents. He presented several lectures on the optometric interventions for patients with acquired brain injury; but perhaps his most important contribution was conducting a workshop for developing procedures and strategies to successfully write articles for peer-reviewed journals.

Those who attended the workshop quickly began to have the same revelation that I referred to previously. Namely, the realization that their curiosity and innate desire to explore ideas is the critical factor in writing, and that it is not as difficult to articulate findings and thoughts as they had feared. Dr. Suchoff’s mentorship empowered the participants to simply begin writing by focusing on a research or clinical question. He proceeded to guide the participants in basic research design and reporting the results. Further, Dr. Suchoff discussed the protocols for case reports and literature reviews. The experience our faculty and residents shared while participating in this writers’ workshop was outstanding. The participants now know that motivation and discipline are the ONLY obstacles to writing a journal article, presenting a poster or

even developing a book. It is the passion that one feels when undertaking such a journey that helps to overcome the insecurities and inertia to proceed with writing.

This issue of the *Journal of Behavioral Optometry* reflects the product of Dr. Suchoff’s workshop. All of the articles published in this issue come from students, residents and young faculty members of our college. These articles are a direct result of the writers’ workshop. Dr. Suchoff’s motivation and empowerment in the presentation of this writers workshop precipitated each of the papers found published in this issue. This issue clearly demonstrates that previously unpublished optometrists can write publishable journal articles. All one needs is to realize that there is no impediment to prevent one from writing other than our own self imposed barriers. There are an infinite number of “whys,” “what ifs,” and “what abouts” to be investigated.

The profession needs to be about the business of investigating the “whys,” the “what ifs” and the “what abouts.” Investing in these questions is desirable because we are a learned profession and it is incumbent upon us to do so. This process is desirable because the questions are there and our innate curiosity dictates it. Most of all, it is desirable because knowing more “whys,” “what ifs” and “what abouts,” will help us to better serve the public which is, after all, our sworn moral and ethical responsibility.

Thank you, Irwin, for being such a great cousin in the family of Optometry.

EDITORIAL

MORE ON VISION SCREENINGS

A recent research article that was published in the *Journal of Ophthalmology*¹ is unique in at least three respects. It was multi-centered, and the first level of uniqueness is that all of these locations were at a school or college of optometry. Its purpose was to compare the effectiveness of a number of commonly used vision screening tests to identify specifically targeted conditions. These conditions included; reduced visual acuity (VA) with amblyogenic factors, reduced VA without amblyogenic factors, strabismus, and finally, significant refractive errors. Failure criteria for each condition were clearly stated. The sample consisted of 2588 children between the ages of three and five.

The second level of uniqueness is that the clinicians who conducted all testing underwent a rigorous training program for standardized administration of the various tests; this is frequently not done in research on visual screenings. The study identifies these individuals as licensed eye care professionals (LEP). The overwhelming majority of these clinicians were optometrists who had "experience in eye care of young children." A much smaller number of pediatric ophthalmologists were also included. The third level of uniqueness, or more aptly surprise, is that this National Eye Institute funded study, which was housed at optometric institutions and conducted primarily by optometrists, was not published in an optometric journal.

Nevertheless, it is important to note that this project is, in my opinion, the most carefully planned and executed study of its kind. The research design is elegant. For example, the sample was composed primarily of pre-schoolers who had failed a previous Head Start or other vision screening. Thus, there was a good probability of failure of the targeted conditions; but the overrepresentation of the previous screening failures was accounted for in the study's statistical analysis. Each child whose data were reported in the results underwent the standardized screening at the site, and also was given a gold standard examination (GSE) by an LEP who was trained and certified beyond the screening testing. The GSE consisted of monocular distance VA's, cover testing at distance and near, and cycloplegic retinoscopy. Thus, the findings of the GSE were used to determine the specificity and sensitivity of the various screening tests.

The project is termed the Vision in Preschoolers (VIP), and the recent report is the first of three phases. In this Phase I, the intent was to have the screening tests evaluated by trained optometrists and ophthalmologists in a standardized environment. In Phase II, screening will be done by "...pediatric nurse and lay screeners in realistic screening environments, and in Phase III (where) primary screening tests (will be administered to) a more general population"^{1(p648)}. The implied intent is then to determine the level of expertise and the best environ-

mental conditions required for optimal screening results.

