



PRESIDENT'S DESK

ALLDocs Manager's Meeting: Record Attendance in Phoenix!



Kerry Gelb, OD
President

Thank you ALLDocs members for record attendance at the 2025 Manager's Meeting in Phoenix, AZ. Every year we try to improve the meeting by bringing more education and, of course, more fun!

The goal is to provide the managers with the knowledge and tools to best assist you in owning a successful sublease. Our themes are centered around HR, Medical Billing and Coding, Staff Management, Motivation, and Sales.

This year we were fortunate to have a new sponsor "HR for Health" give a presentation titled "Top Five HR Compliance Gaps Putting Your Practice Profits at Risk." That slideshow presentation is available for you to access on www.alldocsod.com if you have any questions or would like to review that content.

Dr. Craig Thomas, an ALLDocs favorite, gave a very motivating and information packed presentation on medical billing. His content was focused on making the staff comfortable with the difference between a routine vision screening and a medical eye exam. This presentation should make conversations with patients easier and assist staff in helping patients understand their benefits.

"Teem" was also invited to discuss virtual assistants and their impact on our businesses. Outsourcing some staff roles has become popular over the last five years. We want our managers to understand and help you consider if this is a possibility in your practice.

The meeting was a big success. Stay tuned for more information on the next ALLDocs Manager's Meeting and consider sending a manager or two if you have not in the past.

It's already the last quarter of 2025. This year is going fast but with the Manager's Meeting complete we can look forward to our doctor's meeting this fall. There is still time to register for the ALLDocs Meeting in the Dominican Republic at www.alldocsrocks.com. Contact Tara O'Grady tara@alldocsod.com if you have any questions about events or membership.



ALLDocs 2025 Manager's Meeting
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Helpful Tips for Surviving a Staffing Shortage

One of the daunting challenges with running an optometry practice is maintaining the status quo when you're short-staffed. Staffing shortages strain the current team members and doctors, but they can also be felt by patients if the situation is not handled properly. To avoid these consequences, all decisions should be centered around the goals of 1) mitigating stress placed on the team, and 2) ensuring patient care is not compromised.¹

Maximize Open Communication

When the office is short-staffed, optometrists should make it a point to increase communication with employees through weekly or biweekly meetings. During these meetings, address small business items and field questions from staff.¹ Team members should be encouraged to speak up if their workload or stress becomes too much.

Involve Staff in the Recruiting Process

Giving your team insights into the process of hiring staff helps assure them that you are working to bring in a replacement as quickly and carefully as possible. It also allows them to be invested in their new teammate's success. Direct involvement in the process can make your staff feel connected to the decision and the success of the office.¹

Delegate and Absorb

When an employee leaves a practice, their duties are typically reallocated to remaining staff. Create a list of responsibilities and distribute them carefully to staff members, taking skillset and current workloads into account. Delegating this list ensures no one feels taken advantage

of and that these new items can be accomplished within normal work activities.¹ As a manager, it's imperative to absorb some of these tasks too.

Adjust Clinic Schedules

When possible, try to identify areas that may become backlogged without a full staff in place. Extending appointment times or inserting a brief "catch up" block can ensure your patient flow is maintained.

Use a Virtual Assistant

Virtual assistants (VAs) have become a helpful tool when a practice is short-staffed. Many companies can connect you to vetted VAs who are pretrained in basic medical skills, such as scribing, billing/coding, appointment confirmation, and insurance verification. By outsourcing tasks to a VA, optometrists can avoid overloading in-house staff and onboard new staff more quickly than with traditional methods.¹

