EYE CARE PROFESSIONAL EDITION

SPRING 2014

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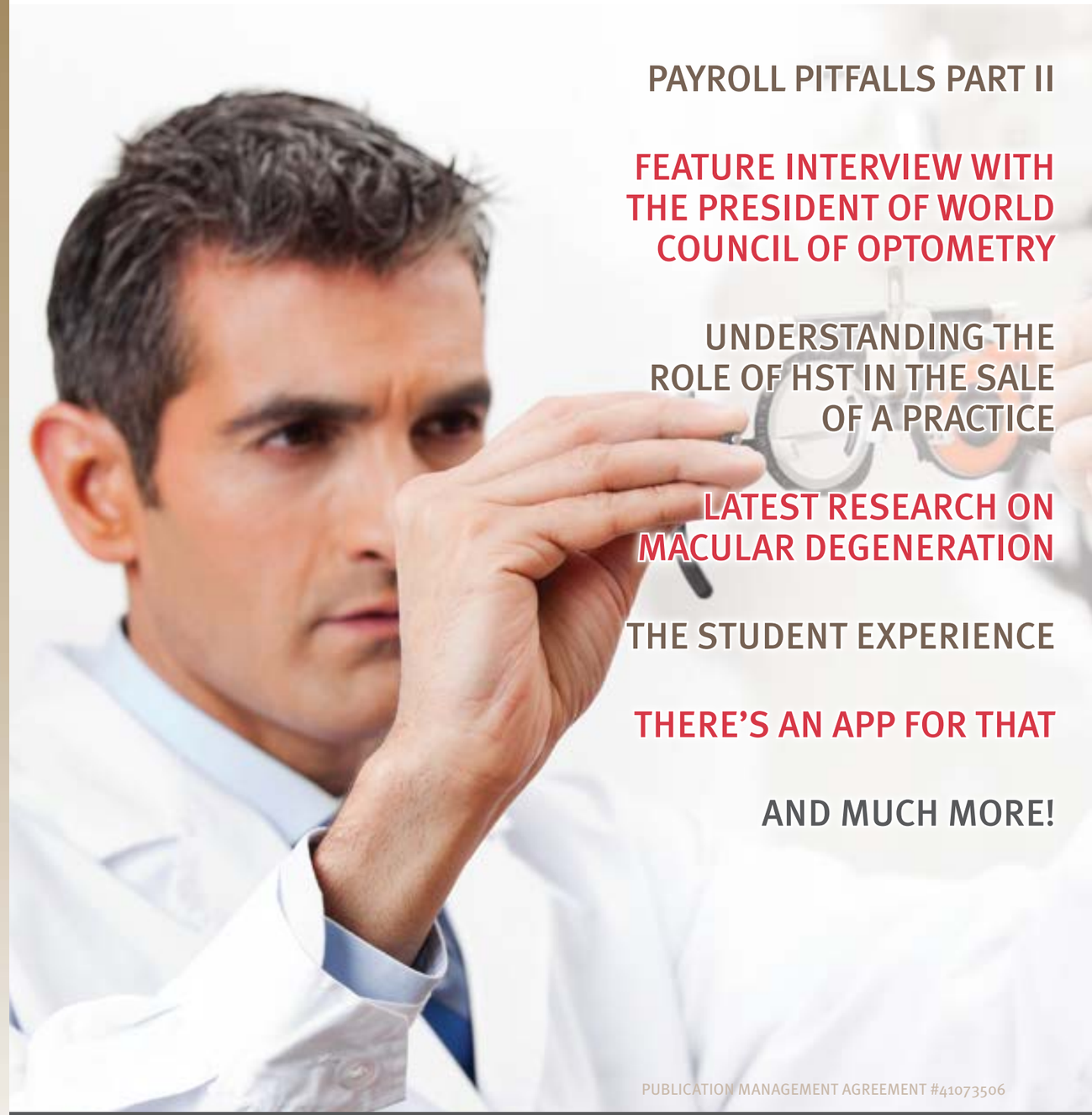

PAYROLL PITFALLS PART II

FEATURE INTERVIEW WITH THE PRESIDENT OF WORLD COUNCIL OF OPTOMETRY

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In The News, News Makers And Content Notes

by Karen Henderson

In The News

Early detection of blinding eye disease could be as easy as scanning barcode

A new optical device puts the power to detect eye disease in the palm of a hand. The tool – about the size of a hand-held video camera – scans a patient's entire retina in seconds and could aid primary care physicians in the early detection of a host of retinal diseases including diabetic retinopathy, glaucoma and macular degeneration. Researchers at the Massachusetts Institute of Technology (MIT) describe their new ophthalmic-screening instrument in a paper published in the open-access journal Biomedical Optics Express, published by The Optical Society (OSA).

The instrument uses a technique called optical coherence tomography (OCT), which the MIT group and collaborators helped pioneer in the early 1990s. The technology sends beams of infrared light into the eye and onto the retina. Echoes of this light return to the instrument, which uses interferometry to measures changes in the time delay and magnitude of the returning light echoes, revealing the cross sectional tissue structure of the retina -- similar to radar or ultrasound imaging. Tabletop OCT imagers have become a standard of care in ophthalmology, and current generation hand-held scanners are used for imaging infants and monitoring retinal surgery.

The researchers were able to shrink what has been typically a large instrument into a portable size by using a MEMS mirror to scan the OCT imaging beam. They tested two designs, one of which is similar to a handheld video camera with a flat-screen display. In their tests, the researchers found that their device can acquire images comparable in quality to conventional tabletop OCT instruments used by ophthalmologists.

To deal with the motion instability of a hand-held device, the instrument takes multiple 3-D images at high speeds, scanning a particular volume of the eye many times but with different scanning directions. By using multiple 3-D images of the same part of the retina, it is possible to correct for distortions due to motion of the operator's hand or the subject's own eye. The next step, Fujimoto said, is to evaluate the technology in a clinical setting. But the device is still relatively expensive, he added, and before this technology finds its way into doctors' offices or in the field, manufacturers will have to find a way to support or lower its cost

SOURCE: Science News

Common antibiotic may combat dry eye

Meibomian gland dysfunction (MGD) is the leading cause of dry eye disease, which affects tens of millions of North Americans. However, there is no FDA-approved treatment for MGD. Researchers from the Schepens Eye Research Institute/ Massachusetts Eye and Ear and Harvard Medical School have just identified a potential therapy

"We discovered that azithromycin, an antibiotic, can directly stimulate the function of human meibomian gland epithelial cells," said First Author Yang Liu, M.D., a postdoctoral fellow at Schepens Eye Research Institute and Harvard Medical School. Their finding is outlined in a Research Letter that was published Online First in JAMA Ophthalmology.

This finding is very clinically significant, because topical azithromycin is the most commonly prescribed MGD treatment in the U.S., but its use is 'off-label,' which means the drug's efficacy has not yet been evaluated and approved by the Food and Drug Administration for patients with MGD. This antibiotic has been presumed to be effective because of its anti-inflammatory and anti-bacterial actions, which may suppress the MGD-associated conjunctival inflammation (i.e. posterior blepharitis) and growth of lid bacteria.

SOURCE: ScienceDaily

Special glasses help surgeons 'see' cancer

High-tech glasses may help surgeons visualize cancer cells, which glow blue when viewed through the eyewear. The wearable technology, so new it's yet unnamed, was used during surgery for the first time at Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine.

The technology, developed by a team led by Samuel Achilefu, PhD, professor of radiology and biomedical engineering at Washington University, incorporates custom video technology, a head-mounted display and a targeted molecular agent that attaches to cancer cells, making them glow when viewed with the glasses.

In a study published in the Journal of Biomedical Optics, researchers noted that tumors as small as 1 mm in diameter (the thickness of about 10 sheets of paper) could be detected.

Ryan Fields, MD, a Washington University assistant professor of surgery and Siteman surgeon, plans to wear the glasses later this month when he operates to remove a melanoma from a patient. He said he welcomes the new technology, which theoretically could be used to visualize any type of cancer. Source: Washington University in St. Louis

The bionic eye

This year, California company Second Sight Medical Products announced U.S. market approval for the first retinal prosthesis to offer artificial vision to those who are functionally blind. The Argus II should be available in Toronto in early 2014.