There are many interesting aspects and nuances of the study that are beyond the scope of this editorial. However, an important piece of information is that even under the optimal conditions of Phase I (i.e., trained optometrists and ophthalmologists doing the screenings in a standardized environment) the most effective screening tests did not identify some one third of children having one or more of the targeted conditions that were found by the GSE.

This "bottom line" might call to mind a letter to me by H. Dunbar Hoskins, MD, Executive Vice President, the American Academy of Ophthalmology, and Michael Fleming, MD, President, The Academy of Family Physicians.²

Continued on page 69

Irwin B. Suchoff, O.D., D.O.S.

EDITORIAL continued

They had only negative comments about the methods, results, conclusions and motivation to a study by Zaba, Mozlin and Reynolds³ that was published in this journal. Zaba, Mozlin and Reynolds compared the effectiveness of vision screenings to full vision examinations as a result of the Kentucky law that mandates an optometric or ophthalmological examination for children first entering school. That article concluded that: Vision screenings certainly play an important role in identifying visual dysfunctions in a variety of settings. However, our data strongly indicates that, in the case of youngsters entering school for the first time, vision screenings can identify some youngsters with visual dysfunctions, but can miss a significant number of others.³(p125)

The results of Phase I of the VIP study certainly add more evidence to this conclusion, and hopefully will be read by Drs. Hoskins and Fleming.

References

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2. Hoskins HD, Fleming M. Letter to the editor. *J Behav Optom* 2004; 15:17.
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EDITORIAL

MODELS OF THE VISUAL SYSTEM

In the foreword to the book *Models of the Visual System*, Dr. Lawrence W. Stark proposes that:

Philosophers, like Plato and Kant, have long speculated that we can have no knowledge of the external "real" world, the chaos outside of our minds. We can only introspect and consider various levels of models and by surviving convince ourselves that these schemas describe the so-called "real world."¹

Behaviorally based optometrists are perhaps the greatest users of models in the profession. A frequent question that is raised in conversations is "What's your model of vision?" Further, it is not unusual for speakers sponsored by the Optometric Extension Program and the College of Optometrists in Visual Development to start their presentations with their models.

The editors of *Models of the Visual System*, George K. Hung, PhD and Kenneth J. Ciuffreda OD, PhD, have done a remarkable job. The text is true to the title. The first chapters contain models of the following systems: optical (cornea and lens), neurosensory (retina and visual cortex), oculomotor (accommodation, vergence and accommodation), and eye tracking (saccadic and pursuit system, saccade-vergence interactions). The middle chapters discuss the perceptual system and include models of texture, motion, visual attention, cognitive processing and perceptual space. The last

section is designated Clinical System Models and includes: vergence model parameters and clinical vergence tests, model-based understanding of clinical vergence testing, refractive error development, reading disability, and dysfunction (nystagmus basics and multisensory feedback therapy for oculomotor dysfunction).

Thus, the book is organized in a manner that mimics the visual system; from light entering the eyes, and how the eyes act to obtain and modify that information for its arrival at the visual cortex. The middle chapters present models of the next level, the information processing perceptual/cognitive aspects of vision, while the last section presents the more clinical applications of models that have been developed in earlier chapters.

Drs. Hung and Ciuffreda were able to obtain some of the leading researchers and clinicians for each of the book's chapters; these authors are a veritable "who's who" in the basic vision and clinical sciences. As a result, each chapter thoroughly covers, and presents cutting edge information of, the topic. Consequently, the reader will come away with the appreciation that in all areas, there are a number of feasible models that seek to explain the underlying mechanisms. Further, the book was truly edited; the chapters are well organized and well written. Both editors have made impressive contributions to explaining vision in terms of

bio-engineering, and the book reflects this orientation; mathematical explanations and schematic representations form the basis of virtually all chapters.

