ALL DOCS™

CONTACT QUARTERLY

JUNE 2025

PRESIDENT'S DESK

From the Strip to the Sand: 2025 Meetings in Las Vegas and the Dominican Republic

Kerry Gelb, OD
President

It is time to announce the 2025 ALLDocs Sublease Meeting date and location! This year the Sublease Meeting will be in Las Vegas, September 17-19 at the Paris Hotel.

This will be a very convenient time for any of our members who plan on attending Vision Expo West as the meetings will overlap. As a reminder, the Sublease Meeting is for Target, Macy's, For Eyes, and Pearle sublease doctors, as well as any Lenscrafters sublease members who can't attend the ALLDocs meeting in the Dominican Republic. This short meeting will focus on strategy and opportunity within our unique corporate sublease business model. There will be CE and plenty of special features as usual!

If you have any questions, please contact Tara O'Grady: tara@alldocsod.com.

Registration is now open! Visit www.alldocsod.com to secure a place at your desired meeting.

REGISTRATION IS NOW OPEN FOR BOTH MEETINGS!
www.alldocsod.com

BUSINESS

Preparing Your Practice to Offer Ocular Aesthetics

Ocular aesthetics is an exciting concept in optometry, but it can be overwhelming for optometrists to integrate these offerings into their practice. When deciding whether to add aesthetics to your practice, evaluate why you're considering it and then make small, incremental efforts when getting started.[1] The decision to incorporate aesthetics into your practice should carefully consider the practice's value proposition and involve developing a well-designed plan for implementation.[1]

Offering aesthetic procedures—while still being mindful of the eyes—can allow for the provision of more holistic patient care. Learning about aesthetic procedures also expands your knowledge base and enables you to offer a wider range of services, increasing your professional satisfaction and potentially attracting new patients. Furthermore, adding aesthetics services can help diversify your practice's revenue stream and contribute to its long-term financial sustainability.[1]

Start Small, Scale Gradually

If you move forward with incorporating aesthetics into your practice, take a slow, focused approach. Begin by honestly evaluating your motivations and think about what sets you apart:[1]

- What aspects of aesthetics appeal to you?
- Do you want to offer specific services?
- Do you cater to a broader range of patient needs?

It's also important to build your knowledge base and prepare your practice. This includes:[1]

- Enrolling in accredited courses and workshops related to the procedures you wish to perform
- Regularly reading journals, attending conferences, and participating in forums to stay informed on the latest advances
- Adhere to local regulations and licensing requirements for offering aesthetic procedures
- Invest in equipment and supplies to safely perform these procedures
- Develop a strategy to inform your existing patients and attract new patients who are interested in aesthetic services

When getting started, think about offering a limited number of well-understood, basic procedures, such as facials for patients with rosacea. It's important to prioritize mastering chosen procedures over expanding offerings.[1] Regularly engaging in continuing education is an important approach to help maintain your skills and knowledge on the latest techniques and safety protocols.[1]

Keys to Success

Building a successful aesthetics practice takes time and requires patience, consistency, and commitment to continuous learning and improvement.[1] It's paramount that patients fully understand the potential risks and benefits of each procedure before obtaining informed consent. Developing a comprehensive risk management plan can help identify and mitigate potential risks associated with aesthetic procedures.[1]

Patient safety should always be a top priority when it comes to ocular aesthetics, and no procedure should be performed until optometrists receive proper training and informed consent has been obtained.[1] Since the field of aesthetics is constantly evolving, optometrists are urged to ask for help from experienced colleagues, mentors, and professional organizations. Committing to ongoing education and skill development can help eyecare providers stay up-to-date and informed on the latest advances and best practices.[1]

SOURCE

1. Dombrowski MJD. Ready to enter the world of aesthetics? Modern Optometry. Published May/June 2024. https://modernod.com/articles/2024-may-june/ready-to-enter-the-world-of-aesthetics?c4src=article:infinite-scroll.

BUSINESS

Malpractice Insurance: Are You Well Protected?

Malpractice insurance can help protect you and your practice from the stress of handling claims alone. It covers litigation fees and losses, and it can provide lost income protection and other benefits. While malpractice insurance is required for optometrists, it can be difficult to decipher the fine print of a policy and determine the quality of an insurance provider's coverage.