It is designed for retinitis pigmentosa, a hereditary disease affecting young and middle-aged adults that often leads to near-complete blindness, affecting about 11,000 Canadians.

It works thanks to a miniature camera in the patient's glasses. It captures images that are converted into electrical pulses, which are transmitted wirelessly to an antenna in a retinal implant, bypassing the damaged part of the retina. Those pulses are transmitted by the optic nerve to the brain, which interprets the images and creates patterns of light. It won't restore normal vision, but may help someone do tasks visually, as opposed to by touch.

"This implant gives us the ability to recreate what nature gave us, in terms of the retina, " says Dr. Ike Ahmed, head of the ophthalmology division at Trillium Health Partners in Mississauga, ON. "This is going to lead to more discovery, with other conditions like macular degeneration, which is the leading cause of permanent blindness in Canada. It's that application that is just as exciting." **Source: HuffPost Tech**

News Makers

WebMD reports that **Google** is working on contact lenses with special sensors to monitor diabetes blood sugar levels. The lens measures blood sugar levels in tears using a tiny wireless chip and miniature blood-sugar sensor embedded between two layers of soft contact lens material. Although a person's tears can also show blood sugar levels, the engineers say they've been hard to collect. The lenses check blood sugar once a second and may feature tiny lights that would come on as an early warning of dangerous blood sugar levels. Google's announcement doesn't give details of medical trials or when the lenses might be available. It says it is working with the FDA and looking for partners to help develop the lenses. "It's still early days for this technology, but we've completed multiple clinical research studies, which are helping to refine our prototype," the project team says. "We hope this could someday lead to a new way for people with diabetes to manage their disease." Dr. Oz tested his visual acuity and learned his right eye has 100 per cent and the left 83 per cent... the doctor needs a doctor... **Source: Web MD**

Dr. Oz recommends **Vision Test**, a mobile app to test your vision created for Essilor, the world's largest lens manufacturer. The app is light hearted and engaging; users can test for visual acuity, astigmatism, duochrome and colour and find a local optician. The app became successful almost immediately; it's number one in 32 countries and five continents and averages 3000+ downloads a day. Dr. Oz tested his visual acuity and learned his right eye has 100 per cent and the left 83 per cent... the doctor needs a doctor... **Source: droz.com**

Content Notes

This issue provides two in-depth interviews with two fascinating, very different eye care practitioners. **Dr. Susan Cooper** has been in practice for over 30 years and is what one may call a 'renaissance woman' in that she does it all – with humour, compassion and generosity. **Dr. Lareina Yeung** is more of 'the new kid on the block' but is already making her mark through her extensive volunteer work; she is an excellent example of the younger generation of eye care professionals who bring tremendous enthusiasm and willingness to their patients and practices. **Rick Mares**, our last interview subject, is sight-impaired and uses a guide dog. He shares his courageous story about a 'hiccup' in his life that led him to where he is today.

Lloyd Wright and **Scott Merry** provide wise counsel on the application of HST on the sale of a practice. **Mariana Bracic**, in the second of a two-part article, offers five additional ways to save on payroll costs. We spend some time in the world of optometry students and finally we have included some life style and patient education content we hope will help your patients.

Things to remember… Readers are reminded to go to the inside back cover of this magazine for subscriber information. We encourage you to become a subscriber if you are not one already and we hope you will pass the publication onto colleagues! As always we welcome your comments and suggestions for the magazine; if you would like to write for the magazine and have a story to tell that would interest our eye care professional reading audience, please contact: editor@profitablepracticemagazine.com.

Karen Henderson

Karen Henderson is the Associate Managing Editor of *Profitable Practice* Magazines and can be reached at karen@profitablepractciemagazine.com

How Do I Hemorrhage Thee…
Let me Count the Ways

Part II of II

by Mariana Bracic

This is the second in a two-part series on the gigantic loss of income resulting from a failure to manage payroll rationally. Since payroll is likely your single-biggest expense, it is worth spending effort to ensure that your expenditures are rationally connected to desirable business results, including net income. As the truism goes, "It's not what you make, it's what you keep!" A significant proportion of eye care professionals who approach us to implement comprehensive contracts and policies in their offices are motivated by this precise issue: Instilling a rational discipline into their expenditures on payroll, and stopping the hemorrhaging of their earnings. Fortunately, there is an enormous amount that we can accomplish through proper policies and contractual terms to achieve economic rationality and increase net income for these professionals.

Many of the practitioners with whom we work have impressive business and management skills, such that I enjoy learning from them. They run their offices optimally, in my view, and are as profitable as possible. They attract and retain high-quality employees who are worth the fair amounts paid to them and their workplaces are enjoyable and satisfying for all staff. Unfortunately, we also see practices that are irrationally managed, where the staff are poor performers and don't care about the practice, and where the net income the practitioner keeps at the end of the month is a paltry proportion of what she brings in.

Three key traits shared by the most successful practices that we see are the following:

1) They pay a competitive hourly rate to attract and retain the best staff;
2) They do not pay for time that the worker is not working (subject to statutory minimums like vacation pay); and
3) Successful owners understand that there are many things besides money that motivate and inspire staff (including receiving genuine appreciation from the business owner, a happy, healthy workplace, satisfying work, professional training, etc.)

As business owners, we are well advised to reflect on what business decisions we can make to have a positive impact on incentivizing our human resources. Clearly, economic incentives will have the largest impact, but there will be others.

In Part I in the last edition of *Profitable Practice*, we discussed five of the ways that a practice can waste enormous sums of money through payroll. In this, Part II of the two-part series, we will address five more and the legal techniques that are advisable to stop the bleeding.

Sick days and disability insurance premiums

Providing paid sick days or disability insurance coverage for staff causes more legal and financial problems than it is worth. From an employment-law perspective, one of the problems with paid sick days is that staff are often given "incentives" not to use the sick days and are rewarded accordingly. Such a policy will expose the owner to human rights complaints on the ground that a "disabled" employee is treated adversely relative to a consistently healthy employee.

Disability insurance coverage is the most ill - advised type of sick leave for a Canadian employer to provide to employees. The unfortunate reason for this is case law that effectively puts an employer in the shoes of the insurance company in the event that the employee becomes disabled during what would have been their "reasonable notice period". Such a result could obviously have an absolutely catastrophic financial impact on your practice.

Thirdly, we know from actuarial evidence that the more disability insurance a worker has, the longer it takes them to recover and get back to work. Again, as human beings, we all generally respond to economic incentives. So, from the perspective of rational economic expenditure, as owners we are shooting ourselves in the foot if we spend money only to end up with a positively undesirable business result (increased absenteeism).

Separate vacation pay and vacation time

A very common mistake that we see eye care professionals make is to combine vacation pay and vacation time which requires them to pay more than they are required to do for unproductive time. For example, we often see basic "contracts" or offer letters to employees that state the employee will receive "two weeks' paid vacation". It is typically advisable, and possible under most provincial legislation to separate vacation pay and time. If you have an employee on a one-year parental leave, and you have allowed her "two weeks' paid vacation", then at the end of her year off work, she is entitled to two weeks' paid vacation time. If, however, your contracts separate vacation pay and time properly, as is generally possible under employment standards legislation across the country, then she will be entitled to two weeks' time off, but no additional pay (because 4 per cent of her wages earned—zero in her year off—is zero).

Right to make changes without constructive dismissal

In many cases, we are called upon to help purchasers of practices with their employment-law issues and these cases fall into a very distinct pattern. Typically, the buyer is in a very different financial position from the seller. The new owner typically has extensive debt and, on a rational business analysis has a lot of overpaid staff on his hands. We usually hear things like: "The staff are paid far more than they are worth in the market; the staff demand that I keep paying them two additional weeks' off at Christmas and I cannot afford it; the staff are paid for down time and no one cares to fill the schedule; I would like to extend the office hours but none of the staff will agree to work those hours, etc. etc."

Among the most valuable provisions in a properly drafted set of contracts and policies should be your right to make management changes without triggering a constructive dismissal lawsuit. This requires careful drafting so ensure that you work with a lawyer who practises exclusively in employment law.