There will be few who read this book from cover to cover; it is not intended to be that kind of publication. However, those who teach and /or write about optometry at any level should have ready access to it; their presentations will be efficiently enhanced and made up to date by the chapters relating to their areas of expertise. The select group of clinicians, who are intellectually curious and wish to broaden their understanding of the visual system, will also find this book as a valuable resource. It will serve to better contend with the "chaos outside of our minds" that often presents obstacles and uncertainties to providing optimal care.

Reference

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EDITORIAL

THE TWO FACES OF OPHTHALMOLOGY

Dr. Paul Freeman recently produced an editorial in the *Journal of Optometry* that should be read by all optometrists.¹ The editorial has a general message: published research is often reported by the media without understanding the limitations of the research itself, and the veracity of the authors' conclusions.

Editor Freeman wrote that his motivation was an article in *USA Today* reporting a study that concluded some 25% of children with normal eyes, who have comprehensive vision exams, may be prescribed glasses unnecessarily. He then obtained and read the original study. It appeared in the publication of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS)² and was authored by Dr. Sean P. Dohanue. Dr. Freeman's major conclusion was that the study was flawed because the criteria for prescribing were based exclusively on amblyogenic factors and that :

To characterize a child as normal, solely on the basis of the absence of amblyogenic factors, is a narrow definition designed, in my opinion, to represent a baseless "reality" of spectacle over-prescribing.^{1 (p.473)}

In the same issue of the AAPOS Journal there appeared an editorial by pediatric ophthalmologist, Steven J. Lichtenstein.³ He sought to connect the alleged unnecessary prescribing of glasses with the recent law in Kentucky that mandates a complete examination by an optometrist or ophthalmologist for children first entering school. Dr. Lichtenstein laments that :

This removes the pediatrician and the family practitioner from taking care of their patients, removing them from what the American Academy of Pediatrics terms their "Medical Home."^{3 (p.223)}

Dr. Lichtenstein's implication is that full ocular and visual evaluations, performed by licensed optometrists or ophthalmologists, can be preformed by pediatricians and family practitioners. If so, he might next propose that those states requiring a qualified dental examinations for school children also remove pediatricians and family practitioners from their "Medical Home."

Dr. Lichtenstein goes on to claim a national conspiracy by organized optometry and the Vision Council of America (VCA) to pass mandatory comprehensive examination legislation because of a corporate, bottom line mentality. This is reminiscent of a Letter to the Editor of this Journal, by Dr. H. Dunbar Hoskins, an officer of the American Academy of Ophthalmology, and Dr. Michael Fleming an officer of the American Academy of Family Physicians.⁴ They commented on an article we published comparing the efficacy of vision examinations and vision screenings based on data obtained as a result of the Kentucky Law.⁵ Similar to Dr. Lichtenstein, they also insinuated nefarious motives to organized optometry and the VCA to promote this type of legislation. Both Lichtenstein's and the Hoskins & Fleming's claims are made without substantiating evidence.

In a somewhat different arena, ophthalmology has also sought to take measures against optometry. The American Academy of Ophthalmology (AAO) has

deemed fit to ban optometrists (non-members) from the educational activities at its annual meeting.⁶ The action is ostensibly because these non-members, who took courses, used their attendance as arguments to increase their scope of practice. This academic blackmail is reminiscent of the 1950's and 60's when the American Medical Association, at the behest of ophthalmology, decreed that it was unethical for its members to teach in a school or college of optometry. Add to this the recent attempts by ophthalmology to seek legislation that would significantly limit a well-established scope of practice for those optometrists who staff facilities of Department of Veterans Affairs; one can reasonably believe that there is a concerted effort by ophthalmology to discredit optometry.

However, there are two faces to ophthalmology. One is that of many practicing ophthalmologists who depend on

Irwin B. Suchoff, O.D., D.O.S.

EDITORIAL continued

optometric referrals for various surgeries and the treatments of ocular disease beyond the optometric scope of practice.

This is a smiling face, and it seeks to establish cordial relations. The other face is frowning and accusatory; Dr.

Lichtenstein's editorial is characterized by finger pointing and "holier than thou," and is the word picture of this face. It is possible that the frowning face of ophthalmology is conducting activities not in the interest of its smiling face. There is the distinct possibility that some components of organized ophthalmology are unaware of the referral patterns to many of its members?