Not all malpractice insurance coverage provides the same level of protection and benefits. As such, not all malpractice insurance coverage costs the same. When selecting an insurance provider, be sure to read trusted reviews from industry sources, ask colleagues if they have recommendations, and pay particular attention to an insurance provider's industry expertise. It is important to make sure your insurer is dependable and has a solid financial rating. If you're thinking about a switch in malpractice insurance providers, compare strengths of coverage and price, including additional benefits and factors.

SOURCE

American Optometric Association. Does your malpractice insurance provider measure up?

Published September 10, 2024. https://www.aoa.org/news/practice-management/perfect-your-practice/does-your-malpractice-insurance-provider-measure-up?sso=y

TECHNOLOGY

Prescribing Prism to Provide Optimal & Comfortable Vision

Prism glasses are prescribed to correct eye alignment and movement issues, such as double vision and eyestrain. However, the nearpoint demands that patients encounter everyday are increasingly challenging vision systems, which can lead to stress in the binocular system (Table).[1] Beyond using digital devices, other nearpoint activities can prolong use of the eyes, such as reading, painting, and jewelry making.[2] It's important for optometrists to discern when and how to prescribe prism so that patients can achieve optimal and comfortable vision.[1]

Signs of Binocular System Stress

When the binocular system starts to inefficiently compensate for visual needs, optometrists may see one or more of the following:

- One eye becomes more nearsighted than the other
- Increased myopia and astigmatism on autorefraction that does not correlate with the patient's prescription
- Reduced depth perception
- Increased complaints of light sensitivity
- Blurred vision that is not adequately compensated for distance
- Symptoms, such as headaches, motion sickness, fatigue, and diplopia

When to Consider Using Prism

People who may benefit from prism include symptomatic, non-strabismic patients with probable binocular vision disorders, strabismic patients, and those who are dissatisfied with their current prescription after seeing multiple optometrists. Prism may also be beneficial for people experiencing deteriorating vision or increasing myopia and in those with a concussion or traumatic brain injury. Here are some ways to help determine if a patient could benefit from prism:[1]

- Note the patient's posture. Often, patients in need of prism will exhibit a noticeable head tilt and, sometimes, a head turn
- Acquire a thorough case history. Ask whether patients experience headaches, fatigue, blurred vision, and difficulty switching focus. "Yes" answers suggest they may benefit from prism
- Perform a comprehensive eye exam. Listen to reasons for the patient's visit to steer your exam and look for signs of an inefficient binocular vision system. Cover and pursuit testing are essential to a comprehensive exam and can confirm suspicions of a binocular vision disorder

Patients who present with a convergence insufficiency may not benefit from prism,[3,4] and this appears to be especially true in children.[5] However, some optometrists have found that adult patients can benefit from base-in prism.[6]

Vision therapy (VT) is a viable option for people who are unable to find relief and for those whose vision adapts too quickly. VT is also an option for patients who are still symptomatic after applying prism and in those for whom an appropriate amount of prism could not be determined.[1] Of note, patients with horizontal and vertical deviations often benefit from VT because addressing the horizontal component often takes care of the vertical component.

Enhancing Quality of Life

Offering symptomatic patients prism can potentially solve a problem they may have believed could never get resolved. In many ways, optometrists can help improve their patients' quality of life by offering prism to appropriate candidates.

SOURCES:

1. Shim DA. Prescribing prism. Optometric Management. 2024;59(7): 24-26. https://www.optometricmanagement.com/issues/2024/september/prescribing-prism/

2. Chu GCH, Chan LYL, Do C, et al. Association between time spent on smartphones and digital eyestrain: A 1-year prospective observational study among Hong Kong Children and Adolescents. Environ Sci Pollut Res. 2023;30:58428-58435

3. Carter, DB. Fixation disparity and heterophoria following prolonged wearing of prism. Am J Optom Arch Am Acad Optom. 1965:42:141-52.