Attendance and punctuality

If, as in the case of many offices, your employees are often late or unjustifiably absent, your office productivity will be lower than it ought to be. You should have a clear policy in your Workplace Policy Manual that takes maximum advantage of the legal opportunities to manage attendance and punctuality in a reasonable fashion.

Full time and attention

We often have clients one or more of whose employees work outside jobs, in addition to our clients' offices. Such practitioners sometimes complain about staff falling asleep at a reception desk. There is a fixed amount of productive work a particular human being can perform in a given week. If, as employers, we are paying an employee for full-time hours, it is reasonable to expect them not to work elsewhere without our prior permission. That should be contractually stipulated with your full-time staff.

Bottom Line: Given the enormous cost of payroll in overall expenses, eye care professionals should ensure that they take maximum advantage of the legal opportunities to make their payroll expenditures fully rational and a sound business investment.

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Mariana is proud of the dramatic benefits of her completely unique, niche specialization (HR law + doctors) to her clients' wealth and happiness.

Interview With Dr. Susan Cooper

by Managing Associate Editor

Dr. Cooper started the Brampton Optometry Clinic in 1977 immediately upon graduation from the University of Waterloo. The first receptionist was Dr. Cooper's mom Joan!

Like Dr. Cooper, the other three doctors in the practice are committed to giving back. They all participate in the World Sight Day Challenge. Each year a day is chosen in October which the doctors donate all the proceeds of their exam fees to the World Sight Day Challenge in support of VISION 2020. VISION 2020 is a global initiative to eliminate avoidable blindness before the year 2020 in collaboration with the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB). The office team has also gathered together to participate in the CIBC Run for the Cure to raise money for breast cancer research as well as participating in other community events.

Bramalea Optometric is proud to be the Platinum Winner for Best Optometrists in Brampton for the third year in a row as voted by the local newspaper and patients.

Good afternoon Dr. Cooper! Thank you again for taking the time to meet with me today.

You come highly recommended by a mutual friend and your patient. So let's start at the beginning...where did you go to school?

I graduated from the University of Waterloo in 1977 and started this practice right out of school. Brampton only had four optometrists at the time so the need was there. The practice has moved twice as we have expanded. Currently we have grown to four doctors so the practice keeps us very busy.

So you were an entrepreneur from the very beginning of your career?

I guess I was!! I just had a vision of the way I wanted to practice and the type of practice that I wanted to build!

What is a typical day like for you?

During my day in practice I might see 20 patients; most of my practice is aging along with me so the majority of my patients are seniors. My days certainly aren't as routine as they used to be when my clientele was younger. A large number of our patients are dealing with not only with eye care issues such as cataracts and macular degeneration, but also with systemic diseases such as diabetes and hypertension which can also affect their vision. We spend time not only examining but

educating our patients with regard to their eye and health conditions. I explain what they will face when they have to have cataract surgery, what they can expect if they have macular degeneration and generally what they need to do to look after themselves better. Most of my patients have been with the practice from 20 to 35 years so I will admit we do a lot of visiting…we share family stories as we have watched our families grow up together over the years. I am seeing third generations of family members now as the children and grandchildren of my original patients continue to come to our practice. So I'm busy from the minute my feet hit the floor here in the morning 'til I head out!

Since you graduated, how has the perception of optometrists changed with the public in general?

I think years ago the perception was that you went to the optometrist to have a 'vision check' and get your glasses and contact lenses if they were needed. The scope of the profession has become more medically based and the public is coming to understand that our scope now allows us to do so much more. We can now prescribe pharmaceuticals when indicated for eye disease, independently manage glaucoma and provide routine eye care for diabetics. We are co-managing with family physicians for hypertension and diabetes. We work closely with ophthalmologists; they do the surgery and we often handle the pre and post-op visits for cataract and laser surgery. The public are now more educated about our expanded role as primary health care providers.

What kind of drugs can you prescribe?

Since April 2011, our ocular therapeutic privileges have become quite broad including topical and oral drugs for the treatment of disease of the eye and vision system including glaucoma.

What has changed the most for you over your 37-year career?

I think two big things…one is technology. There so many new instruments that allow us to gain more information about the inside of the eye and the health of the eyes. Also, ocular therapeutics allow us now to prescribe and treat. This is far more convenient for the patient and more efficient for the health care system.

I also find that with the Internet, patients today are much more educated about their own health.

What aspect of your work gives you the most satisfaction?

I retired from the University of Waterloo two years ago from as my position as Director of the International Optometric Bridging Program. I found working with the international students extremely fulfilling and satisfying but my first love is being in general practice. After 37 years I still love coming into the office and interacting with patients and staff.

Have you thought about retirement?

I was just talking to someone the other day about that. I could retire but I just don't know how I could leave my patients… we have watched our families grow over the years. They all know my boys' names and have watched them grow. But I will probably retire in four years; I have a year and a half as President of WCO and two years as Past President remaining.

So what's on your bucket list after you retire?

Travel…I've been on very continent except Australia during the last five months in my work with the World Council, but unfortunately they were quick business trips with little time to explore. And, of course I want to spend as much time as I can with our grand kids. I also want to learn to how to quilt. I know that I will continue to volunteer; I'm hoping when I retire that I can go to Africa or possibly New Zealand and teach a term there.

Between your practice and WCO work I know you are very busy but do you have time for hobbies?

Well, I don't have a lot of time but I like to sew and create books on line; I definitely want to do a book for each grand child containing all the photos from when they were born and am currently working on books for each of our four boys. I love to read and I am starting to enjoy gardening at the lake. We have currently moved to the lake in preparation for retirement.

What three words best describe you?

Oh my gosh…friendly, energetic, and responsible.

If you could have dinner with anyone in the world past or present, who would you choose?

Every time I think of this I change my mind! It would probably be somebody political; right now I would probably choose Nelson Mandela. The World Council Of Optometry does a lot of work in Africa …I think he was a fascinating man! He brought about a lot of amazing change during his lifetime so I think he would be a captivating dinner companion.

What advice do you have for graduates starting out?

I would say to make sure you get yourself a mentor; make sure that wherever you practice you reach out to meet the other optometrists in the area, as they can be your greatest allies. People tend to think of others in their profession as competition but the majority of more experienced optometrists would be happy to provide advice, and to help you along. Optometry is a small profession; we are a real community and act like one when it comes to helping new optometrists. The other advice is to always put your patients first. As long as you remember that they are the reason for your being, and place them first, you will be successful and go home content at the end of your day.

Then where is the best place to network?

At your local association annual meeting and at CE sessions, not only locally but also through other organizations; in other words, stay connected into the system.

Do you have any final thoughts about the well being of optometry in Canada today?

There are people in optometry who are worried about Internet purchasing and the effect it is having. Although I am not naïve and do understand that it will have an effect, I believe that if you continue to do a good job at what you do and educate your patients properly and treat them as you would want to be treated, I don't think this profession has anything to worry about. Our scope is expanding, we have the respect of family physicians and the respect of our patients. I think we have a lot to be optimistic about.

I live in midtown Toronto and because I work with *Profitable Practice* my radar is up regarding the opening of new eye care businesses. It seems that there are more storefront optometrists opening almost daily. Will communities arrive at a point where they will be saturated with optometrists' offices?

I think in large cities you may get that; many young graduates like to head towards the larger cities so Toronto may become more saturated but in a lot of the smaller towns there is a desperate need for eye care professionals. Graduates may need to go where the jobs are as against the big cities.

Let's change direction; can you tell me about the WCO? I had never heard of it before researching you and your work.

I won't go into detail because I know you are putting together a separate piece on the WCO but basically we are the global voice for optometry. WCO is working to make quality eye health and vision care accessible to all. We facilitate the development of optometry around the world and support optometrists in promoting eye health and vision care as a human right.