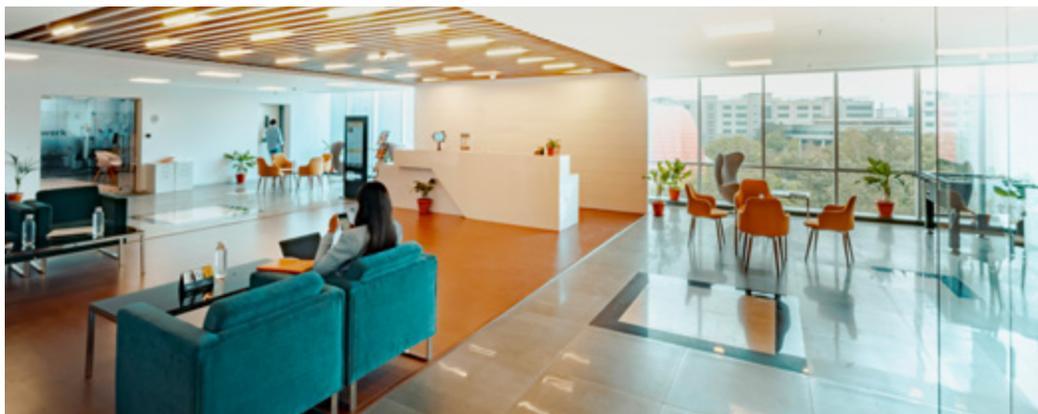
Staff for the Future

It can be hard to think about overstaffing or growing an office when you're short-staffed, but this is a great time to evaluate how you can prevent this problem in the future.¹ If your budget allows, consider hiring more than one employee during this process. Slight overstaffing can prevent your team from becoming overwhelmed during busy times.

No optometry office is immune to staffing shortages, but following these simple steps can help you navigate these times and create a pathway to success.

SOURCES

1. Fulmer P. Tips for surviving a staffing shortage. *Modern Optometry*. October 2024. <https://modernod.com/articles/2024-oct/tips-for-surviving-a-staffing-shortage>



Retinopathy of Prematurity: A Potential Indicator of Hearing Loss



Low birth weight and premature gestational age are key risk factors for retinopathy of prematurity (ROP), but these factors also raise risks for developmental issues, such as hearing loss. For a recent study, investigators found that patients with ROP had a higher rate of hearing loss. Patients with ROP had hearing loss at an odds ratio of 1.42 versus a control group. This association was observed even after adjusting for demographic characteristics, gestational age, birth weight, perinatal complications, and comorbidities related to preterm birth. The findings suggest the possibility that ROP may be an independent marker of hearing loss.

The authors noted that more research is needed into patient demographics and developmental time points to clarify the relationship between hearing loss and ROP. Whether increased stages of ROP predict a higher risk of hearing loss remains controversial, with previous clinical trials having shown conflicting results.

SOURCE

Jeong H, Cleveland C, Otteson T. Associations between retinopathy of prematurity and the risks of hearing loss: A propensity matched analysis. *Int J Pediatr Otorhinolaryngol*. 2025 May;192:112322.

Increasing Compliance to Ocular Nutritional Supplements

Ocular nutritional supplementation can play a key role in decreasing ocular disease progression risk.¹ However, research shows that adherence to these supplements is low.² One reason for poor adherence is a lack of patient education on the seriousness of their disease. A recent study on age-related macular degeneration (AMD) showed that many patients lacked information, leading investigators to suggest that well-informed patients would be better able to follow their physician's instructions and would have a better understanding of their disease.³

Improve Patient Understanding

Ensuring that patients understand the connection between diet and ocular health is the foundation of patient education on ocular nutritional supplementation.¹ To instill this understanding in patients whose intake forms show they are short in daily servings of fruits, vegetables, and fish, optometrists can focus on two key areas: the macular carotenoids and omega-3 fatty acids.

When reviewing a patient's retinal photography and ocular coherence tomography findings, discuss how lutein and zeaxanthin are nutrients specifically delivered to the retina for eye health via ingestion alone. Additionally, explain that the nutrient meso-zeaxanthin is rarely accessible through diet.⁴ Macular carotenoids are found 1,000 times in higher concentration in the macula than in other parts of the body. Unfortunately, most Americans are deficient in lutein and zeaxanthin.⁵

It is also important to tell nutrition-deficient patients that omega-3 fatty acids can help optimize the photoreceptors, the integrity of the retina, and visual function,⁶ and can address inflammation linked to dry eye disease (DED).⁷ For this reason, omega-3 fatty acids are integral to both ocular health and visual function.

Personalize and Tailor Treatments

Since each patient's ocular health needs and dietary intake are unique, it is important to create personalized treatment plans based on the intake form.¹ Personalizing this information enhances engagement and adherence to the plan.¹

To tailor treatments, develop talking points on ocular nutritional supplementation based on a patient's diagnosis. When caring for patients with a family history of AMD, discuss how studies have consistently shown that dietary intake of carotenoids and antioxidants can help lower AMD risk.¹ If a specific supplement is prescribed to reduce risks of AMD progression or neovascular AMD, explain the rationale for the prescription and emphasize the importance of making it a daily habit while also noting that the supplement will not replace a healthy diet.