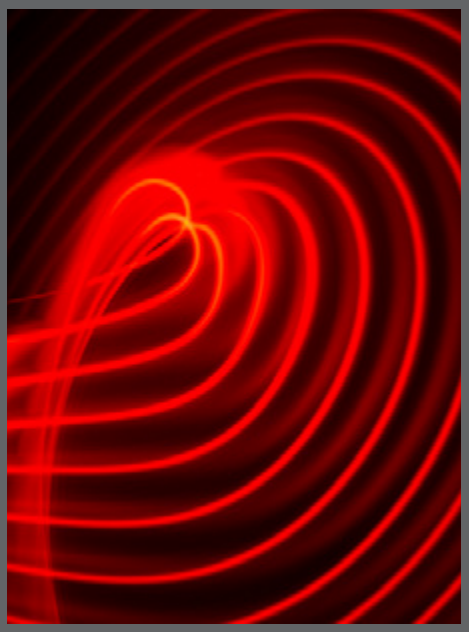
4. Scheiman, M, Wick, B. Clinical management binocular vision; Pennsylvania. Lippincott Williams and Wilkins. 2002; 105-109.

5. Scheiman, M, Cotter S, Rouse M, et al. Randomized clinical trial of the effectiveness of base-in prism reading glasses versus placebo reading glasses for symptomatic convergence insufficiency in children. Br Ophthalmol. 2005;89(10):1318-23.

6. Abdi S, Kangari H, Rahmani S, Baghban AA, Rad ZK, Home vision therapy and prism prescription in presbyopic persons with convergence insufficiency: study protocol for a randomized controlled trial. BMC Ophthalmol. 2024;24(1):169.

SCEYENCE

Preventing Myopia Using Red-Light Therapy



A systematic review has shown that red-light therapy is an effective modality for myopia prevention and control. Researchers from Singapore reviewed 19 interventional studies on the effectiveness, safety, and implementation outcomes of different forms of light treatment as a way to control myopia in children. The review showed that red-light therapy ranged from 4 weeks to 24 months, with results suggesting that this approach might effectively inhibit myopia progression through reduced axial elongation, refraction changes, and increasing choroidal thickness.

Investigators noted that there is uncertain long-term safety evidence for red-light therapy, which makes it difficult to definitively conclude whether the benefits of this therapy outweigh the risks. However, a treatment regimen with a more conservative power can be considered to control myopia progression and alleviate any potential long-term side effects. The authors noted there is evidence to suggest that red-light therapy has some potential challenges in scaled implementation.

SOURCE

Chang DJ, Sriram PL, Jeong J, et al. Light therapy for myopia prevention and control: a systematic review on effectiveness, safety, and implementation. Transl Vis Sci Technol. 2024;13(8):31.

CONTACTS

Why to Consider Fitting Specialty Contact Lenses

Optometry practices across the United States are expanding their contact lens offerings, including specialty lenses.[1] Your practice can reap the benefits of fitting patients with specialty lenses by understanding what constitutes a good candidate and determining the steps needed to get started.

Identifying Candidates

Some patients are obvious beneficiaries of specialty contact lenses, including those with keratoconus, corneal scarring, corneal transplants, and radial keratotomy. However, some candidates for specialty contact lenses are less obvious. These include people with post-LASIK irregular astigmatism, irregular astigmatism from dryness, light sensitivity, poor contrast sensitivity, poor vision with multifocal soft contact lenses, and high myopia, hyperopia, and astigmatism, among others.[1]

Getting Started

Optometrists can take simple steps to get started with offering specialty contact lenses in their practice. For example, optometrists can watch recorded lectures on the websites of trusted resources. The Scleral Lens Education Society (scleral-lens.org), Gas Permeable Lens Institute (gpli.info), and Woo University (woou.org) are a few examples. You can also reach out to specialty lens manufacturers to learn more about the types of lenses that are available.[1]

When introducing the offering of a new specialty lens to staff, it is important to discuss the lens type, its benefits, and the types of patients it could help. The better your staff can inform patients about what is available, the easier it will be to introduce new lenses to your patients.[1]

Understand the Key Benefits

Patients who have had complicated surgeries or trauma are sometimes left with pupillary abnormalities, but using specialty contact lenses can help reduce light sensitivity in these individuals.[1] Prosthetic contact lenses can be used to block out light and recreate a spherical pupil. Research suggests this treatment approach can increase a patient's quality of life 10-fold.[1] Colored prosthetic contact lenses can also improve self-esteem and confidence in patients with disfigured eyes or diffuse corneal scarring.