At heart we are an advocacy organization more than anything else. We do a lot of work with legislation and governments; we don't run missions or go in and do eye examinations. For example when I was in Peru I met with Parliamentarians to talk about expanding the scope of optometry in that country as it isn't full recognized there. We have an Education Committee that's very active; we just put out a model curriculum for universities in countries that are trying to either upgrade their optometry education or start a new school. In the area of public health we once again work with governments trying to get optometry recognized and integrated into the health care system. We also have a Legislation and Regulation Committee. One of the latest actions was support to defeat a bill in Brazil that would force all optometrists to work under the supervision of a physician. We rallied support from WCO members all over the world, asking for letters to be sent to the Brazilian government. In the end, the bill did not go through.

Have you personally gone on eye missions overseas?

Yes I have…we used to go for a week, see a 1000 people and come home. I did it through the Anglican Church but there are many organizations that do mission work. That is changing and in the current world we are now about sustainability. In the long run, people are better off if they are educated to look after themselves rather than going in on a mission and then leaving. The goal of mission and advocacy work today is working towards sustainability. There are still some organizations that go on missions to very remote places but it's happening less and less. An example of this change is the number of optometry schools opening up in Africa. In fact a new school opened in Malawi a few years ago and they had their first graduating class of six last year. It's not a lot but it's a start. Optometrists from here will now go and teach optometry for a term rather than go and just do eye examinations.

As President of WCO what is your primary responsibility?

My main responsibility is to ensure that WCO keeps working to its mission which is to facilitate the development of optometry around the world and support optometrists in promoting eye health and vision care as a human right through advocacy, education, policy development and humanitarian outreach. During my term I will visit all six regions; when I go I attend all their regional meetings, for example…the Latin American Council of Optometry, the African Council of Optometry. When I go I also try and give at least one clinical lecture which helps keeps their conference costs down.

What drew you to the presidency of the WCO?

I started my international work at the university; I was then asked by the Canadian Association of Optometrists to stand for Canadian representative on the Council. I had already been a volunteer on both the education and legislation committees. After I became Canada's rep I was approached to sit on executive and eventually moved up to President. It's been a lot of work but I absolutely love it. In fact, just before you came I looked at my computer and I had three screens of email from the UK from this morning! Working in a global environment means they arrive 24-7 with the time differences!

Let's change gears one more time; please tell me about the recent Zonta award you won.

Zonta is a worldwide organization that promotes women in business and young women pursuing careers. There are Z clubs in a lot of the high schools. I was nominated by one of my patients who won herself this year. She has asked me for five years to be nominated but you have to be in the country the night of the banquet. Unfortunately I had always been traveling with WCO. This year I promised I would be in the country so she nominated me. All my staff attended the banquet which pleased me; I have great staff which also makes coming to work fun…in fact, there hasn't ever been a day when I have woken up and thought I don't want to go in today… I may have wished for another hour of sleep…so I am very lucky. This profession has been very good to me.

Bottom Line: Enjoy your patients as friends but always put them first in your business.

Dr. Susan Cooper

Dr. Susan Cooper graduated from the University of Waterloo in 1977 with a Doctor of Optometry degree and immediately started her own practice. She has participated in many optometric endeavors over her career including being the first woman president of the College of Optometrists of Ontario. Travelling and spending time at the cottage fill her leisure time. Dr. Cooper resides in Buckhorn with her husband and the youngest of their four sons. You can reach Dr.Cooper at susan.cooper@uwaterloo.ca.

The World Council Of Optometry

The World Council of Optometry (WCO) is an international membership organization which is a unifying voice and catalyst for international projects and services that meet the needs of the optometric profession and local communities.

WCO's network includes 150 organizations which represent over 300,000 optometrists, across six world regions. The Governing Board is made of representatives from their six world regions:

- Africa
- Asia Pacific
- Eastern Mediterranean
- Europe
- Latin America
- North America

WCO's mission is to facilitate the development of optometry around the world and support optometrists in promoting eye health and vision care as a human right through advocacy, education, policy development and humanitarian outreach.

Advocacy

WCO is developing an advocacy strategy to help lobby governments around the world to ensure optometry is recognized as a key profession in the public health sector. Many countries are struggling to get optometry officially recognized by their governments. WCO is in close contact with optometric organizations around the world, and is in a strong position to help the voices of eye and vision care professionals heard. They have recently worked with optometrists in Brazil to lobby against a new medical bill which could have had an adverse effect on optometrists' scope of practice and even their ability to practice at all.

Education

Their involvement and commitment to optometric education enables them to share and debate global optometric education issues, practice modes and teaching methods. Maintaining and building on current standards of optometric education is a crucial part of their role in developing eye and vision care worldwide.

Policy and legislation

WCO's work in policy development is based on their worldwide network of leaders, experts, peers and resources, dedicated to promoting optometry as a healthcare profession. Through discussions at WCO meetings and conferences, member organizations are able to inform and contribute to the development of policy and legal frameworks for eye and vision care globally.

Humanitarian outreach

WCO is involved in humanitarian outreach programs with its partners in the developing world. The World Optometry Foundation (WOF) is a complementary, not-for-profit organization that was established by WCO to finance projects that foster self-sufficiency and long-term independence among developing nations. WOF works to upgrade optometric education, augment primary eye care and prevent visual impairment. WOF was a founding member of Optometry Giving Sight (OGS), the only global fundraising initiative specifically targeting the prevention of blindness due to refractive error and helping those with permanent low vision.

Partnerships

WCO is committed to meeting global eye and vision care needs via collaboration. They have developed partnerships with many international organizations dedicated to improving social welfare. WCO is the first and only optometric organisation that has an official relationship with the World Health Organization (WHO) and WCO is a level A member of the International Agency for the Prevention of Blindness (IAPB). WCO also has partnerships with other organisations including VOSH (Volunteer Optometric Services to Humanity) and Special Olympics.

Canadian WCO members include the Canadian Association of Optometrists and the Ecole d'Optometrie Universite de Montreal.

For further information about WCO please email enquiries@worldoptometry.org or visit www.worldoptometry.org. The WCO is based in London, England.

Bottom Line: It is possible for the world to come together to help those in need.

Selling All Or Part Of Your Practice? Consider HST...

by Lloyd Wright and Scott Steven

In a simple world, the calculation and payment of Harmonized Sales Tax (HST) is straightforward. The purchaser of a good or service pays the HST and the seller collects and remits the HST. Unfortunately, there are many exceptions to the general rules that can cause confusion as to how HST is calculated and reported.

As an eye care professional, it can get complicated when determining the application of HST on a sale: exempt services of providing eye exams; zero-rated sales of prescription glasses or contacts; and fully taxable sales of non-prescription eyewear to name a few. These types of transactions can create unique reporting requirements when selling a practice or combining the practices of multiple professionals. With proper planning, selling the assets of an optometry practice should not cause a significant HST cost.

Generally, a practice has three types of assets:

Intangible assets: the value the practitioner has built up in the business generally relates to the patient list of the practice.

Equipment: equipment in an optometrist's practice can be used primarily in either exempt activities such as providing eye exams or in taxable activities such as assembling eye glasses. Tangible assets are included in the equipment category, such as moveable display cases.

Leaseholds: leaseholds generally consist of improvements made to the premises where the practice is carried on, such as dividing walls, carpet, etc.

When an entire practice is sold, an election can be made to not have HST apply to the sale when certain conditions are met:

- All or substantially all of the assets necessary to carry on the business must be purchased from the vendor
- Where the seller is registered for GST/HST, the purchaser must be registered.

Certain services may not be covered by the election. For example, if the seller agrees to provide ongoing services as part of the selling price, the consideration paid

for those services is not part of the election and HST is likely applicable.

Determining how HST applies when selling a practice

Although an election may be available on the sale of the assets such that no HST is collected by the vendor, the purchaser is required to determine the extent to which the assets are used in a taxable activity and self assess HST according to the following rules.

There are three steps in determining how HST may apply:

Step 1: Look at how your practice is divided between taxable and exempt sales. The CRA states that a reasonable methodology should be used to make this determination; however, they provide little guidance in the meaning of reasonable methodology. In practice, a revenue-based methodology is used to determine the percentage of taxable sales over total practice sales with the remaining percentage being exempt sales. It is easy to calculate and it is verifiable. Industry averages indicate that approximately 60 per cent of a practice is taxable and approximately 40 per cent is exempt. Individual practices must determine their own allocation.