Optometry's increasing pre-and post-doctoral requirements have resulted in a significantly increased scope of practice, and this might well be a factor in these attacks on the profession. Optometry has established a place and role in the nation's health care system that apparently is threatening to the frowning face, but has been more graciously received by the smiling face. At some point in time this schizophrenia of ophthalmology regarding optometry must be resolved. For the sake of the public and ophthalmology, the smiling face will win. In either case, optometry will survive and prosper.

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EDITORIAL

THE FIFTEENTH YEAR

In the last issue of the 1990 *Journal of Behavioral Optometry (JBO)* my editorial was entitled "The First Year." In it I stated that two births had occurred within a recent four month period that were very important to me; that of our first grandchild, Katie Jane Nietman in Georgia (September 25, 1989) and that of *JBO* in New York and California (January 4, 1990).

Katie is now 15 and started high school and this issue of *JBO* marks the end of its 15th year.

They have some things in common. Both were born at a time when communication technology was starting to impact the way we live. The first high technology the *JBO* experienced was FAX machines at my home, then in New York, and at the Optometric Extension Program's (OEP) office in Santa Ana. Katie started using first generation computerized toys by the time she was about four. Then came personal computers. I bought mine in 1991, but it was not until 1995 that we were able to accept articles by electronic transmission. The submission, peer review process, and communications between authors and *JBO* have now become almost exclusively electronic. Katie, like most of her peers seems to have a knack for computer expertise and literacy and cannot imagine a life without one. A difference is that

JBO does not have a cellular phone, which is a vital part of Katie's life.

The fifteenth year has been a time of particular change for both. Entering high school has brought new responsibilities, expectations, initiatives and people into Katie's life. This year we provided *JBO*'s 10-year cumulative index, that had previously been distributed in print form, and the subsequent yearly indexes of the published articles titles, authors and subjects on the OEP web site (oep.org). However, we decided that the format isn't as user friendly as it could be. Consequently, it is planned to develop a database where one can more easily perform a search and access abstracts. Along the same lines, after several attempts, *JBO* has been included in the database of the American Psychological Association, PsycINFO. This took effect with the first issue of 2004.

Many of the same people have remained important in Katie's and *JBO*'s life and new important ones have entered over these fifteen years. Among them, Katie has acquired two cousins, Evan (five), and Isabel (three) Suchoff. They are both able to operate videotapes, CD ROMs and play educational games on their own and their parent's computers with a considerable degree of facility. At this time their cellular phones are

toys, but it won't be too long before real ones become a necessity.

The many authors and peer reviewers who have been significant contributors to its growth and development have enhanced *JBO*'s life. Its immediate family has been exceptional. Managing editor Sally Corngold has provided devotion and caring expertise to its production, and Kathleen Patterson has provided creative and unique artistic expertise to its content. Executive director Bob Williams and the various OEP boards of directors have been nurturing and supportive. I thank all of these people for what they've done to make it a wonderful fifteen years.

Irwin B. Suchoff, O.D., D.O.S.

GUEST EDITORIAL

LANGUAGES & UNDERSTANDING

Robert A. Williams, OEP Executive Director

The 1st International Congress of Behavioral Optometry (ICBO), held in 1990 and co-sponsored by the European Society of Optometry (SOE), was simultaneously translated into five languages: English, Italian, French, German, and Spanish. As a co-sponsor, SOE was required by their by-laws to present all educational programs in the major European languages. I have no way of knowing how effective the translated information was received by the attendees. Translating professional material is more difficult than ordinary conversations. Further, simultaneous translation is expensive, about \$2000 per language per day, or \$30,000 for the five languages for the three-day Congress.

When planning the 2nd International Congress of Behavioural Optometry in Sydney, Australia, it was decided that the official language of the Congress would be English. Chris Henderson, a founding Board member of the Australasian College of Behavioural Optometrists, our host and co-sponsor for the 2nd ICBO, quipped at the time, "That is fine with us, but what about the Americans?!" We made concessions to our hosts, as can be seen in the official name of the Congress; we added the Australian "u" in Behavioural. The Congress had an educational programme; someone talked about col-

our vision and we had morning and afternoon tea, not coffee breaks.