Another patient group that can potentially benefit from specialty contact lenses includes those who need prismatic correction in their glasses. Contact lenses with prism are a growing field in optometry. Research suggests custom soft contact lenses can incorporate up to 4.00 Δ of base down prism, while a scleral lens can incorporate 4.00 Δ in any direction.[1]

Bolster Your Practice

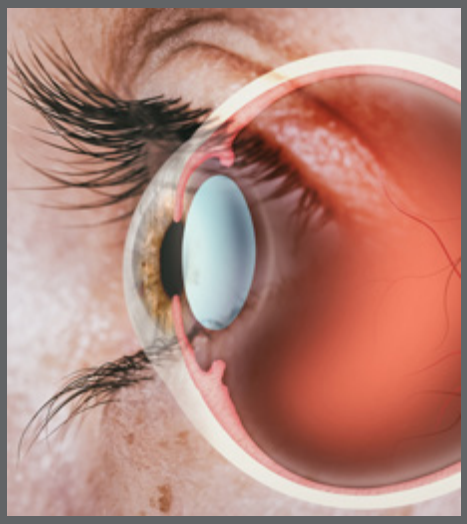
Adding specialty contact lenses to your list of offerings can benefit both your patients and your bottom line. With customized lenses, optometrists can stay on top of this cutting-edge technology and offer their patients a solution that can truly enhance their lives in addition to continuing to provide routine care. Offering specialty contact lenses can potentially increase patient engagement and retention.[1] When patients believe you're acting in their best interest, they tend to trust you more and tell others about the services and offerings at your practice.

SOURCE:

1. Morrison C. Why you should be fitting specialty contact lenses. Modern Optometry. April 2023. https://modernod.com/articles/2023-apr/why-you-should-be-fitting-specialty-contact-lenses

SCEYENCE

Multiple Sclerosis Linked to Optic Neuritis



Multiple sclerosis (MS) is the most common central nervous system disorder in young adults. One potential manifestation of MS is ocular involvement that can result in significant disability and visual impairment.

In a retrospective study, researchers investigated the population-based frequency and severity of MS-related ocular diseases. The study included 116 patients with MS who were examined between 1998 and 2011, 66% of whom were women (median age of MS onset, 36 years). Over half (53%) of the study population experienced MS-related neuro-ophthalmic manifestations during their disease course. The most common manifestation was optic neuritis (22%). Optic neuritis was also the leading MS-related ocular condition to develop over time (37%), followed by internuclear ophthalmoplegia (16%) and nystagmus (13%).

The authors noted that dedicated ocular examinations, including orthoptics examination for ocular motor disorders and optic neuropathy testing, are helpful for making baseline diagnoses and tracking disease progression.

SOURCE

Kraker JA, Xu SC, Flanagan EP, Foster R, Wang F, Chen JJ. Ocular manifestations of multiple sclerosis: a population-based study. J Neuroophthalmol. 2024;44(2):157-161.

SCEYENCE

Managing Keratoconus: Raising the Bar in Your Practice

Ruling out degenerative eye conditions is a key function that optometrists perform daily, but it can be challenging to maintain a list of potential top-of-mind ocular disorders when you have 20 or 30 exams to perform. In most optometric practices, keratoconus is seen less often than other eye conditions, making it difficult to identify early warning signs and taking the next steps to getting treatment.[1]

Keratoconus is easily overlooked in the early stages. To proactively identify this condition, the early signs must be recognized. These include:[1]

- Increasing astigmatism
- Presence of oblique astigmatism
- Maximum keratometry >47 D
- Vigorous rubbing of the eyes
- Family member has keratoconus

For optometrists who manage myopia, it is important to keep keratoconus high on the differential diagnosis list because patients can easily be misdiagnosed with progressive myopia.[1]

Resolving Doubts

Optometrists may be hesitant to refer patients to a cornea specialist based on mild suspicion, but it is important to address any doubts. The threshold to order a topography and/or tomography exam should be lower than that of a full cornea consult with a specialist.[1] Imaging can help resolve doubts or provide a baseline against which to measure future changes in vision.

In addition to getting imaging, optometrists can also see patients in 3 to 6 months rather than waiting for their next annual exam. This allows for closer follow-up to detect changes in refraction. A recent study found that COVID-related delays of approximately 6 months resulted in continued progression and a one-line loss of visual acuity.[2] Waiting a full year to confirm suspicions of a corneal problem could lead to unnecessary progression and permanent vision loss.