Step 2: Determine which equipment in the practice is used "exclusively" (90 per cent or more) in exempt activities vs. "primarily" (more than 50 per cent) in exempt activities. The HST implications must be considered separately for each piece of equipment.

Step 3: Determine the HST registration status of the seller and purchaser.

Example

The following example demonstrates the HST implications of one professional selling assets of his/her practice to another. For the purposes of the calculations, we have assumed the following: The sale will occur in Ontario, the percentage of revenue is the industry average (60 per cent taxable/40 per cent exempt), and both the seller and purchaser are registered for the HST.

The sale of a client list of the practice should be HST taxable based on the fact that it is not used substantially all (more than 90 per cent) in an exempt activity. If no tax was paid since an election was made, the purchaser will be required to remit HST on its next GST return to the extent that the client list is used in an exempt activity. In this example, GST/HST would have to be remitted on 40 per cent of the value of the client list. Where an election is not filed and HST was paid on the acquisition, the purchaser is entitled to recover the HST paid by claiming an input tax credit (ITC) in proportion to its taxable activities on their first HST return due after the purchase.

The sale of equipment not used all or substantially in exempt activities should be HST taxable… if no tax was paid since the transaction was subject to an election, the purchaser will be required to remit HST on its next GST return on the value of the equipment if the equipment is not used primarily (more than 50 per cent) in tax able activities. Where an election is not entered into and HST was paid on the acquisition, the purchaser will be entitled to claim an ITC if the equipment is used primarily in taxable activities. Where the equipment is used less than primarily in taxable activities, no ITC is available.

The sale of an interest in leaseholds is one of those exceptions to the general rule in determining HST and the calculations can be confusing. Leaseholds are considered to be real property and the reporting of HST on a sale of real property is the responsibility of the purchaser where the purchaser is registered. The purchaser is required to self-assess the HST on the consideration paid for the leaseholds. Where the leaseholds are used exclusively (90 per cent or more) in taxable activities, the purchaser may claim an ITC equal to the amount self-assessed. Based on our assumptions above, the purchaser will continue to use the leaseholds 60 per cent in taxable activities and 40 per cent in exempt activities. As such, it is deemed the purchaser is entitled to claim an ITC equal to 60 per cent of the self-assessed HST. The remaining 40 per cent self-assessed HST should be included as part of the capital cost of the leaseholds.

Where the purchaser is not registered for GST/HST, the vendor would be required to collect HST on the sale of the leaseholds even where the vendor is not registered for HST. In these cases, if the sale of the leaseholds is taxable, the vendor may be entitled to claim a partial rebate for the HST that was paid on the original purchase that was not previously recovered. The amount of the rebate would be based on the current value of the leaseholds over their original cost.

The Bottom Line: The application of HST on the sale of a practice can be complex. Consult your advisor to help minimize the taxes paid and keep the value in your practice.

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Think You'll Be A Good Optometrist?
Five Things To Consider

by Sylvester Nguyen

Why did we specifically choose optometry as our future profession, when there are so many other options out there? It's so easy to get caught up in our daily routines that sometimes we forget why we became so passionate about this career path to begin with.

Like a lot of people, I personally chose to pursue optometry because of the rewards this profession has to offer. The biggest ones for me include having a direct hand in helping my future patients, the diversity of the patient-doctor interactions that comes with that, and the long-term relationships that form in the process. Whether we recognize it or not, we're "people people." Our profession is one where we need to be able to carefully watch, diagnose, and treat our patients' health needs; however, it's just as important to be able to build strong personal relationships with them. These skills will make us more aware of our patients' needs and will help make us more successful.

I learned about the idea of "humanizing" health care from my mentor, Dr. Craig Hisaka, OD, MPH (UC Berkeley). Dr. Hisaka opened my eyes to an aspect of optometry that now turns out to be my favorite, and that is building personal relationships with your patients by taking the routine eye exam to the next level. I genuinely want to get to know my future patients beyond the four walls of the exam room as well as attending to their ocular health needs. Now this isn't always practical given time constraints, but the concept is still worth noting. This opportunity to embrace the role of being a primary care physician truly separates our jobs from most other professions.

So, here are a few quick words, then my "Five Patient Care Tips To Remember" below:

Empathizing with your patients

Empathy, empathy, empathy. Remember this word? It's a good one. Don't worry; I slipped this magical word into my personal statement a few dozen times too. We all know the meaning of the word, but how do we show this trait (or should I say talent) to our patients who are coming to us from so many different backgrounds? Each patient's situation ranges from the familiar, to the vaguely familiar, all the way to things we honestly have no idea about. There's nothing wrong with that. It's all part of the learning curve.

A unique patient encounter

If you want to talk about something that actually isn't taught in school (aside from practice management which is taught, but in minimal amounts), let's start by talking about empathizing with your patients and how to react to unusual circumstances with them.

I was fortunate to have a chance to catch up with my long-time friend, Dr. Daniel Salas, Pharm D. who is now a resident pharmacist at Highland Hospital in Oakland, CA, where he gets to see quite a diverse patient pool. Our conversation is actually what inspired me to finally write this piece that I've been thinking about doing for so long. Daniel recently had a patient experience that went a little wayward, so I probed a bit and asked him how he dealt with the encounter. His latest patient was an elderly Vietnamese woman who was accompanied by her son, who was probably in his late 40s. This patient was being seen in the anticoagula-

tion clinic after she suffered from a stroke.

Dr. Salas' job was to consult and manage her medications, but it didn't end up being as simple as that. Things got a little awkward when her son revealed that he brought in some "very good stuff" from France. He reassured Daniel multiple times and insisted that this substance wasn't like the other herbal drugs he's seen before. He urged that it really worked, and he paid top dollar for it to be imported from France. Naturally, Daniel felt bad for the man, but had to find a way to make sure that he understood that the prescribed medicine and regimen is what's best for his mother's health – without offending him or his patient. You can imagine how it progressed from here.

The point of this story is to demonstrate an area of health care that we often overlook, and that is patient interactions. Sure, we've got years of glaucoma education, and we've bested our ocular disease courses and can diagnose refractive errors like it's nobody's business, but we can't overlook the fact that our patients are real people. What we say and do actually has an impact beyond the routine eye examination! They'll remember how well you took care of them, including little things like the way you greet them and the way you see them off. Always remember that you have a direct hand in the quality of their lives – it's not called patient care for no reason!

Five Patient Care Tips to Always Remember

1. Don't talk down on your patients. It's actually easier to do than you might think.

Embrace their presence and make them feel appreciated. Taken from Dale Carnegie's timeless classic *How to Win Friends and Influence People*, he quotes Ralph Waldo Emerson, "Every man I meet is superior in some way. In that, I learn from him." If we can show our patients how genuinely interested we are in their lives, as well as what they can bring into our offices, they'll feel appreciated and will likely return because they know they're in good hands. It's basically a win-win if you think about it.

Remember, not all of our patients have years of science background, so keep the fancy words to a minimum. Unless of course your patient happens to be one of those people who insist on schooling you, in which case you can return the favor. (Don't actually do this!)

2. Always smile – a good smile can go a LONG way.

This is a simple idea that shouldn't surprise anyone. Smiling is contagious! Your positive vibes will rub off on your staff and in turn keep your patients happy as well. Here's a rich quote we can all learn from: "A man without a smiling face must not open a shop," and in this case, he or she should also not open an optometric practice. Zing.

3. Call people by their names.

If you pay attention, you'll notice that people who are good speakers will use your name a lot when they speak to you. As Dale Carnegie puts it (really guys, you should read this book), "A person's name is to that person the sweetest and most important sound in any language." I couldn't have said it any better myself. Thanks, Dale.

4. Bake a bigger pie.

What? In Guy Kawasaki's phenomenal book *Enchantment* (which I recommend for aspiring practice owners), he says that people are either bakers or eaters. The bakers want to bake a bigger pie while the eaters want to eat a bigger slice of the pie. Kawasaki elaborates by saying that "Eaters think that if they win, you lose, and if you win, they lose. Bakers think that everyone can win with a bigger pie."