OEP translated and published a number of our more popular Patient Information pamphlets into Spanish several years ago. As soon as these pamphlets were released I started getting calls from Spanish-speaking Clinical Associates about the translation. It seems there are several versions of Spanish, depending on the country or region of origin of the reader. We had calls from Florida requesting a Cuban version and similar calls from Puerto Rico, Spain and Mexico. Seems our translation was none of these specifically, but rather an Americanized Spanish that might work for Spanish-speaking people in the United States, but was not Cuban, Puerto Rican, Mexican or Castilian. And, the pamphlets were wrong for *everyone!* OEP stopped printing translated pamphlets and began granting permission to others to print in appropriate local languages.

In working with the British Association of Behavioural Optometrists, I have been told that most of their members will not use the OEP Patient Information pamphlets because they are too Americanized. To some degree the Australians feel the same way, but tend to be a little more accepting of subtle differences. Chris Henderson even al-

lowed a few Americans on the 2nd ICBO programme without a translator!

OEP has worked with Consejo Mexicano de Optometria Funcional (COMOF), or what we call OEP Mexico for short, for about 10 years. We assist in their annual educational Congress, providing supplies, materials and equipment for vision therapy and granting permission to translate OEP publications for use in Mexico and Latin America. OEP was not the first to provide support to the Mexican optometrists and therapists who are now members of COMOF. There are several therapy centers in Mexico that many years ago imported expertise to local clinics in Mexico City, Leon and Cuernavaca, among others. Well-known Americans like Drs. Bill Ludlam, Bill Padula, Steve Chase, Rich Glonek and Diana Ludlam have invested a great deal of themselves in the Mexican centers for many years. COMOF has held annual Congresses for the past eight years and brought in such notables as Drs. Don Getz, Bob Sanet, Greg Kitchener, Harold Solan, and Leonard Press as speakers. Their desire to learn and grow as behavioral optometrists and professionals is great.

Our Mexican colleagues have learned well and developed quickly. Jesus Espinosa Galaviz, OD, founding

Continued on page 157

President of COMOF, was selected to present a paper at the most recent ICBO, in Versailles, France in 2002.

In October 2004, COMOF members presented themselves on a different stage, the COVD International Examination and Certification Board at the COVD Annual Meeting in Cancun, Mexico. Eight members of COMOF took the exams for fellowship (FCOVD) or certified optometric vision therapist (COVT) during the meeting and all passed. Comments I heard during the meeting indicated that the members of COMOF were 'superior' candidates and all performed very well in their oral interview. A key element of that process was, no doubt, the presence of Pilar Vergara, FCOVD on the International Exam Board. You see, Pilo, as she is known, is from Spain, and she speaks fluent Spanish as well as fluent English. Pilo served as the interpreter during the oral interviews. Once everyone knew what the other was saying, it became evident that the quality of the optometry provided by our Mexican colleagues was quite comparable to that offered around the globe. I congratulate COVD on structuring the Fellowship process so that those who are not native English-speaking can participate on a level playing field.

A prominent optometrist once said to me, as we were discussing international optometry, "Bob, don't overestimate the skill level of foreign optometrists." I do not like the term 'foreign' and in this case it was meant in a derogatory way. This was one of those classic instances where you think of the perfect retort; three days later I replied, unfortunately to myself, "And, don't confuse poor English language skills with ignorance or inferiority."

English, or rather American, has been readily accepted as the semi-official language of Optometry. Optometry began in the United States, at least as a recognized, organized, independent profession. Many of the most highly regarded textbooks in optometry were written by Americans and published in the United States. But Optometry has been one of our more successful exports, especially what we call behavioral or developmen-

tal Optometry. OEP has a large number of international Associates who have contributed significantly to the educational program over the years. There are several companies around the world producing wonderful vision therapy equipment, from Italy, Belgium and Australia among others. The global nature of behavioral vision care is significant and permanent. Please, don't ever call them 'foreigners' around me, unless you realize that Americans are foreigners too, in 95% of the world.