When managing a patient with DED, highlight how omega-3 fatty acids play an integral role in overall health and ocular health and emphasize that ocular nutritional supplements do not replace a healthy diet. If patients with DED are not consuming fish regularly, an omega supplement is important.¹

Enhancing Adherence

Although gaining 100% compliance to prescriptions is impossible, optometrists can still significantly improve adherence to ocular nutritional supplementation by providing effective patient education. This proactive approach enhances treatment efficacy by empowering patients to play a role in their care.

SOURCES:

1. Capogna L. Increasing compliance to ocular nutritional supplementation. *Optometric Management*. 2024;59(8):18,20. <https://www.optometricmanagement.com/issues/2024/october/increasing-compliance-to-ocular-nutritional-supplementation/>
2. Hochstetler BS, Scott IU, Kunselman AR, Thompson K, Zerfoss E. Adherence to recommendations of the age-related eye disease study in patients with age-related macular degeneration. *Retina*. 2010;1166-1170.
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5. Ma L, Liu R, Du JH, Liu T, Wu SS, Liu XH. Lutein, Zeaxanthin and meso-zeaxanthin supplementation associated with macular pigment optical density. *Nutrients*. 2016;8(7):426.
6. Querques G, Forte R, Souied EH. Retina and omega-3. *J Nutr Metab*. 2011;2011:748361.
7. Wang WX, KO ML. Efficacy of Omega-3 Intake in Managing Dry Eye Disease: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *J Clin Med*. 2023 Nov 10;7026 [Epub ahead of print].

Can Botox Help With Refractory DED?



Many therapeutic and palliative options are available to help manage dry eye disease (DED), but researchers and patients are continuing to search for additional ways to achieve relief. Botulinum toxin A (BTX-A) injection is one such option that was recently evaluated for effectiveness in improving outcomes for DED. The meta-analysis, published in *Eye*, found that BTX-A could be a potential adjunctive therapy by enhancing tear film stability, tear production, and symptom relief.

The meta-analysis included a total of 14 studies comprising 634 patients, encompassed randomized controlled trials and non-randomized controlled trials that examined the effects of BTX-A on DED. In 10 studies with 513 participants, BTX-A was shown to:

- Significantly improve TBUT by 1.79 seconds
- Improved Schirmer test scores by 3.72 mm
- Decreased ODSI scores by -7.51
- Increased tear meniscus height by 0.10 mm

SOURCE

Chen KY, Chan HC, Chan CM. Is botulinum toxin A effective in treating dry eye disease? A systematic review and meta-analysis. *Eye (Lond)*. 2025;39(8):1457-1464.

Lighting the Way: Prioritizing Low Vision Services



Low vision services (LVS) are used to help people with visual impairment maximize their remaining vision, increase their ability to function, improve quality of life, and enhance visual functioning. LVS that may improve a patient's reading ability include:¹

- Environmental changes (e.g., better lighting)
- Low vision optical aids
- Eccentric viewing training

The Rationale for Offering LVS

Optometrists should offer some form of LVS to their patients for many reasons. A recent report from Johns Hopkins Medicine estimated that 4 million Americans live with low vision.² Vision rehabilitation therapists have begun offering LVS and are skilled at teaching orientation and mobility skills, braille, and how to use of assistive tools.³ Optometrists are adept in the optical principles needed to change the way patients perceive images with lenses or prisms and to maximize retained vision.¹

Key benefits of offering LVS include improving quality of life for patients and showing you genuinely care about their health and well-being. Patients with low vision face losing their independence, but LVS enables them to maximize the vision they've retained, thus enhancing their quality of life.³

LVS are often paid out-of-pocket, allowing optometrists to set fair and appropriate fees for the services they provide.³ While costs are an important factor to consider, patients are likely to be interested in

pursuing LVS if given the opportunity to hold onto their independence.³

Getting Started With LVS

Optometrists must listen to their patients for clues about their low vision symptoms. Use a checklist that contains tasks that most people with low vision will perform daily, such as reading.³ Ask follow-up questions to determine if magnification tools may be needed.