That's a more colorful way of saying what we've all heard before: Think about your patients first. Having an "eater" mentality as an optometrist will get you in trouble. It's just plain selfish! As primary health care providers, we're in a great position to help our patients, and if we keep thinking "bigger" in ways that benefit our patients, then we'll naturally become more trustworthy. If your patients know they can trust you, they won't be afraid to recommend you to more family and friends. Having a strong network is always important when you're building a new practice.

5. Read the signs to see what your patient is saying.

In the case of Dr. Salas' patient, he had to handle the task of convincing his patient's resistant son that his herbal medicines most likely wouldn't work in treating her condition. The key here is that he had to tread carefully so as to have him agree with Daniel without feeling rebuked. This takes a lot of "going with the flow" and "reading the signs."

Daniel Goldman, author of *Emotional Intelligence: It Can Matter More Than IQ*, illustrates this idea by showing us how emotions aren't always so obvious. Essentially, we must learn how to read minds: "People's emotions are rarely put into words, far more than they are expressed by other cues. The key to intuiting another's feelings is in the ability to read nonverbal channels, tone of voice, gesture, facial expression and the like."

I'll give you a minute to digest that one. As clinicians, we're trained to notice a lot of things about our patients' health and well-being, like when we record "AOx3"" on our exam sheets. But we don't always notice their emotions, which are also very important. If we can expand our level of health care beyond the routine exam by "humanizing" it (mentioned earlier), we can elevate the quality of our patient care to the next level. It takes practice and seeing lots of people, but that's something we'll always be working on as we build our professional health careers.

Lastly, think big.

In wake of the noise surrounding the release of *Divergent* (sci-fi nerds, this is mostly for you), what Veronica Roth taught me is that it's important to not always think about your own success, but to also concern yourself with the success of those around you. This philosophy will carry you and your practice far, especially if you see yourself working in a multi-doctor practice. A positive and constructive attitude is accepted everywhere. As Roth compellingly puts it, "I have a theory that selflessness and bravery aren't all that different."

So be brave future O.D.s, our futures are bright.

SOURCE: optometrystudents.com

Eleven Steps To Help Prevent Macular Degeneration

Here are guidelines to help prevent or slow the progression of AMD, the leading cause of irreversible vision loss among elderly people who slowly lose their central vision. In time, a person with macular degeneration may find it difficult or impossible to read, drive or recognize familiar faces.

1. Don't smoke. Period.

2. Eat plenty of dark, leafy green vegetables, such as raw spinach. Just a half cup of raw spinach three times a week is good.

3. Take a multivitamin/multimineral supplement, such as Centrum Silver, unless your doctor advises otherwise.

4. If you already have AMD, ask your doctor about one of the AREDS formulations, such as Alcon I-Caps, Bausch + Lomb Ocuvite PreserVision or ScienceBased Health MacularProtect Complete.

5. Eat fish or take a fish oil supplement. I recommend taking two enteric-coated fish oil capsules every day on days you don't eat fish. Why enteric-coated? Because it's designed to help the capsule pass through your stomach unaltered until it finally breaks apart in the intestines; that way, you won't belch up that fishy taste!

6. Exercise regularly, and stay at a healthy weight.

7. Eat fruit and nuts daily.

8. Reduce refined carbohydrates (high-glycemic index foods).

9. Keep your blood pressure and cholesterol under control. Regular exercise and weight control can help manage your blood pressure and cholesterol.

10. Wear appropriate sunglasses outdoors to block UV and blue light that may cause eye damage.

11. Have regular eye examinations.

Source: Chris A. Knobbe, MD/All About Vision

Cosmetic Contact Lenses Can Cause Eye Damage

Cosmetic contact lenses that change the look or colour of your eyes might give you an interesting appearance as part of your Halloween costume but they can cause serious, permanent damage.

The Canadian Association of Optometrists (CAO), the Opticians Association of Canada (OAC) and the Canadian Ophthalmological Society (COS) are warning that vision loss, sometimes irreversible, can result from improper use of cosmetic contact lenses.

Complications can arise from just one night's use of decorative lenses, the CAO stated in a press release.

"In the past year we have received numerous incident reports from optometrists who have treated patients with serious cases of infection, corneal ulcers, corneal abrasion, allergic reactions and swelling resulting from novelty contact lenses," Dr. Paul Geneau, president of the CAO, said in the press release.

Improper handling including sharing lenses between users, using saliva or tap water to moisten lenses and sleeping in lenses often lead to infection and complication, noted CAO officials.

Individual eyes have their own shape and curvature and prescription contact lenses account for that, says the CAO.

"The real danger here is that Canadians have been able to buy decorative or cosmetic lenses without a prescription and proper fitting by an eye health specialist," said Dr. Paul Rafuse, president of the Canadian Ophthalmological Society.

The CAO says the Canadian government passed Bill C-313 in December 2012 to classify non-corrective contact lenses as class II medical devices, the same as prescription contact lenses. The new law has not yet come into effect so most cosmetic contact lenses remain unlicensed in Canada.

Some eye care professionals in Canada suggest provincial governments add non-corrective contact lenses to regulations that currently exist for prescription contact lenses.

SOURCE: Burlington Post

Feature Interview With Dr. Lareina Yeung

by Managing Associate Editor

I interviewed Dr. Lareina Yeung at Queensway Optometric Centre (QOC) (www.seeyourbest.ca) where they have been taking care of patients in Mississauga for over 50 years. She is one of six doctors on staff at this large, multi-service practice which has its own on site lab.

I noticed immediately how involved QOC is in their community; they featured a display of gifts donated by patients available for purchase by others to raise money. Behind the reception is their Wall of Glasses; visitors are encouraged to help fill the wall by purchasing a pair for a $2.00 donation.

Since 2009, the QOC Team has raised over $20,000 for a global organization called Optometry Giving Sight, whose purpose is to improve the quality of life of people who are needlessly blind or vision impaired simply because they do not have access to an eye exam or a pair of glasses.

In 2012, and 2013, QOC was recognized for ranking first in Canada and globally for raising $10,000 during the Eye Health Month campaign, the most money raised by any one practice!

Lareina, let's start with your education.

I completed both my Honours Bachelor of Science and Doctor of Optometry degrees from the University of Waterloo in 2003.

What led you to becoming an optometrist?

I was lucky that I became interested in optometry at a fairly young age. Coming from an Asian background, I realized early that many Asians wore glasses. However, I was the first person in my immediate family who needed glasses at 15, and when I got my first pair, I started asking why me? This got me wondering how we were able to "fix" vision. We had a family friend who had a practice that I visited, and from there, it became a profession I was drawn to. Science was always a strength for me and I love personal interaction. After doing research and volunteering, I realized that optometry offered those things plus a great work-life balance, and I haven't looked back.

Can you give us a brief summary of your career?

When I graduated, I spent time working at three practices. All of them were quite different in terms of size, mode of practice and patient demographics. One was a solo practitioner in a practice where most patients spoke only Chinese; when I started there of course I could speak Chinese, but I did not know the medical terminology so I remember having to write the translations on the back of my hand for things like: You need glasses or you have a cataract. I also worked at a mid-size office in Markham and then a larger office here at Queensway Optometric Centre (QOC). These were great experiences as they helped me learn about running a practice and a business and allowed me to figure out where I would best fit in. I worked six days a week and did a lot of traveling before I made my final decision, but it was well worth the effort. After three years, Queensway Optometric became my home and my family.

What are your professional affiliations?

I have been a member of the Ontario Association of Optometrists (OAO) and the Canadian Association of Optometrists (CAO) since graduation.

I have spent the past seven years serving on the Board of Directors at the OAO, the last of which I was Vice President. I also served on Council for two years.

Being a part of numerous committees as a member and a chair has given me tremendous insight into the profession as a whole.

I am also a volunteer optometrist for VOSH Interna-

tional (Volunteer Optometric Services to Humanity vosh.org), which has chapters worldwide dedicated to providing eye care in developing countries. I have participated in optometry missions to Jamaica, Tunisia, Morocco, Ecuador and Peru and hope to do many more. It is a great way to see the world and combine work and play.

What does a typical day look like for you?

Most of my day is spend directly seeing patients. The rest is spent on office administration. After hours, I used to spend quite a bit of type doing association work; now that I have stepped away from that, I can find more time for my practice and my family.