The threshold to establishing keratoconus disease progression and qualifying for coverage of corneal crosslinking (CXL) is not very high, but documentation of progression is important for insurance to cover CXL.[1] Referring optometrists can document progression on their charts to establish medical necessity.

Consider Scleral Lenses

Tremendous advances have been made in fitting scleral lenses and with other specialty lenses in the past decade. Although scleral lenses do not halt keratoconus progression, patients may see better with a specialty lens fit, regardless of their keratoconus stage.[1] In some cases, people with late-stage keratoconus who might be considered for corneal transplantation may be able to postpone or prevent a transplant with a new scleral lens fit. In addition, there have been many changes to lens designs and optics that show significant improvements in vision and comfort, even over the past 5 years.

CXL and specialty lenses are significant advances that can help protect patients against keratoconus progression and maximize their vision. However, cornea surgeons and specialty lens providers depend on the vigilance of optometrists to identify patients with keratoconus in the course of routine care. Be your patients' hero and find pathology that others might overlook.

SOURCES:

1. Holland Z. Up your keratoconus game. Modern Optometry. October 2024. https://modernod.com/articles/2024-oct/up-your-keratoconus-game

2. Shah H, Pagano L, Vakharia A, et al. Impact of COVID-19 on keratoconus patients waiting for corneal cross linking. Eur J Ophthalmol. 2021;31(6):3490-3493.

CONTACTS

Exploring Trends in Presbyopic Soft Contact Lens Fittings

Over the past few decades, many multifocal and monovision contact lenses for presbyopia have entered the market. A study published in Contact Lens & Anterior Eye tracked trends in presbyopic soft contact lens fittings over the last 24 years. Findings showed that multifocal and monovision soft lens prescribing increased nearly twofold since 2000. There was more than a doubling in the rate of these prescriptions, rising from 26.4% for standard soft daily wear lens fittings in 2000 to 61.1% in 2023.

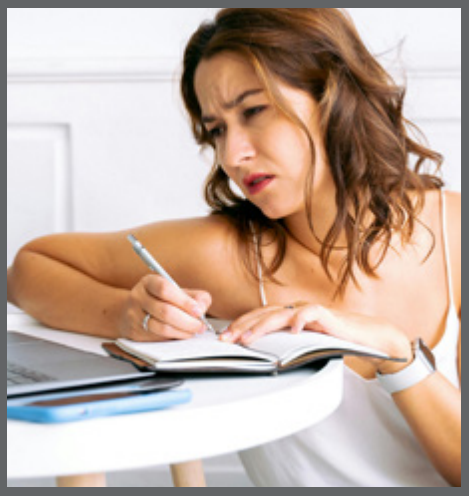
From 2019 to 2023, multifocal lenses accounted for 51% of the fittings, whereas monovision accounted for 10% and other forms of correction accounted for 39% of the fits. Although prescriptions for multifocal and monovision soft contact lenses rose significantly over the years, 39% of presbyopic soft contact lens wearers were being fitted with a distance correction only and were presumably relying upon reading spectacles for close work.

SOURCE

Morgan PB, Efron N, Woods CA, Jones D, Jones L, Nichols JJ. International trends in prescribing multifocal and monovision soft contact lenses to correct presbyopia (2000-2023): an update. Cont Lens Anterior Eye. 2024:102348.

INSIGHTS

Standardizing Objective Measurements in Myopia



In recent decades, the rising prevalence and severity of myopia has largely been driven by changes in lifestyle and environmental factors for children and young people. Numerous tools and devices are used to measure these factors.

Researchers in London recently published a scoping review article that used objective methods to measure exposure to light and near-work activities and the impact on myopia onset and progression. The review included 34 journal articles, 21 of which explored associations of indoor and/or outdoor light exposure and myopia. All studies found higher rates of myopia in children who spent less time outdoors, more time in dim-light environments, and more time on near-vision activities.

The study team noted that most measurements were carried out at the individual child level rather than the surrounding environment. Given the increasing prevalence of myopia, population-based studies measuring exposures for different patient groups will extend the reach of the research.

SOURCE

Dahlmann-Noor AH, Bokre D, Khazova M, Price LLA. Measuring the visual environment of children and young people at risk of myopia: a scoping review. Graefes Arch Clin Exp Ophthalmol. 2025 Jan 22 [Epub ahead of print].

CONTACT
Tara O'Grady
tara@alldocsod.com