One LVS option to consider is to prescribe a direct light source, such as a high-intensity lamp. Individuals with difficulty reading and writing tend to benefit the most from a direct light source.³ Use the patient's case history to determine vision goals and select an appropriate intervention. Other considerations include:³

Enlarging written materials. Recommend patients read materials with large, bold print and double-spaced fonts to facilitate reading

Hold printed materials closer. If patients are having difficulty reading, suggest they hold the printed material closer. As an object moves closer, the visual angle enlarges proportionally to the distance

Use magnifying lenses. Inform patients that their ideal magnifying lens will be determined by trial and error. Of note, handheld magnifiers can be beneficial for short-period tasks

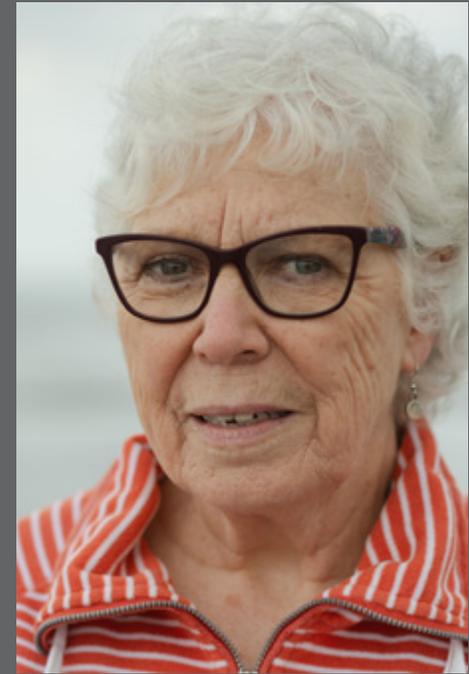
Going Above and Beyond

Low vision specialists, digital devices, smartphone applications, virtual reality headsets, and electronic devices that read print aloud are all valuable resources for your practice.³ Regardless of whether you decide to stick with the basics of LVS or increase your knowledge in this field, low vision services are an important offering for any optometry practice.

SOURCES:

1. Shah P, Schwartz SG, Gartner S, Scott IU, Flynn HW Jr. Low vision services: a practical guide for the clinician. *Ther Adv Ophthalmol*. 2018 Jun 11;10:2515841418776264.
2. Johns Hopkins Medicine. Low vision: what you need to know as you age. <https://www.hopkins-medicine.org/health/wellness-and-prevention/low-vision-what-you-need-to-know-as-you-age>.
3. Lott M. A call to offer low vision services. *Optometric Management*. 2024;59(8). <https://www.optometricmanagement.com/issues/2024/october/a-call-to-offer-low-vision-services/>

Keratoconus Incidence Rising in Older Adults



Keratoconus typically stops progressing by the time people reach their late 40s or early 50s, but the patterns and prevalence of keratoconus in individuals aged 60 years and older have not been well defined in clinical research. To address this literature gap, a study published in *Cornea* reviewed the prevalence of keratoconus and its various indices among residents of Tehran, Iran who were 60 years of age and older. A total of 3,191 subjects were included in the final analysis.

Findings showed that about 5.36% of patients aged 60 years and older had keratoconus, and there was a trend of rising prevalence with increasing age. The prevalence of keratoconus was 4.6% in those aged 60 to 64 years but jumped to 6.92% for those aged 80 years or older. The study also suggested there is a strong link between literacy levels and keratoconus risk. Poor health literacy correlated with a higher prevalence.

SOURCE

- Hashemi H, Jamali A, Pakbaz F, Hashemi A, Roshani M, Khabazkhoob M. Keratoconus profile in the elderly population: prevalence, keratoconus indices, and patterns of keratoconus. *Cornea*. 2025 Apr 11. [Epub ahead of print].

2025 Manager's Meeting Highlights



Such an amazing agenda full of education and motivation! Thank you, Lasik Plus for sponsoring and the cool travel mugs!



Dr. Craig Thomas delivers a riveting medical billing presentation. Giving our managers great information is just what the doctor ordered!



Thank you ALLDocs Members for the record attendance this year! Investing in your key staff is so wise.