What still excites you about being an optometrist?

I absolutely love the personal patient interaction. After practicing for ten years, my patients have now become my friends and my family. My days at work are very social and fun.

Professional optometry is also a great community to be a part of. As colleagues, we work extremely well together and support each other and our practices.

I am also excited that optometry has banded together to help organizations like Optometry Giving Sight, to share our knowledge and to help provide eye care to others who need it.

What do you think are the major challenges that optometrists face today?

One major challenge is running a successful business and a successful practice in a modern world that is constantly changing. We are not trained business people, yet we have to run businesses every day.

Another is keeping current with new medical treatments and technology, something very essential to providing the best eye care for our patients.

Speaking of technology, whoever thought that we would all have to have websites, Facebook and Twitter accounts for our businesses and who knows what's next? It's hard to keep up!

Can you share some of your hobbies and interests?

I love to travel, so I hope to be able to continue doing that, and my husband and I love to salsa dance. Scrapbooking is also something I love to do to de-stress. Also I hope to be able to travel to a developing country one day and teach optometry to young students. I really believe in paying it forward and what could be more rewarding than passing on the gift of sight?

There seems to be an ever - increasing number of eye care professionals. How does one choose the right optometrist?

I would go to the CAO or provincial association websites, enter your city and look for an optometrist near you. Most optometrists have websites now so that you can visit and see the services they offer and decide what suits you and your family's needs best. There are great doctors all over the country who are readily accessible, even in small communities.

Since you graduated, how has the perception of optometrists changed with the public in general and other professionals in particular?

The public still needs to understand the importance of regular eye exams; they need to remember that it is not just about glasses, but also about their overall general health. There are a lot of health concerns that an eye exam can help diagnose.

Parents especially need to understand the impact that their children's vision has on successful learning in school. Eighty per cent of what a child learns is through vision, and one in six children has a vision problem. It is essential that parents bring their children to see their optometrist starting at six months of age, then when they are two years old and every year after that. Most provincial health plans cover eye exams for children, including Ontario.

Ontario is in the process of rolling out the Eye See…Eye Learn program. This program is a joint effort between the OAO and the Ontario Government to encourage parents to take their children to see their optometrist in junior kindergarten. Any child who requires a pair of glasses will receive a complimentary pair provided by industry partners. For more information, parents can visit www.eyeseeeyelearn.ca.

As a profession, we continue to strive to educate other healthcare professionals and government on the integral role optometrists play in primary care delivery.

What information/advice do you wish you had known when you were an undergraduate?

That's a tough one! I wish I had learned more about business and more importantly, about skills on how to run a business. As graduates, we are so well trained in our profession, but we almost instantly have to become business people, and this can be overwhelming. Perhaps what could be recommended to undergraduate students as helpful elective courses could be accounting, human resources, economics, etc.

What advice do you have for future graduates?

Just get out there! Work in different modes of practice and get a feel for where you fit in. Join your local associations, get involved and network with your senior colleagues. A lot of jobs and opportunities available are not actually posted, but found through networking dinners, events and word of mouth.

Bottom Line: Be adventurous, use available networks and have fun!

Dr. Lareina Yeung

Dr. Lareina Yeung graduated from the University of Waterloo in 2003 with her Honours Bachelor of Science and Doctor of Optometry degrees. She spent 7 years serving on the OAO Board of Directors and 2 years on CAO Council. She currently practices full time at Queensway Optometric Centre in Mississauga. You can reach Lareina at yeung@qopt.ca

Feature Interview: Rick Mares

Interview by Editor

While vacationing in Alabama I had the pleasure of meeting and talking with Rick Mares. Rick is sight-impaired with about 5-10 per cent vision capability. He can distinguish between light and dark and has some peripheral vision. He was diagnosed with Retinitis Pigmentosa (RP), the most common of a group of hereditary progressive retinal degenerations or dystrophies. There are many variations of RP and about 75,000 Americans have this sight impairment. People like Rick often qualify to receive a guide dog to assist them.

Rick explained that there is a difference between guide dogs and service dogs. Guide dogs are selected and trained for use by the visually impaired whereas service dogs aid people with some form of physical impairment. They can be used to help children with autism, the hearing impaired and any other major physical disorder. Rick's dogs are classified as "leader-dogs" because of where they are trained in Rochester, Michigan.

Please tell us a little about your sight loss.

I first noticed something was wrong in my teenage years. At 16 when I started to drive I experienced a form of night blindness. Over many years and after several different diagnoses, my sight became worse and I accepted that I had a heredity form of R.P. Other males in my family have similar disorders that are passed on to them by female family carriers.

For many years you were a teacher–when did it become necessary to stop teaching?

In 1989, my sight impairment had progressed to a point where I had to stop. I was blessed to have had so many years of sight, was able to teach and obtain a masters degree in education. Those sighted years help me daily because I know what things look like such as a bright blue sky; those who are blind at birth do not have these experiences and it makes it more difficult for them.

What happened next?

I was determined that I would not let my sight loss stop me in any way. I worked as a salesman for Coleman Pop-Up Trailers from 1989 until 2004. My boss Pat Trainer only hired customers because he believed they made the best sales people since they knew the product so well. I was so good at assembling the Pop-Up Trailers that I demonstrated how easy it was at sales shows and other events. Today I teach Catechism at my local church and I speak in high schools in a Blindness Awareness Program. I teach kids how blind people manage things like how they fold their bills to know what denominations they are and how to recognize various coins and other basics that blind people use.

Also I am active in my local Lion's Club, I promote Leader-dogs for the Blind in Rochester, Michigan where some dogs are trained and fund raise by speaking at events like Dinner in the Dark that raises money for people who need a leader-dog and have travel expenses to get to the training schools.

You have had three leader-dogs. Please tell us a little about each of them.

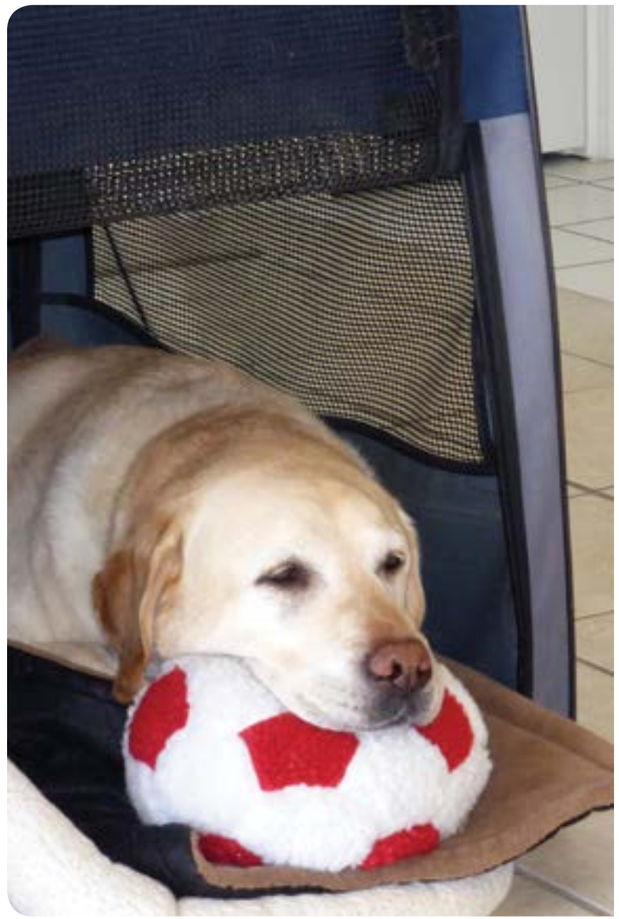
My first one, Bear, was a donated yellow lab and he was trained in Rochester. We were together for 5½ years and he died of a blood clot. The second one was a yellow lab named Tug who I had for 10 years and I had to put him down because of severe arthritis. My present dog, Gizmo, is also a yellow lab and we have been together for almost 8 years. Gizmo has quite a few food allergies. He is now on a diet of venison and sweet potato and as you can see he is quite sturdy, active and healthy. All of them underwent extensive training and were very well suited for the task of guide dog. All my dogs are and were special in their own way.

What relationship have you developed with veterinarians?

I have a strong tie with Patterson Veterinary Hospital back home in Clinton, Michigan. They have been good to the dogs and me. Besides regular care and checkups, Gizmo has had two surgeries. The last was to remove a small growth on his right paw that proved to be cancerous.

What is the cost of obtaining a leader-dog?

It is about $40,000 in the U.S. to get a properly trained dog. My three dogs did not cost me a cent. Funds raised by the Lion's Clubs and with many private donation sources have



Gizmo

paid for them all. This is the case for most people who qualify for leader-dogs. I am proud to be a member of the Lion's Club and I am thankful that they took up the challenge of author-activist Helen Keller to be The Knights of the Blind.

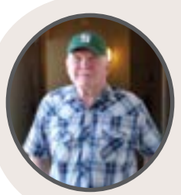
What advice would you offer to sighted people in their treatment of sight-impaired people?

It is wrong to assume that sight-impaired people are not capable. They can be highly educated and skilled in many ways that are not obvious. I hate it when my wife Marci and I go to a restaurant and the waitress asks Marci what I want to eat. I am visually impaired not deaf! The last thing blind people want is pity. Blind people can do almost anything if they set their mind to do it.

Do you have any final words for our readers that you didn't have a chance to say already?

Being blind is a physical challenge… not an impossibility. I refer to it as a 'hiccup' in my life. I refuse to let it get me down. I have many aids, things like talking books and talking calculators. I belong to a blind bowling club. I can use a computer and I have a dog that enhances my ability to be independent.

Bottom Line: This interview outlines how Rick Mares who has Retinitis Pigmentosa lives a full life with the help of his wife Marci and his dog Gizmo.



Rick Mares

Rick Mares is a retired schoolteacher and salesman. His volunteer work allows him to educate the sighted and the sight impaired alike.

He can be reached at rickandmarci@yahoo.com or at 586.465.6365.

Helen Keller

Born in Tuscumbia, Alabama, USA, in 1880, Helen Keller developed a fever at 18-months of age that left her blind and deaf. With the help of an exceptional teacher, Anne Mansfield Sullivan of the Perkins School for the Blind, Helen Keller learned sign language and braille. A few years later, she learned to speak. As an adult she became a tireless advocate for people with disabilities. And in 1925, she attended the Lions Clubs International Convention and challenged Lions to become "knights of the blind in the crusade against darkness." The Lions accepted her challenge and their work ever since has included sight programs aimed at preventable blindness.

Helen Keller Day

In 1971, the Board of Directors of Lions Clubs International declared that June 1 would be remembered as Helen Keller Day. Lions around the world implement sight-related service projects on Helen Keller Day.

Editor's Note:

This is the conclusion to Helen Keller's speech that she delivered in June of 1925 to Lion's Club members in Cedar Point, Ohio, USA.

The opportunity I bring to you, Lions, is this:

To foster and sponsor the work of the American Foundation for the Blind. Will you not help me hasten the day when there shall be no preventable blindness; no little deaf, blind child untaught; no blind man or woman unaided? I appeal to you Lions, you who have your sight, your hearing, you who are strong and brave and kind. Will you not constitute yourselves Knights of the Blind in this crusade against darkness?

I thank you.

New Smartphone App Helps Blind Find Their Way Inside Buildings

A team at the University of Palermo in Italy is helping sightless people navigate inside of buildings where GPS doesn't work through the development of an app which works with special tape placed on the floor. The user points the phone at the floor as if it were a cane, moving it back and forth until the phones buzzes, indicating whether the user should turn or move straight forward.

One problem with the app is of course the lack of locations that have laid down the tape. Some feel the tape in a public place is unsightly; to get around this, researchers are testing the use of infrared line recognition – that is, the camera could see the lines but people could not. Another problem - the apps designed to give directions all suffer from the same drawbacks—audio directions are helpful but also screen out other audio such as conversations or the sound of traffic nearby. What's more, GPS does not work indoors so these kinds of systems are of little use in homes and other buildings.

A team at the University of Palermo, funded by the Andrea Bocelli Foundation, has dubbed the app ARIANNA. ARIANNA stands for pAth Recognition for Indoor Assisted Navigation with Augmented perception. The approach was inspired by the famous Greek myth of Ariadne and Theseus. In the story, Theseus volunteers to kill the Minotaur which lives in a labyrinth on the island of Crete. To help him, Ariadne gives him a sword to kill the beast and a ball of thread to help him find his way out when the deed is done.

In December 2013 Bocelli himself visited the Massachusetts Institute of Technology where a day long workshop about vision impairments and social impact programs was held, displaying a smartphone app that uses a camera, accelerometer and compass to help a blind person navigate an intersection, a computer vision program that can read body language, and retinal prostheses to replace damaged photoreceptors. Bocelli, 55, was born with congenital glaucoma and lost his sight completely after a childhood soccer accident. "I'm here just to support the people who are actually working, to thank the people who have done the work," Bocelli said through a translator. Perhaps, he added, he might one day use the tools that researchers are developing with support from his foundation.

SOURCE: phys.org, MIT Technology Review

Exercise May Slow Progression Of Retinal Degeneration

Moderate aerobic exercise helps to preserve the structure and function of nerve cells in the retina after damage, according to an animal study. The findings suggest exercise may be able to slow the progression of retinal degenerative diseases.

Machelle Pardue, PhD, together with her colleagues Eric Lawson and Jeffrey H. Boatright, PhD, at the Atlanta VA Center for Visual and Neurocognitive Rehabilitation and Emory University, ran mice on a treadmill for two weeks before and after exposing the animals to bright light that causes retinal degeneration. The researchers found that treadmill training preserved photoreceptors and retinal cell function in the mice.

"This is the first report of simple exercise having a direct effect on retinal health and vision," Pardue said. "This research may one day lead to tailored exercise regimens or combination therapies in treatments of blinding diseases.

In the current study, the scientists trained mice to run on a

treadmill for one hour per day, five days per week, for two weeks. After the animals were exposed to toxic bright light – a commonly used model of retinal degeneration – they exercised for two more weeks. The exercised animals lost only half the number of photoreceptor cells as animals that spent the equivalent amount of time on a stationary treadmill.

Additionally, the retinal cells of exercised mice were more responsive to light and had higher levels of a growth- and health-promoting protein called brain-derived neurotrophic factor (BDNF), which previous studies have linked to the beneficial effects of exercise. When the scientists blocked the receptors for BDNF in the exercised mice, they discovered that retinal function in the exercised mice was as poor as in the inactive mice, effectively eliminating the protective effects of the aerobic exercise.

SOURCE: Science Daily

Fun Eye Facts...

To Share With Your Patients!

- The eyeball of a human weighs approximately 28 grams.
- The eye of a human can distinguish 500 shades of the gray.
- The cornea is the only living tissue in the human body that does not contain any blood vessels.
- Sailors once thought that wearing a gold earring would improve their eyesight.
- Your eyes blink over 10,000,000 times a year!
- The giant squid has the largest eyeball on the face of the earth. At 18 inches across, it's about the size of a beach ball.

- An ostrich eye is only two inches across, but it weighs more than its brain.
- An ant has two eyes, each of which is made up of many smaller eyes. This type of eye is called a compound eye.
- A worm has no eyes at all.
- A chameleon's eyes can look in different directions---at the same time!

- Babies cry but don't produce tears until one to three months after birth.
- Each of our eyelashes has a life span of approximately five months.

"The eyes shout what the lips fear to say."

- William Henry

"The face is the mirror of the mind, and eyes without speaking confess the secrets of the heart."

- St. Jerome

"For beautiful eyes, look for the good in others..."

- Audrey Hepburn

"The eyes like sentinels occupy the highest place in the body."

- Marcus Tullius Cicero

"Of all the senses, sight must be the most delightful."

- Helen Keller

- Of all the muscles in our body, the eye muscles are the most active.
- An owl can see a mouse moving more than 150 feet away, with light no brighter than candlelight.

- Unlike humans, guinea pigs are born with fur and with their eyes open.

SOURCE: www.atchayapaathiram.com