Dr. Carlson, part of his team, and our loyal sponsors from CooperVision. No meeting is possible without support from our sponsors. Thank you!



The Managers enjoyed a well-deserved Trucker Hat Decorating Pool Party after a long day learning from our speakers!



Our Managers are creative in so many ways!

Please Join Us in at Sanctuary Cap Cana in the Dominican Republic!

Characterizing Ocular Injuries From Motor Vehicle Accidents



Researchers at Brown University recently investigated the incidence of ocular injuries and their relationship with motor vehicle accidents from 66 emergency departments in the United States. They assessed data on diagnoses, mechanisms of injury, and patient demographics from 2000 to 2020. In total, approximately 224,231 national cases presenting to U.S. emergency departments over the 20-year study period.

The rate of motor vehicle accident-related eye injuries has declined since 2000, dropping from 0.34 injuries per 10,000 people in 2000 to 0.27 per 10,000 people by 2020. The highest rates by age were recorded in the 16-24 age group (21.4 per 10,000 people). The lowest rate was recorded in the 65-74 age group (3.0 per 10,000 people).

Although many different ocular injuries from accidents were diagnosed, contusions/abrasions made up nearly 60% of emergency department visits. Foreign body injuries (18.7%) were the second most diagnosed case.

SOURCE

Gillette JS, Zaidat K, Waldman OV, Greenberg PB. Epidemiology of motor vehicle accident-associated eye injuries presenting to United States emergency departments, 2000-2020. *Ophthalmic Epidemiol.* Mar 5 [Epub ahead of print].

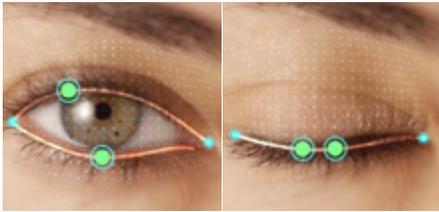


TORIC LENSES ENGINEERED FOR **clear, stable vision**¹

ASTIGMATIC PATIENTS HAVE UNIQUE CHALLENGES

BLINK DYNAMICS

With each blink, the upper eyelid moves elliptically while the lower eyelid moves side-to-side, causing unwanted lens rotation.¹



Top eyelid: elliptical movement

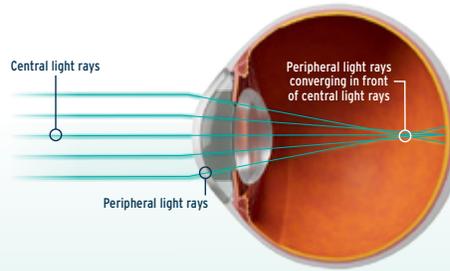
Bottom eyelid: horizontal movement
(limited vertical movement during blinking)



Eyelid-to-lens interactions are the primary causes of soft toric lens rotation²

SPHERICAL ABERRATION

This common condition occurs when light rays passing through the periphery of the cornea converge in front of or behind light rays passing through the center of the cornea, resulting in blurred vision, halos, and glare, especially at night.¹



Nearly half of current toric lens wearers report that their vision is blurry when driving at night¹



A literature review published in Eye & Contact Lens recently assessed the clinical safety and efficacy of orthokeratology (ortho-K) lenses that are designed with toric peripheral curves. The study group found that ortho-K lenses can be used safely and effectively in children and adolescents with both myopia and astigmatism. The findings are based on a meta-analysis of 16 articles from 600 publications between 2012 and 2024 that explored five different lens models.

In the review, some studies demonstrated improved lens centration due to the presence of the toric peripheral curves while others documented similar visual acuity to spherical ortho-K lenses. Central corneal astigmatism correlated with peripheral corneal elevation in some cases, but this was inconsistent across studies. The study also showed that both ortho-K and soft toric multifocal lenses helped increase higher-order aberrations, which may support myopia control and/or axial length evolution.

SOURCE

Michaud L, Harthan J, Shahidi A, Rah M, Reindel W. Clinical safety and efficacy of orthokeratology contact lenses with toric peripheral curves: a review of the literature. Eye Contact Lens. 2025;51(5):237-243.

BAUSCH + LOMB TORIC CONTACT LENSES CAN HELP

OpticAlign® Design minimizes lens rotation for stability. Designed to work with the eye's natural blink movement.¹

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